

Taunton Nursing Home

350 Norton Avenue, Taunton, MA 02780

508-822-1132

Board of Directors Minutes

Date: June 27, 2016

Board Members: Theresa Swartz, Chair
Joseph Martin
Ed Boiros
Kim Wilbur
John Dernoga

Also present were John Brennan, Administrator; Heidi Paquin, RN, DON; Helen Boarman, SDC; Jeanne Quinn, Council President and Council Members Dan Dermody and Don Cleary.

Meeting called to order at 6:09pm.

John introduced Mr. John Dernoga as the newest Board Member.

Kim moved and Joe seconded to accept the Minutes of the May 23, 2016 meeting. The vote was unanimous.

Theresa- did Estele have any update with regard to the medical director? John-no that contract is still pending for July 1st.

Theresa-one of the first things that we are going to do is this is our first month with a full Board going forward we will forward this agenda. I want to make sure we are talking about how the agenda is being handled going forward. We may have to tweak it here and there but we want to see what's good for everybody. One of the things was dietary; if he cannot be here I do not want to waste my time reviewing it. John-I apologize, I will schedule him for next month. Steve our Director of Dietary Services did have surgery and he'll be back in one or two weeks.

ADMINISTRATOR'S REPORT

John-my license has been cleared by DPH, those items have been closed and I am very happy about that.

The two walkways have been completed and we have seeded them and it was about \$12,000.00. Mark Slusarz the City Engineer is redesigning the front entrance; you will get the complete plan for your approval before it goes forward. We will have an ambulance stop. The front walkway could be \$15,000.00-\$20,000.00, it is ADA required. Jeanne Quinn-all city buildings have much more to be done, this is the first step. Theresa-if the city is requiring this and we can't make our budget how are we going to do this. John-the city is requiring this and we are expected to fund it. Jeanne-not even the city, it's required by the government. Theresa-if it's not in our budget we can't get a simple thing done, how is the process working. Jeanne-we have the same problem with every department.

John-the room rates, we have three families that have asked to be grandfathered in at the old rate of \$225.00/day. We haven't increased rates in ten years. Joe-how many private pay residents do we have? John-three, we don't do much in the private pay business. Theresa-for myself I think we are very reasonable in the private rate increases and we are still well below other nursing homes in the area. John-let me meet with the Social Worker and the families due to HIIPA. Theresa-The families are here so I don't think we need to talk about the resident's name. Linda Goudreau-my mom has been here 2 years in October and has been private pay since admission. I think this is a lot to pay it comes to \$20,000.00 a year and I think if it's only three families why increase? Is Medicare going to go up \$20,000.00? Theresa-your private rates are very low. I don't think they all went up \$55.00 per day, it depended on the room. We are a business and we have not changed our rates in ten years and we have to increase them, we tried to make sure it was reasonable; we tried to change the rates depending on the type of room. The new rates should have been posted and placed in the admission packet. Linda Goudreau-would you consider going up a little each year? What I'm saying is there are only three families affected. Theresa-not everyone is private pay some are on Medicaid and that is their insurance. Kelley-there are more than three private pay in house, there are three families that have asked to be grandfathered. Theresa-John can you tell me what your private pay census is today? John-we have a handful I don't think it is more than 5; Michelle will be here in a minute. Theresa-the thing is we have to accept the contracted rate from Medicaid, Blue Cross or Medicare, we don't set the rates. We would prefer residents come in Medicare but the hospitals have their own way of doing things. In the past they got in trouble for admitting patients that they shouldn't have so they play this game of keeping people on observation instead of an admit into a room. Don Cleary-it's been ten years since you increased the private pay which is extremely unfortunate but to go up \$55 per room is not reasonable it's a 24% increase. It appears to be creating a hardship for certain individuals, maybe look at \$15.00 a day over the next three years. Joe-we don't want to go up \$55.00 per day, but back in January there were rumors that this place was going to close because of a million dollar deficit, so what we were trying to do at these meetings is to cut costs on one end and the only revenue we can raise is to possibly increase the rates. Yes, we haven't increased rates

along the way however the bottom line is the \$60,000.00 that would be generated from these three individuals is not going to make up the difference but we need to show due diligence in trying to shrink that gap that exists, because the writings on the wall this facility with a certain amount of revenue coming in and certain amount of expenses on the other end can't survive under the rules that we play by now. We're not trying to make these three residents make the difference but somethings got to be done. What I'm saying is when we go before the council and the powers that be are slamming their fists and saying your ¾ million in the hole hopefully you'll come to our defense and say they're trying to cut the gap, but we can't do that overnight. Theresa-we have tried over the years to increase the rates. What we need to do is discuss maybe changing the amount of the increase. Theresa-I did look at your census and you have 16 private census. John-you have to quantify that, what you're looking at here is the long term private pay patients. Theresa-it's all together you can't charge one private resident one rate and another a different rate for the same services. If the discussion is to not make the increase or to decrease what we already voted on its not three families that are affected its 16. I won't vote just to change three residents, that's not appropriate. This is not about three families it's about the house as a whole. The issue is that these three families feel the rate increase is too high. Joe- explain the "private pay is not what it appears to be"? John- most of the private pay residents are Medicaid Pending. Theresa-as of right now we have 16 privates, it's not a factor of just three people. Does anyone want to discuss decreasing the agreed upon amount? Usually there is a year to year review of the rates. Joe-what if this were to be the rates at the end of three years? Theresa-We would have to decide, we are definitely below standard rates around this area. I think what we should do is make it compatible every year to our environment. Kim-I think we do need to sit as a Board and reconsider. John D.-you have to offer something when you do an increase, did you renovate, those things didn't happen, if you're increasing the rate you need to show why. Theresa-we are trying to keep Taunton Nursing Home going for the residents here but we can't survive without an increase. I'm fine with bringing it down a little bit but every year it's going to go up a percentage. Historically every time we try to do this it gets stopped. I don't want to wait another month again, we need to decide now. We have to give a sixty day notice again. John D.-the issue is we need the money now and we need to change the rate but maybe not as dramatic as this. Don-Or you could go \$25.00 a year so at the end of three years you're at more than you originally planned. Theresa-the whole idea was that I felt we shouldn't have one rate for every room. We requested that be changed. Most of the private pay residents the purpose is to spend down for Medicaid anyways its really irrelevant if it's exhausted in six months or a year. Theresa-the rates will be \$260, \$255, \$250, \$245, and \$240 per day. This is a one year increase. John-if you look at the room rates in the area, Life Care of Raynham, the three bed room which is the least desirable is \$415.00.

Joe moved and John D. seconded to adopt the rates as stated above beginning September 1, 2016. The vote was unanimous.

John-Brewster Ambulance has the contract with the city as of July 1st and we have a separate contract for our residents.

The medical director contract is still pending; I know Estele wanted to give some input on that. I know that Dr. Welter has been coming in and signing things and attending meetings. Theresa-isn't the contract up? John-June 30th, but he'll roll it over for another year. Helen-at the last QA he said he would be back two days later to see his residents and he didn't show up. Kim-we need the Medical Director to show up and see residents. Heidi-sometimes he comes late at night after he does rounds. Theresa-how are we addressing it if he doesn't show up? John-we call him and he comes in as soon as possible, I do not have a problem with him fulfilling his duties here, he certainly is not here as soon as the nurses would like him to be. Theresa-but he has a contract and receives a salary, so he is required to come in when he's expected to come in, end of story. If he doesn't come in that's a breach of contract. Joe-what's his pay period? Don't pay him. John-my problem is he is the one with attending privileges at Morton Hospital, where we get all of our business and number two is I don't have an alternative to present to you. Joe-what happens if he goes on vacation? John-he is in a backup group so when he goes on vacation he is covered. Theresa-we need to know exactly what's happening, he has an obligation, if he doesn't come he's breaking that obligation, we shouldn't have to call him we're not his babysitter and my feeling is if he can't take care of the residents he has then we shouldn't be taking any more of his residents. I know that's kind of a skewed view but he has to handle the residents he has here before we even consider taking any more. John-we assign residents to him but I do not have an alternative at this time. John D.-does he have a Nurse Practitioner? John-yes he does, the NP's are in all the time. Heidi-our policy also states that he has to come in so much according to the state. I think he should come here and talk to you. John-I spoke to Dr. Thayer and he didn't have another candidate and thinks very highly of Dr. Welter as do I. Morton is changing so the paradigm is shifting. Don-is it public information of what Dr. Welter's contract is? John-Yes, the contract is available; it's the standard medical director agreement, \$3,000.00 per month. That is very reasonable most doctors wouldn't touch it for less than \$5,000.00-\$8,000.00 per month. Most nursing homes are going to their own facility doctor which would be \$175,000.00 to \$225,000.00 a year. We set aside that route. Theresa-he signed a contract, he's getting paid, and the idea is that he needs to come when he's expected. We need to make sure he's available, if he could come to the next meeting that would be good but beyond that you as the Administrator should have a meeting with him. Heidi-he sends his NP in but there is certain criterion he needs to be following. John-I will follow up on this and invite him to the next meeting. In the meantime I will meet with him and have him sign a contract for

2017. Ed-How do you know how often he comes in, is there a log book that he signs?
Heidi-every doctor has a book and the unit supervisors will take care of the book to keep a log. I know who's in the building, they go by my office. He is not following the policy he's not following the criteria of what the state wants him to do either. I shouldn't have to chase him down. Theresa-I think it's a little extreme, there are basic things that need to happen and he needs to do them. John- I will follow up and invite him to the next meeting. Dr. Schwartz has privileges at Norwood Hospital, Dr. Welter at Morton and Dr. Weintraub is a community doctor with no hospital privileges. Dr. Weintraub is what is considered a Rounder. We receive our primary referrals from Steward/Morton Hospital and Dr. Welter has privileges. I would say we have a good rapport with Morton Hospital we have been doing business with them for 150 years and we continue to do that. Theresa-I don't think anyone is saying that we don't, even though the doctor is out of Morton and we don't want to lose that he gets paid for a service and he needs to do it. Don-each of the new members should get a copy of that contract so that they are aware of what it says. John D.-because Welter has privileges at Morton the other two physicians can transfer residents there?
John-yes that is correct. Carolyn Basler-just to clarify two points I think we're getting confused with the other two physicians, Doctor Welter is the one and only medical director who is being paid by Taunton Nursing Home out of your budget and I think that is getting lost in the conversation. John D.-because you're paying him he has to be accountable. Have you had any citations from public health as the result of his visits? John-no, we had a perfect survey this year. Helen-a couple of years ago we got a ding on that and we implemented the books on the units and every time he comes in he does a progress note or signs his orders we document the date he came in or the Nurse Practitioner came in. John D.-4 months is not appropriate, there is a time frame in the regulations that says they will be seen immediately by the physician, physical exam, signing orders with time frames. Then they can alternate with a Nurse Practitioner.

TNH Data Report-Heidi has prepared the information for you. If I may suggest we can put this on the agenda for the next meeting or we can sit here and go through all of it. Theresa-I don't think we need to go through all of it; John and Kim had some items that they wanted to review. These things will help John and Kim familiarize themselves with the nursing home. John D.-I want a tour of the building, I want to see this facility from the top to the bottom, even nonresident areas. We can set it up at the convenience of the employees that will not require overtime. I want to see the resident rooms, activities, etc. This is like an orientation for me to see how you function in this facility. I'm also very interested in what the Ombudsman in this facility has to say and I would like to have us meet with her privately at some time. I don't want you to just prepare things and hand them to me; I want you to make it as easy for yourself as possible. Kim-on the census, what were the diagnoses of the readmissions, that's something I want to see. The deaths I was also wondering if they were on hospice or not, was it expected? I want to know if there was a

conversation about hospice program. With the Medicaid admission does the MMQ Nurse get involved to look at the admission prior to coming in so they can give you a rough MMQ score? Heidi-no we don't do that at all. Kim-that will give you a baseline of the RUGG score. Theresa-how many admissions do you have every month or referrals? Heidi-it varies. Helen-we get a lot of referrals but one of the issues is that we don't take a lot of the insurances. We are getting a lot of referrals that are tracheid and we don't have accessibility to take care of those residents in this facility. John-we're on Allscripts, which is the referral service. From my desk I look at the cost of the medications as well as discharge potential. We are also getting a lot of referrals for young people with narcotic issues. We have had two in the building and I will say they were not really a success post discharge. Post discharge they did not fare well in the community. We screen them very carefully. Another thing is pharmaceutical costs. I believe that what we're going to do is square this package up every month. Theresa-I would like to have a structure going forward with the understanding that we can alternate as we go along. John-one of the things you asked for was the admissions package; the only thing I didn't send out was the resident handbook. John D.-for your policy manual do you have a front cover that tells the date that these were done, you are required to do an annual review and I have a 6/5/08 on here. Heidi-these are just what he had in his books, I have policy books with updated everything.

Joe moved and Kim seconded to adopt the grid presented by Heidi to be placed in the monthly Board packet. The vote was unanimous.

Michelle Mercado joined the meeting at 7:18pm.

John- we presented the budget to the City and they have taken it under advisement. I would like to bring to your attention Mayor Hoye's comment. He said he has two challenges, the first one is health insurance costs and the second is the Taunton Nursing Home. Theresa-is he debating the revenue or the expenses? John-he is bringing to our attention the revenue side. There are two issues with revenue; one is the Medicare rates as you can see from the extensive information in your packets. In my opinion all of the census in our area is down because of the new Medicare rules and the way they admit to hospital. We are at our expense budget. On the cash side we are down about \$400,000.00. The City looks at your budget and they want you to cover it in cash, but the city runs on a fiscal year and our payments are received on a calendar year. Theresa-we should be looking at revenue, we should be looking at cash and we should be looking at expenses. That's why we do our own report because that makes sense to us. It doesn't matter when you get the money you're going to get it, it's going to come. You may have a deficit because you didn't get it before June 30th but it all comes in. John-the City gives us an expense budget they do not give us any cash. Kim-I think we need to figure out what we need to do to meet the budget, personally working in other facilities we had to do some marketing around our

facility to really see what's out there and what can we do differently to attract these residents. It's going to take time but you have to come up with something to see what's out there and what you can do differently. John-we are a public Medicare facility and under public law we are to be paid full cost. So at the end of every calendar year we file a Medicare Cost Report. From a Medicare point of view we get a delayed payment. Joe-I think the problem the city has is they can't credit the year that is deficit because they run on a fiscal budget. Jeanne-I think what the city looks at is you're bringing in one amount and spending a different amount. This is an enterprise Account and it should make money or at least stay level, this is what I see as the mindset of the city government. I don't know why this is an enterprise account. The bottom line is you're bringing in X and spending X+. I think from what I hear everyone does a wonderful job here and I think people do respect that but I think if it's 1 million deficit every year people look at it. John D.-the issue is that this facility is not ready to take a high tiered Medicare resident because the facility isn't set up that way. The only way to get that budget to go up is to spend more money and that's what you can't do. At one of the meetings I attended you brought up the community garden and I was taken aback that the nursing home pays a water bill to the City. This facility is different than the schools, people don't live 24 hours a day in a school, and this is a different kind of situation. John-If we get free water from the city it doesn't go on the Medicare cost report and we don't get reimbursed. Theresa-we had to buy our own truck because the city doesn't provide us with plowing but were a city property. Jeanne-it's the mindset of the enterprise fund. I don't get that we hire a company to go out and do repairs. Joe-as long as I've been on this board the amount of money coming in and the amount going out was close, the healthcare costs are going through the roof and that's what's killing us. You take the water department, it's an enterprise account, if they need more money they just go up on the rates. Theresa-the reality of this building is that we have 13.5 holidays, when the city closes we have to pay time and a half, we don't go home, we're restricted by the two unions. Look what happens when we try to change room rates. John-a staff member, her mother had her knee replaced recently and they sent her home after three days. They never even introduced nursing home care to her. Medicare is saying it costs more for nursing homes so send people home. What we specialize in is the complicated dementia patient.

John-it is my desire to retire and I serve at the pleasure of the Board, I have a vacation scheduled for July 12th to July 20th. With the new Board and everything I certainly would welcome a new Administrator. Theresa-we did do another set of interviews, we had four resumes, Michelle was one of them, and the other gentleman we also met with, one didn't respond and the other is not interested because he does not want to be a union member. The gentleman we interviewed is not an option. Michelle has other opportunities and needs to know where she is going to go. Michelle does not have administrator experience she received her license May 4th which is a concern and she knows that. You don't have

corporate support here, you're not going to get what we need, and you're going to get a new person or someone who is ready to retire who is willing to take the base salary. We have to make a decision, do we consider Michelle for the position with the understanding that within the 6 month probation if it does not work we can look for someone else. Heidi has stated her agreement for Michelle and to be there for Michelle if she needs her during the training process, I don't think that is enough, if we consider Michelle we need to as a Board do something to make sure we are here for Michelle. Michelle has been in this facility for quite some time, she understands the budget, she understands the facility, the contracts and union contracts and the staff. There are some advantages and disadvantages. Michelle has opportunities to consider and we need to respect that and give her an answer within the next day or so. Michelle-I might lose the offer on the table if I don't get an answer from you within a day or two. Jeanne-several other department heads have come out of the union and it is not an easy thing to take that position out of the union. Theresa-we are concerned about having an inexperienced Administrator. I can't support Michelle, I am not a nurse, and I can't do it. The Board would have to commit to being there for Michelle. John D.-the support should not be with the Board, it should be with the DON. Most facilities the DON and Administrator work very closely together. I don't want to be a dictator. My experience is someone that is brand new usually goes above and beyond. I would predict that Michelle would be successful because she's got a goal in mind. John-the issue is if Michelle becomes Administrator she is the fiscal Heidi and she will be very difficult to replace. There are not a lot of Fiscal Agents hanging out there. Theresa-my Business Office Managers are not fiscal agents. The administrators are the fiscal agents the Business Office Manager should be the biller. Basically all I ask is if we can consider and everyone gets back to me with what their vote would be tomorrow so I can get back to Michelle.

John D.-I'm on an advisory Board with Bristol Plymouth School, I would love to get Bristol Plymouth LPN's in here. I would just present it to them and they would be here. We can look at the CNA program.

John -Medicaid did fiscal pend us which means they are not going to pay us in June they will pay us twice in July. Theresa-that's normal every year. The CPE and Boudreau are off the books transactions.

We have an information system RFP before the city.

A city councilor requested information on a transaction in a patient account; I told him I couldn't give him the information. Michelle-the city questioned it because the amount was different than the usual \$72.80 because the wife wants his checks to come here and then we send her the Spousal Allowance. Theresa-each resident's social security and pension check is deposited in the city account and the nursing home gets the difference back in a

different check for the resident to be deposited into a separate savings account for each resident. John D.-you just have to make sure you have a recording of expenditures and any money taken out, you're doing it ok.

Friends of the Taunton Nursing Home

Barry Sanders-We do have 4 people who agreed to launch the Friends of the Taunton Nursing Home, we will have a separate bank account. We will have our articles of organization done pretty soon. We're letting the feds know our primary function is to raise funds for the nursing home. Estimate the cost to get up and running is about \$435.00 we are each kicking in \$50.00 apiece and I'm asking the Board to chip in \$50.00 apiece which will give us ample money. That will wrap up our startup costs. Friends of the Taunton Nursing Home should be up and running in early September. I'd like to have an event close to the building so people can see this beautiful property. John-the annual summer cookout should be a good day to do some friend raising. We usually have a good turnout, city councilors and other people show up, it is a Sunday this year, August 28th from 1:00-4:00. Carolyn Basler-you have to be very specific on checks that they are made out to The Friends of the Taunton Nursing Home not Taunton Nursing Home.

Theresa-FYI usually in August we do not have a meeting, but I think we need to this year. Next month one of the items I want to make sure we address is the changing of the structure of how the meeting is done.

Joe moved and Kim seconded to adjourn at 8:52pm. The vote was unanimous.

Respectfully submitted,

Kelley A. McGovern

Recording Secretary