

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

**Date:** April 25, 2016

**Board Members:** Theresa Swartz, Chair  
Joseph Martin  
Ed Boiros

Also present were:

John A. Brennan, Administrator  
Heidi Paquin, DON  
Helen Boarman, SDC  
Michelle Mercado, Fiscal Agent  
City Council Member Estele Borges

Meeting called to order at 6:04pm

Mr. Martin moved and Mr. Boiros seconded to approve the minutes of the March 28, 2016 meeting. The vote was unanimous.

**Administrators Report**

We had a very nice Red Sox opening day, we made the paper not once but twice. We had the Mayor come out and throwing the opening pitch, we had popcorn, cracker jacks, and hotdogs. Gill came out Council Member Borges came out. It's a fun hour and everyone has a good time.

The sidewalk plans for the side and back doors were presented for review. The state says we need a hard walkway to roll wheelchairs out in case of emergency. We will contact dig safe to mark the lines. There is a question whether these would be ADA compliant and the state wrote back that this is a state requirement and it does not need to meet ADA requirements per Life Safety. It needs to be done 45 days from the citation date. I sent the plans today and for a price of \$12,000.00 from LAL Construction who are the city vendors. I was hoping that the DPW would come out and do the work, but DPW referred us to LAL Construction of Fall River who is the sidewalk vendor for the city. I sent the quote to Tony Abreau and Mark Slusarz, because the estimate says various materials are to be provided by the City of Taunton. Theresa-Even though this is a structural outside change we're

taking our revenue to pay for this? John-It's an enterprise account, I am going to ask Wayne Walkden if he would like to cover this \$12,000.00 and he will say he can't do that. I will talk with the city Gill has already said no you're an enterprise account. Theresa - If we're an enterprise account and we have to pay for it ourselves don't we get to choose who we use? John-if you like I will contact other vendors, Lopes comes to mind. Theresa-so the city is saying you're an enterprise and you have to pay for it. How do we know that these prices are reasonable? John-given that Wayne has approved these guys we are assuming that. If you like I will give these plans to Lopes? Theresa-we don't necessarily need a big player. Estele-I agree we should get more estimates. John-I have a little leeway because I sent the plans today to Bob Donahue and as long as we're making progress and I tell him the Board wants me to get two more bids we should be fine. There are financial penalties unless you complete this. Theresa-you said it was extended? John-He's given me a little leeway. Joe-this memo says May 6<sup>th</sup>, that's next Friday. John-we have a little leeway, I emailed him this morning. I will get it in writing from him. If I ask for that he may give me a hard date of May 6<sup>th</sup>. Joe-he responded to your email? John- he said good job kind of thing. Theresa-but if your last day is May something we have no proof that he gave you an extension. John-I'll get a formal reply. For your information I have just had \$4,000.00 in repairs done on the roof. It needed to be done we can't let the ceiling collapse on some little old lady.

#### **ADA Project List**

We have all the signs and I made a list of all the ADA projects if anyone would like a copy. Signs are the bulk of the list there were 200 signs. After we get the signs done we'll look at the more difficult things, they want the nursing station counters to be lowered and certain counters lowered to meet ADA wheelchair requirements. The signs are 80% of this project. We are working on the ADA Project list and Kevin Scanlon has been before the council on this. The other things are really expensive; to lower the counters we were once given an estimate of \$40,000.00. Theresa-we talked about this when we did the dining rooms and something came up about it. Heidi-it was the electrical, the sockets and lights are in the wall of the counters.

#### **Roof Repair**

We did a \$4,000.00 roof repair, we had shingles that had blown off and were all over the ground. We had to repair the roof because of leaks. It was an emergency repair that I just did. Theresa-can we put in that emergency repairs like that the Board needs to be notified. I'm not saying we shouldn't do it, I'm saying we should be aware so if questions come up we're prepared for that. If the shingles came off in the winter we had plenty of time to discuss it. Why wasn't it brought up before this? John-true, when the winter was over the roofing vendor went on the roof and did his thing. We knew after the winter we would have roof repairs. Theresa-we need to make it protocol that we are aware of these things.

### Medical Director Contract

I sent a letter to Dr. Thayer to discuss the Medical Director Contract and he still hasn't gotten back to me. The Medical Director Contract of Dr. Welter is up on June 30<sup>th</sup> he is still interested in continuing. I called Dr. Thayer a couple of times but never received a return call. Next I'll have to go over there and knock on his door and see if he can give me a few minutes. Estele Borges - in his defense we were under the Joint Commission Survey and it was a busy week. I will contact Dr. Thayer this evening. John-90% of our residents come from Morton. I am a big Dr. Welter fan, but some people have their own preferences. Theresa-I'm just wondering with the change in administration in this building maybe the time frame, we should see if we could extend it for three months so that the new Administrator would have a say in that. John- I believe Dr. Welter would welcome a three month extension. Theresa-aren't we supposed to notify our residents of a change in doctor? John-that's a good point, notification to residents. Helen-if Dr. Welter is leaving we need to notify the families if their resident will be assigned a new physician. Even if he is not our Medical Director he would still be an attending here with privileges. Joe moved and Ed seconded to look into extending the Medical Directors contract for three months. The vote was unanimous.

### Medicare # Revalidated

We spent \$50,000.00 last year in legal fees to have our Medicare and Medicaid numbers revalidated. We get it all straightened out and then we get this letter from Medicare that says Donald Perkins at City of Taunton Board of Health. I talked with the lawyer and we are not going to do anything else. This is for our cost report which is a little different section of CMS, I have written to these people many times in my tenure here.

### DPH Family Complaint

We had a family complaint, somebody called DPH and DPH sent a surveyor. The nursing staff had the record well documented. The patient was fine there was a problematic family member. DPH came in and found there was no issue. A family member reported it. Theresa-was it an issue you were aware of? Heidi-yes I was aware of it, I found out and the next day DPH was here but there was nothing to report.

### Mass Senior Care Association Advocacy Day

I sent the Board reading materials and also some of the city councilors on the \$15.00 minimum wage, Medicaid rates are \$37.00 less than cost. This is coming to a head on Wednesday at the State House. I'll be going to the State House on Wednesday to represent the Nursing Home at this event.

## User Fee

The third quarter user fee was \$147,000.00 so we are \$600,000.00 for the year and we are still working on repealing the user fee for certain select public nursing homes. Estele-Dr. Croteau was looking at what kind of money we were spending using different companies to hire CNAs and how we could move it around. He was also looking at why there was a delay in hiring CNAs. He has since found out that all of the medical evaluations are not done here any longer and it delays the process so people just walk away. He's working with Maria Gomes in trying to streamline that so that doesn't happen and we don't lose good people because it takes so long to get hired. Theresa- his message to Heidi last week was that he wanted to talk to Heidi about the user fee, which that has nothing to do with the user fee. Estele-he has since spoken to Michelle and he is satisfied with the discussion. Michelle-he was looking for a comparison of how many hours we pay CNAs, how much was non-productive like holidays and vacation days and he wanted to know how many hours of overtime we had. So I gave him a snapshot of 5 weeks and he wanted to know what the average rate of pay was for each section, average pay, overtime pay and agency pay. I gave him all that and when I spoke to him on Tuesday he asked for clarification on the CNA part of it which I've called him. He also asked about the application process. The medical director before did do all of our physicals. Theresa-what does that have to do with the user fee? Michelle-the user fee was coming out of the line item for CNAs and I think that's where his discussion started from. Theresa-he believed that the quarterly user fee that we pay came out of the CNAs? Michelle-we took the money out of the line item for CNAs because user fee came out higher. John-his concern was that we wouldn't have enough money to pay the CNAs. Joe Martin-will you have enough money in the CNA line item through June 30<sup>th</sup>. John-I believe we will, yes. Theresa-I want to ask why we weren't aware of the fact that you were asking for the \$75,000.00 transfer. We've got to create a process so that we are discussing that, so that we're involved. John-do you want to set a number of what amount you need to be notified of? Theresa-I think we need to decide that. I can't be called every day; I can't run the nursing home. I think \$10,000.00 but I don't know what you think Joe and Ed. Joe-what happens when you don't have enough money in an account to transfer it? Michelle-the city usually allows it as long as the salaries account has enough in the bottom line. Theresa-when those things come up can we have a form so that we know what the presentation to the Council will be? Michelle-I can cc you on the memo we send to the Council. Theresa-I want a form that says what is happening, I need to be able to see what is happening. I want to make sure we're involved in that process.

The Board of Health came in to inspect us and we passed no problem. We had to clean the fans in the dining room, they didn't like the sponges we were using, there was a light bulb missing in the first floor dining room. Theresa-why wouldn't we know there was a light bulb missing? John-we replace lightbulbs daily and we may have missed that and we

needed more employee must wash hands signs at the sinks. We work closely with the Board of Health; they inspect our kitchen and our rehab kitchen. The good thing about the kitchen is we do not have a fry-o-later. The kitchen is in good shape.

Red Sox Opening Day was very nice, the community garden is open. I received an email from Mary Gauthier regarding the 501c3; it's a very nice letter. Barry Sanders-I have been looking into the 501c3 and these are basically fundraising and help to offset some of the expenses that might have to otherwise come out of the budget. I think there is some value in exploring this opportunity. I'm here to answer questions you might have. Estele-can you talk about the cost of that? Barry-there are a few fees like filing fees, I don't see why it couldn't be rolled into the first year of the budget of the organization. I don't see that as a hurdle. Estele-do you think we could find a local attorney to help with the filing. Barry-I have exhausted all my options and have not been able to find anyone to help us for free. It takes a while to do this it will take a few months. Estele-maybe someone that has a family member here at the nursing home would be interested? If we could throw that out through the activities director, I don't know if Attorney Costa-Hanlon has any experience with 501c3. John-I will send an email to Attorney Costa-Hanlon with a copy to you Mr. Sanders. Given the casino and things going on the city attorneys are very busy right now. Barry-The first step is for the Board to give permission for this type of entity to exist and raise funds on their behalf. I think it's a great resource to tap into. Your 501c3 group can do fundraising on a larger scale. We will need to identify 2-3 people for the 501c3 group, you need to have a set of bylaws, but there are templates for that. Theresa- will the 501c3 group report to the Board? Will the money be available to us, do we have to ask for it? Barry-from what I understand there needs to be two separate entities. This will be a fundraising entity for the nursing home. Mr. Martin moved and Mr. Boiros seconded to have Mr. Sanders pursue the 501c3 for the nursing home. The vote was unanimous.

### DON Report

There has been a lot going on the past couple of weeks, I've been attending the DON classes. It does put me behind here; I need to be here every day. The Supervisors and I are going to be doing MassMAP on Friday; it's basically a bunch of nursing homes and seeing who we can take in during an emergency situation. John-I've provided information on this to the Board in the past, MassMAP is the emergency management system for all of the nursing homes in the area. There are 5 regions; we're in the southeast region. What we do is we hold a tabletop exercise where one facility has a disaster, they activate the MassMAP notification process and we scramble to action. It's coordinating the transportation of the person and their medical records. We will be setting up cots in this room. All the nursing homes in the state participate. They do a full drill once a year.

We've been looking for ways to save money; we've had in-services. We have everybody from every department coming to the morning meeting now as you requested. We get the non-nursing out of their first so they can get back to work. Crash carts-we're looking for new covers for those. They are now stored in the same place on both floors so everyone knows where they are.

I did check into the activities like you asked, I have checked on what she is doing and what has been changed up. The calendar is here so you can see what she has planned. Theresa-who does the Activities Director go to for advice beyond this building? John- there is the Massachusetts Council for Activities Professionals. We do not have a CTRS in the building it requires a college degree. I have given Dyan information on how to contact them for advice. We have gotten various activity calendars from other facilities and given them to her. The biggest thing that has happened in my tenure here was to extend the activity hours. We have more coverage in the building. Theresa-do we have the right activities, you can keep adding hours but do we have the right activities? John-There is opportunity to expand the activities in this building. Joe-can she become a member of that group? John-If she had the right credentialing she could, she would need to complete a college degree to become a Certified Therapeutic Recreation Specialist. She has certain minimal levels of training. Michelle-She has an Activity Director Certificate and the woman that runs that is who she goes to for information. Theresa-I would like you to work with activities to see what kind of assistance she can have, my issue is she can schedule all this stuff but it's not telling us if she's doing the right activities. I think she needs to be challenged and given more opportunities. She may be thinking real hard but her thought process may be limited because she doesn't have that certain degree or connections. I'd like to see what could be available to her. The thing is you should be approving the activities. John-I see the calendar every month. Theresa-you see it, but do you approve it? John - I see the calendar every month. Theresa-you should be approving it, the activities should be presented to the Board once a month, and I think we need to randomly see it. John-I will invite the activities director to the next meeting. Theresa-I thought she was coming this time that was the expectation. I think that she is doing what she can do; we need to clean out the cobwebs and do something new. I don't know what bringing her to the meeting will solve. I'm not an activities director; I'm not going to think of all the appropriate things for your residents. I think we need to look outside the source; she needs to find that source outside the building. If we're not asking our residents what they're interested in how do you know. You need to do something on a daily basis; you need to engage the residents all the time. We're not saying you're not doing the bare minimum that has to be done; I'm saying let's look outside the box. You know the way I feel food, activities and care are the top three things. Helen Boarman-I've spoken with Dyan and Jen about doing a story board with the residents and families to engage them. Theresa-there are so many things you can outsource that you normally wouldn't think about. Estele-Is she part of MASSCAP? John-

she is not a member. Estele-I'm in nursing homes all over the state so I will start to snag activities calendars. There are also people in the community that are retired that might want to come in for free. John-we have a monthly calendar posted but we might be able to do more on a daily basis. Theresa-they don't even read it, it's too small. It's great for the families you need to provide something for them to see every day. We've got to engage them in different ways.

Heidi-we did a QA on falls and we put a sitter on at night and our falls have dropped from 9 to 2. I'm going to ask Debbie what the sitter does. Debra Dunn- Just try to keep my eyes on everyone, there are a couple that we really have to watch because they like to get on the elevator. Other than that we walk up and down the hallways and try to answer call lights. We try to get them to go to the activities. If I see something I'll go and get a C N A for help. Heidi-not only is Debbie doing it from the office but we have other departments coming in. It's an added cost, but a necessary cost. Our numbers have shown that by having that sitter we have reduced our falls. Theresa-what do you think is the biggest issue for falls, what type of preventions? John-the biggest thing is they need to use the bathroom and they try to get up. Heidi-I think it's a combination of things; there was a problem with the bedspreads because people were standing up and getting caught in the bedspread, we started tucking in the blankets and that helped. The sitters are the eyes that the CNAs don't have time for because they're out doing other jobs. It's a hectic time of night, a lot of people sundown and that's basically what the sitter was for. Estele-is the sitter program like a rounds type of thing, are you rounding every half hour or something? Heidi-they basically stay out in the hallway and they sit with the people in groups, if there is a group that's really rambunctious. A lot of them get tired at night and they fall. Estele-I'm just wondering if with the frequent urination it would be worth rounding and seeing if anyone had to go. John-we do have a rounding program and they check the residents. Estele-I know the hospital has had great success with their fall program so I'm going to talk to them in the elder behavioral unit and see what they did to get their falls down to almost none. At the last meeting a few councilors and I had requested that we get not only the agenda but the Board packet. It would be helpful to get the packet before this meeting. I asked at the last meeting and you guys said it was ok and Kelley was kind enough to send out the agenda. John-did you send that out? Estele-I didn't get the full packet. Kelley- it was sent to you, the minutes are at the beginning and the packet is behind it. I will go back and check that.

### **TNH Board Members**

Theresa-The new members do we have any idea what's going on. Estele-we've got new members and Council Chair Quinn is going to bring that to the committee of the whole so that we can interview those folks off line. Theresa- how much longer do you think that will be? Estele-there have been a lot of things prior to the interview that we've done. It's

coming up soon. I feel there are great people out there that want to become board members but won't go in front of the camera. If you're doing it as a volunteer I don't think that's appropriate. John-There was talk about expanding the Board from 5 members to 7? Estele-there was and we are going to talk about it in the near future, they would not be voting members. Theresa-we had talked about some structural changes and I don't want to change things up until we get a full board and then we can start presenting. Estele-I think you'll probably have that full board before your next meeting.

John-my last day is May 20<sup>th</sup>, the next board meeting is schedule for the 23<sup>rd</sup> and I will serve at the pleasure of the board if so desired. Theresa-we need to decide what that date will be when we find out what the new administrator needs for a date. I hope to have a determination before that meeting.

### Fiscal Agent

Theresa-the private rate letter, we're good with that now? John- You asked me to check on the room rates around and we did that. Marian Manor is \$335, Longmeadow is \$352, Wedgemere is \$376. We are literally \$150 below market. What I'm proposing is a modest increase and then over the next three years an increase. Theresa-the only thing we were concerned about last time was to make sure we were not charging the same rate for different types of rooms. Michelle-I think the way Mr. Brennan did it was for a rate for the special rooms and the rest were one specific rate of \$250.00. Theresa- did you evaluate the different floors? John- I didn't think we needed to do that. Theresa-I said that the last time, to see if charging the same amount was appropriate. John-I think charging the same amount is appropriate, I don't think there is any difference in the type of resident care on the floors. Heidi-the residents are mixed we don't have everything broken down in units. That could be something in the future to determine. John-a lot of nursing homes got in trouble for saying they had Alzheimer's units. Theresa-you have a semi-private no bath and a three room no bath the same rate. Why should someone with a semi-private room pay the same as a three person room? John-we only have two private rooms with full bath and shower. That is the private room with bathroom \$275. The semi-private with access to a bathroom is 4 people sharing a sink and toilet. The three rooms no bathroom is the old wing. Joe-how many rooms with 3 people? Heidi-there are six. John-so our cheapest rooms are our triples; the semis go up and private more. Joe-Rather than list by facilities list by rooms and if someone questions you can explain. Make \$250 the lowest and go up from there. Heidi-a lot of people decided to put their folks here because we were a lower rate or it's all the money they have and they don't want it eaten up. Michelle-the last time our rates went up was 2007. You want us to stay between \$250 and \$275? Theresa-I wouldn't go higher than \$285, how much of a percentage increase is that? Heidi-I disagree with the two private rooms taken, we need them for hospice patients so the families can

come in and stay and they can wash up if they need to. John-the ideal room would be the first floor room but we've got an ideal guy in there now and he's going to be there for the next 20 years. Heidi-even just a room, a dedicated room for the facility. Theresa-I wouldn't go higher than \$285. John-\$285 top and \$250 bottom. Theresa-we've got to get this letter out this week. Please make sure it is changed in the admission packet and that every responsible party and resident gets a copy. John-you don't want to grandfather anyone in? Theresa-no grandfathering.

Michelle-I presented a couple of different budgets the realistic budget is what I did was the packet I mailed to you was historic data from 13, 14 and 15. What I'm presenting for 16 and 17. The first column is what we'd like the second is some reductions I'd like to make but again it's going to take some hard decisions of eliminating positions or reducing costs based on historically what we're spending. Obviously we're over \$1 million in debt due to capital improvements we are looking for the city to fund. What I did is everything on this is what was invoiced; I wanted you to see realistic numbers. Our cash number versus our actual budget that we spent that's what we were in a deficit of before any of the accounting aspect of it. Realistically it would require a lot of cutting. The main items that we could cut are positions. The idea was to privatize a certain department whether it is laundry or dietary. At this point I don't see us privatizing a department between now and July 1<sup>st</sup>. It would be eliminating a 24 hour cook, less hours for maintenance and cutting back on a couple of expenses that would reduce it down to \$1.3 million. Joe-how many of those in bold would be people currently here? So you're not going to get that because you're going to pay unemployment and the city would charge indirect costs on that. Ed-how many people were getting laid off? Michelle if we do what I'm projecting it would be 5 positions. Heidi-remember we hired a 3-11 supervisor and we're going to cut that fifth nurse. Michelle-my question is, if we don't eliminate those positions and we fund the budget the way I believe it's going to work out and we get rid of the capital I believe we would be in a deficit of \$735,000 based on the revenue number of 92 per day at \$225 per day if we can boost our Medicare revenue and our census. Usually the user fee comes north of \$280,000. I spoke with Gill and he has left the budget open pending the board approval. John-the board has said they do not want to privatize laundry or kitchen, given healthcare and pension that's 20 people and an increase in pay on July 1<sup>st</sup>. Theresa-What's the city going to say if we don't fund those positions? Joe-if I was the director I think we should leave this to the new director, I would go with the \$8.5 million and I would tell the city that we anticipate revenue of \$7.8 million and there is a difference of \$700,000 if you want me to get rid of the \$700,000 give the city council what you are cutting and how it affects the nursing home. We're trying to make this work and you're cutting this place to the bear bone. Ed-we'll lose our status and we'll make the newspaper again. Joe-I don't see how this place can survive as an enterprise account. It can't make money to cover its expenses in this environment. The council can't add money to your budget unless they cut it from

somewhere else. You need to show the impact of where you are going to cut. John-can we talk privatization, in the laundry you would save healthcare and pension which is between \$12,000-\$15,000 per person. Healthcare is killing us. Joe-what's the difference, don't say the vendors pay their employees \$8-\$9 an hour, that's not what I'm asking. Michelle-the salary and wages piece is \$82,000 and the contract is \$88,000. Joe-ok, so we're paying 4 employees \$82,000 and we're going to pay a company \$88,000. Theresa-so we're losing \$6,000 right there. Michelle-the \$82,000 is just salary, not the benefits. Joe-where are the benefits in the budget. Michelle-the benefits are in longevity, and when they leave vacation and sick. John -if you go on vacation we have to pay someone to work your shift, its overtime. Joe-do we have a line item for overtime? Michelle- yes we do its \$675,000 and this year I'm predicting \$850,000. Joe-I don't see a huge difference between privatizing and the way it is, there are only 4 people. John-there is a difference it's not \$500,000. Joe- You're taking people that are working towards retirement and a pension. I don't like the idea of bringing in a company to work and the company makes money. John-I'm not recommending it; this is what most nursing homes in this commonwealth have done. In dietary we are talking 15-20 jobs. Theresa-I don't know a nursing home that does dietary. John-you're not going to get the service that these people have now. I have got literally zero complaints in ten years about the food. Joe-you're going to privatize everything and have a nursing home that doesn't serve its residents the way they're used to being served. John-I'm not recommending it; I'm just saying it's an option. If I could privatize laundry I would because that fits in with the housekeeping contract. Michelle-do you want me to present the budget in the system that way, do you want it \$7.3 million. Joe-We have to tell the city what we're going to do. John-very true and you go back to fundamental problem that Medicaid doesn't pay us costs, its 37 a day per resident short. Theresa-you need to market more Medicare and more skilled. It's not the answer but it's definitely going to help. Heidi-that's why we need the admissions coordinator, they're trying to cut that out of the budget the social worker can't do it all. Theresa-every nursing home is fighting the same battle. John-then if the city goes with the living wage thing we've got 43 people out of 89 making less than \$15.00 an hour. Heidi-I don't think that's going to happen. Mr. Martin moved and Mr. Boiros seconded to present the budget of \$7.3million. The vote was unanimous.

Theresa-One thing we would like to see is a food audit. I want you to compare what is paid for and what is on the menu. I want to make sure what your staff is serving for food matches what is ordered.

Ed-Does every manager from every department tell you what they need for a budget?

Michelle- At the beginning of the year we give them what their budget is. Theresa-John you know that when you started you had a departmental budget and what your budget was per month, it should be by what your PPD is per day. The department needs to know they can't

over extend each month. I don't want to see old invoices I want to see the invoices for July that match the census for July. It should be a n excel that everyone can see at any time and nobody should go over their budget. If they are that should be a red flag. Heidi-are you saying we should be staffing to PPD? The problem is that we have to union to think about. Ed-we don't have enough staff now, don't you use agency for CNAs? Heidi-we have staff on certain shifts. Theresa-I'm not saying anything that's abnormal, if your census has a couple of people that pass away you should not be having the same staffing. Helen-we have to pay them either way. Theresa-Keep it as close to the budget as possible. We're not just talking nursing here, if only 10 people can go into activities we shouldn't be having 3 activities aids on. Any nursing home does this on a daily basis. Heidi-I have no problem doing that. Theresa-you still need to manage not just that you fall into the budget; it should be going by PPD. Just because you have \$10,000 doesn't mean you can spend \$10,000. We used to keep a log of every department. John-we'll get it set up tomorrow.

Mr. Martin moved and Mr. Boiros second to adjourn at 8:36pm. The vote was unanimous.

Respectfully submitted,

Kelley A. McGovern  
Recording Secretary