

Taunton Nursing Home

350 Norton Avenue, Taunton, MA 02780

508-822-1132

Board of Directors Minutes

Date: September 26, 2016

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

*Approved
10/24/16*

Also present were:

Michelle Mercado, Administrator
Heidi Paquin, DON
Helen Boarman, SDC

Meeting called to order at 6:05pm.

Theresa-I asked Heidi to get together, because we do have new board members, the Rules for Executive Session so all members are aware of when we should go into Executive Session. Certain things we can and cannot talk about in open session and I want to make sure going forward that we follow this protocol. Anything that does not fall as appropriate public forum will be stopped immediately. Just so everybody knows I am leaving the meeting at 7:30 pm whether we are done or not, I have to travel early tomorrow. Going forward I expect that going forward we will not have a meeting go more than 2 hours. We need to prioritize moving forward. We left at 12:45 am last meeting that's not going to happen again. There are a lot of things we need to talk about so we need to monitor how much time is spent on each topic. The first item on the agenda is the DON report.

DON REPORT

Heidi-Helen and I have been working on trying to eliminate falls. Helen QA'd it and moving forward she had an education today on that. Helen-I put a notice in the paychecks and have

spoken to staff about having thirty minute checks again, I started mandatory in servicing today on preventing falls. I think it was received well by the staff because they are concerned about some of the falls that have been happening especially upstairs. The girls were offering things for redirection, something to keep them in constant motion rather than sitting and reading the paper. They were actually talking about getting the parachute back. Kim-what is your identification for high risk falls for a patient that might not have fallen but are high risk, do you identify them in a way? Helen-we do a fall assessment when they come in, we look to see if they have any history for falls, we look to see if they are declining cognitively. We are trying to get people to walk and during the summer we had activities taking residents out for walks. We have a new housekeeping company and I met with them this week to make sure wet floor signs are up and if they're going into resident rooms washing floors to let us know. We have a couple of residents upstairs that continually forget to use their walkers so we have put flowers and things on them to help them recognize that it's their walker. Kim-if I get floated up to the second floor how do I know who the high risk patients are? Helen-it's on a worksheet for the nurses and it is passed on at report. The C N A's also get reports from the nurses, I go over the fall protocol with agency C N A's and we buddy them with a C N A on the unit. Kim-what about housekeeping, laundry and food service is there any way of identifying that you're a high risk? Helen-we don't use wrist bands or anything like that we've been asked not to because it's a dignity issue. Kim-it's just a recommendation that they come up with some kind of symbol to alert people. John-there needs to be a method in place so that everyone is aware. Heidi-I will talk with the team about this, I think it's a good idea. Heidi-John have you ever heard of the "on the Spot" program? Michelle-CMS is using the fine money we pay to them to do quality assurance. We were picked to be one of the facilities, its voluntary and they did about 40 in this area. Heidi-they came in and checked our QA process and said it was one of the best they have ever seen. John-they do those kinds of things to help the facility; it's a good thing if they chose you. Kim-it might be good to send a letter to the families so they know you are taking the falls seriously and what you are doing to prevent falls. Skin tears are up a little bit, any rhyme or reason, investigation? Heidi-there is always an investigation. A lot of them I've found on the incident reports were self-inflicted, like striking out. There was accountability for all of it. Kim-if they are striking out is that brought to the psyche team? Heidi-yes, we bring it to the team in the morning, it's on their reports, we talk about it and do a little mini investigation there and then if we need to go further we do and I care plan it to track it. John-the only other thing I see is 12 complaints, is that in house or from resident council? Heidi-resident council, mainly food, they're working on the food. John-I need the therapeutic breakdown of the food that I asked for at the last meeting. One cycle would be enough. Kim-I'm throwing it out there I have a person that has volunteered to come in and speak with you or give you some ideas, I recently spoke with an administrator out in Boston that has a 120 bed facility and their PPD is \$7.25/day. I know this person that has volunteered has worked with this

Administrator, so if you want some ideas I'm sure this person would be happy to help you. Heidi-Project Hire what I did was put a project together to actually change up a few things, now Helen is taking care of the applications and interviews, what she is doing is calling schools and seeing what is out there. We got a young lady from Lifestream and she is now going to be coming in with her students, it has been okayed with HR and they have all the liability. They will be coming in beginning December 5th and doing their clinical time here and the thing is we get the pick of them. We tried to get BP but HR didn't want us to carry the liability. John-what do you do with agency people? Michelle-agency carries all the liability. Our liability and workers comp is already a huge cost to the facility. Heidi-we had a meeting with the C N A's last week and I think it went very well; we are trying to work with the staff until we hire more. Michelle-the agencies for C N A's are charging up to \$36.00/hour as you go farther out. Theresa-the issue is that the C N A's went to the city with a complaint and if our only alternative is to hire agency outside of our realm then we have to let the city know, do they want to pay for that, if they don't want to pay for it they need to change the mandates. The restrictions are that the City is not allowing us to pay for those mandates to be reduced. Theresa-staffing issues not to be discussed on the units was that addressed during your education? I want it to be understood that you don't discuss one resident's issues in a public forum so that everyone can hear. Heidi-I made it very clear at the meeting that we want them to talk to the families. That's something that gives families clarification that their folks are being cared for. We don't want it to be a lack of communication. Heidi-people want a change in scheduling to reduce mandation but when the mandation was taken away they want to work the 16 hour shift. Theresa-the issue is they want to pick and choose when they work 16 hours. I don't want it to get so they get to dictate how staffing is, that's not how I want it to work. We have to stand a line, we are not mandating on a continual basis but staff doesn't dictate to you when they want to work. Michelle-an example of that was an employee came to me and asked if they could pick three doubles a week and not be mandated, they want to do the overtime, we can't do that because it's a bargaining issue. Another way of getting more creative was maybe they could do a twelve hour shift and come in later in the day but we haven't gotten any takers on that either. Heidi-we are trying to make it work, a lot of places with do two 12 hour shifts versus the three 8's. Michelle-anything after twelve hours straight is time and a half. John-what about mid shift hours, so they're here during meals and bathing, some facilities do that? The only issue would be shift differentials. Heidi-it seemed like they liked some of the ideas, getting into the weekends is where we have the problems. Most people are getting mandated for the weekends. Michelle-the middle of the week is getting better but the weekends are still tough. The 7-3 that were picking up are not doing that because they're afraid of being mandated. Theresa-on a weekend basis how many are we mandating? Michelle-it's usually 3-11 one weekend it's usually 3 and the other weekend is 5, it's an every other weekend rotation. Audience member-I'm wondering what is allowed by the union if you have someone working 16 hours straight, is it allowed by the union that

they only have 8 hours between two 16 hour shifts? Michelle-there is nothing in the union contract on that. Kim-what about sick calls, are you reprimanding them if they call out excessively? Michelle-yes, I'm going to be looking over the Time and Attendance. Once we start writing up people for time and attendance the employees get very upset about it. I go back six months on time and attendance. Heidi-we have also been thinking that if someone calls in on their weekend on then we would have them come in on the next weekend. Michelle-we can't do that unless it's negotiated, because it's very specific in the contract that it's every other weekend. Audience Member-I know that you're trying to get staffing here but it really is the C N A's that are suffering terribly here, they're mandated so often that they are exhausted. These gals have been mandated so much and they're so tired. Helen-what we have been trying to do is one of the nurses will split the shift with them by doing rounds, toileting people and answering lights for them. Audience member-I know that you do that but not all nurses will. Heidi-all nurses toilet people. Helen-a lot of the nurses are pitching in now, the nursing holes have been filled and I think that was some of the problem. Theresa-why can't they just work a Saturday one weekend and a Sunday the other weekend, if the complaint is they don't want to work the double shift have a break and then work on Sunday then the alternative is to work one Saturday and the next Sunday, I'm just throwing it out there, maybe you should present that. Michelle-anyone who works two 16 hour shifts is given the option of having the third day off if they are scheduled so they do get a break if that does happen to them. Some people choose to take the day off others don't. Heidi-the other thing we started doing is having the Supervisors on call for the weekend and they are in house and expected to go on the floor and work. It's working out pretty good; of course I'm getting calls at home asking if I expect them to be a C N A. John-how does that work financially if they are on call, are they getting paid? Michelle-yes they receive a stipend of \$125.00 for the weekend just for being on call. They are only working five days they get the Monday and Friday off if they work the weekend. Any management member if they work pushing a cart over their 8 hour day they get Per Diem rate. Michelle-In efforts for the C N A's we did labor statistics from 2015 and our C N A pay is pretty much in the middle. Our rate of pay is not lower than the standard so I don't believe the city will negotiate to move the rates. I went from \$12.52/hour up to \$16.00/hour for the per diems and I can't even get the C N A per diems with the increase in rate. I don't know what else to do with the rates. A 40 hour employee after one year of working here gets 6 weeks' time off, that's a scheduling nightmare, that doesn't include the 13 1/2 holidays. Today we had 10 C N A's scheduled and two called out so we had the minimum, we can't schedule for sick time. Joe-how many sick days can you accumulate? Michelle-it's an infinite number so if you go out on a leave of absence you have your sick time to cover it. The City of Taunton has a sick bank and this year the 1144 contract the Mayor allowed them to not donate to the sick bank, which puts a burden on us because the employees have an extra sick day to use. Joe-people are saying that if the city were to ever do away with sick leave buy out those people close to retirement are going to say goodbye

and those not close are going to burn those days. Theresa-it's hard to run a nursing home under that benefit package, we can't raise revenue, and we don't have enough staff, management wise it is very impossible. The norm is six holidays and a week vacation after one year and sick time my previous company I had three days, the average is 5 days. Theresa-if the City closes for a snow day every employee gets...Michelle-we don't get snow days unless it's a state of emergency and we have to give everybody that worked that day comp time. More recently we've been denying time off after the summer vacations. That is all the benefit time that doesn't include the staff that we need as well.

Theresa-I want to leave at 7:30 but in regards to the draft to the Mayor, my question is, are you writing this letter on behalf of the Board? Michelle-I thought that was what you wanted. I have a council meeting on Tuesday with the Finance and Salary Committee. Kim-I'm not sure that they will really understand because they are not in healthcare. Michelle-when I meet with the Mayor I will explain it exactly like I do to you. Theresa-we need to be specific and get to the details of what they are asking. I agree that AR needs to improve and you and I need to identify how to improve that AR. I think you need to present us that AR every month so that we can see it. I need to have that before the next meeting. Basically I want to be able to say our AR is 1.2 and anything over 60 days is a collection issue. We need to identify what that AR issue is. On a normal basis everything should be collected within 60 days. Michelle-I didn't want to get too specific. Joe-tell it the way it is. Theresa-due to the normal day to day expenses of the nursing home our PPD is this, our revenue is this, our cash collection is this and we don't match. There is nothing we can do as a nursing home to improve these matters. It needs to say in the letter that we are going to have a deficit every year of 1 million dollars. Joe-you might want to say the average for the last three years has been and put that in other words it's concrete. Theresa-we're going to say our biggest deficit is our indirect cost and that's not an area that we can change. Joe-we can make it change, become a city department instead of an enterprise account, because an enterprise is supposed to be self-supporting, but the other enterprise accounts have the ability to change the rates and we don't. John-one thing they seem to forget is we're providing a different service here and this part of the city has to be working 24 hours 7 days a week. Michelle-even if I try to move resident's around everyone has to agree to that, I can't see it like a business. Theresa-I don't think we need to get into the word deficit, I think we need a bullet point with an explanation. Even if we collect 100% of our cash we are still short to make budget. We need to make that clear to them. The other area is AP, with the new tracking tool you're working on that. We want to identify why we're short every day. The ball keeps coming back into our court about why we aren't watching the money better, why we aren't collecting more etc. we are trying we increased our private rates, we're working on our AR and then the city says why aren't you doing that. It's just the way it is in 2016 the cost to run this nursing home, what we have for beds what rates we can charge; we can't change Medicare and Medicaid. We need to make them

understand, that people don't question our words. Our numbers fluctuate as we go, that's another point you might want to bring in. Census is low everywhere and that's another thing they need to understand. Our nursing home is different than what you see in other nursing homes, we're city owned. The new norm for referrals is the younger person with issues we can't handle in this setting. We have decided not to allow that type of resident into this nursing home because it affects the nursing home and it will change the protocol of our residents. What do we need to do to bring back the mamas and the pops instead of the young injured that don't have jobs? John-I think you need to state right up front that we are making an effort to save money for the City by not taking these acutely ill residents that require medication or services that are not reimbursed by insurance. Theresa-sometimes we forget that people outside this nursing home don't understand. Theresa-on AR I would like it before the meeting, I want to know what is due and how we intend to collect it every time. Michelle did hire a new Fiscal Agent the job description stated the person needed 4 years college experience, which is crazy, it did initiate some emails back and forth. What they did was the added "or work experience" so that allowed Michelle to offer the position to the candidate with the most experience. Michelle-we hired a consultant to come in once a month to see if there is a different way to bill or do things, he's been doing this for 35 years. Theresa-what areas is he helping the most? Michelle-he specializes in the Medicare part of it whereas the new Fiscal Agent knows Masshealth/Medicaid like the back of her hand. Theresa-my only comment is that Medicare is so low we should not have an aging. Medicare is not as hard to collect as people assume it is. Michelle-do you have any attorneys that work in Medicaid or applications in this area that you could send me information on. We know have John Paul Thomas and it's been hard getting in contact with him. I think we need to look at getting a different collection attorney. Audience Member-one of the things I notice from the last meeting was there is no contact information on the city website for the nursing home board. If you click on the names of members of other boards and commissions there a message board that comes up where the person who is trying to get in touch with you gives their information and it is somehow forwarded to you through the new city website, for some reason it hasn't been set up for the Taunton Nursing home Board. Theresa-I personally don't want my personal cell phone number provided. Michelle-I can check that with IT. Theresa excused herself from the meeting.

Michelle-I just wanted to go over quickly our comparison of revenue and expenses, I wanted to give you guys a snapshot of two months from last year and two months from this year in the same time frame. As you can see our revenue per day is \$216.81 that's the average so if you look at the page 2 which gives you the comparison from last year, census we are down, our Medicare is down, our Medicaid is higher and our managed care/private is lower. Then we go to the expenses, billing is \$217.00, our cash received is about \$225.00 and overall our expense is \$242.00. So currently when you are looking at money received

and the money paid out in payroll and expenses we are currently in a deficit of \$98,000.00. If you go to the next page which is the comparison, because our days are down our revenue is down our cash received is pretty much the same which I believe is due to the CPE we receive. Our payroll is pretty much the same even with our census down. Our expenses are down due to less Medicare's and our indirect cost is up from last year. I included our newsletter in your packets for general information of events from now to the end of the year. Kim-If you could talk to Dyan there is one dancing school willing to come here, have her contact me.

Admissions

Kate-There were 26 plus 1 referrals, most viable referrals are from Morton, other referrals are very young, social issues. 9 of the 26 we were unable to accept the insurance, 6 were designated as not appropriate for the facility, one had need for a private room and we didn't have a private room available two were sent with Medicare as their main insurance without rehab needs, 2 were going to start costing from day one and 2 were not psychiatrically stable enough to come here. Only one of the 26 went to another facility. Two discharged to home even though admission was advised by the referral facility. Kim-would that be an opportunity to contact the patient at home to see how they are doing, maybe it's not working out and they need to come to a facility, it might be a missed opportunity. John-the discharging facility is required by letter of DPH to investigate, they already do that. Kim-so you've got this referral and then they go home, do you check with the referring agency to let them know we will accept them. Sometimes you have to be a little bit in their face, you may want to just make a call to the case manager saying don't forget us. The other one I was looking at was unrealistic goals/outcome. Kate-it was a dialysis patient.

New Business

Michelle-I'm going to the city council on September 21st, I don't know if any Board members will be available to attend. What I want to give them is what we billed, spent and collected in a fiscal year. Joe-I have a TMLP meeting that night but will try to make it. Michelle-at the last Board meeting a lot of concerns were brought here and Mr. Dernoga handled a lot of concerns. Michelle read a statement into the minutes (see attachment A). John- at the last meeting several family members spoke of concerns, one of those family members the resident has been deceased for three years and I sat here listening but I don't want to hear anything about three years ago we want to hear complaints and issues now. I really don't want to clog this meeting with people talking about when their family member was here. We need to keep it to current issues or unresolved issues from six months ago not three years ago.

Kim-are the flu vaccines in? Helen-we should receive them Monday. Kim-how much do the employees participate in receiving the flu vaccine? Helen-we do not offer the vaccine to employees here unless we have extra because DPH has a flu clinic for city of Taunton employees, I think the clinic is October 18th if they do not go there they can go to CVS. Kim-how many participate? Helen about 75%. Kim-do you do anything to encourage higher than 75%? Helen-I let them know and do education on the units and I do remind them.

Michelle-do you want to have another meeting to approve the minutes of the last meeting? John-no I read the minutes and think they were all set.

Heidi read a statement into the minutes (see attachment B). Ed-I have always worked for you guys, I've never been against you, we did get a good referral here, we lost some real good people here, if you value employees so much why do so many leave and when they do leave why do you let them go before even their two weeks is up, I think it could be better. When we were interviewing for the new administrator I invited you in, I wanted you to be a part of the interview team I was there the whole time. There are a lot of good things that go on here. I've got a feeling you're going to lose a lot more before you gain any more until something changes. That's where I stand; I'm not trying to stop anything I was trying to help. Michelle-is there a personnel question? Ed-most people value there employees, most of the people enjoy the job, but if they're scared to come to work, if it isn't a good work environment how can you expect them to provide good work. Michelle-does the Board want me to give you statistics of how many people have left or resigned? Is that something you want me to give? Ed-I just have a feeling that we're going to lose a lot more before we gain any more unless things change. I'm willing to wait and see if it's going to happen. The next thing you know were privatized and we won't be here anymore. I can see that happening sooner than later and you guys won't even have a job. There is more than one thing that goes on here, I've always supported you. I just think we're losing too many people here; it's like its snowballing. Michelle-in your eyes how many people do you think have left in the last few months? Ed-in a year or year and a half, some might have deserved to go, but some long-term people have had their shifts changed and they didn't take all there time off. Michelle-some of the employees that have left, with some of the employees that have left before the two weeks' notice there are usually factors behind that. Unhappy employees, there is a bigger picture. Ed-I'm just saying it was headed in a crisis direction and word is getting out not to come here. Joe-you said they've gone different places, same type of job. Ed-yes. Heidi-who do you think does the firing around here? Ed-last week he said if you have a problem go see Heidi or Michelle and if that doesn't work go see Maria Gomes, do you think there's one person that would do that and then go to Maria Gomes. Heidi-they didn't have to it was actually me that solved the problem Ed and they seemed satisfied with the answer I gave them. Ed-I don't see the work force, they come in and do their job under pressure. John-what is the pressure you're talking about? Ed-when they

thought they couldn't talk to anybody, that's how it starts. John-even the memo did not just come from Heidi it came from John Brennan as well, saying that people couldn't talk to family members, the point is that with you speaking I was taken aback because regardless you're a Board member. Ed-I have the responsibility for these people, I'm not an elected official. John-you need to bring it to us first, professional protocol is you bring it to the board. Ed-nobody cares. Michelle-it's not the fact that nobody cares, Mr. Dernoga said if somebody wanted to speak to us about a specific situation. Ed-you won't hear from anybody that works here, you don't worry, and the hammer is going to come down. Heidi-do you know how long it took us to calm this place down after the last meeting, this is a resident home. Ed-no kidding, I'm representing the residents and their families, do you think I wanted to do that? I get nothing out of this. I did it for them, I'm their advocate, I appreciate all your experience but nobody comes in this place as much as I do, I know the pulse of this place and the current events of people living here. At this point it's a crisis and I brought it up. John-I want to know specifics, why are they walking on eggshells? Ed-you want me to give you the names of everybody that spoke to me. John-I don't want the names but I do want to know what their concerns were, you pointed to Heidi and said she should be terminated. Ed-no I didn't, I never said that, I said the management style was not a fit for the humans series that this place provides. Heidi-we are state regulated to behave a certain way. Ed-it's how people are treated here, when they come in here and they have to work more and they're beat and then you just expect more and more out of people, you said suck it up. Heidi-I have never said that. Ed-I've heard it and I've seen it, I told you it wasn't a personal attack, I'm not head hunting, the only thing it was about was trying to make the place a little better. Joe-I hear your concern and I hear her concern, if you have to have somebody work, you have to have somebody work, you have residents out there. The issue is last man standing has to take care of the residents. Kim-its state mandated, this is a nursing home. Heidi-he doesn't understand that it's a state regulation to run this place. Ed stop blaming me. Ed-do you remember when you came on here? Heidi-I've never had a conversation with you. Ed-how long have you been a DON? What did you do before that, you were a supervisor, how many DON's did you work under before you became DON? Heidi-two. Ed-so you knew what you were getting into before you became DON and you knew what needed to be fixed, so you should have a perfect idea of what is going on here, I haven't seen that part get better in the last two years. The moral is getting bad, there's more to it than just the mandating. I know you can't control everything and I think a lot of it was self-inflicted people were forced out that wouldn't have left. Kim-we've talked about retention, you have to treat the staff well because they take care of the residents. They have looked at things and they've spoken of employee morale and what they were going to do to boost that. It's not the big things, everybody wants more in their paychecks, and it could be painting the employee bathrooms. Ed-I'm trying to advocate for the residents here. Audience member-I think we are missing a very big point here, there was a procedural matter that needed to be resolved, I know for a fact that when anybody is

appointed to a Board they are given a copy of the open meeting law and the Attorney General's office periodically requires you to do refreshers that you have to sign off on. If you go to Mass.gov and look under open meeting law and there are ten reasons to go into executive session. I think that's the procedural issue that needs to be addressed, I thought very seriously about filing with this board tonight because there was in fact a violation. However, the other procedural issue is that the meeting was called to order, a board member took the seat as a board member and the meeting began that board member stood and read a letter into the record, that board member at that time was functioning as a board member. May I ask if a copy of that letter was admitted into public record since it was read in a public meeting? John-it should have been. Audience member-may I ask a question about food? When you're talking about your PPD for dietary and you have these celebrations where does the money for that food budget come from? Michelle-it comes from provisions as well but we are not going to include that in the PPD.

Audience member-my cousin Marybeth Gauthier, whose mother is here has started a Family Council and has presented a letter to Michelle, after it is approved we will be sending out a letter to all the families. We are going to work together and if anyone has a problem we are going to ask them to present it in a letter to be sent to you. Michelle-I did get a letter from Mary Gauthier about starting a Family Council, because it is new to me I have the Social Worker Adrienne working on it because there are certain criteria that needs to be followed. Once she has that all put together we will be contacting Mary. John-we need to set something up for how the Board is going to receive things from the Family Council currently from the Resident Council its hit or miss on the minutes. The family member is a different type of meeting and we need to know what's going on. Who's going to address the family council and who's going to make resolution? You need to set up an SOP for the meetings in the facility they have to generate minutes, etc. Michelle-it's been years since we've had a Family Council.

Barry Sanders-the Articles of Incorporation have been improved for the Friends of the TNH, we're working on the federal paperwork, we have a Facebook page.

Joe moved to adjourn the meeting at 8:00pm and John seconded. The vote was unanimous.

Respectfully submitted,

Kelley A. McGovern

attachment "A"

September 23, 2016

Board of Directors and Family members:

I would like to take this opportunity to remind the family members and visitors about the procedures at the Taunton Nursing Home regarding concerns. All concerns about personnel or resident care should be directed to the Administrator. The concerns need to be specific including dates, times, and names of alleged employee/resident involved. It is the responsibility of the Administrator to handle any issues in the building and should be brought to my attention immediately. If after conveying said concern to Administrator anyone feels it was not handled appropriately at that time, concerns can be brought to DPH, City of Taunton HR, and/or Board of Directors depending on appropriate department.

I take my position very serious and feel that we have a great team within each department at Taunton Nursing Home. I greatly appreciate any concerns brought forward and use these concerns to improve employee, family, and resident satisfaction within our facility. Moving forward please bring any concerns directly to me so I can handle them professionally and appropriately so the mission of the facility is not jeopardized.

Respectfully submitted,

Michelle Mercado, LNHA
Administrator

attachment "B"

September 12, 2016

Dear Taunton Nursing Home Board Members,

In answer to Mr. Boiros's letter to express his concern with the management at Taunton Nursing Home: Mr. Boiros included management, Director of Nursing and claimed he was "expressing" concern from the residents as well as family members at Taunton Nursing Home. In answer to these alleged concerns, as the Director of Nursing, I would like the chance to address any concerns Mr. Boiros may have regarding Taunton Nursing Home.

Mr. Boiros,

Thank You for your concerns about the management team at Taunton Nursing Home. We have strived to make Taunton Nursing Home the best facility in the Taunton area. Our 2016 state survey has shown the highest standards of care have been met by the management team and staff. Nursing Homes are state regulated with policy and procedure as well as the expectation to take full responsibility of the care of our Residents. We are mandated to be reporters in all aspects of deficiency concerning our residents. The Administrator and I are well aware of these regulations and continue to adhere to these through policy and procedures within the facility.

Staffing is a concern for all of us at Taunton Nursing Home. This has been an ongoing situation for YEARS. The Director of Nursing does not hire the staff at Taunton Nursing Home. The City of Taunton hires employees for Taunton Nursing Home. The Staff Development Coordinator processes all the applications for the City of Taunton. The staffing ratios are based on a PPD which indicates the staffing protocol for each shift and day. The state recommended PPD is followed to staff the building.

Complaints and concerns are a common occurrence in nursing homes therefore I would invite all family members as well as residents to take advantage of our "Open Door" practice to welcome all concerns and complaints. The complaints and concerns are taken very seriously and a follow up investigation is completed immediately.

The Director of Nursing position is dictated and preserved by the Administrator, so in the future please refer to the Administrator with concerns about the Director of Nursing.

In closing, the residents at Taunton Nursing Home receive the best care from all the staff. We work hard to help families overcome the guilt of putting their loved ones into a nursing home and will continue to do so throughout the upcoming years. The management team will continue to address families and their concerns within this facility. As a board member, perhaps you should be working with the management team at Taunton Nursing Home to offer improvements for the facility to promote the quality of life for our residents.

Sincerely,

Heidi Paquin RN BSN DON

Name

Theresa Gray

- Chairman Board.

Kate Robinson

- Admissions

Helen Boorman RW

SDe

HEIDI R PABUN RW BSW DON

- Director of Nurses

Michelle Mercado Admin

Kimberly Wilbur

Joseph Martin

John Derrigo RN

Debra Dunn

Carolyn Basler

Loretta Watson

Brenda Bianchi

Barry Sanders

Friends of TNH

Rose Bostock

Deborah Wood

Janis Marvel

Edwina A. Bovio

R M'Gowan