

Taunton Nursing Home
350 Norton Avenue, Taunton, MA 02780
508-822-1132
Board of Directors Minutes

Date: August 29, 2016

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

*Approved
10/24/16*

Also present were:

Michelle Mercado, Administrator
Heidi Paquin, DON
Helen Boarman, SDC
Kate Robinson, Admissions Coordinator
Adrienne Boutin, Social Services Director

Ed- before the meeting starts I have a few things for discussion. Michelle- we have a section for discussions at the end of the meeting. Ed- would you like to read this before I read it just in case I'm not supposed to? This is a management concern statement from myself, the board doesn't have anything to do with this. I'm the resident advocate and that's the reason I wrote this. It should only take about a minute. I am writing this statement to express my concerns of the management of the Taunton Nursing Home. For some time now over the year I feel the management style of the DON has been detrimental to the health and wellbeing of the employees that take care of the residents, they are extremely overworked and are not treated appropriately with the respect they deserve. This in turn puts the residents at risk because you can't expect anyone to have the energy and desire after working 16 consecutive hours to come back and work another consecutive 16. This falls directly on the DON as she is the reason the staff is shorthanded most times for both C N A's and nurses. You don't have to take my word for this you can look at some of the shifts worked recently; it's easy to see without an employee telling you. It has been brought to my attention that the DON put out a written order not to talk to anyone about the work shifts, as if the employees need any more stress added to their jobs. If this is true it's a perfect example that this is the wrong type of manager in the DON for the care of the residents. Trying to hide all the deficiencies for the proper care of the residents is

inexcusable to say the least. I feel the management style of the DON has taken its toll on the employees who give their best each and every day and it's getting to the breaking point with a great chance of a major catastrophe occurring at this nursing home facility. If you ask anyone who left their job here in the past year it was mostly due to the DON's management style. After much reservation I don't believe the DON is capable or willing to correctly run this home. Without trying to speak for them I believe the residents and most employees feel the same way as I do because of this management style. This is a human services operation and you have to run this accordingly. Bullying employees and showing a total lack of respect is not the correct way to do this. This is an ineffective way to manage a nursing home. All employees should look forward to coming to work instead of dreading what is going to happen to them next. Because of the difficult task required of them these employees should be shown how much appreciation there is for them for the job they do and treated with respect and decent working conditions. The residents, which are why we are here in the first place, have a right to properly rested caretakers that can tend to their needs appropriately. Respectfully, Edward A. Boiros. I am speaking on behalf of the residents, this is my own opinion and no one else had anything to do with it. The Board had nothing to do with it. Thank you. If anything is incorrect on that I will be big enough to apologize.

Audience member – as the daughter of a resident that has been here private pay for 14 months I think the care here is excellent, but for what Ed is addressing, I am a retired nurse and am familiar with all the nursing homes in the area and I can honestly say the care here is very, very good. I would say 90% of the staff here really cares and does a great job. The problem being that really good workers getting mandated to work long, long shifts over and over and over again because it's short staffed. It's not a good style it needs to be addressed. I just wanted to say the positive aspects of the home but the staffing really needs to be addressed and corrected. Thank you.

Kim-in regards to this I think we should get on to the clinical part, because it sounds like this might be overwhelming for the family members to talk. Can we get to the clinical stuff first then we can open it up to the responses. Ed-The problem is it tends to be long and people start to leave before the end of the meeting. They were concerned and I was just speaking on behalf of the residents.

Dermody-can I say something please, everyone had a great time yesterday and I thought it was phenomenal and the folks about 2:30 ran out of gas and a lot of residents were brought in because it was very hot. As you know I'm here as a City Councilor and not only that but as an advocate for Kate McMann, she's like a second mother of mine. I've been able to follow her care from the time she got admitted right up to today and about a week ago I got notified that some things had changed. So yesterday at the picnic Kate was brought in about 2:30 we had the family about 4 family members with me. We went back here spent

some time and got her situated. A resident that speaks only Portuguese and Kate was having some dehydration issues and they asked me to go get some water, her daughter is a nurse an LPN. So I went out to the nurses' station and I asked the woman behind the counter if I could borrow this, it was on the counter, I said Kate's having some issues I'll bring this right back, I'll get her some water and bring this right back. Sure, so I brought it back, the elderly woman at the end of the table wanted some water but she didn't speak English so Sue said you gotta ask a nurse whether or not she can have water because of the fluid intake. In the meantime the nurse that was in charge of the medications in the hallway caught me, there was some small talk and I asked how are things going? In earshot of the family as well as the other woman she said "I can't talk to you". I am just telling you exactly what went on. Then I went out and had a discussion with Michelle. Personally my mom spent 2 ½ years at Longmeadow. I'm extremely familiar with the care as a family member and I feel I should be able to talk to anybody in the city no matter where they work. I just wanted to make that statement it happened to me and I am very concerned. Theresa-can I ask a question? Did the employee that stated that explain where that came from and how that was said? Because someone feels that way is not always exactly how it was meant. Who said that, exactly what was said and when? Dermody-I don't want to give that information for fear of retribution because that's something I'm hearing around here. Theresa-I'm not sure that's fair but if someone is going to come out and make an accusation...Dermody-I don't feel that was an accusation. Theresa-but it is you're saying that something was said and you're implying that something was said. I'm looking to try to clarify, if someone says something I believe them up to a point, I then need to verify where that came from and what's being said. Dermody-we all have rights, there are unions involved and it's a personnel matter your right. I am not going to name a name and I will take the appropriate action. Theresa-so what's the appropriate action; I'm confused on what you're implying. Dermody-what I'm implying is what is going on here ok, that there are issues that need to be taken up. Theresa-What's the issue? Dermody-the issue is the staff feels like they are on eggshells and they can't say anything. Theresa-but why? I don't know why I'm getting that aggravation from you, I'm asking questions. This isn't an argument, I'm trying to clarify. I'm trying to understand. Dermody-Then why did you ask for the name of the person? Theresa-I didn't ask for the name. Dermody-yes you did. John-ok that's enough. The regulation says that these people have to follow that if you bring a complaint up you must name the complainant, so the facility then has the responsibility to go to the complainant to get statements and report it appropriately to public health, CMS, Board of Health, CDC and anyone that the complaint generates further investigation. If you say to a facility the foods bad, give me the dates and the times and I think we may be able to investigate. I'm new at this Board but I worked for public health for 18 years, I dealt with a thousand facilities in the state with things like this. The only way things get resolved is if you report appropriately, which you did not, and to get up in a forum like this is an embarrassment. You need to do it privately, you need to write a

statement to the DON and the Administrator, what the nurse said to you the date and the time, what they said, they then look into it and then it comes to us. They might need to say we're contacting the union and maybe that employee needs action taken against them. We just can't throw things at the facility, I have gotten emails all week concerning many things in the facility from council people and I am taken aback because it does not follow any protocol whatsoever. How dare someone send emails concerning the facility without giving the facility the chance to respond to it? You need to know names, dates, etc. Now if that fellow back there came in and said, "My mother on this date", we are investigating that. You did the right thing and that's what needs to happen. You just don't call the police and say this happened, well when did it happen? You need to be upfront if a C N A swore at your mother, it needs to say C N A blank, on this date said this to my mother. You do not just generalize everything and that's what's happening in this room. Comments are coming up that are a general statement they need to be addressed appropriately and then intervention can take place. Now if it is the DON that's a problem she probably won't be here anymore but people need to know up front what the information is and when, why and what. If need be, if you feel you're not being satisfied by this facility you have a number out there that you call public health and they will send in lawyer investigators if necessary. It needs to be in writing, where, when and why. If you can't write you need to come into our office and sit with us and we will discuss it. The new Board members have said that we will be here any time that you want. I'm an RN with lots of experience, I inspected homes all over the place, if you want to talk to me privately I will meet with you privately, but this pointing the finger is ridiculous, it needs to be professional. If we're going to erase problems it needs to be on this table with all the facts, so that the people that have the knowledge can investigate the facts. Otherwise it becomes a shim sham, you don't do that, and you need to address exactly what's going on. Any questions? Audience member-I have a question, I'd like you to walk me through that, who do I go to first with a complaint? John-in this facility they have what is called abuse protocol, there is a person that's in charge of that, that person gets all the complaints, if it's a medical issue it's the DON, administrative the Administrator, social/psychological it's the social worker. If you don't feel satisfied with their responses you call public health. Audience member-So I don't go to the Board it goes directly through those lines. John-we will get all those complaints like we're doing now, everything going on in this facility we have asked to be up front about. So if there is something they can't resolve, we sit with them. I had a conference call today with the Administrator and DON over some concerns. I don't want to sound like I'm scolding people but I told Heidi when I got on this Board my main concern is the residents, I am here for the residents, I cannot do that if I am having assault take place without facts being presented to me. The meeting before last we also had family members talking about the lunches and evening meals, that's on my list right now and we're going to look into it, I'm doing my homework at home. I looked at all the cycle menus and they were right the residents do get sandwiches every night and that's going to change.

Audience member-I understand what your saying, my mom has been here for about a year, I'm a Southern California resident and grew up in Taunton, came back here to take care of my mother I will say this right up front I have interaction with just about everyone at that table and I am happy with what I've see. I'm a very vocal person and I wear my heart on my sleeve. How do you overcome the fact that if there are employees here that are fearful for their job how do you overcome the fact that if they give their name they're going to be looked down upon, they're going to be ostracized and they're going to end up being fired. How do you overcome that? John- we are going to look into that this is the first I've heard of that. This is what I say, I want the employee's name and I want to sit with the employee and I want to know who said you were going to be fired? Audience member- Heidi I'm not picking you out but if you go to Heidi and then all of a sudden Heidi has vengefulness against the employee, what do you do? How do you make somebody that's an employee feel like they can come forward without being ostracized? John-what they are all saying is that the DON told me if I said something to you I would be fired. Suppose that employee is off the wall? Now they've just incriminated the administration, you're not even giving them a chance to answer to it. You have to look at it both ways and as a Board member I have to be objective but when they are pointing a finger at the facility staff, did the facility staff really do that? We collect all the information and then we sit down and make a decision. It becomes personal when it becomes the employee and Heidi, it doesn't become personal with us. Audience member-after the last time I was in here I was told by one of the C N A's that she couldn't talk to me, there was a letter that went out, she was almost crying when she said she couldn't talk to me. Is this a concentration camp? John-in defense of the facility you are not entitled to know everything. Audience member-I was trying to ask about my mother. John-that's not right, you have a right to ask about your family member. Audience member-even washing my mother's teeth, when asked when was the last time it was done I was told we aren't allowed to tell you anything. But she was scared, because some employees don't know how far to take it, just tell me about my mother. I don't want them scared that they are going to be fired. John-we need to know who that employee is. More than likely they aren't going to be fired, they are part of the union and you know how unions work. Audience member-all I want is information on my mother, if we can get another letter saying they can talk to family members about family issues. Audience member- my mother has been here over a year and I have befriended C N A's and nurses, they will tell me exactly what is going on, they have my personal cell phone number and know they can call me and I appreciate that. It's taken time for them to trust me and me to trust them. I do believe that what is going on here is very good, my mom is well taken care of but I do feel for the employees that fear for their jobs. I agree that you need to talk to that employee one on one, but to get that employee to trust and talk to you is a whole other issue. Audience member-I have some important things to say about this I worked for DMH for many years and I know and every administration person here knows this is true, if there is an employee that they want to get out they will do everything they can to get rid of

that employee, I saw it happen over and over again. Theresa-It works both ways, that's the purpose of having all the facts, just like I'm not asking the person's name. It has to be a private investigation by an unbiased person. John-we have privacy issues with residents and family members, the employees also have rights, you can't just discriminate. When I first got here John Brennan was leading the meeting and I said it was inappropriate that is why Theresa is leading the meeting. We're the Board and we need to look at the issues. We took a tour of the facility and we went to every room looking for deficient practice. We are looking at menus because they became a priority because family members brought it to our attention. Borges-I am one of those people that sent emails this week with concerns of several staff members that came to me and a family member that came to me very emotional about his mother's care. I had connected with Michelle and everyone else about the concerns these family members had we discussed them and I did bring it to their attention. It sounds like they are working on things with the C N A's, I feel there is a disconnect between city hall and HR because that's what I've been hearing from attending these meetings. The purpose of that email was to find out where the disconnect is between HR and the nursing home and today I think we got a response from our HR Director. I interview C N A's all the time and it's very hard to find them and it's also that time of year that people are on vacation. We got some candidates that are on their way and if anyone knows any C N A's please have them contact Heidi. As far as family complaints, they have been told to go directly to Heidi or Michelle or Social Services, I think they need to go to the proper people first on those issues. I am concerned with the staffing here because I have received a lot of calls and people pulling to the side at events telling me how miserably and poorly they have been treated. They are afraid to come to the Administrator and the DON because they are afraid of losing their jobs. I know John is trying to make this clear but I still don't know as a city councilor what am I supposed to say to these employees that come to me in fear of losing their job. Are they to go to this Board privately, how are they supposed to address these concerns? What do these employees do, where do they go so they don't lose their job? John-I think the board needs to make a decision, whether or not we are here to help the employees. Michelle-I'd like to address that, we have an HR department down at City Hall and we've always told employees if they didn't feel comfortable coming to management they should go to the HR department. She has handled that in the past. Audience member-and she does an awful job, I have been involved with unions most of my career. Michelle-we have a City of Taunton Harassment Policy that is part of our orientation policy they get information on all of that. I have said more than once in my position before administrator if you don't feel comfortable or feel that you're not getting the answers you want, go to HR that is what she is there for. Borges-do these people know that's where they are supposed to go? Helen-when I do orientation, over two days, not only do they get a copy of everything, I go over it and let them know there is a director of social services, a DON and Administrator and if they feel they are not getting the answers they need or don't feel comfortable talking to them, they can go to HR and put it in

writing to have a paper trail to say this is what happened and when and if they don't want to go to HR they can go to the union or DPH to deal with it. I do tell them to try to deal with it internally first, go to your Charge Nurse or supervisor and they can refer it to me or Heidi. I also address with the staff our employee assistance program so if they want an outlet of someone to talk to not in the facility they have that option. Borges-they know what the proper procedure is but they are afraid to lose their job. Some of the things that I have heard I want to be an advocate for them. John-you have to follow a protocol, if they don't want to come forward and give their name they have a union steward that will go with them to the Administrator. I wasn't happy with the emails I was getting from the Council; you hired me to do a job with problems in the facility when it hasn't followed proper protocol because I need names, dates and times. I just can't deal with these issues of people grabbing me at a cookout. There is a chain that has to follow, if it doesn't resolve you will get CMS involved. Borges-you're talking about confidentiality in this facility, do you want these complaints with people's names in the emails. Michelle-we wanted you to contact them and have them come directly to us. Borges-as far as the email that was sent out and that it was tucked in employee checks, I did ask the administration to send me that email. It didn't say that staff couldn't talk about the care of the residents it was issues with staffing. Michelle-we will be addressing that during staff meetings. Theresa-I feel the letter in question does not even come close to saying you can't discuss the resident with a family member. Borges-Unless there is another letter floating around this letter does not address that. If there is another letter out there I would like to see it, but the letter I got from administration does not say that. Audience member- I have a memo here dated November 17, 2015 signed by 14 of the C N A's of the Taunton Nursing Home willing to put their signatures on this petition it addresses their concerns about the staffing levels and the difficulty in hiring at Taunton Nursing Home and they asked the City Council to address that and there is a notation here from the City Clerk stating a motion was made to refer this letter to the Council during the meeting of the whole and to forward the letter to the Board and Mr. Brennan to explain to the Council in two weeks how many vacancies there are and why they are having a hard time hiring. I would like to know what happened with that. Borges-I don't know, I'll have to research that it may be because there was not a full Board at that time. Audience member-I just think it's very unfair that everybody is finger pointing at the current DON when obviously C N A's have been attempting to address this issue since 2015. They addressed it to the City Council and to the Board. Borges-it may have been a discussion of performance and it may have been something that had to go into Executive Session, I don't recall. Audience Member-I'm asking the City Council their response to the C N A's. Borges-I don't have an answer to that, I told you I have to go back and look. Quinn-Mr. Brennan was before the Council many times and subsequent to that we had many meetings with Mr. Brennan here as well and repeatedly we did hear of the difficulty in hiring C N A's. I do know that that petition was followed up with many meetings both with the board here and Mr. Brennan appearing before the Council. I personally don't

understand why it's so difficult to get C N A's I think there's a good benefit package for people who apply to the Taunton Nursing Home, from what I hear the pay is competitive. Audience member- I have attended many of these meetings and been the only one here, it is my understanding that if I walked in here as a C N A with 15 years' experience or 2 years' experience I would be offered the same rate of pay. It is an ongoing issue, I am thoroughly embarrassed that members of our city government would stand up and point the finger at one individual who has worked so hard to bring this nursing home from 18 deficiencies to a deficiency free survey. She deserves far more respect than that, I'm disgusted. Audience member-I'd like to say something about the C N A's here, I supervise mental health assistance, and I can honestly say that 90% of the C N A's here are excellent, not good but excellent and they don't get the administrative respect that they should by this mandating policy and just remarks I've heard. I don't care if the woman taking care of my mother doesn't speak perfect English, if she's good and kind to her and gives her wonderful care that's what I care about. This is a real issue, you want to keep the wonderful help that you have here because you're having such a hard time finding C N A's that pass the CORI check then you need to treat them with more respect, not hanging over their head that they're going to lose their job if they say anything, they are lovely innocent people just trying to do their job, I really respect them and love that they treat my mother so well. Borges-C N A's are very difficult to find, they'll come in for a couple of days and then they don't show up. Would the nursing home ever consider offering the class here? I had someone today asking about a C N A's position and I printed off the long form application from the website and she filled it out but I didn't have any idea they should come to Heidi first not to go directly to city hall. Heidi-I get both we have people that come here and we get applications from Maria Gomes. Theresa-one of the discussions was about the referrals out there, what I remember is the process with HR is a long process and they have to pay for their own lab work and don't want to continue the process. Helen-as far as the physicals, urine and PPD I recently talked to Heidi prior to John leaving and if people cannot afford it I send them over the urgent care and if they don't have the money to pay for it, Maria Gomes has given the ok for them to go to urgent care and they will bill the city and then the employee will repay it. I have had a few people go over and do that. We used to have the Medical Director do the physicals here and I can do the PPD's. We were going to discuss that with Dr. Welter at one time but I'm not sure where we are in that process. As far as recruiting I have recently been in contact with the Fall River Career Center, the Attleboro Career Center and the Taunton Career Center and Michelle and I just recently talked about a job fair coming up. John-Helen could be certified by the Red Cross and C N A training could be done here. Borges-all we keep hearing is about the C N A staffing for the past year. Theresa-we can't stop the mandating if we don't have C N A's, do we need to go to agency? Michelle-currently we are contracted with 4 agencies and we get approximately 1 C N A every 4 days. Theresa-is there a reason for that? Michelle-they have a shortage as well. We are trying to move the steps to help work it that way, but it all needs to be negotiated. Theresa-

we start to negotiate the C N A union is different than the management union and we run in to problems there. Michelle-if they all don't agree to it, it doesn't happen. Theresa-we tried to do this years ago but the other union fought it and it didn't go through. What do we do? What ability do we have to make the changes? Michelle-what happened is we were trying to increase the LPN pay by \$1.00 but because there were only a few LPN's everyone else wanted the \$1.00 increase as well. What we are trying to do this time is stay within the pay grid to move them up the steps faster. It would benefit everybody. I have to put a projection together; the problem is I have to put together a benefit package competitive with other nursing homes in this area. I believe our benefit package is extremely good here; I think the steps are our best bet. Joe-one thing I heard at a meeting a few months ago was that these young people don't want benefits they want salary. If you look at the package loaded with benefits, younger people aren't looking for the benefits; as soon as they find a job worth more money they are gone because they don't want the benefits. Audience member-when I talk to the C N A's here they don't complain about the pay and they recognize that the benefits package is tremendous. They say we're so tired we think about leaving but we can't do that because of the benefit package. They don't complain about the pay and benefits it's the mandation. Kim-I commend all the family members here, is there a family council? You guys are so vocal for your loved ones you should have a family council. If you are seeing a pattern you can bring it to the attention of the administration. Just like a resident council it's the family council and it's in the best interest of the families. There is nothing better than an involved family that wants to do better for their loved ones. When I was a DON I couldn't be on site 24/7 but if there was an issue it could be brought to my attention and then we could clear up the problem. The longer things go on the bigger the problem gets, a hill becomes a mountain. Please really consider forming a family council. John-a family council will present the problems to us and it is in black and white at this table. If it doesn't get addressed you come to us because it's our fault. Kim-another thing I would like to recommend we've had situations where there was a payment of the beds and the room rates, I as a former DON you do have to look at your staff yearly just like you have to look at your room rates so you don't have these issues that I'm going to the next building for a \$1.00. Just like when John and I made rounds the employee bathrooms need to be painted, they need to be treated right too. Some people have ice cream days, some people have employee appreciation days, and you know your staff you know what they would like. If you appreciate them they will feel like family and appreciate it. Heidi-we've done potluck with them, Michelle and I brought them pizzas and coffee and donuts when they were working short one weekend. I came in and worked as a C N A and Michelle was overseeing the call lights to give the C N A's a break, but those things don't get talked about. Kim-there is also a C N A retention program team, a nurse, a C N A and a dietary person they all come together and talk about what can be done better and they discuss it because they know what their peers want and they go to the administration and say we're thinking about A B and C. Sometimes staff feel like they don't

have a voice and you have to show them that you are listening. I'm happy to help, I've had a lot of experience in a lot of different avenues, and I'm here. John-We totally identified with Heidi that there were issues with some of the areas people work, one of them being the laundry. It's disgusting; no employee should be in that room working in the condition it's in. Unfortunately, maybe there's not the money but somebody needs to go and look at the facility and maybe say more money needs to go the facility, because that employee is in a deplorable area, it's a basement and a dump. She's working as hard as can be in there and we identified that and Heidi is already making changes and cleaning down there to make room and she's getting punished for it, for throwing things away. I will tell you that couch in that lobby is disgusting. If I came here as a public health inspector I would have cited you immediately. She took care of that and then next thing you know an email comes. Borges -whoa, whoa, whoa we have a policy in place that any department reports to the council anything that is getting thrown out. When that email went out it was to investigate that policy, when you find that policy get it to us. John-if you have a concern you need to say to us is there a policy in place in the facility for throwing furniture away, the way I read that, Heidi and I met and I told her these things need to go it's a fire hazard. Borges-first of all, I've already had this conversation and I also had this conversation with Councilor Quinn, is there a policy, I even called human services, where is this policy. The intent of that email was do we have a policy? Why was the nursing home throwing away, what was reported to me as new walkers, beds, and mattresses? Me who is in the health care community and at St. Vincent De Paul weekly looking for things we can't afford, I could have taken those and stored them in my garage for the next patient that needs them. Quinn-it was not accusatory at all it was just do we have a policy in place, because we frequently get questions from departments. The problem is it's a fine line between what is junk and what something someone else might want is. It's a City of Taunton policy, we heard complaints. John- it's a perfect example of how people will report to you what is being done at this facility when they really should be going to the facility. Quinn-we hear from residents, we hear from C N A's, we hear from the board and the administration we try to assimilate it all and come to a solution for all. These conversations are taking place, the solution is not that easy, I don't think there's ground for attack here, and we all need to work together. I don't think any of the attacks of anybody does any good. Joe-this is a public institution so it has to follow Chapter 30B you have to declare something surplus, you have to give it an approximate value. If it's worth more than \$500.00 you have to go out to bid to get rid of it and less than \$500.00 the Board determines whether to dispose of it. You have to follow the protocol. It came in through the public it has to go out through the public. Borges-one of the ordinances I found chapter 6956 the department of human services respectfully requests permission to destroy the following items one 8 foot table, 3 chairs all of the value of less than \$500.00. That's the policy, the ordinance I am trying to locate. I'm just asking for procedure. Joe-its MGL chapter 30B, disposal of property. John-the facility is supposed to keep track of every lamp, every table in this facility. If its

donated that's different, the city has no control over that. The couch in the lobby was urine saturated and torn, it needs to be decontaminated it needs to be disposed of. The bench is a whole different story, it was donated.

Theresa-before we go on I still want to address the C N A's, can we look at other agencies, it's a cost to the city then I want something sent to the city saying we are trying to improve the C N A situation and it would be an additional cost to the nursing home. Quinn-I would think it would not be a significant cost because we would be eliminating the mandating. Theresa-it is though, agency is much more money. Michelle-they range around \$26.00 an hour. Theresa-it's a lot more money, we have agencies but we are getting minimal C N A's, we are going to have to pay for it and I want the city to know that. Helen-I went to Southeastern University they have a C N A and nursing program, I spent a Saturday morning there doing dementia training, I handed out 62 job applications and I did not get one back, I followed up with the instructor and she said basically "the kids are too damn lazy and know they can go and collect unemployment", they only want to work 7-3, and most of them in the nursing program were having daycare issues at someplace that offered daycare. They take the program to prove to unemployment that they are trying to get a job, but they don't have to take the job if it is not compatible with their home situation. The work to school program is not working for them. What they are basically doing is taking the program then bringing their certificates down to unemployment and saying they applied but they can't accommodate my daycare schedule. Kim-what about sign on bonuses, would the city be able to pay for that? Quinn-everything is so contractual with the union. Theresa-the nurses and families are complaining because we can't do what a private nursing home can, so what can we do? Michelle-I have been putting ads in the paper, there's a career fair coming up. Theresa-we've done all this, we need to do something different.

Audience member-I would like to bring up something that I addressed with the previous administrator more than a year ago, there are C N A and LPN programs in the area and I had asked previously if Taunton Nursing Home had reached out to them to bring in students and the previous administrator was not open to that. I can tell you quite honestly when I was an instructor at Bristol-Plymouth I brought in freshmen students to Marian Manor and Wedgemere, they couldn't do much but wheel residents to mass or do their nails, but it was someone to help. I would like to ask someone again could Taunton Nursing Home please reach out to someone in the area nursing programs to see if we could get someone in here. They come with an instructor, they come with supervision. John-you missed one of the meetings and at that meeting I addressed that I am on the Advisory Board for Bristol Plymouth to help get student affiliation here, we are going to try and do that. They are a helping hand and they do come with an instructor. Audience member-there are many family members here tonight and if I miss a meeting I go online to read the

minutes and I have noticed historically when its mentioned whose in attendance it lists the councilors, never once have I been mentioned or Barry Sanders been mentioned. I think people need to know that people are here monthly. John-I make a motion that we have a sign in sheet here so that everyone gets credit who attends.

Clinical

Kim-in regards to some admissions and readmits and admissions to the hospital. So the month of August you had five admits to the hospital, did they all come back as Medicare? It looks like two came back Medicare. Michelle-one did not have Medicare and the other the length of stay wasn't long enough. Theresa-you have to make sure you're doing the appropriate information. Kim-I want to make sure that whatever the symptoms they were presenting are symptoms that we cannot take care of here and they needed to go to the hospital. Theresa-it's important to know why they sent out to the hospital, what the diagnosis was. Kim-I was looking at your staffing patterns and according to census it may fluctuate. Michelle-as a rule of thumb we have not been fluctuating it; we have been maintaining the staff that we have. Kim-it's a good and a bad thing if you're looking at revenue because you're paying them even if the census is low, we may have to look at that. Michelle-that's another thing that I wanted to discuss is the PPD. John-they are union and you can't send employees home. Theresa-yeah you can if they are on extras or agency. The people I work with it depends on the care, if the numbers go down the staff goes down, end of story, but your saying you are not even doing that. Kim-just looking at a pattern, unfortunately the 3-11 is the norm for staffing, the amount of openings is concerning though. Michelle-we have been working with Maria Gomes on staffing, we have it posted on Monster.com every thirty days, we have applications available at the front door and we are going to have a new receptionist in the waiting area from 5p-8p. Hopefully we will get a few more applicants. I have seen other facilities put a sign out front, what does everyone think? All the suggestions that people have given me I am presenting them to try something different. The other thing is would you be ok with us having a job fair here at the facility? Kim-where would it be, you don't really have room, they would have to come through the facility? I would hate to have people coming in here we don't know, again you don't know who you are letting into the facility. I personally think anything that isn't going to hurt the residents to get new staff is fine. John-I don't think a job fair is appropriate personally. Michelle-we have a couple of LPN/RN positions available. Helen is going to go to the career centers and repost the positions. John-do you send correspondence to the two schools in the area about what the C N A job description is and what is available, I don't want a call it needs to be in black and white. You need proof that you're doing. You also need to send it to the local Red Cross that does the training. The facility needs to send letters to all nursing programs that run C N A's, Bristol Plymouth, Southeastern, American Red Cross, close to graduation with the vacancies and shifts available. Michelle-the only

thing about this career fair is its costly anywhere from \$375.00 to \$3000.00 depending on what is provided. Joe-do the students that come here have to have a CORI check? Helen-yes they do. Joe-there you go with another cost to the individual. Michelle-we run the CORI checks at no cost to the employee. Theresa-is that CORI appropriate for this nursing home? I work with different companies all the time and the CORI policies are specifically different. If we are accepting BP's CORI is that an issue? John-Nursing schools are under the mandate of the Board of Registration in Nursing. The Board of Registration in Nursing does the same thing facilities do. BP gets an inspection from the Board of Nursing every ten years, they mandate what happens. The CORI is multi state not just Massachusetts. Theresa-if we accept someone do we accept that CORI or do another one? John-no you're accepting under affiliation with another facility that the training facility takes care of the CORI and they are responsible for all that legal stuff. There are agreements between the schools and the facility before it happens, a resident or family member may say they don't want a student working with their family member. John moved to accept the CORI affiliation from the schools. To address the career fair C N A's are not called professional staff and I don't think it would be worth the money.

Kim- I was looking at the falls and it seems like they are trending. Heidi-for the most part they were dementia related falls. There was one event where a lady got caught up in her blankets and fell. Kim-you did your investigation, and team intervention and care plan? Heidi-yes. Kim-this was 12 different residents? Heidi-I believe one was a double fall; everything that goes on gets care planned by me. Theresa-what would be the cause? Heidi-it could be a change in mental status. Theresa-wouldn't we know that from the MDS and care plan? Instead of leveling off were going up. Out of those 11 how many were specific to changes in medical condition? John-most of them were 11-7 and none of them were related to staffing. How many were related to health issues, like a UTI? Heidi-a couple. John-is there a routine in the facility that everyone that falls gets a dipstick for urine to determine if there is a UTI? Helen-we used to do the dipsticks and the CDC recommended we did not do that every fall unless there were other symptoms. John-I think you need to reanalyze, from 5 to 11 is a lot of falls. We got a complaint of lack of staff I don't want it linked to lack of staff. Kim-That's why I talk about the team approach so it doesn't happen again. John-I see a trend it's going up and up and up over the summer months. We are just stimulating you to relook at things. I firmly believe in the dipsticks. Kim-you need to be sure the Medical Director knows, because it is a cost every time you dipstick. Bruises are also going up and up, what are the bruises caused from. Heidi-a lot of times they are found vs. actually created. Kim-I just want to be sure you're doing what needs to be done. Sometimes nurses know probably what it is and it takes the DON to really know what it was; we want to prevent it from happening again. What was the reportable? Heidi-we had a gentlemen that had inappropriate touching with a woman, it has been reported and documented. John-that's a perfect example of how it should be done. Kim-when you are

assessing for Bronchitis and you do a chest x-ray and the chest x-ray is negative. Is that something you do a QA on? Are the nurses assessing the patients correctly? Helen-I usually follow up with the physician with do you have a diagnosis? Especially this year where they have had a lot of allergies. Recently they are not treating as aggressively with antibiotics because I had a meeting with the doctors. I've been trying to reeducate the physicians so we are not over using antibiotics. Heidi-the biggest problem we have right now is the doctors want to put them on antibiotics before we actually have the urine back.

Administrators Report

Michelle-I'm trying to work on my report and will have more information. I did want to discuss the facility PPD. Heidi's done some research and normally the rule of thumb has been one for nurse and two for C N A's. Heidi did some research and she believed that it was .6 for the nursing; the supervisors are considered part of the nursing staff along with the MMQ and MDS staff. How do we want to move forward as far as the PPD's are concerned do you want the nursing to be 1 and the C N A's 2 regardless of the census fluctuating is what I want to know. Kim-the C N A's should be separate. Michelle-I just want to make sure that we are all on the same page and we are meeting our goals. Is two appropriate? John-I don't know what you're alluding to. Kim-you usually use some kind of formula to come out to what the PPD is. Michelle-It would be how many nurses we have on and how many C N A's we have on and it would be divided by how many residents we have in the facility. So then you would get how many hours per day C N A's and nurses are giving to each resident. I just wanted to start somewhere; I wanted to start with nursing so that when we actually put up our staffing ratios up front we can put that up as well. Kim-what are you posting for DPH as far as staffing? Michelle-you see it when you come in. John-it has to be on every unit, it has to be part of the bulletin board on every unit so that the family member has a right to see how many C N A's and nurses are on. Everything posted has to be on every unit. Theresa-have you done an audit on what other nursing homes are doing in the area? Michelle-I have not I am trying to see what we want to be and what our goals are. Theresa-I would definitely call the administrators in the area and see how they handle and get some thoughts. Michelle-I pulled out a sheet that Mr. Brennan used. Kim-MDS is 80 hours? Wow. Michelle-yes we have two MDS Coordinators? Theresa-why do you have two? Kim-how many Medicare residents do you have? Michelle-it fluctuates but right now we have three. Kim-so you have two MDS Coordinators to do long term MDSs really. John-with the new hospitalization rules with CMS the MDS Coordinators work their tail off, they also need to do significant change MDSs, and they have to do transfer MDSs things they never had to do before. Michelle-we also have an MMQ nurse for 32 hours. Kim-do those MDS nurses have other jobs? Michelle-normally MDSs, they rotate and help with breakfast and they do weekend on call rotation. They do help out the floor if we need them. John-Medicare is paying this facility, those MDS need to be done on time and

submitted or the facility will not be reimbursed and we don't want that. Quinn-what is an MDS? John-a Minimum Data Set, which needs to be done on every resident on admission and through their life in the facility. It is how they determine how much money every facility gets. So if on that MDS the resident is incontinent then you look at the activities of everyday living to determine what the facility needs. The MDS is a big moneymaker for the facility. At our last couple of meetings we have been trying to increase the money coming into the facility. We need to get the rates up higher so we won't have a problem with trying to work it slowly. Kim-we are collecting data. John-the MDs is the most comprehensive of a patient in the United States, it is the number one assessment, and it hits everything. It would be worth your while to look at it. It is an excellent tool to assess the resident. Kim-many facilities do it different, some do incorporate all the RN's some do it like Theresa said direct and indirect. Michelle-I want to make sure we can fluctuate it we had a form like this developed that we are following. Theresa-but you also have to think about the union, you know when we go to do this there will be issues, if the PPD is down there's going to be complaints. John-do you hire part time C N A's? Michelle-we do have per diem, we actually just raised the rate to \$16.00 an hour. John-how about paid feeding assistants? Michelle-no we don't have those. John-all staff helps at dining? Michelle-we have on call supervisors that come in to help out just in case on the weekends there is less staff. Kim-So your meal temps are probably very good during the week because your passing our those trays and feeding because you've got higher staff. So on the weekends I would be curious to see what the last trays temp is because you have less staff that are feeding. Theresa-so we only have nursing staff rotating on the weekends; we can't have other management staff? Michelle-we haven't travelled down that road yet. Kim-well lets travel down this meal road that might be the determining factor that you need more hands on deck on weekends and holidays. They can't feed but they can set up a tray and make sure the carts come up and they trays go out. I would like to see the meal temps on the weekend for next month's meeting.

Michelle-I drafted a quick letter in reference to the meal tickets that we were talking about for resident families. I didn't know how you wanted to pursue that, we can have family members buy them in the business office but as far as price how did you want to pursue that? I would want to integrate this into the employees as well, if there are leftovers for the employees. Theresa-I don't feel we should be supplying employees with food. Our goal here is to feed the residents not the employees. If we have extra food for family members definitely, I don't think we should be charging every single time, especially someone that is new. If someone is new or the resident is on hospice I don't want to see the family being charged for food. If we have a family that is here every day getting food they should be charged. Michelle-this would say that if a family member wants to join a resident for meals they would need to give us a 24 hour notice and they would get a ticket ahead of time so the kitchen would be notified. If it is a family member that likes to come and eat with the

resident every day that would be different. Ed-Would you want food available to some of these employees that have to work 16 hours? Theresa-there isn't one nursing home that I know that feeds their employees regardless of working long hours. John-not free but there are many facilities that have a cafeteria for employees. Theresa-yes but we don't have a cafeteria, if we do that it's an additional cost. John-we're trying to make something good for the C N A's, everyone's saying they are being abused, one thing is to offer them after all residents have eaten, rather than throwing it away, some facilities will offer it to staff at a charge. Michelle- that's what we are doing, but we are offering meals to any employee that might be mandated, but again if there are leftovers. John-the family I want to discuss and I need to give my opinion, every facility I was in had a program where at thanksgiving if they wanted to have a meal they could and there was a charge for it, Michelle-up to this point there has been no charge. Moving forward we want to see about introducing a price. John-When I was interviewing C N A's in a facility where they frequently were being mandated for 16 hours, they would say I brought my lunch for my meal but now it's nice that I can buy a meal from the facility, so it's an incentive. Theresa-years ago that was available, now I have not seen anything like that in several years. If we are going to do that for an employee don't include that in your PPD is what I'm saying. John-it won't be its leftover food. Kim-what if you don't have enough for everybody because its leftovers? If you get there before I do and I'm working 16 hours but you just forgot your lunch and I want to have something to eat how is that going to work. John-usually that doesn't happen; the facility makes a helluva lot more because the resident wants more, most facilities throw food away. Theresa-I agree with Kim, who decides who gets that one meal. Are you going to get into issues because one employee gets it more than another? John-it might not be the hot entree; there are only sandwiches so you can get a sandwich for \$1.00 instead of a hot meal for \$2.00. There are always ways to get around it. I saw it in most facilities, they were inventive about it. Michelle-I just wanted to introduce it, do we want to move forward with people that are giving use a 24 hour notice they are coming to eat with a resident? I know there are certain circumstances that are different. I know last week there were two family members that called ahead for a meal and they don't end up showing up. John-everything should be treated on an individual basis, we shouldn't generalize anyone, everything should be individual. So you look at this case, he's here every day feeding his wife, that might be looked at differently. Audience member-there are never more than 4 C N A's at a time that might be taking a meal. The leftovers are all wrapped put on a tray and left in the refrigerator so if one of the residents is hungry at night they can get a snack. One lady every night gets a peanut butter and jelly sandwich. Borges-what are you looking at for prices of the meals for family members? Michelle-I don't know, I'm asking. Do you want to make it across the board \$2.00? Kim I move to charge \$1.00 per meal for family members. Theresa-personally the world I live in now food is never available at any nursing home, our whole purpose is to be different, but we have a letter from the mayor saying we need to make changes in this building because we are going to have issues if we don't

control our spending. I would prefer not to but is it either or nothing. If we go ahead with it you will not budget your food based on the residents, you're going to have to keep the order for staff food separate. Because I don't want to see that the resident money for food goes towards the employees. Right now the employees that do pay they use that money to go out and grab a cake or for special events. Theresa-I think that if we can financially afford it I'm fine with leaving it, but if it becomes a costly thing and we have to answer to the city we are going to have to reconsider. Nobody wants to make these changes; Joe and I have been on this board for a while sometimes we have to. The thing is the board needs to decide what they want to do; all I recommend at this time is to have the kitchen director give us a cost. John-it will not be a cost; you need to get that out of your head. The resident's money is already being used, this is leftover food that's going to be thrown away, and they should not be preparing food for employees. In other words no budget change but it will give the facility a little extra spending change. Teresa-what about the employees from 3-11 who are hungry? There are leftover sandwiches in the refrigerators in the dining rooms.

Michelle-the other thing was the kitchen as far as PPD. I've been trying to work with Steve I know he's been busy with the cookout. I put here a rough estimate of \$8.34 that is based on the total budget that we have. Like I said based on our census and our total cost for provisions it was \$9.54 for July so obviously July was slightly higher because he may have replenished some of the supplies he ran low on. This is all ideas, what do you think is a good idea to spend on each meal? I am going to break it down to what is raw food, what is a chemical, what is bread try to break it down a little more to see what the cost is on each item. This is something that I'm working on. John-we talked about this after the kitchen manager talked to us and that is a large PPD. I'll give you an example I did my menu reviews, white bread, a tuna sandwich on white bread how about a tuna sandwich on a croissant or Ciabatta bread, for what you are spending I don't see a lot of extras other than individual cookies, you don't even give the resident a birthday meal, which I think would be good for the resident. How often do they get baked stuffed shrimp, well maybe on their birthday they can get it? That's why we said we wanted to have an analysis done first. Michelle-like I said this is a rough breakdown. John-if you are going to spend that amount I want to see that it is spent efficiently. Michelle-I have been working with the Dietician, this is a rough draft for some of the changes mainly for dinner. During the resident council they expressed concerns with the soup and sandwich. I tried to address that with the dietician as you can see she put a sticky over some of the things to change. I am trying to have her work more with Steve for a new menu. I did express to her that the residents were not happy with eggs every morning and they did say that to me as well at the resident council. The way she explained it to me was that there would be more cost. I don't think it will be more cost I think we need to get more creative with what we are doing on this menu. Kim-Is it going to cost more to buy it premade versus making it by scratch? The recipes need to

be explicit and robust. Is that something that feasibly the kitchen can do? Michelle-that's why I said I'm working with the dietician, Steve hasn't given me much feedback on the menu right now. I'm trying to get the dietician more involved and to meet with me every time she comes in the facility, I'm getting a little push back from her, I'll be addressing that moving forward because I'm not saying she's not a good dietician but she's been here longer than me. So I want to say maybe 25-30 years. Per month she's here about 40 hours, she visits at later hours and Steve is here in the morning so again I think there needs to be more communication between them. John-does she go to the care plan meetings? Michelle-no, I haven't seen her at any. John-so if you have someone with unexplained weight loss she is not at that meeting? Kim-she is not at your risk meeting? John-that's a concern. Adrienne-she does things very individualized if she sees a weight loss she does speak with the nurses individually; she will speak to me if she feels a social worker needs to get involved, as an interdisciplinary approach that has not been done. She is having these discussions individually. John-most facilities require the dietician be at the meeting when there is a significant change in the resident. She shouldn't be communicating on the side; she should be communicating with the team. A nurse or family member might say she doesn't like strawberry, if she's making those recommendations the whole team needs to hear it. You're paying her, she comes here at night? John-I'm surprised at the number of hours that is not a lot for a dietician. Helen-we have a dietary communication book on the units for her and if we have a weight loss or anything we put it in that book and if the supervisor is on the unit she will discuss it. Kim-if you notice a 15% weight loss on Monday, you'll call her but she won't actually come in and see the patient which could be a delay in treatment if she hasn't seen the record and the care plan. Helen-if there is a weight loss she or the doctor might indicate over the phone to increase the shakes, we have had residents increase from 2 to 5 shakes, until she comes in to see them. Kim-You guys are doing multiple steps, if she was present she could just make the recommendation it could go to the physician right after to meeting get it in your care plan and you're done. John-the only way to getting around it is if the facility has standing order protocols. That's done with the medical director you don't need the dietician for that. If you have some protocols in place it could be initiated immediately, waiting for her to come is a deficiency waiting to happen, that is a delay in treatment. Michelle-like I said everything is a work in progress. John-going to this menu, the seafood salad sandwich, seafood salad on a croissant would be better. Beans and franks might be a dinner meal instead of a lunch meal. I can look at this menu and make major changes, like hotdogs and beans are on a Monday night. Who had hotdogs and beans on a Monday night, did you? Saturday night. Adrienne-that is one of the things that we discussed the population of nursing homes is younger, there are plenty of young folks that would rather have the hot meal than a sandwich in the evening. I don't want to give a percentage it's kind of split 60/40. I've gotten a lot of feedback about having the hot, heartier meal in the evening. I don't know how that would work out. Theresa-I don't understand why you're not having two hot meals a day. John-most places don't. Kim-

not the older generation facilities, has that been brought to resident council by any chance? Adrienne-residents have brought that to me I don't know if it went to resident council. Michelle-that is what prompted me to talk to Jean because we had residents requesting change. Audience Member-it's not just white bread they are given a choice of white or wheat. I am getting a little nervous hearing about these changes because when my mother had a GI bleed she looked for the soup every evening. Michelle-I was also going to suggest have a bulky roll or sub roll as an alternate to the bread and start working it that way. John-the younger residents don't want sandwich and soup, that doesn't hold them over. The regulations say there will be a substantial evening snack, not cookies and milk. Helen-they do leave sandwiches on the units if they want that along with cookies and crackers. John-the younger people eat more in the evening. John-we are trying to make an effort to stop the soup and sandwich every night when the families brought it to our attention. They know their family members they get sick of it. Sometimes it could just be switching the lunch and dinner. Michelle-there are small items that we are trying to change and integrate, I'm trying to get something done for each meal to change something. Theresa-before you can make any changes you need to do a family survey, you need that part of the puzzle. John-when I read the resident council minutes there was also a complaint of too much chicken. I looked at the four cycle menu and I didn't think there was a lot of chicken. I would like to get the therapeutic breakdowns for these. I haven't seen one therapeutic breakdown; I want to see how many ounces of everything you are providing these residents for every meal. I need that in my hand, I want to analyze that. This isn't a rush.

Michelle-the current open positions, RN, C N A's and we currently have a cook position out there as well and I believe Steve has gotten a couple of good candidates for that position with culinary degrees and background. The Fiscal Agent I have narrowed that down to two candidates. I did run into the stipulation issue with the degree because the most qualified candidates did not have any degrees. So I either can move forward with the applicants with some experience that need some training or move forward and bring back the old office manager position and change the title. Theresa-I think that we need to do whatever is right for the nursing home at this time. I don't feel that the position should be considered a Fiscal Agent, it should be a business office manager, it should be running the business office and should manage everybody in the office, and everybody should be working together for collections including the clerks and receptionist. I know there are restrictions in regard to the union and I know you have spoken to Maria Gomes. Michelle-do you want me to move forward and change the title. Theresa- before I say yes we need to discuss if that aspect will affect something else. Michelle- in change the title back to business office manager that person would not be in charge of nursing scheduling because that is one of the key components. Theresa-you're saying the Fiscal Agent covers nursing scheduling. So what does your scheduler do? Michelle-the Fiscal Agent monitors that department and the other thing that position took on as well was more of the financial reporting. Theresa-which I've

asked for that not to happen, it should be the Administrator and the Administrator only. The business office person should be your support. Michelle-I just didn't want to move forward without it going before the board. Theresa-your indicating that can be done, but can it? Michelle-I sent an email to Maria Gomes on how to start the process and she said it had to be a discussion between me, Maria Gomes and the Mayor to bring back the Business Office Manger position and eliminate the Fiscal Agent position. John-now these applicants do they have at least an associate's degree. Michelle-the one really good candidate did not have an Associate's Degree but she does have 25 years' experience in billing. I didn't want to lose this candidate; I don't have a problem with bringing it back to Business office Manager. I know the city wants everyone to be more educated, even the security guards they want to have an associate's degree. In making this presentation was I wanted to see if I could keep the rate of pay close to what the current rate of pay is? I don't know if I'm going to get pushback on that. I will move forward on that if everyone is in agreement. Theresa-you need to check the pay of business office mangers in the region. Michelle-I have tried and when you call to do a wage study nobody wants to talk to you. I've done it. The company that did the mock survey said that they are so busy at this time that they did not have time. Theresa-you don't need someone to be called fiscal agent to oversee the staff. Michelle-the other position that I had open is the receptionist and I have two candidates for that. Theresa-if it becomes an issue, we need to have someone in the business office to be a backup. Moving forward I will look forward to that. They can backup themselves but not the office manage or fiscal agent. Joe-maybe down the round you can provide them training and contractually they are required if necessary to back that person up. If you receive training then when we need you you're going to do it. Michelle-the union steps in and they say it's all about money. Theresa-this is the thing, you were highly considered because there was no backup if you and the administrator left. I think we need that request in writing to the city because we need to know why.

The last bullet I have is collections. Mr. Brennan was using John Paul Thomas for collections, I have contacted him and he has not called me back. In the last thirty days or so I have not heard from him. Is the Board ok with me moving forward with a new attorney for collections? This would be somebody that specializes in nursing home law. We also have Donohue and Barrett in Boston and we are requesting how much more aggressive we can be in our admissions packet with regard to becoming re payee to ask questions. I'm looking at the legal piece of that as well. I'm also looking at the discharge, I know a resident can't be discharged without a safe place to go; I'm looking into how far we can push. Theresa-this is a business also, it's not like years ago now the children are living in mommy's house and collecting her social security, that's a discharge issue, that's an issue where social security gets involved, and then you can make the financial and executive decision. We have to look at this as a whole. No one wants to discharge. Adrienne- there are a select few that even I have hit roadblocks. John-you also have CMS backing you up,

you can discharge them to the street if you have to. Do you know how many homes in Boston discharge residents to the streets? Michelle-financially moving forward we had a resident trying to come back that owed us money.

Michelle-I did find a billing consultant, the money budgeted for the fiscal agent, I would like to use the billing consultant for that time only when we didn't have a fiscal agent.

Theresa-who does your Medicare cut letters? Adrienne-either Kate or I. Michelle-I'm doing the regular billing. I just wanted to go through that. Theresa-I want that to go into the Mayors letter. The letter basically indicates that the Mayor wants the Board to be more attentive to the AR and the concern is that the AR is a financial concern. Michelle-in the years I've been here I have been to a few of the meetings with the budget director. I have looked at that. Theresa-I know that we talked about this; we discussed it in the minutes. If the minutes are out there why aren't they addressing the minutes? We have a protocol of having department heads present at our monthly meetings. I think on our minutes we should have each department report their monthly expenses. The issue was that if you budget someone 10000 every month they spend 10000 every month. Michelle-I'm trying to draw a rough draft to see what works and doesn't work. Theresa-take one structure and present it to each department, the numbers may change. Michelle-I'm trying to break it down so depending on the census it should fluctuate.

Theresa-I have what we call a master spend down, it may not be the best for you, I think it might help you. I have a blank that I can send you. It's a summary page with a tab for each department and when you do your census it automatically calculates your PPD. Michelle-that's what I'm trying to get to. Theresa-you need to prepare your departments, if you come in tomorrow and say this is your new PPD I can tell you it won't go well. Even if they do it in a manual form right now and then when this is presented it will be easier to accept. They should be keeping track of all their expenses on a regular basis, that's for every department. Michelle-mainly it would be nursing, medical records and maintenance. I can have laundry keep track of their piece and Activities of course. Theresa-your medical supplies probably aren't that expensive because your Medicare census is so low. John-but some of the extraneous things are, a lot of facilities it's the biohazard that are causing havoc because staff will throw non biohazard things in the biohazard container. A great way to save money in nursing is to educate on the biohazard. How much do they charge per container? Michelle-I don't know off the top of my head but usually we don't spend a large amount. John-you don't have dressings and such? Helen-we don't have a lot of dressing changes, the only thing that goes into biohaz right now are syringes. John-how often do they pick up? Helen-is it every two months? John-who do you use, Stericycle? Helen-hazardous waste it used to be Stericycle. John-do they provide the boxes? Michelle-yes. John-so they provide the boxes and you tag it and so you have one box a month. Helen-everything goes to maintenance and like I said we don't have many red bag dressings in

house. Theresa-if we need to the Board needs to meet more than once a month so the board can discuss expenses. That's the Mayors recommendation. By the next board meeting I want the full implementation of this process. We have almost a full month of tracking. There's no need to go back to July 1st, the goal is to move forward. Let's see how it goes, September 1st is coming, that's when I would start it. Since you are both the Administrator and Fiscal Agent right now someone in the business office needs to help out in that area, you can't as an administrator be expected to handle every single thing, somebody has to help. My recommendation is if everyone is capable I would have one person go in every day and do ten patients until there's a comfort level, please try that. It shouldn't be a hassle. The issue is the AR you and I have had conversations about the AR and honestly if I was your business office manager I would be all over you mainly because you have multiple residents who are Medicaid, you have two Medicare, so if you close September you should have your Medicare billing done no later than the 5th of the month. All your Medicare payments should be paid within two weeks end of story as long as your claims are clean. If there is an issue with a claim you should be able to get in there in a day or two and get in there and fix them unless you have a review request. Medicaid should be billed on the first day of the month end of story, do you send a file? Michelle-yes through Epremise. Theresa-If you're not getting coded within a reasonable amount of time check it. If someone is converting you should already be prepared for that. The MMQ should be done within 30 days. Now if you're looking at private pays and you have family members that don't want to pay, they want to save their moms house, we all get that, but it's the facility talking the same process and the family doesn't get mixed expectations. When they come in the door their mothers social security is due they don't get to keep it. Some are fine; I'm talking about the family members' that take advantage. There are way too many of those unfortunately. You as the business office when you're doing your referrals you should be preparing for that. We should know if they're short term or long term. Or go and talk to Michelle and say I think they are not telling us the truth. Michelle-that's why we have been turning down admissions because Kate has determined we can't take them. Theresa-there are other ways to handle that in taking that responsibility away from that family member, because if that family member is doing what's best for them, we're not doing that patient any good if we're not taking that family member away from it. If that house is moms it needs to pay for her services here. We drive the bus not the family members; they can do their own application, if they choose not to do that than they are choosing to discharge their family member as well. Family members are almost taking advantage of things and you have to learn to control that. If a family member doesn't pay I would give them one month and if they don't pay I would do the rep payee right away. Social Security does not even acknowledge a Power of Attorney. If I was a power of attorney and I called social security they wouldn't even acknowledge me. Michelle-that's a problem that we have that people are not communicating back to Kate or Adrienne. There are cases, one I can think of right now, she tried communicating on an eligibility review and

Masshealth stopped, then we are not getting paid. Theresa-I see it all the time but it should never happen. If there is a responsible party in the community I would see what their rights are to have this person taken away from the responsible party, I would do an emergency executorship. Adrienne-but if that person is their own person or competent you cannot go for guardianship or executorship. Theresa-nursing homes should not be doing the applications, you can help and guide but it should be an outside service and they have to pay for that if they don't we have to pay for it. There are services now that insist on getting the documentation. Michelle-that's why moving forward I can't say that John Paul Thomas hasn't done a good job but I think moving forward we need to find a more aggressive attorney. Audience member-doesn't the city have an attorney of its own? Theresa-but it's not a Medicaid attorney. John-he has to have a specialty in elder law. Michelle-moving forward I know I can't speak to each resident and their circumstances, but moving forward do you want me to do that with collections or do you want me to generalize it. Theresa-generalize and present the backup. The thing is if I came in and audited your aging it would be a separate meeting. The Mayor wants a response on the aging. Michelle-that's why I want to work on that admissions packet and tighten it up. Theresa-that will help you but when someone comes in that door as short term Medicaid and we know as clinicians that's not going to happen, you should be having a discussion on how to get the family involved right from the beginning. They might not want that and it's hard, but prepares them. There are many outside services that prepare Masshealth applications, but it's an outside service they are working for them and sometimes they feel better with that. We have to have a plan going forward. We have outstanding collections they are all legal. Michelle-I just want to make sure we are checking on them. Theresa-my expectation for your building is you shouldn't have anything outstanding past 60 days end of story. Michelle-I would definitely agree and I am working towards that. Theresa-so until you hire someone you need someone in your business office to help you with that you can't do that and everything else. No matter what you do you have the running of the whole nursing home and you need to assign someone to help you with billing end of story. He wants detailed aging each month, which I have a problem with because I don't want names sent to the city. Michelle-I can do what I do for the CPA, I summarize it by the payer and don't give him resident names. Theresa-you should not have any private balances, we talked about this, and if they are pending they are pending not private. Patient liability everyone should be paying, I get there's all the stories, one thing for social services, and do you know how that affects a patient if you do a long term screen. When you do a long term screen you are automatically considering them long term and any money they have will be due monthly. But if someone is coming from the hospital and has an apartment by you doing a long term screening you are preventing them from having the money to either pay the nursing home or pay their rent. You may need to consider the short term, you need to communicate and talk about it. Those could be the preventions that you have. What does this mean follow up on billing errors? He's assuming that you have billing errors; once

again you should be following up with your new billing person if we evaluate your aging and they are resolved by the next month. For third party payers follow up calls with supervisors and managers? Michelle-we don't have many third parties. Theresa-I think he's talking co-insurance I don't know; I don't think we can answer that without clarification. Everyone should have an evaluation. Everyone walking in the door it should be part of the admission packet. Kim-do you ask for a thirty day payment? Theresa-when they walk in the door private pay do they pay in advance? Michelle-no. Theresa-how many privates do you have right now? You have \$62,000.00 sitting in private for the month of June. Theresa-I want to see all the differences, I would like to see August. You're reducing it every month but it's still high. Your collections are about 60% and that needs to be addressed. Kim-going forward if you get a private pay admissions person would it be the policy of the facility to have a thirty day private pay check on the day they are signed in. Michelle-I can make it part of our admission packet. Kim-the majority of facilities are like that, they will not take anybody unless they have a thirty day check. Michelle-I believe we did that for one respite resident when they were going to be here for 10 days and they did agree to it and prepay. Theresa-When I look at this report you passed out it says 30 days for Medicare billed \$5800.00 for the month of July that should have been paid the third week in July it's now August, has it been paid? Your August isn't done so for July should be paid by the third week in August. You should be paid by Medicare, Med B and Medicaid and your hospice should be coming in shortly. Managed care is a little different, it lags a little bit. What I want to see is when it got paid. I don't want to see what was received in July I want to see July dates of service and what was paid and when and that will tell me if were doing our billing correctly. I'm not sure the letter says he would like to convene a meeting between the city financial team and the Administrator and Fiscal Agent no later than the second week of September. Michelle-I'm most likely going to have to respond to that and tell them that they need to give me an extra two weeks to answer to that. I don't think I'll have a new Fiscal Agent in two weeks. Theresa-but you will have someone assigned in your business office to help you. Michelle- Yes I will. Theresa-we need someone in your office to help resolve until something happens, but also indicate that this discussion that you had we're not doing that without getting a Fiscal Agent in here with experience. A response needs to be written. I think it needs to come from the Board, we need to draft a letter, and I'm going to be away I can try to put something together. It should be with import of all the Board members. I have been approached by several city council members recently about what's the plan. I think this letter is an opportunity to provide the city with what we are saying financially. I think they feel the financial cash collection is an issue but it's only a small issue. This is important but there are a whole lot of other things, our deficit is not because of our collections each month I can tell you that now. Michelle-I know you wanted more breakdowns as to what each indirect cost was. Theresa-the issue is that the Mayors letter is that they have an issue with the collections but the way this letter is written I feel that they think this is a big issue. Joe-I read this as suggestions and when

Michelle meets with these people they can rehash this. Michelle-we can use last year as an example, even if I collect 100% of my revenue what we are billing and what we are receiving are not going to be the same. Theresa-the indication is that yes we have to improve but it's only a footnote, I feel that if this was such an issue it would have come up before. Joe-could you turn to the last page for me, upper left hand corner the budget, which I assume was approved by the budget director and the mayor, \$852,000.00 that was approved in the summer of 2015. Lower right hand corner \$8.17 million is that the total cost? Michelle-yes that's the total cost. Where does the \$385,000.00 come from? Michelle-that is cash collected vs. what the total cost was. We received total cash of \$7,793,000 and the difference between that and what we spent was \$385,000.00. Joe-here's my point that I'm trying to get at, if your budget was 8.2 million and you spent 8.1 million your under budget, but you only took in 7.4 million. Theresa-out of that 7.4 she actually collected 7.7 which is more than 100%. Michelle-again that could be a CPE payment that helped boost that number as well. The revenue number it breaks down to \$220.00 per day which is what we were billing and what we were paying out was \$243.00 so if we can reduce what we're spending to get the revenue to meet our expenses. Each year July, August and September any of our cash receipts for those three months if its cash before July 1st on our books technically what they do is minus out from this fiscal year and move it back to last year. So every year we are technically starting in a negative balance. Joe-it's like one year had 15 months and the next had 9. Theresa-the issue is that your budget is 8.3 million and your expense was 8.1 no matter what we did for cash collected is 7.4 so we are already behind the only way to improve that is to improve your revenue. Michelle-even if you collect 100% and with the CPE we still won't make what we spend. Theresa-in answering the letter we as the Board have to identify this. Kim-that's where marketing comes into play in bringing in higher Medicare rates. Theresa-we want to look at how much can we actually save by micromanaging expenses. Where else can we make it? Michelle-In the past we have asked for no raises, etc. but it has going nowhere. John-you can read between the lines, staff needs to actually know that. Michelle-that's why when the census came down to 91 we ran the floor with less. Theresa-the new company I work for employees are flipping out because their health insurance is \$600.00 per week so their almost forcing you to take on one of the network providers. John-is all staff on an HMO? Quinn-The city pays a large amount, we don't see many private sector companies that pay more than 50%. In many cases much lower than that. This nursing home offers a lot of benefits to the city. We get a lot of information that I can't follow the difference between revenue and cash; it's a whole different ballgame here. I don't think Mr. Brennan was able to get the word out of where the discrepancies fell. We are under the perception that there is a three year delay, this is a foreign language, Mr. Brennan didn't like to come before the council, we would love to have you come before the council and explain the CPE. This is an Enterprise account and you are theoretically supposed to carry yourself. I don't think that message is getting across and I think that at some point the financial people need to make a decision if this is

. Michelle-I don't have a problem with going in front of the city council and explaining all this I just don't want the negativity that goes with that. From a business perspective, the discussion starts and then we are in the paper and the negativity starts. Quinn-I think there is a lack of understanding, but we get information like that 1.3 deficit, maybe that numbers isn't 1.3 its 385 that makes a big difference. Theresa-This board including Michelle and Council Members, we have to have a meeting and talk about it. Let's make a plan and how can we make this work, if we can't where is our deficit and how can we make it less . Quinn-From a professional perspective you have to get the word out on why we are short, you can bring up the indirect costs. We need a better understanding. John-explain it in laymen's terms. Theresa-my feel on some of this is we have explained and different people interpret it differently. John-we are not authorized to look at a record in this facility so everything we respond to the council comes from the facility staff and we analyze and assess it. Theresa-the issue is that we need to have a plan. John-Michelle needs to write it all down and have it approved by us. Theresa-I feel like all we ever do is talk about the same things over and over and never resolve the issues. Let's talk about it lets not throw the emails. We're having a meeting and approaching you to discuss it. Everybody's side needs to be understood, even though the city owns the nursing home sometimes we can't do what the city wants us to do because were a nursing home and they need to understand that. It has to come with some type of explanation that we can get them to understand. They're all reasonable people for the most part. Theresa-Joe and I have been on this Board a long and time and it's frustrating that no matter what you ask we never get a straight answer from the city on the money. No matter what you're asking and how you're asking it, you get a different answer.

Admissions

Kate-this is the overview of the referral log through the 24th. Theresa-do you reevaluate to see if there is a change? Kate-yes on medications, there are a lot of things. The other thing we have been declining is Medicare at a younger age with Medicaid backup for recovery from substance abuse, they need substance abuse treatment. Theresa-if you take them you have another problem. Out of the ones that you're getting its low Medicare, why aren't we getting the higher Medicare? Kate-after attending the post-acute care meetings at Morton everyone is saying that their Medicare people are down. We are trying to change our reputation also. Helen-they are sending people home with home therapy care. Kate-speaking with Morton they actually said to me that they have people asking for Taunton Nursing Home. Kim-your census is down and you can't provide female beds, why? Kate-we actually had not female beds available. Kim-do you have a unit that you can't move patients around to accommodate patients. Kate-typically, there has been some discussion of moving people around to accommodate needs. When you have someone settled and families are not necessarily thrilled. Kim-when you come in for admission it should be

spoken about, it's something to think about. Michelle-I feel that the residents once they get into a room and the social workers can speak to this, once they are comfortable is difficult to move them. Kate-two of our empty beds right now are in three person rooms. Kim-it can be done it's how you approach it and when you approach it, that's where the social worker comes into play. Adrienne-I have been working with both Kate and Michelle, I think there needs to be a little more sit down and discussion on that. There has never been any designated wing or unit and I think it needs to be discussed because a lot of people come in short term rehab and change to long term, how we approach that. There are certain rooms that have adjoining bathrooms. There has been talk about a certain wing for rehab, there are people that have been in these rooms for a long time and I do have to respect their rights and I do not like to move people around. I do want to respect their right and one of the biggest pieces of feedback we get is that it's homey and I want to maintain that. There is a fine balance in the approach. There is a fine balance between what is good for the facility and what is good for the residents. It's something Michelle, Kate and I need to discuss. Kim-everybody needs to be on the same page, its goes incident by incident. Bed census should be discussed on a daily basis. It needs to be a conversation every day. Adrienne-there are so many factors that play into who goes in which room, it is an ongoing discussion. Kim-because you've out the reasons for decline, I would be interested in what is the reason for the medical complexity because again if you are looking at what is different, if you get a number of referrals with the same issue is that something TNH can move to. Is there a pattern we want to make TNH better and different? Kate-most listed as medically complex and declined are mostly medical health or rehab. Maybe I should be more specific on the medical complexity. Kim-whatever you think complexity is that you cannot handle and it's declined let's put it down to see if there's a trend and if there's not a trend then we might need to look at that. Adrienne-it's never just a yes or no. John-the big thing needs to be the male vs. female beds, that's what needs to be addressed. You don't want to go against resident rights. Theresa-I get why we need to do it but if it's not handled very carefully it's going to blow up in your face. Michelle-we have 38 residents down here and were trying to see if we can move more of the long term residents upstairs. Again that's something we need to work on. Adrienne-typically the third person in the three top is the middle bed and is short term, in and out who doesn't have to feel like there bologna in a sandwich and that's what their life has come to. Theresa-can those rooms that are three be changed to two? Michelle-if we take the bed out we have to notify the state. Theresa-I know that but we're not close to 101 anyways, how would that affect us financially. John-look at your census for the last two years and see and then you would know if you could take out that third bed. Theresa-those rooms that aren't appealing because of three beds might be better as two. Audience member-if you are certified as less than 101 beds would your user fee change? Michelle-things change, that's what I'm saying. Audience member-if there are always empty beds why don't you apply to have them decertified? Theresa-I don't think it's just the beds I think the user fee is also based on the

census. Audience member-I had given you the form and there was something in there that the user fee was less for facilities with 100 or fewer beds. John-if you read in between the lines like I said you know what's going to happen to the facility. Kate-part of marketing, we have applied to "being mortal" program, it's essentially about end of life conversations and the kind of things that people are interested in with end of life care, the film is not just about people in the elder population, it talks about having health care proxies, etc. WE have partnered with the Council on Aging and Morton hospital, Morton Hospital is using it at their PACT meeting because they're inviting a lot of physicians and Heidi, Adrienne, Michelle and I are going. John-this is a good thing, it's more advertising for the facility because it says the facility is a place to go for end of life care. Kate-we will be showing the film at the end of September at the COA and they're working with us on publicity and having a discussion after. Michelle and I have been talking about showing the film t this facility for the community at large and we will work with our hospice agencies on this also. Anyone that goes on this Being Mortal website would see that we are sponsoring and partnering with Morton Hospital and the COA. Kim-if you're getting involved in this and someone from the COA comes and says go to Taunton Nursing Home, what are you going to do for end of life care at this facility that is different from other facilities? Is that what you're trying to do? Kate- the efforts in being involved in this is getting Taunton Nursing Homes names out there and knowledge that we do provide hospice care here. Adrienne-if I could just add to the networking piece, a lot of the referrals comes straight from family members, previous residents, I think overall there is a scary thing about going to a nursing home, just showing the community and family members that we understand what it like to be in a nursing home, it doesn't necessarily have to be end of life care but if that is one of the things your faced with they will be move trusting and comfortable, saying they know what they are doing and they know what they are talking about and I think that will be appealing to people and word will spread through Taunton as it usually does. I think that's something to offer something that needs to be discussed. There are different generations here that view end of life car differently. There are family members dealing with pressure, grief and guilt. I think we need to start talking about it. I think if we get that word out that we get it and we understand and we are here for you. Kate-and because we are not really allowed to market a lot of places. Theresa-I appreciate your presentation, anybody have anything else to say? We never accepted the minutes. So they are accepted. Last month I requested to step down as chairman, is anyone interested? I literally cannot continue being the chairman I do have 14 homes now, I can't continue right now, I really need someone to consider stepping up. What's been going on these last two weeks I can't keep up. I think the Mayors expectation in the letter he's expecting us to meet more than once a month if the need arises, we need to decide if we can do that or not. It's not about experience I just can't keep doing everything they want us to do. John-I'm thinking that your job is becoming less and less because you have Joe whose been by your side, Ed I'm not sure of, Kim and I are doing a lot of the things that you used to have to respond to, I'm hoping it will

lighten your load. Theresa-today's meeting, I feel like this was crazy and inappropriate. I feel like we did this last August. I don't know if I can keep up the stress level of what is going on. John-that's why I felt I had to speak up at the beginning of the meeting, if you come here as a City Council person and you get up at a board meeting and say what you said you are acting not only as a person that was out at the cookout but you are acting out as a city councilman and that is inappropriate that should be done privately and should not be done in an open forum and point fingers at people. Audience member-I spoke up because I was not going to sit here because they heard something at a cookout and were going to point the finger at one person. John-they failed to realize that this facility is governed by so many people and has to meet so many regulations and they don't have any idea what this facility is about.

Respectfully submitted,

Kelley A. McGovern
Recording Secretary