

Taunton Nursing Home

350 Norton Avenue, Taunton, MA 02780

508-822-1132

Board of Directors Minutes

Date: October 24, 2016

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

Also present:

Michelle Mercado, Administrator

Meeting called to order at 6:05pm.

Clinical

Heidi and Helen were not present. Theresa-Heidi asked me if she needed to continue to attend and I told her she needed to so for her not to show up is not acceptable. Michelle-she was here today but wasn't feeling well. Theresa-we need to know that ahead of time so that if there are questions you'll have answers for everybody. If Heidi can't make it my recommendation is to have a backup, whoever her assistant is. Is there anything Kim or John for follow up in the clinical? John-I was happy to see that the incident of falls had improved dramatically. That was part of their QA so whatever they are doing its working. The other thing was skin tears which are a difficult thing to manage in the facility and they had zero skin tears so that's great. I had a question for Heidi today but only two things were referred to QA and I wondered what they were. Theresa-put that as a question to follow up on. Kim-I was just wondering why the reportable for the infection cultures and treatments were still pending? Michelle-that may have been an oversight but we will make sure to have it for next month. Theresa-I left early last month but are there any updates on the CNAs? I know they went to the city a couple of months ago. Let's outline what we've tried to do. We've outsourced all the C N A information trying to find out new hires, new grads that kind of stuff. Your Staff Developer has extended that, have we gotten any increase from that? Michelle-no we did go out but where most of the people were from the

other side of Rhode Island and weren't interested in travelling. We are going to as many as we can. Theresa-the last time we talked Heidi had indicated that there was a reduction in the mandations but in regards to that the people who weren't being mandated were requesting to work, is that staying the same? Michelle-it has stayed the same as last month, we are trying to utilize another agency, and we're using whatever avenue we can right now. If we can at the end of the day if the floor is not safe and we are not at our minimums we are requesting the nurses to stay and work as CNA's. This weekend I came in to help, we are using the management and any other avenue we can to help. Theresa-do you have a manager on duty? Michelle-yes we do, it rotates every six weeks and they actually come into the building. Kim-how many hours are they here? Michelle-approximately eight unless something else is needed. Kim-so eight on Saturday and eight on Sunday? Michelle-yes and like I said this weekend we had 8 on Saturday and 16 on Sunday. John-I had a question on the paper work that Helen sent in to City Hall, what does that mean? Michelle-it means the physical, TB and drug screen. John-so when she completes that then they get a letter of acceptance from Maria Gomes? Michelle-Maria Gomes will sign off on that and then send it back to us and we also have to have two references completed, sometimes the references take time. We are definitely getting the CORI's back faster, the only hold up is the drug screen and physical and I've instructed Helen and Steve in the kitchen to let people know I am willing to pay for that up front if necessary. John-who does the C N A checks? Michelle-Heidi does them, if she isn't available Helen and I can do them. Theresa-what happened with the C N A's going to City Hall and the union? I believe the council referred it to another time. Michelle-that was something that happened last year and I haven't heard anything. Audience member-they didn't appear before the council it was just sent to them. Michelle-what was the date on that? Audience member-November 2015. Michelle-This is the only petition that has gone to the city, I haven't heard any response on that. Theresa-that didn't come up recently? Michelle-that was a request to the city for more help, but I haven't heard anything. Theresa-my understanding was that they felt they were being mandated for too long of a time, it's been going on so long. I don't know what else we can do. We're still a year later in the same position. We're doing everything we can and I don't know how to improve the mandating at this point. We are obligated to having a certain staff. Michelle-we have been meeting with the C N A's monthly and the per diem rate increased to \$16.00 as of July 1st. I've done a study for our area and our rates are pretty reasonable and on top of that with our benefit package I don't think there are any C N A's that are becoming certified. It's on Career Works websites and we haven't gotten any more applicants than a month ago. John-as a city employee can you waive your retirement deduction? Michelle-no, because we don't pay Social Security, that's our retirement. Joe-if you're not a full time employee receiving a retirement benefit they take deferred compensation from your pay. Michelle-the other problem with the per diems is that they can't work over a specific amount of hours because of new health insurance laws and they don't want to opt out of the health insurance piece of it. Our hands are tied with

the per diem people. Talking to the C N A's in the new programs we have been visiting the benefits sound good but I think when they get in the door and see what the overall deduction is they're overwhelmed. John-we brought up last meeting about maybe offering a split shift, has anything happened with that? Michelle-I tried to ask the C N A's if they would do the splits, I even suggested a 7a-7p but no one wants to do that. Joe-could you advertise for that? Michelle-I can't offer anyone a 12 hour shift without first offering it to everyone else in the building first. I can't post it as a 12 hour shift. If you want to work per diem, you can't work more than 19.5/week, so basically if you work a 12 hour shift you can only work one day a week. If you want to be a 32 hour employee and only work so many days I can't do that because you have to get paid overtime after 8 hours. Audience member-how many people are 32 hour C N A's and how many are 19.5? Michelle-we don't have many 19.5 C N A's. Audience member-I just noticed that you pay more to the agencies, I know someone that's left and someone that's going to be leaving and what do you do if you can't get anyone to replace those people, where you're so short staffed here already? Michelle-again all the programs we've been going to we're trying to get as many as we can. We have a program coming in where they will be doing the training here and I'm hoping that will help. John-for new people coming in you could offer an 8 hour split shift, so that they are here for lunch and for dinner. Michelle-I have to offer it to every union member in the building first. I really thought bringing the per diem rate up from \$12.62 to \$16.00 would get a bigger pool of people, but it hasn't worked. Theresa-all the nursing homes are looking, that's why you can't get agency either. Joe-could you get people to come in mother's hours? Michelle-we have done that, but if it ends up being a union position everyone in the building has to be offered the position first. Theresa-your biggest gaps from what Heidi has told us in the past is 5pm-11pm. Michelle-we've been more flexible with the agency allowing them to work 3p-9p and I've even paid overtime on the weekends. Audience member-what I hear in the evening is that some people leave at 7pm which means that they came in at what time? Michelle-if they're leaving at 7pm there has to be someone coming in behind them. Audience member-does that mean that they're coming in at 3-4am? Michelle-Usually the people coming in at 7pm are working until 7am there are no 4 hour shifts. John-one thing you might want to do is the process of empowerment is important. The C N A's if they feel they have a voice, let them give you some information so they feel empowered, maybe at your meetings with them let them decide. Michelle-honestly at every meeting that we've had there were no suggestions. Theresa-then they have to understand that this is status quo; we're looking to improve the best we can. Joe-some people don't want to speak up at a meeting, I'm sure there are some people who love the extra hours. It means the people that don't won't say anything because it might make their coworkers upset. Maybe you want to have people give you some suggestions in writing without their names. Michelle-the only suggestion that ever came to me was we have a scheduler and rehab aide that don't work weekends. That would require a new posting, they are not mandated either. Audience member-there is a

woman that works in the laundry and sometimes she has to cover as a C N A there's an activities person that has to cover as a C N A, there's a rehab person that has to cover as a C N A so that's what they're talking about they're not talking about staying in the slot that they're hired in, it does impact the C N A's. Michelle-those two positions are C N A's, it's part of their job description to be a C N A. Audience member- but as an activities person they shouldn't be requested to work extra even though they are in a different department. There are C N A's that work in a different position and they can refuse but if they are C N A's they have no choice. Theresa-but a C N A has a different salary than the person in the laundry with a C N A certificate, in any nursing home if they need help they will ask for help but it's not a normal protocol thing. Joe-you have trouble getting coverage on weekends, why not post 12 hours, six hours on a Saturday and six hours on a Sunday and see if you can hire some people because there may be some people working in some other private nursing homes that would come here on the weekends for \$18 or \$20 an hour because there are no benefits involved, it's a weekend there may be some people out there willing to work 12 hours on the weekends. John-there are, I have interviewed C N A's that do that, they work all over the place. Ed-how much does it cost you for one agency person for one hour? Michelle-it depends they range from \$23 to \$30 an hour. Ed-does it cost more on a holiday for them too? Michelle-yes it does, so our staff is offered the shifts and if our staff doesn't take the shift we fill it with agency. Kim-if there is another department with a C N A have the hours been offered to them as a C N A? Michelle-absolutely, these people make more money in their positions because they would take a pay cut to be a C N A. Audience member-so when one of the RN's works as a C N A do they get RN pay or C N A? Michelle-they get the pay they are coded for so if someone in activities works as a C N A they get the pay they are coded for not the C N A pay. We have people that go from activities to kitchen and laundry they get their normal pay. John-you try not to do that, it's only in an emergent situation that you take someone that makes that high pay and put them in as a C N A. Michelle-unfortunately in this building it's used a lot, as I've explained everyone has a lot of PTO, so when someone is looking for a day off in laundry a lot of times we have to look outside the department because no one in that department will pick up the shift. The same thing with C N A's a lot of times the C N A's will ask the per diems, I've even seen them ask the agency people to work for them. Kim-so if you have a person from the agency that works here a lot have to ever approached them to work here? Michelle-we have to buy their contract out, it's part of the clause. Ed-no one from agency can work here per diem because its conflict of interest. Michelle-yes we sign a contract. Theresa-I don't know what else we can do to make it better, I think we're doing everything we can possibly do. John-I think this survey without any names written on them would help. Michelle-I even asked if someone would be willing to change their shift every twelve weeks and nobody was interested. I think every other nursing home is having the same issue, I've even heard of nursing homes in this area being staffed by only agency and I think that's absolutely crazy.

Theresa-before we go on I'd like to review the last two meetings and accept the notes. We have two the August and the September one. John moved and Joe seconded to accept the minutes of the August and September Board meetings. The vote was unanimous.

Theresa-going back to the financials I still don't see any adjustment on the agenda. The Medicaid rates are increasing 2%. Michelle-our rates went up 6.6% but our User Fee increased 20% so when you look at a Medicare rate of 6.6% and our User Fee increased by 20% I don't see a wash there. Theresa-this is your aging and this is good but it's not what I want. I want a detailed understanding of all your balances. I want to know what is going on, why we're not collecting certain things. I want to know what's going on with every single account and why we're not getting paid. Michelle-I can print out a detail but if you go over our detail from June 30th to now we have been collecting more aggressively as you can see. Theresa-have you gone back and billed the older stuff? Michelle-introduced the new Fiscal Agent Kathy Dooley, she's been banging away on the Medicaid application piece of it and working very closely with Kate and I actually have the consultant working on the Medicare, which is not a huge amount. He is working on all of that back billing. Theresa-we need to address the Medicare billing, there is no reason you shouldn't be collecting 100%.

Administrator's Report

Michelle-I've had many meetings over the last month. Our Medicare rate went up but our census has been lower. Medicare last month was only 41 days.

Michelle-I'm going to be putting an RFP together for an attorney for collections because I feel moving forward we need a more aggressive attorney. Michelle-I've asked John-Paul Thomas and he did say that he collected money on one case but has not forwarded me that information yet and it was apparently 2 years ago and I have not received it yet. That's what came out of one of the meetings at the Mayor's office. Theresa-I would recommend from the Board that we ask for an update from this gentleman, that the Board wants to know where these funds are. I would like a list of reimbursable bad debts. Michelle-the expenses have been down because the census has been down. After three months our deficit has come down to \$19,000.00 currently. Theresa-have you started using the PPD? Michelle-I am working still on that and I did a study and have basically been trying to get a starting point. Theresa-what you need to do is call another nursing home and become very friendly with the administrator there. The thing is ask the company that did our mock survey. If you paid for the membership in the Mass. Senior Association you would have that access. Its money well spent. Michelle-moving forward we have been staying on top of the expenses. I also have something Mr. Dernoga was asking for the temperatures for the food. I have been having the Dietician every time she is in the building do temps on the food. I asked her what she was doing to correct problems but she said she was working

with Steve. What she said to me once was that there was a fire drill, well that's not an excuse, and the state's not going to care if there was a fire drill. There has to be something in place so the temperatures are coming up correctly. John-I have asked for three months for the therapeutic breakdowns. Michelle-I have asked her for that and she has not given it to me yet, I will ask her again. Theresa-we've asked twice when she comes in again she does not leave until she gets it done, end of story. Michelle-something else is trying to work her schedule out, I think there is a communication problem with her and the department. John-those therapeutic breakdowns go with the menus. I shouldn't have to wait three months. Theresa-I think she's stuck in her ways and you're not pushing her enough. Michelle-I definitely don't think it's that, I don't think she believes she's responsible for that department she just needs to come in and do the paperwork. John-if she hands you something that milk on three trays is not adequate, what is she doing about it? People deserve cold milk, but also my concern is the bacterial count with this warm milk. It's also the kitchen manager; everyone in that kitchen has to have exposure to that therapeutic breakdown. That kitchen manager should be able to produce it just like his recipes. Don't wait for her, ask him and I want them mailed to my house and I want to know from the dietician what she plans to do with these terrible milk temperatures. The other temperatures are just mediocre. Kim-the kitchen manager needs to know what these temperatures are, we've got to figure this out for the residents. This is a huge infection control issue. John-these people deserve good and safe food. Theresa-I feel like we're just receiving the audits and not making a change. Michelle-I'm going to be making a change. Theresa-you're going to but you haven't and I know your new and I'm only trying to guide you, your department may be used to doing things a certain way you're going to have to guide them and say this has to be done, end of story. You have to make them be accountable. Michelle-I did speak to them on these particular days and again it's the blame game, the C N A's didn't empty the tray carts fast enough, it's not that I didn't follow up right away, now I'm getting the push back and I have to go down there and lay down the law. John-I do not see what the temperatures were originally, I want to know what the temperature was when the milk was poured and then what the last tray served temperature was. Theresa-doing an audit on a regular basis will help you see what's going on. John-this is not appropriate. Kim-we're trying to find the root cause, it's a nursing and dietary issue. What happens is one department blames the other. John-what I also need to see is what time the tray left the kitchen. Theresa-if you do an audit tool that goes on every tray and everyone that is responsible fills out that audit tool, then you can see where it is in the process. The thing that you have to remember Michelle is that your director of food really didn't work in a nursing home before, so he didn't have that structure and you're going to have to provide it. Somebody has to make sure he is doing what he needs to do as a food service director. Kim-does the food services manager come to any Care Plan meetings? Michelle-no. John-but he's at morning meeting every day right? Michelle-no. Theresa-that is unacceptable. Michelle-I've been trying to get all department heads to

attend the morning meeting, they will pop in but Steve has been working in the kitchen more. If there is a concern we call them to come up immediately. Theresa-the issue is I'm all about communication and if you're not working as a team on a day to day basis it doesn't work. You are to have your general meeting the normal staff takes off and the nursing staff stays on. Michelle-the activities director is out for 6 weeks and I don't have an acting director. Theresa-who's the acting director? Michelle-currently we don't have anyone, they come to me. I did the candidate's day and I'm going on the next outing. Theresa-there's no one in the department that you can assign as acting director while this person is out? Michelle-I don't feel that there is currently. Theresa-I would think about it and see if there is someone that can help you because when you're out of the building doing activities who is doing your job. Michelle-Heidi is in the building. Theresa-I'd think about how you're handling that because if that's going to be an ongoing basis for six weeks that is going to cause you problems, you're not running your building, you're running a department. If you're fragmented like that you're not running a smooth facility. Correct me if I'm wrong but the states going to pick up on that as soon as they walk in the door.

Michelle-there is a letter in your packet on the family council starting in December. There should be good attendance. John-are your social workers going to be involved all the time with this? Michelle-the social worker will lead it to keep it structured and start it initially so that it follows a protocol. John-the families should run the council, some families might not like to speak in front of a staff person. People need to be able to freely say what they need to say. Michelle-I wanted it to have a structure and protocol. John-how are we going to know what's going on as Board members at this family meeting? Michelle-That's another thing that Adrienne is going to work out on how it will be communicated back to you. After this meeting I will have Adrienne give something to the Board so you can see how it is put together. John-I don't want the families to feel the facility is running the meetings. I was concerned about the letter that went out because these people need to be on their own so that they have a voice and we hear their voice. Michelle-I think her goal was to set up the meeting and then transfer out.

Michelle-my meeting in front of city council, I put the minutes in your packets as well. Dr. Croteau would like to have a meeting with the Board to see what the plan is moving forward for the facility. Audience member-the letter was read a week after Michelle's appearance. Michelle-they did not read the letter into the minutes it was sent to Finance and Salary. I met with the Finance Committee twice and I'm supposed to meet with them monthly on the finances in the facility. I did speak with Dominique and he's projecting a \$340,000.00-\$500,000.00 deficit and that is after taking our first three months revenue to roll back to last year. In this meeting that Dr. Croteau would like to have he would like the Auditor and Dominique present also. In my discussions with Dr. Croteau the budget we presented in May was very clear. Theresa-so what you need to do in your meeting with

them is you need to go back to the points we put out here. You have to be able to point out the issues that you've identified in regards to revenue. His letter to you implied that our whole financial debt is due to the AR and it's not the case and you need to explain that. You need to do it in this format in black and white and this is what it is. Michelle-I tried to do that at the meeting you can focus on our accounts receivable of 2 million and if we collected 100% we'd have no deficit but then what happens moving forward we'd have the same thing and it would continue to happen. John-with the Medicare I should have asked a while ago I thought it was related to demand bills but you said you don't have demand bills. So as Theresa said you need to collect that money immediately. Theresa-so in reality you didn't bill it correctly to get paid. Michelle-I actually worked with Medicare directly when I did that bill. Theresa-if it's been a year it's gone, it's not going to be collected. John-if there's a Medicare demand bill you don't collect the money until the demand is resolved. Theresa-there should be no balances at all, you are to bill by the 5th of the month and you should be collecting by the 21st of every month end of story. There could be an exception here and there but you should get it the next week or a couple of days later. It goes back to the same structure, if it's falling apart there's a spot where it's falling apart. Same thing with Medicaid, it's one of the easiest billers to pay its getting it coded that is the problem. Honestly you don't have enough turn around to have that many problems. Your census is low and your admissions per month is low, there should be no issues, if we're being proactive about it, if we're talking about it they've already been coded. If families all of a sudden sell a house they become uncoded. But how many families do you have selling a house? It means we're not managing our families, supporting them and getting the process done. Michelle-moving forward our problem is the Patient Paid Amount so I did file about 6 Rep. Payees, so hopefully they won't be appealed and we'll get the social security checks here to make the payments. Theresa-what she means by that is the patient is given a Patient Paid Amount by the state we don't determine that, it means they have to pay this amount per month, the family doesn't get to say I can't pay you, it's not their money. When I hear that its fraud, we can notify Medicaid and they can stop their payments. Nobody wants to do that. If there in a nursing home that money is due to the nursing home end of story. When you don't get the money the second month its automatic change, it's a meeting and where's the money. It's the Administrator and Social Worker explaining the information, if they aren't paying then they're saying they don't want to be here. John-that's why I said in another meeting that they need to be discharged, nobody wants to do that but if you're not paying for your services you need to be discharged. Theresa-patient liability is the smallest money but the biggest debt. The problem is it's not their money that discussion needs to happen when they walk in the door. Michelle-last week a family was telling me they were waiting for the appeal, we went to the appeal and they had withdrawn the appeal. I have been having meetings and I would like to get a stronger collection attorney. Theresa-once again it comes back to you and your staff managing that when they walk in the door and doing the admission packet so the family understands their

responsibility right from the beginning. It's when we say don't worry about it we'll take care of it and then go by the way you have to pay us \$1500.00. It's a shock to them, it's mostly not the spouse it's the children we're having issues with. Michelle-I did initiate a couple of 30 day discharges. Kim-is your Social Worker supporting you in that? Michelle-the Social Worker is advocating for the resident so that's pretty much what the Social Worker will do, she'll say it's not a safe discharge, where are we going to send them, that's where we stand. Theresa-you should be having weekly discussion about this and if anything comes up you should be meeting with the families and after the second or third time of them not responding it's a discharge. If it's a discharge its change of rep. payee, etc. whatever is needed, because that person is not taking care of that resident. They're not being responsible for that person, if they do not want to do that you should be doing a conservatorship change. They have to be responsible, who are you using for applications? Michelle-we don't use anyone. We filed for the Rep. Payee, I'm starting there. Kim-moving forward you need to think about what to do so this doesn't continue to happen. You don't get a lot of admissions monthly, do you set up a time during morning meeting when everyone is there that we're having an admission so can you have different department come in. Michelle-we are working on changing the whole process. I am working on a short term wing, but so far no one wants to move. I've been trying to so I can tap into some of these admissions that we can't take, but unfortunately so far I haven't had any residents willing to move. John-I noticed there was a resident with shingles do you have a separate room for that? Michelle-in that case we had to move residents around because it was an emergency situation, we did get some push back from families about that but we did have to move residents. We had to move two residents so that resident could be in a room. John-does your staff have Titers so they know if they can work with this person? Michelle-we did disclose that to the employees who were working with that resident. Theresa-what is the protocol for changing the structure of the rooms? If it's not working, we don't even have a private room to use, how do we reevaluate the room structure. Michelle-I actually sat down with the Social Worker to see if we can structure something around our rooms that do have bathrooms. We have some beautiful rooms on the second floor but people don't want to move. John-I've been in a lot of facilities that have done that and have made it a subacute wing during renovations. Would you want a whole wing or just a number of beds? Michelle-I would like to do a whole wing. John-you might want to start small and move on from there so you keep expanding it. You will need renovations, the bathrooms aren't appropriate, you need all electric beds. Michelle-I am trying to get locked into the rate that Mr. Brennan had on the electric beds to buy a few at a time. It's approximately \$1200.00 per bed; I told them that if they did lock us in I'd buy so many a year. Theresa-this type of thing comes with the group experience of working with somebody else and getting their thoughts and how they handled things. I don't have that guidance and support for you. John-I was under the impression that this was a level 3 or 4 because some people live here for custodial care essentially, but now you're saying you want to be skill level 2.

Theresa-I've been here for 20 years and we always used to have 10-20 Medicare this drop in Medicare is the last 5 years, it was down to 9 and it's gotten worse. John-that's because of CMS decreasing hospitalizations and decreasing rehab and doing it at home, most people with knees now don't go to rehab they go home, it's all reimbursement. When we did the tour I said to myself this is no way a subacute unit. Theresa-it used to be sectional I think the first floor was Medicare but they kept changing the beds to get a higher census. John-we know the money is in Medicare but the facility isn't structured for that. Theresa-if you were JCAHO accredited you could get your Fallens or SWH and now you can't get them. John-I tried to say to a council person that was calling me that the facility wasn't set up to accept high paying patients to help you relieve the deficit. A lot of money would have to be invested in the facility to do that and were already in a deficit so how would you do that. Theresa-the only reason we have been able to do anything in the last ten years is through grants. That has dried out a lot so we are limited.

Audience member-I don't know if any of you got a chance to listen to the Finance and Salary Commission meeting, but I attended and want to compliment Michelle because she did an excellent job. You bring up things like JCAHO, a council member brought that up and she gave an explanation of the costs involved. She focused on the changes being made and the positive and brought it back to this is a new administration. I think for a new administrator she did a phenomenal job. Unfortunately the BOD letter came the next week and their response to that was not positive at all. Michelle-councilor Cleary made a comment about how we've been throwing this around for years and we need to make a decision. Theresa-the purpose of the letter was to give them black and white, this is the reality, stop asking what we want to do, if they want to be responsible for this nursing home they need to be. Joe-someone brought up the fact that we shouldn't be an enterprise account and the response from the Mayor was "that's not going to happen". Theresa-so that's a response that's what we wanted to happen, they need to make that call and stick with it but don't sit here and hit the nursing home that there doing a bad job managing the facility, it's not going to change the deficit that much. John-the only other thing is to come up with a specialty for the facility, like pain management so you attract people who are coming here for pain management. Michelle-I'd like to be able to accept some of those referrals but I don't think where our beds are available right now is appropriate. I was talking to Adrienne about that but it would require opening up some beds for a small section. Theresa-if you're presenting that pain management and that includes this set of rooms, that's it period. I don't understand what our rights are or our obligation, can we do that or not. If we choose six rooms for this program and people are there these people need to move. John-you can force them to move, the big thing is if the facility chooses to renovate, if you're moving people arbitrarily that's one thing but if you're going to rehab the entire unit it would be unsafe for them to be there. That's how most facilities get away with it. It's hard because some people have been here a long time and it's their home and

we have to consider that. Michelle-I think if we did some special acute rooms we could fill them. They would mainly be Medicare, if it's someone motivated to go home the rates would be \$500-\$600 per day. John-another thing is a bariatric unit but you would need larger bathrooms. Bariatric and pain management, repertory is the other. Ed left the meeting. Michelle-I was trying to do two rooms, something small. Audience member-would the medical director be able to advise you, I know he's on the Board at Steward? I just heard from a friend that her mother had gone from assisted living to the Geri Psyche unit at Morton and Morton was very specific in referring her to a nursing care facility because of the staff and accommodating that type of resident. Maybe your Medical Director could tell you the needs of the community. John-we need a way to market the place so it's attractive to people. Michelle-the only marketing I've been able to do is through Being Mortal at Morton. That's the only marketing we've been getting so far and tomorrow I'm going to Morton for the PAC meeting. Kim-you could ask your hospice people what their palliative programs are. Pain management opens up a lot of things because you bring in the young opiate patients; it's not just the older suffering from cancer. Are you willing and able to do something with that?

John moved and Joe seconded to adjourn at 8:43pm. The vote was unanimous

Respectfully submitted,

Kelley A. McGovern
Recording Secretary

NAME:

Michelle Marcedo	Admin
KATHY DOOLEY	FISCAL AGENT
John J. Derrigo	RN Board Member
Kimberly Wilkins	RN Board Member
Theresa Siantz	Board Member - Chairman
Edmund Bowles	Board Member
KM	
Joe Martin	Board Member
Carolyn Basler	Community member
Debra Dunn	Accts Payable Payroll
Rose Postock	
Charles Reed	
Virginia Medeiros	
MM	