

**GRAND TRAVERSE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES BOARD**

9:00 AM

Conference Call

Phone: 1-510-338-9438

Meeting number (access code): 126 796 5044

Meeting Password: 23732462

On November 18, 2020 Robert Gordon, MDHHS Director, signed into effect an Emergency Order MCL 333.2253 to reduce the spread of COVID-19 by limiting the number of people at public indoor gatherings.

The Board Chair will announce when it is time for public comment and will give all call-in numbers the opportunity to speak during this time. This meeting will be recorded and saved on the Grand Traverse Pavilions website.

**December 18, 2020
AGENDA**

1. CALL TO ORDER – 9:00 a.m. Grand Traverse Pavilions – John Rizzo, Chair, Grand Traverse County Department of Health and Human Services Board

2. FIRST PUBLIC COMMENT

Any person shall be permitted to address a meeting of the Grand Traverse County Department of Health and Human Services Board which is required to be open to the public under the provisions of the Michigan Open Meetings Act, as amended. (MCLA 15.261, et seq.) Public comment shall be carried out in accordance with the following Board Rules and Procedures:

1. Any person wishing to address the Board shall state his or her name and address.
2. Persons may address the Board on matters which are relevant to Grand Traverse Pavilions issues.
3. No person shall be allowed to speak more than once on the same matter, excluding time needed to answer Board Members questions. The Chairperson shall control the amount of time each person shall be allowed to speak, which shall not exceed three (3) minutes.
 - (1) Chairperson may, at his or her discretion, extend the amount of time any person is allowed to speak.
 - (2) Whenever a group wishes to address the Board, the Chairperson may require that the group designate a spokesperson; the Chairperson shall control the amount of time the spokesperson shall be allowed to speak, which shall not exceed fifteen (15) minutes.

3. COUNTY LIAISON REPORT

4. APPROVAL OF AGENDA

5. CONSENT CALENDAR

The purpose of the consent calendar is to expedite business by grouping items to be dealt with by one Board motion without discussion. Any member of the Board, or staff may ask that any item on the consent calendar be removed and placed elsewhere on the agenda for discussion. Such requests will be automatically respected.

If any item is not removed from the consent calendar, the item on the agenda is approved by a single Board action adopting the consent calendar.

A.	Review and File	<u>HANDOUT#</u>
(1)	Minutes of the 11/23/20 Board Meeting	1
(2)	Arnold Thank You	2
(3)	Grand Traverse Regional Community Foundation Grant	3
(4)	P.E.P. Talk Employee Newsletter – December	4
(5)	Media Report – November	5

6. ITEMS REMOVED FROM CONSENT CALENDAR

(1)

7. GRAND TRAVERSE MEDICAL CARE -- Korvyn R. Hansen

A.	General Information	
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D.	Medical Staff	
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8. SECOND PUBLIC COMMENT

Refer to Rules under First Public Comment/Input above.

9. CLOSED SESSION

(1) Administrator/CEO Evaluation

10. ADJOURNMENT

**GRAND TRAVERSE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES BOARD**

1000 Pavilions Circle, Traverse City, MI 49684

MINUTES OF THE NOVEMBER 23, 2020 MEETING

PRESENT: John Rizzo, Cecil McNally, Ralph Soffredine Board
Kory Hansen, Rose Coleman, Robert Barnes, Staff
Lindsey Dood, Darcey Gratton Commission
Gordie LaPointe

ABSENT:

GUESTS: Steve Burke

The regular meeting of the Grand Traverse County Department of Health and Human Services Board was called to order remotely at 9:00 am by Board Chair John Rizzo. On November 18, 2020 Robert Gordon, MDHHS Director, signed into effect an Emergency Order MCL 333.2253 to reduce the spread of COVID-19 by limiting the number of people at public indoor gatherings. Grand Traverse Pavilions provided a link on its website for public participation electronically or telephonically with the ability to make public comment. This meeting was recorded and saved on the Grand Traverse Pavilions website.

First Public Comment

Andi Gerring

County Liaison Report – LaPointe shared discussions of the most recent county board of commissioner meetings.

Soffredine in 9:08am

Approval of Agenda – Chair Rizzo asked if there were additions, changes or corrections to the agenda. Motion was made by McNally to approve the Agenda as presented, seconded by Soffredine and carried unanimously.

The purpose of the **Consent Calendar** is to expedite business by grouping items to be dealt with by one Board motion without discussion. Any member of the Board or staff may ask that any item on the **Consent Calendar** be removed and placed elsewhere on the agenda for discussion. Such requests will be automatically respected.

REVIEW AND FILE

- (1) Minutes of the 10/30/20 Board Meeting
- (2) Closed Minutes of 10/30/20 Board Meeting
- (3) Colby Thank You
- (4) Provencher Thank You
- (5) Opie Thank You

- (6) P.E.P. Talk Employee Newsletter – November
- (7) Media Report – October

Motion was made by Soffredine to approve the Consent Calendar as presented. Motion seconded by McNally and carried unanimously.

Items Removed From Consent Calendar – none

COVID-19 Update – Coleman provided an update on the on-going status of COVID-related topics that affect the operation of the Pavilions. Coleman shared that she was alerted on November 18 and 19 that six staff members and two residents tested positive from the November 16 testing. Additional safety measures for the staff have been put in place including mandatory wearing of KN95 masks and heavy duty goggles or shields for those in direct contact with residents.

U.S. News World Report Best Nursing Homes – Hansen shared that Grand Traverse Pavilions is among the top 5% of U.S. skilled nursing facilities that have been recognized as a Best Nursing Home for 2020-21 by U.S. News & World Report by achieving the highest possible rating of “High Performing,” for both Short-Term Rehabilitation and Long-Term Care.

Chief Executive Officer Report – Hansen reviewed his monthly report for October and answered board member’s questions.

Financial Report – Dood reviewed the financial operations report for October 2020. Dood outlined revenue and expenses compared to budget for each of the Pavilions’ programs that include the Medical Care Facility (skilled nursing), The Cottages (Assisted and Independent Living) and Adult Day Services. Additional information was provided on respective census and accounts receivable along with the total cash ending balance. Dood summarized the review of vouchers for the month that were in order without exception. The Social Accountability Summary was reviewed indicating the amount of uncompensated care provided and volunteer hours for the month. Motion made by Soffredine to accept the financial operations report as presented. Motion seconded by McNally and carried unanimously.

Fund Balance Policy – Hansen and Dood reviewed the Fund Balance Policy. McNally suggested changing the verbiage to “majority” approval of the Department of Human Services Board instead of “unanimous”. Motion was made by McNally to approve the proposed Fund Balance Policy with the additions/changes as presented, seconded by Soffredine and carried unanimously.

Pension Bond Resolution/Proposal – Hansen and Dood reviewed the pension bond resolution to authorize actions with respect to the pension bonds. Steven Burke, President of MFCI, participated via conference phone to answer any further questions. After extensive discussion and evaluation over the last three board meetings, it was determined to be in the best in interest of the Grand Traverse Pavilions for the County of Grand Traverse to issue its limited tax general obligation bonds to finance part of the cost of the Pavilions’ unfunded pension liability of its defined benefit retirement program as authorized by Section 518 of Act 34, Public Acts of Michigan, 2001, as amended. The board also discussed Resolution 2020-7 to make a voluntary contribution into the MERS Defined Benefit pension plan in the amount of \$500,000, contingent upon the Grand Traverse County Board of Commissioner’s approval and the issuance of pension bonds in order to close non-union Division 43 to new hires. Motion was made by McNally, seconded by Soffredine to approve the resolution recommending approval by

the Grand Traverse County Board of Commissioners to authorize pension bonds and the resolution to approve a voluntary contribution into the MERS Defined Benefit pension plan in the amount of \$500,000 as presented and carried unanimously.

Proposed 5-Year Capital Budget (2021-2025) - Hansen reviewed the details of the proposed 2021-2025 capital budget. Motion was made by McNally to approve the 5-year Capital budget as presented. Motion seconded by Soffredine and carried unanimously.

Proposed 2021 Non-union Wage Recommendation – Hansen reviewed the proposed 2021 non-union wage scales, with recommendation to increase base wages by 2.5% for all non-union grades and classifications. Motion was made by Soffredine to approve the proposed 2021 Non-union Wage Scale as presented, seconded by McNally and carried unanimously.

Grand Traverse Pavilions Announcements -

- (1) October Service Excellence Award - Hansen reviewed weekly winners

Second Public Comment

Claudia Bruce

Staff Member Comment

Hansen stated the U.S. News World Methodology Report provides a great deal of information that would help answer the public's questions on outcome data used and the methodology of their rating system. Rizzo requested for Hansen to share a copy with Gerring and Bruce.

Meeting adjourned at 10:21 am

Signatures:

John Rizzo – Chair
Grand Traverse County Department of Health and Human Services Board

Korvyn R. Hansen, Assistant-Secretary

Date: December 18, 2020 Approved

Corrected and Approved

Dear Dogwood Staff,
 The family of Josette
 Sue Arnold would
 like to thank you for
 your dedication in the
 care of our mother.
 The caring nature and
 love was so heartwarming.
 Dementia is so difficult
 but you all handle it so

well. I will never forget
 all the kisses and hugs
 and beautiful love you
 gave my mom in her
 last years. She was such
 a vivacious woman and
 such a lover of people in
 her younger years. She had
 a great sense of humor
 and we miss her so much.
 A special thanks to ~~Ar~~ Anita
 and Michael on that last
 day. We thank you for your

kindness and love. You
 were both so supportive
 and generous. I will
 never forget that. I know

Sue is whole again and
 happy and watching over
 us all.

Thanks
 again,
 + Jayne
 The Arnold Family +
 Mary

No. 5226901 | © Laura Row



Arnold Family
 Dogwood Pavilion



community foundation

ANTRIM · BENZIE · GRAND TRAVERSE · KALKASKA · LEELANAU

December 9, 2020

Kory Hansen
Grand Traverse Pavilions Foundation
1000 Pavilions Circle
Traverse City, MI 49684

Dear Kory,

Congratulations! We are pleased to award you a grant of \$5,000 to support the Grand Traverse Pavilions Foundation's recent request from the Urgent Needs Fund. These grant funds are awarded by the Community Foundation.

The Urgent Needs Fund was initially established by the Community Foundation, Oleson Foundation, Rotary Charities, and United Way of NWMI. On behalf of these four partners, and the many others who have also stepped forward with donations, thank you for your efforts to ensure that the needs of individuals and families continue to be met during this critical time.

By accepting the enclosed award, you agree to the following grant terms and conditions, which represent an agreement between the Community Foundation (grantor) and the Grand Traverse Pavilions Foundation (grantee):

1. Funds provided by the Community Foundation will be accounted for separately by your organization, and will be used only for the purpose stated above. Any unused portion of the grant funds should be returned to the Community Foundation in a timely manner.
2. A final report on this grant will be requested; we will follow-up with you at a later date with more information about reporting requirements.
3. The Community Foundation appreciates acknowledgement in news releases, print materials and donor recognition concerning the grant or funded program. Recognize this grant as from the **Community Foundation Urgent Needs Fund**. When possible, please also acknowledge the additional partners mentioned above.

Thank you for all of the wonderful work you do to support healthy, resilient, thriving communities.

Sincerely,

David Mengebier
President & CEO

Christmas Reunion – A True Story

By Pastor Rob Reid

The brand new pastor and his wife, newly assigned to their first ministry to reopen a church in suburban Brooklyn, arrived in early October excited about their opportunities. When they saw their church, it was very run down and needed much work. They set a goal to have everything done in time to have their first service on Christmas Eve. They worked hard, repairing pews, plastering walls, painting, etc., and on December 18th they were ahead of schedule and just about finished. On December 19th a terrible tempest – a driving rainstorm – hit the area and lasted for two days. On the 21st, the pastor went over to the church. His heart sank when he saw that the roof had leaked, causing a large area of plaster about 20 feet by 8 feet to fall off the front wall of the sanctuary just behind the pulpit, beginning about head high.

The pastor cleaned up the mess on the floor, and not knowing what else to do but postpone the Christmas Eve service, headed home. On the way he noticed that a local business was having a flea market type sale for charity so he stopped in. One of the items was a beautiful, handmade, ivory colored, crocheted tablecloth with exquisite work, fine colors and a Cross embroidered right in the center. It was just the right size to cover up the hole in the front wall. He bought it and headed back to the church.

By this time it had started to snow. An older woman running from the opposite direction was trying to catch the bus. She missed it. The pastor invited her to wait in the warm church for the next bus 45 minutes later. She sat in a pew and paid no attention to the pastor while he got a ladder, hangers, etc., to put up the tablecloth as a wall tapestry. The pastor could hardly believe how beautiful it looked and it covered up the entire problem area. Then he noticed the woman walking down the center aisle. Her face was like a sheet. “Pastor,” she asked, “where did you get that tablecloth?”

The pastor explained. The woman asked him to check the lower right corner to see if the initials, EBG were crocheted into it there. They were. These were the initials of the woman, and she had made this tablecloth 35 years before, in Austria. The woman could hardly believe it as the pastor told how he had just gotten the tablecloth. The woman explained that before the war she and her husband were well-to-do people in Austria. When the Nazis came, she was forced to leave. Her husband was going to follow her the next week. She was captured, sent to prison and never saw her husband or her home again. The pastor wanted to give her the tablecloth; but she made the pastor keep it for the church. The pastor insisted on driving her home, which was the least he could do. She lived on the other side of Staten Island and was only in Brooklyn for the day for a house-cleaning job.

What a wonderful service they had on Christmas Eve. The church was almost full. The music and the spirit were great. At the end of the service, the pastor and his wife greeted everyone at the door and many said that they would return.

One older man, whom the pastor recognized from the neighborhood, continued to sit in one of the pews and stare, and the pastor wondered why he wasn't leaving. The man asked him where he got the tablecloth on the front wall because it was identical to one that his wife had made years ago when they lived in Austria before the war and how could there be two tablecloths so much alike? He told the pastor how the Nazis came, how he forced his wife to flee for her safety, and he was supposed to follow her, but he was arrested and put in a prison. He never saw his wife or his home again all the 35 years in between.

The pastor asked him if he would allow him to take him for a little ride. They drove to Staten Island and to the same house where the pastor had taken the woman three days earlier. He helped the man climb the three flights of stairs to the woman's apartment, knocked on the door and he saw the greatest Christmas reunion he could ever imagine.



If you need to talk to someone, you have options.

Sometimes it's hard to make your mental health a priority. But it doesn't have to be. Check out these common reasons why people don't get support and see how your Blue Cross plan can help.

You Might Be Thinking:	Here are the Facts:
My plan doesn't cover it	With your Blue Cross plan, you have access to a variety of free and low-cost options for talking to a professional
I don't have time	There are access lines and hotlines you can call 24/7, and no appointment is needed
I don't want to go into an office right now	You have access to virtual therapy
I can handle it on my own	You don't have to. Having support from a professional about life challenges and mental health concerns is worth your time
I don't want people to think I'm weak	Getting help is a sign of strength, It means you're willing to be better for yourself and those around you

Behavioral Health Access Line – 1-800-482-5982 Press 1 after dialing for immediate care

Including self-harm and suicide support. Call our behavioral health access line if you or a loved one is having a behavioral health crisis, like suicidal thoughts.

Substance Use Hotline – 1-800-482-5982

If you're concerned about drug or alcohol addiction, licensed clinicians are available around the clock to help. They'll listen and guide you to the right treatment.

COVID-19 Support Hotline – 1-833-848-1764

You might be feeling stressed, anxious or isolated because of COVID-19. But you're not alone. Call this number anytime to speak with an experienced advocate. Sometimes just talking through what you're feeling and thinking can help.

Holiday Word Scramble

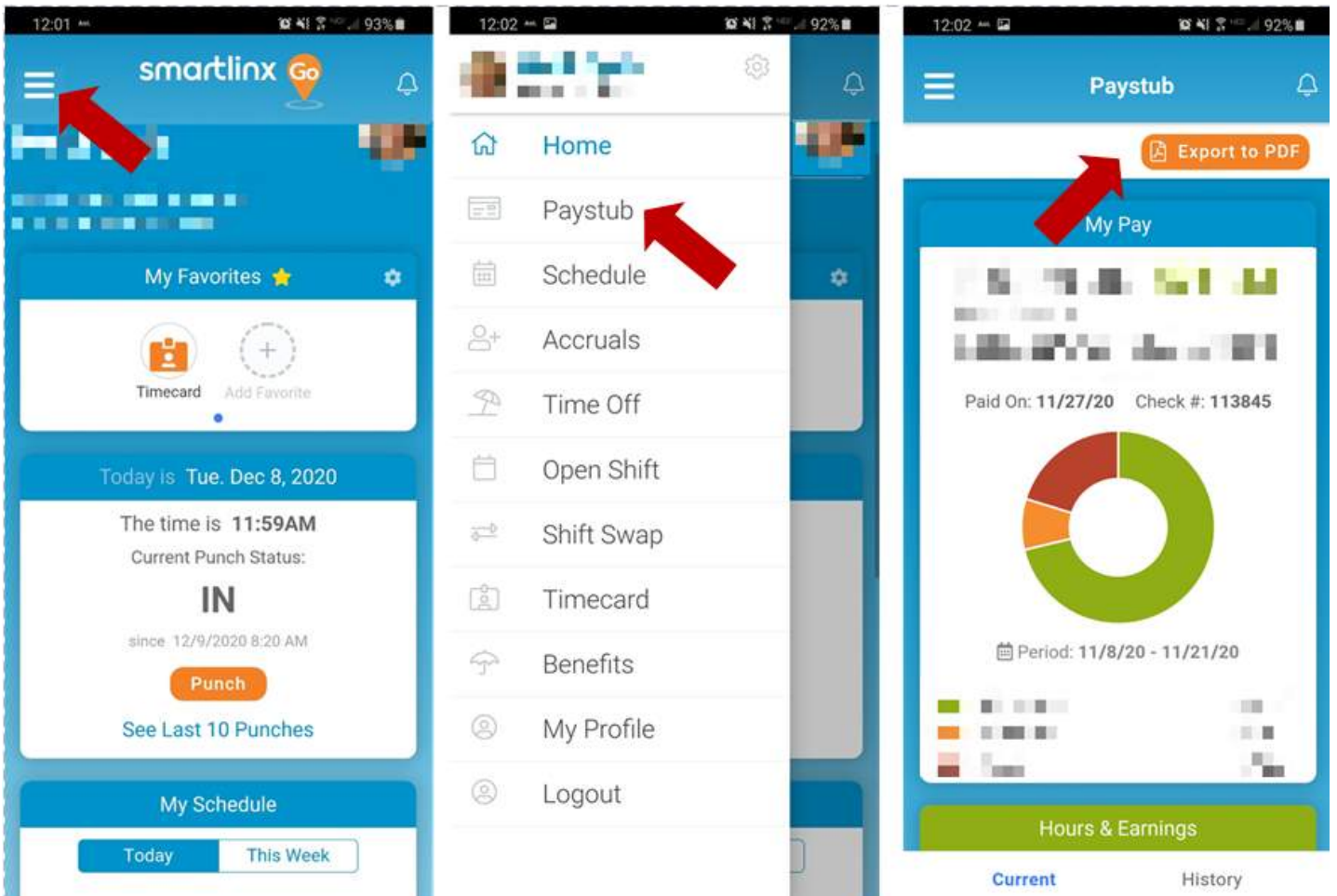
Unscramble the letters to find words which have to do with the Holidays

1. groceos	9. traweh
2. naclorig	10. limesotte
3. rats	11. vaniyitt
4. scunttshe	12. gotscink
5. porduhl	13. dnecals
6. naast	14. gisehl
7. skagceap	15. wamsonn
8. dressephh	16. tho hccltoae

DO YOU NEED A COPY OF YOUR PAYSTUB?

1. Open the Smartlinx app and click on the three bars in the top righthand corner
2. Click on “Paystub”
3. Click on “Export to PDF” **Voila!**

While you’re there, click on “My Profile” and make sure your address is up to date so receipt of your W2 is not delayed!



DECEMBER 2020 IN-SERVICES

Due December 31, 2020

Relias: Mandatory – All STAFF: Code Purple

Relias: Mandatory – All STAFF: Cultural Competence

Relias: Mandatory – ALL STAFF: All Page and Code Status

Relias: Mandatory – CERTIFIED NURSE AIDES: End of Life Care: Tell Me About Death

Relias: Mandatory – LICENSED NURSES: Preventing Readmissions: Managing COPD

Due January 31, 2021

Relias: Mandatory – Licensed Nurse, Certified Nurse Aides, and Therapy Staff: CMS Targeted Covid-19 Training

Due January 31st

Relias Link: <https://gtp.training.reliaslearning.com>



Welcome, Kerry Carpenter, the newest member of our laundry team. We're fortunate to have you!!



MILESTONE ANNIVERSARY

20 Years: Kristy Mikowski

Kristy will celebrate 20 years with the Pavilions on December 20, 2020. There are so many adjectives that describe Kristy: loyal, hard-working, kind, caring, intelligent, organized. But maybe the word that best describes Kristy is reliable...and when payroll is one of your responsibilities, reliability is key!! She's like the mailman when it comes to payroll - neither rain, nor sleet, nor dead of night will keep Kristy from making certain we all have money in the bank every other Friday! In between payroll duties she does a great job as one of our HR team members. We're lucky to have her! Congratulations, Kristy!



MILESTONE ANNIVERSARY

20 Years: Jim Wakefield

Jim started at the Pavilions on December 6, 2000, working in Housekeeping. Jim is the primary Housekeeper in our Rehab wing. Jim is very dependable, and works hard to provide our residents with a clean environment. Thank you, Jim, for your 20 years of service to the Pavilions.



MILESTONE ANNIVERSARY

15 Years: Kari Belanger

Kari began her career with the Pavilions on December 5, 2005. She is a Recreational Therapist and as such, is devoted to making the lives of our residents meaningful. She engages the Eden principles everyday with our residents at the center. Kari is a valuable part of our clinical team and is always willing to offer her services to any project. Kari has provided many unique opportunities over the years for our residents' enjoyment. We thank you, Kari, for your 15 years of dedication and service.



MILESTONE ANNIVERSARY

5 Years: Deb Allen

Deb began her career with the Pavilions on December 7, 2015 and is a dedicated member of our leadership team serving as the Chief Development and Community Engagement Officer. Deb's positive attitude, creativity and leadership qualities has brought renewed energy, expertise and stability to our foundation and marketing departments. Her strong work ethic, combined with considerable experience in the philanthropic field, has led to significant fund-raising results in a relatively short time. Deb has a definite passion for the older adults we serve and is a strong advocate to make sure services are available and accessible to meet their care needs. We are appreciative of Deb's hard work and commitment to the organization over the last five years and feel very fortunate to have her on our team.

November, 2020 Media Report

Broadcast Report:

WTCM-FM:

Adult Day Broadcast advertising ran from November 1-30, 2020.

Recruitment/Join the Team Broadcast advertising ran from November 1-30, 2020

WTCM-AM:

Adult Day Broadcast advertising ran from November 4 & 13, 2020.

Recruitment/Join the Team Broadcast advertising ran from November 17 & 27, 2020

WKLT-FM/WBCM-FM:

Adult Day Broadcast advertising ran from November 1-30, 2020.

Recruitment/Join the Team Broadcast advertising ran from November 1 – 30, 2020.

PRINT:

Record Eagle:

Best Long-Term/Short-Term Announcement November 4, 2020.

Rehab November 8, 2020

Continuum of Caring November 15, 2020.

A Family of Caregivers November 22, 2020.

NorthCoast:

A Career that Loves you Back.. November 14, 2020.

A Career that Loves you Back.. November 21, 2020.

Antrim Review:

Best Long-Term/Short-Term Announcement November 14, 2020.

Senior Care Network

Grand Traverse County Senior Center Bi-Monthly publication – Adult Day/A Family of Caregivers

DIGITAL:

TC Ticker - Button

Veteran Benefits – November 8, 2020

TC Ticker-Classifieds

A Career that Loves you Back.. November 9, 2020

A Career that Loves you Back.. November 10, 2020

A Career that Loves you Back.. November 11, 2020

A Career that Loves you Back.. November 12, 2020

A Career that Loves you Back.. November 13, 2020

A Career that Loves you Back.. November 14, 2020

A Career that Loves you Back.. November 15, 2020

Record Eagle

Digital Career Advertisement –11/20/2020

Digital Obituary “donate now” – November, 2020

Michigan 4 Hire:

Digital Career Advertisement – November 1 - 30

COVID 19 Report – December 2020

Testing Results

We are still receiving our COVID results within 48 hours of receipt. Since our last report we have tested staff and residents for three weeks running. The week of 11/16 we had 2 residents and 5 staff positive for COVID. Our residents experienced symptoms and were isolated on our designated COVID unit for the required isolation period. Both residents have fully recovered. Staff ranged from mild symptoms to no symptoms at all. Some staff required longer quarantine periods due to symptoms. We were blessed to have no one test positive the week of Thanksgiving! Unfortunately the week of 11/30 we experienced 9 positive staff members. Again some had symptoms while others did not. We completed testing on 12/7 for all staff, SNF and cottage residents resulting in two staff positives. CMS's published positivity rate for Grand Traverse County reached 10.4% for the week of 12/4, mandating that staff (not residents) are to be tested twice within a 7 day period. As a result, we tested staff again on 12/10 with 1 positive staff. CMS published positivity rate for Grand Traverse County climbed to 11.6% for the published week of 12/7. We will continue with twice weekly testing for all staff.

Staff Screening

Staff are required to enter the building through the employee tunnel wearing their mask. Employees have their temperature and photo taken via the thermal camera. If a temperature is outside of the acceptable range of 94-100 degrees, the nursing supervisor and administration are instantly alerted. An assessment is conducted by nursing at this time. If the temperature is acceptable, the screen on the thermal camera flashes green and staff proceed to the questionnaire kiosk to complete the screening. Should staff check yes to any symptoms, the system prevents them from completing the screening process and a nursing assessment is completed at this time as well.

Visitation

We continue with a large volume of electronic visits between the residents and their families. Window visits continue weekly and we will be moving indoor visits to the front lobby vestibule. Family member will still make an appointment as usual. We have not been able to facilitate any in person visits due to several factors including 14 days without a new COVID positive case and our county is at the level E on the MI Start map for county risk levels. MDHHS had instituted additional COVID mitigating requirements that were due to expire on December 8. This period has been extended for an additional 12 days with potential to extend through the holidays.

Communication

In addition to phone conferences between families and staff, COVID information and facility happenings can be found on our website under the Weekly Family Update tab, the Neighborhood News and the Legacy publication. In the event that families need to be notified of a positive COVID case, a ROBO call is sent out with information needed and direction to review the facility update page. Staff receive a facility text notifying them of a positive COVID. Our residents are notified verbally with reassurances and questions answered.

Infection Control

Employee and resident illness is tracked through our infection control processes to ensure that staff and residents are not exposing otherwise healthy individuals to potential germs. Staff and residents practice strict hand hygiene. Facility surfaces are disinfected several times daily and as needed. Staff are continually provided education on infection control practices within the workplace, in the community and at home. Staff are also required to wear eye protection while in the resident areas. We continue to administer the influenza vaccine to staff and residents. We have had contact with Walgreens pharmacy who was selected to vaccinate our residents and staff. Our understanding is we will be receiving the Pfizer vaccine with vaccine clinics scheduled starting around December 28. We will start the process of obtaining consents for both residents and staff that wish to be vaccinated. Vaccination is in the form of two doses 21-28 days apart depending on which manufacturer vaccine we are provided with. There will be three scheduled clinics, the first two for the initial administering and the third for the second dose. All must choose to be vaccinated by the second clinic day. Being vaccinated does not preclude staff or residents from adhering to current infection control practices or allow staff to not wear the required PPE.

As interpreted by MDHHS, all new admissions, readmissions and those residents who leave the facility for appointments must be quarantined (preferably on the same unit) for 14 days regardless of a resident's COVID status. The Rehab unit is being utilized for this purpose and has been divided into three sections – new and readmissions, those who go out for an appointment and those who may become COVID positive. Staff on this unit are required to wear KN95's along with full PPE including face shields when entering any isolation room.

Personal Protection Equipment (PPE)

Currently we have an adequate supply of gowns, face shields and masks. The glove shortage continues and although we have enough supplies to provide care, sizes and type are many times not available. Other than gloves, we have managed a healthy supply of PPE to last us through the winter and flu season. We continue to search out legitimate suppliers of approved PPE. All staff are wearing KN95 masks, heavy duty goggles and/or full face shields. Full PPE including isolation gowns are utilized in the isolation unit and fitted N95's are mandatory in the care of COVID positive residents.

COVID Surveys

We have not had any further surveys at this time but expect that we might be on the list due to our recent COVID positive results from multiple weeks. Surrounding counties are experiencing large outbreaks in facilities among staff and residents. We are nearing the end of our quality project and will be closing the antibiotic use project within the next few weeks. There have not been any identified abnormalities in our antibiotic usage.

COVID Funding Relief

The State of Michigan, in its FY2021 budget provided a \$20 million allocation for nursing homes for PPE based on \$439 per bed. This funding, distributed in November, netted the Pavilions \$105,379. In November, the Pavilions continued to receive reimbursement for COVID-related costs, including \$46,529 from the MDHHS towards the \$2/hour wage premium for direct-care staff; and \$49,415 from MDHHS towards weekly COVID testing administration of residents and staff.



December 2, 2020

Korvyn R Hansen, MBA, NHA
Chief Executive Officer/Administrator
Grand Traverse County
1000 Pavilions Circle
Traverse City, MI 49684-3098

Joint Commission ID #: 598201
Program: Nursing Care Center Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 11/13/2020

Dear Mr. Hansen:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Nursing Care Center

This accreditation cycle is effective beginning October 3, 2020 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations



Final Accreditation Report

**Grand Traverse County
1000 Pavilions Circle
Traverse City, MI 49684-3098**

**Organization Identification Number: 598201
60-day Evidence of Standards Compliance Submitted: 11/13/2020**

**ESC Programs Reviewed
Nursing Care Center
Memory Care Certification
Post-Acute Care**

The Joint Commission Table of Contents

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The Joint Commission Executive Summary

Program	Submit Date	Event Outcome	Follow-up Activity	Follow-up Time Frame or Submission Due Date
Nursing Care Center	11/13/2020	No Requirements for Improvement	None	None
Memory Care Certification	11/13/2020	No Requirements for Improvement	None	None
Post-Acute Care	11/13/2020	No Requirements for Improvement	None	None

The Joint Commission Requirements for Improvement Summary

Program: Nursing Care Center

Standard	Level of Compliance
EC.02.02.01	Compliant
EC.02.03.01	Compliant
EC.02.05.01	Compliant
EC.02.05.03	Compliant
EC.02.05.05	Compliant
EC.02.06.01	Compliant
HR.01.04.01	Compliant
IC.02.01.01	Compliant
LS.02.01.30	Compliant
MM.03.01.01	Compliant
MM.04.01.01	Compliant
NPSG.03.06.01	Compliant
PC.01.02.07	Compliant
PC.02.01.03	Compliant
RC.02.01.01	Compliant

The Joint Commission

Appendix

Standard and EP Text

Program: Nursing Care Center

Standard	EP	Certification Option	Standard Text	EP Text
EC.02.02.01	5		The organization manages risks related to hazardous materials and waste.	The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.
EC.02.02.01	11		The organization manages risks related to hazardous materials and waste.	For managing hazardous materials and waste, the organization has the permits, licenses, manifests, and safety data sheets required by law and regulation.
EC.02.03.01	1		The organization manages fire risks.	The organization minimizes the potential for harm from fire, smoke, and other products of combustion.
EC.02.05.01	9		The organization manages risks associated with its utility systems.	<p>The organization labels utility system controls so that staff are able to partially or completely shut down systems in emergencies.</p> <p>Note 1: Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel.</p> <p>Note 2: For example, the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel. Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.</p>
EC.02.05.03	11		The organization has a reliable emergency electrical power source.	<p>The organization provides emergency power within 10 seconds for the following: Emergency lighting at emergency generator locations. The organization's emergency power system (EPS) has a remote manual stop station (with identifying label) to prevent inadvertent or unintentional operation. A remote annunciator (powered by storage battery) is located outside the EPS location.</p> <p>Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), refer to NFPA 99-2012: 6.4.1.1.6; 6.4.1.1.17; 6.4.2.2; NFPA 110-2010: 5.6.5.6; 7.3.1.</p>

The Joint Commission

Standard	EP	Certification Option	Standard Text	EP Text
EC.02.05.05	4		The organization inspects, tests, and maintains utility systems. Note: At times, maintenance is performed by an external service. In these cases, organizations are not required to possess maintenance documentation but have access to such documentation during survey and as needed.	The organization inspects, tests, and maintains the following: Life-support utility system components on the inventory. The completion date and the results of the activities are documented. Note 1: A high-risk utility system includes components for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment. Note 2: Required activities and associated frequencies for maintaining, inspecting, and testing of utility systems components completed in accordance with manufacturers' recommendations must have a 100% completion rate. Note 3: Scheduled maintenance activities for high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate.
EC.02.06.01	1		The organization establishes and maintains a safe, functional environment.	Interior spaces meet the needs of the patient and resident populations for safety and suitability for the care, treatment, and services provided. Note: Interior spaces contain rehabilitation equipment and activities needed to achieve patients' and residents' goals, but they are arranged in a way that does not compromise the safety of the environment.
EC.02.06.01	20		The organization establishes and maintains a safe, functional environment.	Areas used by patients and residents are clean and free of offensive odors.
HR.01.04.01	8		The organization provides orientation to staff.	Based on their responsibilities, staff are oriented about psychotropic medications, including the following: - The need for a medication in relation to the patient's or resident's documented diagnosis and condition - The potential for drug-drug and drug-food interactions - Effects and adverse reactions to psychotropic medications - The use of a medication for an appropriate duration - Optimal dosages - Frequent monitoring of the medication's effectiveness - Nonmedication interventions and alternatives developed through interdisciplinary team assessment - Reduction and discontinuation of a medication
IC.02.01.01	6		The organization implements its infection prevention and control plan.	The organization minimizes the risk of infection when storing and disposing of infectious waste. (See also EC.02.02.01, EP 12)

The Joint Commission

Standard	EP	Certification Option	Standard Text	EP Text
LS.02.01.30	20		The organization provides and maintains building features to protect individuals from the hazards of fire and smoke.	Doors in smoke barriers are self-closing or automatic-closing, constructed of 1 3/4-inch or thicker solid bonded wood core or constructed to resist fire for not less than 20 minutes, and fitted to resist the passage of smoke. The gap between meeting edges of door pairs is no wider than 1/8 of an inch. In new buildings, undercuts are no larger than 3/4 of an inch, and doors in a means of egress swing in the opposite direction. (For full text, refer to NFPA 101-2012: 18.3.7.6; 18/19.3.7.8; 8.5.4.1; NFPA 80-2010: 4.8.4.1; 6.3.1.7.1)
MM.03.01.01	3		The organization safely stores medications.	The organization stores controlled (scheduled) medications to prevent diversion, in accordance with law and regulation.
MM.03.01.01	7		The organization safely stores medications.	All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.

The Joint Commission

Standard	EP	Certification Option	Standard Text	EP Text
MM.04.01.01	1		Medication orders are clear and accurate.	<p>The organization follows a written policy that identifies the specific types of medication orders that it deems acceptable for use.</p> <p>Note: There are several different types of medication orders. Medication orders commonly used include the following:</p> <ul style="list-style-type: none"> - As needed (PRN) orders: orders acted on based on the occurrence of a specific indication or symptom - Standing orders: A pre-written medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances - Automatic stop orders: Orders that include a date or time to discontinue a medication - Titrating orders: Orders in which the dose is either progressively increased or decreased in response to the patient's or resident's status - Taper orders: Orders in which the dose is decreased by a particular amount with each dosing interval - Range orders: Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or the patient's or resident's status - Signed and held orders: New prewritten (held) medication orders and specific instructions from a licensed independent practitioner to administer medication(s) to a patient or resident in clearly defined circumstances that become active upon the release of the orders on a specific date(s) and time(s) - Orders for compounded drugs or drug mixtures not commercially available - Orders for medication-related devices (for example, nebulizers, catheters) - Orders for investigational medications - Orders for herbal products - Orders for medications at discharge or transfer
NPSG.03.06.01	3		Maintain and communicate accurate patient and resident medication information.	<p>Compare the medication information the patient or resident brought to the organization with the medications ordered for the patient or resident by the organization in order to identify and resolve discrepancies.</p> <p>Note: Discrepancies include omissions, duplications, contraindications, unclear information, and changes. A qualified individual, identified by the organization, does the comparison. (See also HR.01.06.01, EP 1)</p>

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Standard	EP	Certification Option	Standard Text	EP Text
PC.01.02.07	11		The organization assesses and manages the patient's or resident's pain and minimizes the risks associated with treatment.	For organizations that elect The Joint Commission Post-Acute Care Certification option: If the patient is unable to convey the presence of pain, the organization solicits input from the family in identifying and managing the patient's pain. This input is documented. Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.
PC.02.01.03	1		The organization provides care, treatment, and services in accordance with orders or prescriptions, as required by law and regulation.	Orders are obtained from a physician or other authorized individual, in accordance with law and regulation and professional practice acts, before care, treatment, and services are provided. Note: For information on the credentialing process for physicians, refer to Standard HR.02.01.04.
PC.02.01.03	7		The organization provides care, treatment, and services in accordance with orders or prescriptions, as required by law and regulation.	The organization provides care, treatment, and services according to current orders.
RC.02.01.01	2		The clinical record contains information that reflects the patient's or resident's care, treatment, and services.	The clinical record contains the following clinical information: <ul style="list-style-type: none"> - The reason(s) for admission for care, treatment, and services - Any observations relevant to care, treatment, and services - Any progress notes made by authorized individuals - Any orders, including medications ordered or prescribed, and diagnostic and therapeutic orders - Any allergies to medications - Any medications administered, including the strength, dose, route, date and time of administration - Any medication administration devices used, including access site or route - Any adverse drug reactions - Any medications dispensed or prescribed on discharge - Any assessment findings (See also PC.01.02.01, EP 1) - Any consultation reports - Any food allergies

**Unannounced Full Event
09/29/2020 - 10/02/2020**

HCO Name: Grand Traverse County

Program: Nursing Care Center Accreditation Program

Likelihood to Harm a Patient/Visitor/Staff

ITL			
High			
Moderate	EC.02.06.01 EP1		NPSG.03.06.01 EP3
	LS.02.01.30 EP20		PC.02.01.03 EP1
Low	EC.02.02.01 EP11	HR.01.04.01 EP8	EC.02.02.01 EP5
	EC.02.03.01 EP1		EC.02.05.01 EP9
	EC.02.05.03 EP11		IC.02.01.01 EP6
	EC.02.05.05 EP4		PC.01.02.07 EP11
	EC.02.06.01 EP20		
	MM.03.01.01 EP3		
	MM.03.01.01 EP7		
	MM.04.01.01 EP1		
	PC.02.01.03 EP7		
	RC.02.01.01 EP2		
	Limited	Pattern Scope	Widespread

Joint Commission Health Care Organization

Organization ID: 598201-Grand Traverse County
1000 Pavilions Circle Traverse City, MI 49684-3098

Accreditation Activity- 60-day Evidence of Standards Compliance
Submission Date: 11/13/2020

Nursing Care Center Accreditation Program EC.02.02.01 EP 5
Likelihood: Low Scope: WideSpread

Standard Text: The organization manages risks related to hazardous materials and waste.

EP Text: The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.

Finding(s): 1) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site .

The surveyor observed chemical products were used/stored in the Custodial Room. Based on the Safety Data Sheets, some of the products have caustic/corrosive properties. There was no plumbed eyewash station. There were also caustic/corrosive products in the Dialysis Room with no eye wash station. This was verified by the Maintenance Director.

Assigning Accountability

The Environmental Services Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Correcting Non - Compliance

Q. All corrective actions identified below must be completed prior to submission

Eyewash stations have been installed in the Custodial room, Laundry Room, and the Dialysis storage room on 11/6/2020. Education in person was conducted for the Environmental Services staff on 11/12/2020, by the director of the department. A policy was developed to include all the required steps to maintain the eyewash stations on 11/9/2020.

Q. All corrective actions described above were completed by

Nov 12, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

The inspection and cleaning schedule for the eyewash stations was established to inspect the stations

weekly, and to clean and refill the stations quarterly.

Q. What is the frequency of the monitoring activities?

The eyewash stations will be inspected weekly. The eyewash stations will be cleaned and refilled quarterly.

Q. What data will be collected from these activities?

The eyewash stations will be inspected weekly to verify proper flow, signage, and no obstructions.

Q. To who, and how often, will this data be reported?

This information will be recorded on the hang tag on the eyewash station and reported to the Environmental Services Director weekly.

Nursing Care Center Accreditation Program EC.02.02.01 EP 11
Likelihood: Low Scope: Limited

Standard Text: The organization manages risks related to hazardous materials and waste.

EP Text: For managing hazardous materials and waste, the organization has the permits, licenses, manifests, and safety data sheets required by law and regulation.

Finding(s): 1) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site .

The surveyor observed that staff who were responsible for signing bio-hazardous manifest documents at the time hazardous materials were picked up did not have evidence of the required Department of Transportation (DOT) and EPA training. This was verified by the Maintenance Director.

Assigning Accountability

The Environmental Services Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Correcting Non - Compliance

Q. All corrective actions identified below must be completed prior to submission

The Environmental Services Director, Environmental Services Manager, and Environmental Services Administrative Assistant have taken the DOT and EPA training required for signing hazardous waste manifests, as of 9/29/2020. All ES staff has been educated regarding who is allowed to sign the

manifests.

Q. All corrective actions described above were completed by

Sep 29, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

Job Descriptions for Environmental Services Director, Environmental Services Manager and Environmental Services Administrative Assistant have been updated to include the requirement of DOT Manifest Training.

Q. What is the frequency of the monitoring activities?

This training will be updated every three years.

Q. What data will be collected from these activities?

Training certificates will be saved in the Environmental Services directory on the main server.

Q. To who, and how often, will this data be reported?

This information will be given to the Environmental Services Director every three years. Completion will be reported to the QAPI committee yearly.

Nursing Care Center Accreditation Program EC.02.03.01 EP 1
Likelihood: Low Scope: Limited

Standard Text: The organization manages fire risks.

EP Text: The organization minimizes the potential for harm from fire, smoke, and other products of combustion.

Finding(s): 1) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site .

During the Life Safety tour, the surveyor observed by the receiving door, there was an exit sign arrow pointing to a non-designated area. This was verified by the Director of Maintenance.

Assigning Accountability

The Environmental Services Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Correcting Non - Compliance

Q. All corrective actions identified below must be completed prior to submission

The exit sign in question was corrected on 9/29/2020. The remainder of the building was surveyed on 10/7/2020 by the Environmental Services Director to ensure all exit signs are correct and arrows are pointing to designated areas.

Q. All corrective actions described above were completed by

Oct 07, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

ES staff will perform quarterly surveys of the building to ensure exit signs are pointing to designated areas.

Q. What is the frequency of the monitoring activities?

The building will be surveyed quarterly.

Q. What data will be collected from these activities?

The staff member will record proper direction of arrow and proper lighting function.

Q. To who, and how often, will this data be reported?

This information will be given to the Environmental Services Director quarterly who will report to the QAPI committee for further review. Further recommendations will be noted and acted upon as warranted.

Standard Text: The organization manages risks associated with its utility systems.

EP Text: The organization labels utility system controls so that staff are able to partially or completely shut down systems in emergencies. Note 1: Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel. Note 2: For example, the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel. Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.

Finding(s): 1) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site .

During the life safety tour, the surveyor observed in electrical Panel LPLA, electrical breakers 33, 35, 37, 38, 40, 41, 42 and electrical panel CPLA breakers 15 and 17 were not labeled. This was verified by the Maintenance Director.

Assigning Accountability

The Environmental Services Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Correcting Non - Compliance

Q. All corrective actions identified below must be completed prior to submission

All unlabeled breakers referenced were labeled appropriately on 10/29/2020.

Q. All corrective actions described above were completed by

Oct 29, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

All electrical panels will be surveyed by ES staff quarterly to ensure all breakers are labeled.

Q. What is the frequency of the monitoring activities?

All electrical panels will be surveyed by ES staff quarterly.

Q. What data will be collected from these activities?

A list of un-labeled breakers will be compiled.

Q. To who, and how often, will this data be reported?

This will be reported to the Environmental Services Director quarterly who will report to the QAPI committee for further review.

Nursing Care Center Accreditation Program EC.02.05.03 EP 11
Likelihood: Low Scope: Limited

Standard Text: The organization has a reliable emergency electrical power source.

EP Text: The organization provides emergency power within 10 seconds for the following: Emergency lighting at emergency generator locations. The organization's emergency power system (EPS) has a remote manual stop station (with identifying label) to prevent inadvertent or unintentional operation. A remote annunciator (powered by storage battery) is located outside the EPS location. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), refer to NFPA 99-2012: 6.4.1.1.6; 6.4.1.1.17; 6.4.2.2; NFPA 110-2010: 5.6.5.6; 7.3.1.

Finding(s): 1) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site .

The surveyor observed the generator did not have a battery-powered emergency light installed at its location. This was verified by the Maintenance Director.

Assigning Accountability

The Environmental Services Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Correcting Non - Compliance

Q. All corrective actions identified below must be completed prior to submission

A battery powered backup light was installed in the generator cabinet on 10/28/2020.

Q. All corrective actions described above were completed by

Oct 28, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

This battery backup light will be tested weekly during the generator inspection.

Q. What is the frequency of the monitoring activities?

This will be tested weekly.

Q. What data will be collected from these activities?

Proper operation of the battery powered backup light.

Q. To who, and how often, will this data be reported?

This information will be reported to the Environmental Services Director weekly, and stored in the Generator Log in the Environmental Services office. The ES Director will report quarterly to the QAPI committee for further review.

Nursing Care Center Accreditation Program EC.02.05.05 EP 4
Likelihood: Low Scope: Limited

Standard Text: The organization inspects, tests, and maintains utility systems. Note: At times, maintenance is performed by an external service. In these cases, organizations are not required to possess maintenance documentation but have access to such documentation during survey and as needed.

EP Text: The organization inspects, tests, and maintains the following: Life-support utility system components on the inventory. The completion date and the results of the activities are documented. Note 1: A high-risk utility system includes components for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment. Note 2: Required activities and associated frequencies for maintaining, inspecting, and testing of utility systems components completed in accordance with manufacturers' recommendations must have a 100% completion rate. Note 3: Scheduled maintenance activities for high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate.

Finding(s): 1) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site .

During the Life Safety tour, the surveyor observed at the Aspen Hall exit, there was a plastic cup covering a smoke detector. This was verified by the Maintenance Director.

Assigning Accountability

The Environmental Services Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Correcting Non - Compliance

Q. All corrective actions identified below must be completed prior to submission

Cup was removed from the smoke detector on 9/29/2020.

Q. All corrective actions described above were completed by

Sep 29, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

A policy to manage smoke detector covers was written and implemented on 11/10/2020. When a smoke detector needs to be covered due to maintenance in the area, a cover will be checked out from the Environmental Services office, and be returned by the end of the shift. A work area with a covered smoke detector will be attended by at least one ES staff member.

Q. What is the frequency of the monitoring activities?

This will be monitored on an as-needed basis.

Q. What data will be collected from these activities?

Verification that the smoke detector cover was returned to the ES office at the end of the shift, and work area was attended at all times.

Q. To who, and how often, will this data be reported?

This information will be given to the Environmental services Director when a cover is checked out and returned. The ES Director will report these findings to the QAPI committee quarterly for further review.

Standard Text: The organization establishes and maintains a safe, functional environment.

EP Text: Interior spaces meet the needs of the patient and resident populations for safety and suitability for the care, treatment, and services provided. Note: Interior spaces contain rehabilitation equipment and activities needed to achieve patients' and residents' goals, but they are arranged in a way that does not compromise the safety of the environment.

Finding(s): 1) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site .

The surveyor observed in the Birch laundry drop room, there were 3 tiles that had black/brown fuzzy growth on them. This was observed by the Maintenance Director.

Assigning Accountability

The Environmental Services Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Correcting Non - Compliance

Q. All corrective actions identified below must be completed prior to submission

The identified ceiling tiles have been replaced on 10/9/2020.

Q. All corrective actions described above were completed by

Oct 09, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

ES Staff will survey the building monthly for ceiling tiles with signs of water stains and other abnormalities. Source of stains will be corrected, and new tiles installed.

Q. What is the frequency of the monitoring activities?

This will take place monthly.

Q. What data will be collected from these activities?

Sources of water infiltration and other abnormalities will be recorded, reviewed for cause and corrected to prevent recurrence.

Q. To who, and how often, will this data be reported?

This data will be reported to the Environmental Services Director monthly who will report to the QAPI committee quarterly.

Nursing Care Center Accreditation Program EC.02.06.01 EP 20
Likelihood: Low Scope: Limited

Standard Text: The organization establishes and maintains a safe, functional environment.

EP Text: Areas used by patients and residents are clean and free of offensive odors.

Finding(s): 1) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site .

During the Life Safety tour, the surveyor observed in the kitchen, by the K Fire Extinguishers, there were numerous small flying bugs appeared to be fruit flies in the air. This was observed by the Dietary Manager.

Assigning Accountability

The Environmental Services Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Correcting Non - Compliance

Q. All corrective actions identified below must be completed prior to submission

Fruit flies have been treated by our pest control contractor on 11/2/2020. They will be treating this monthly going forward.

Q. All corrective actions described above were completed by

Nov 02, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of

performance?

Pest control contractor will address this issue on a monthly basis.

Q. What is the frequency of the monitoring activities?

Pest control contractor will address this issue on a monthly basis.

Q. What data will be collected from these activities?

The ES Director will receive a report from each pest control visit as to their findings and treatments in and around the facility.

Q. To who, and how often, will this data be reported?

The Environmental Services Director will report the pest control activities to the QAPI committee quarterly.

Nursing Care Center Accreditation Program HR.01.04.01 EP 8
Likelihood: Low Scope: Pattern

Standard Text: The organization provides orientation to staff.

EP Text: Based on their responsibilities, staff are oriented about psychotropic medications, including the following:- The need for a medication in relation to the patient's or resident's documented diagnosis and condition- The potential for drug-drug and drug-food interactions- Effects and adverse reactions to psychotropic medications- The use of a medication for an appropriate duration- Optimal dosages- Frequent monitoring of the medication's effectiveness- Nonmedication interventions and alternatives developed through interdisciplinary team assessment- Reduction and discontinuation of a medication

Finding(s): 1) Observed in HR File Review at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site .

The surveyor observed there was no documentation to support any orientation to psychotropic medications for 2 out of 2 Registered Nurses. This was verified with Director of Nursing.

Assigning Accountability

The Director of Nursing is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Correcting Non - Compliance

Q. All corrective actions identified below must be completed prior to submission

The nursing staff will be provided with Psychotropic Medication education upon hire and annually. The annual education began in October 2020.

Q. All corrective actions described above were completed by

Nov 13, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

Staff Development has a schedule detailing the in-services that need to be completed by each department. This is reviewed monthly by Staff Development. Psychoactive Medication was on the orientation education roster, but not on the annual education roster. It is now on both.

Q. What is the frequency of the monitoring activities?

The education roster is reviewed each month to ensure the appropriate in-services are available to staff or set-up for live instruction.

Q. What data will be collected from these activities?

Staff are required to complete a post-test following instruction to evaluate their knowledge. Data is collected from the post tests to see where the deficits are.

Q. To who, and how often, will this data be reported?

Data collected from the post test will be reviewed at the beginning of the following month. This data will be shared in QAPI and reported to the Director of Nursing.

Nursing Care Center Accreditation Program IC.02.01.01 EP 6
Likelihood: Low Scope: WideSpread

Standard Text: The organization implements its infection prevention and control plan.

EP Text: The organization minimizes the risk of infection when storing and disposing of infectious waste. (See also EC.02.02.01, EP 12)

Finding(s): 1) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse

City, MI) site .

The surveyor observed in the laundry area, when staff was folding heating blankets, the heating blankets were dragging on the floor. In the dirty utility rooms on each unit, there were (Full) oxygen cylinders being stored before use. This was verified by the Maintenance Director.

Assigning Accountability

The Environmental Services Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Correcting Non - Compliance

Q. All corrective actions identified below must be completed prior to submission

All laundry staff have been in-serviced regarding proper handling of linens on 10/15/2020. Oxygen storage cabinets were moved to the electrical rooms on 11/12/2020.

Q. All corrective actions described above were completed by

Nov 12, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

ES Director will verify oxygen storage cabinets are in the proper locations.

Q. What is the frequency of the monitoring activities?

Quarterly.

Q. What data will be collected from these activities?

Verification that the cabinets are in the proper locations.

Q. To who, and how often, will this data be reported?

This data will be reviewed by the Environmental Services Director and reported to the QAPI committee quarterly .

Standard Text: The organization provides and maintains building features to protect individuals from the hazards of fire and smoke.

EP Text: Doors in smoke barriers are self-closing or automatic-closing, constructed of 1 3/4-inch or thicker solid bonded wood core or constructed to resist fire for not less than 20 minutes, and fitted to resist the passage of smoke. The gap between meeting edges of door pairs is no wider than 1/8 of an inch. In new buildings, undercuts are no larger than 3/4 of an inch, and doors in a means of egress swing in the opposite direction. (For full text, refer to NFPA 101-2012: 18.3.7.6; 18/19.3.7.8; 8.5.4.1; NFPA 80-2010: 4.8.4.1; 6.3.1.7.1)

Finding(s): 1) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site .

The surveyor observed the fire doors from Cherry Hall to Dogwood hall did not completely close. This was verified by the Maintenance Director.

This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission

Assigning Accountability

The Environmental Services Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Correcting Non - Compliance

Q. All corrective actions identified below must be completed prior to submission

Door hardware referenced was repaired on 9/29/2020.

Q. All corrective actions described above were completed by

Sep 29, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

All fire doors will be inspected monthly for proper operation, and annually per NFPA 80.

Q. What is the frequency of the monitoring activities?

Monthly and annually.

Q. What data will be collected from these activities?

Doors will be inspected for proper operation, latching and gaps.

Q. To who, and how often, will this data be reported?

This data will be reported to the Environmental Services Director monthly who will report to the QAPI committee quarterly.

Nursing Care Center Accreditation Program MM.03.01.01 EP 3
Likelihood: Low Scope: Limited

Standard Text: The organization safely stores medications.

EP Text: The organization stores controlled (scheduled) medications to prevent diversion, in accordance with law and regulation.

Finding(s): 1) Observed in Infection Control System Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site .

It was observed by the surveyor, in the Dogwood hall, there was a medication cart not secured or locked. This was verified by the Director of Nurses.

Assigning Accountability

The Director of Nursing is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Correcting Non - Compliance

Q. All corrective actions identified below must be completed prior to submission

Neon paint has been applied to the lock to help draw attention to an unlocked cart.

Neon paint was applied to the locks on 11/3/20. Nursing education will take place November 10th through the 12th, 2020. The CQI nurse will begin monitoring the carts to ensure they are locked beginning 11/16/20.

Staff Development to complete education on the purpose of locking the cart as well as enforce this standard for all nurses. CQI to begin regular monitoring of the carts to ensure they are locked when the

nurse is not near the cart. These results will be presented to the Quality Committee quarterly for further review and action as warranted.

Q. All corrective actions described above were completed by

Nov 13, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

Staff Development to complete education on the purpose of locking the cart as well as enforce this standard for all nurses. CQI to begin regular monitoring of the carts to ensure they are locked when the nurse is not near the cart. These results will be presented to the Quality Committee quarterly for further review and action as warranted.

Q. What is the frequency of the monitoring activities?

Monitoring will be completed twice monthly on multiple carts.

Q. What data will be collected from these activities?

CQI will collect data related to the carts being locked or unlocked. They will track the pavilions they are on as well as the nurse involved. They will remedy the situation immediately and provide education. This will be documented if applicable.

Q. To who, and how often, will this data be reported?

The Director of Nursing is responsible for the corrective action and ongoing compliance. These results from CQI will be presented to the Quality Committee quarterly for further review and action as warranted.

Nursing Care Center Accreditation Program MM.03.01.01 EP 7
Likelihood: Low Scope: Limited

Standard Text: The organization safely stores medications.

EP Text: All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.

Finding(s): 1) Observed in Infection Control Tracer at Grand Traverse County (1000 Pavilions Circle,

Traverse City, MI) site .

The surveyor observed in the Cherry Hall Medication Cart, 2 our of 2 insulin pens were not labeled with expirations dates. The was validated by the Director of Nursing.

Assigning Accountability

The Director of Nursing is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Correcting Non - Compliance

Q. All corrective actions identified below must be completed prior to submission

Signage has been posted on the insulin bin and medication fridge notifying staff to date their insulin before leaving the med room. A date calendar has been added to the computer ribbons to allow for quick access to a calendar when configuring dates. An abbreviated Storage and Stability chart was placed in the top of the carts to provide a quick reference to the nurses detailing how long insulin is good for once open.

The signage, date calendar, and the abbreviated storage and stability sheet was installed 11/3/20. Nursing will receive education November 10th through the 12th, 2020. The CQI nurse will begin monitoring 11/16/20.

Nursing will be educated on the importance of dating insulin, and how to date it. The midnight nursing staff is responsible for being the second check to ensure opened insulin is dated. The process for completing the cart audit and checking expiration dates will be reviewed with all the nurses. The CQI nurse will be responsible for randomly monitoring med carts to ensure insulin is dated properly. These results will be presented to the Quality Committee quarterly for further review and action as warranted.

Q. All corrective actions described above were completed by

Nov 13, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

The CQI nurse will be responsible for randomly monitoring med carts to ensure insulin is dated properly. These results will be presented to the Quality Committee quarterly for further review and action as warranted.

Q. What is the frequency of the monitoring activities?

The monitoring will be conducted twice monthly.

Q. What data will be collected from these activities?

The CQI nurse will take note of what pavilion they are on, who the insulin belongs to, what type of insulin it was, and what the remediation of which will include education if applicable.

Q. To who, and how often, will this data be reported?

The Director of Nursing is responsible for the corrective action and ongoing compliance. These results from CQI will be presented to the Quality Committee quarterly for further review and action as warranted.

Nursing Care Center Accreditation Program MM.04.01.01 EP 1
Likelihood: Low Scope: Limited

Standard Text: Medication orders are clear and accurate.

EP Text: The organization follows a written policy that identifies the specific types of medication orders that it deems acceptable for use. Note: There are several different types of medication orders. Medication orders commonly used include the following:- As needed (PRN) orders: orders acted on based on the occurrence of a specific indication or symptom- Standing orders: A pre-written medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances- Automatic stop orders: Orders that include a date or time to discontinue a medication- Titrating orders: Orders in which the dose is either progressively increased or decreased in response to the patient's or resident's status- Taper orders: Orders in which the dose is decreased by a particular amount with each dosing interval- Range orders: Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or the patient's or resident's status- Signed and held orders: New prewritten (held) medication orders and specific instructions from a licensed independent practitioner to administer medication(s) to a patient or resident in clearly defined circumstances that become active upon the release of the orders on a specific date(s) and time(s)- Orders for compounded drugs or drug mixtures not commercially available- Orders for medication-related devices (for example, nebulizers, catheters)- Orders for investigational medications- Orders for herbal products- Orders for medications at discharge or transfer

Finding(s): 1) Observed in Individual Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site .

The surveyor observed Tizanidine did not have an indication for use. This was verified by the Director of Nursing.

Assigning Accountability

The Director of Nursing is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Correcting Non - Compliance

Q. All corrective actions identified below must be completed prior to submission

Nursing to add diagnosis to list and attach appropriate diagnosis to medication when able. Additionally, indication for use should be placed in the notes section of PRN orders. PRN medication will be reviewed by pharmacy consultant.

Nursing will receive education November 10th through the 12th, 2020. The CQI nurse will begin monitoring 11/16/20.

Staff Development will provide education to nursing on how to enter a diagnosis into the electronic medical record and that the PRN medication must include a diagnosis and indication for use. The nursing staff will all be educated that acknowledging the presence of the diagnosis and indication of use is part of second and third noting the order.

Q. All corrective actions described above were completed by

Nov 13, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

The CQI nurse will monitor the Hospital Summaries from admission to ensure they have the initial of three nurses reconciling the medications.

Q. What is the frequency of the monitoring activities?

Monitoring will be conducted twice monthly on multiple residents.

Q. What data will be collected from these activities?

CQI will collect data regarding the pavilion of the resident, resident involved, and the three nurses reconciling the orders.

Q. To who, and how often, will this data be reported?

The Director of Nursing is responsible for the corrective action and ongoing compliance. These results from CQI will be presented to the Quality Committee quarterly for further review and action as warranted.

Nursing Care Center Accreditation Program NPSG.03.06.01 EP 3
Likelihood: Moderate Scope: WideSpread

Standard Text: Maintain and communicate accurate patient and resident medication information.

EP Text: Compare the medication information the patient or resident brought to the organization with the medications ordered for the patient or resident by the organization in order to identify and resolve discrepancies. Note: Discrepancies include omissions, duplications, contraindications, unclear information, and changes. A qualified individual, identified by the organization, does the comparison. (See also HR.01.06.01, EP 1)

Finding(s): 1) Observed in Individual Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site .

The surveyor observed upon admission, 13 out of 13 residents, medications taken upon admission and those ordered for the resident in the facility were not compared for errors of commission or omission and approved by the Licensed Independent Practitioner. This was verified by the Director of Nurses.

Assigning Accountability

The Director of Nursing is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Q. Which member(s) of leadership have been involved in the corrective action and are maintaining ongoing involvement with this change? (select one or more)

Chief Operating Officer
Director of Nursing/Nurse Administrator
Other

Q. Which member(s) of leadership have been involved in the corrective action and are maintaining ongoing involvement with this change?

Chief Operating Officer, Director of Nursing, Assistant Directors of Nursing, CQI Nurses, MDS Coordinators, and Staff Development

Q. Please describe how the above leadership involvement is helping to support compliance with this element of performance in the future?

Staff Development will provide education to the nursing staff on how to reconcile admission orders. A policy has been created to reflect admission orders should be entered into draft by the admitting nurse then initial the order page. The second nurse noting these orders should activate them in the Medication Administration Record then initial the order page. The third nurse should complete a final review of the order entry then initial the order page. Nursing will receive education November 10th through the 12th, 2020. The CQI nurse will begin monitoring 11/16/20. Leadership will serve as a

resource and educator to others.

Correcting Non - Compliance

Q. What analysis was completed to ensure not only the noncompliant issue was corrected (surface/high level resolution), but also any underlying reasons for the failure were addressed as well?

A preventative analysis was completed. The Director of Nursing met with the ADON's to determine the root cause of the lack of medication reconciliation. It is noted that a policy on medication reconciliation did not exist. It is likely that the practice of noting orders had not been passed on as new nurses were trained. Additionally, changes in how orders are received and written such as in progress notes and the electronic medical records versus a traditional handwritten order have created some confusion with how to note orders. The crosswalk between the joint commission and CMS was reviewed. Our Medical Director was involved in problem solving. Our policy was updated and nursing will be educated.

Q. All corrective actions identified below must be completed prior to submission

Staff Development will provide education to the nursing staff on how to reconcile admission orders. A policy has been created to reflect admission orders should be entered into draft by the admitting nurse then initial the order page. The second nurse noting these orders should activate them in the Medication Administration Record then initial the order page. The third nurse should complete a final review of the order entry then initial the order page. Nursing will receive education November 10th through the 12th, 2020. The CQI nurse will begin monitoring 11/16/20.

Q. All corrective actions described above were completed by

Nov 13, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

Nursing will receive education November 10th through the 12th, 2020. The CQI nurse will begin monitoring 11/16/20. CQI will be monitoring to ensure the admitting nurse is responsible for inputting the orders in draft then initialing the order page. A second nurse will activate the orders and initial the order page. A third nurse will verify the order entry is correct then initial the order page.

Q. What is the frequency of the monitoring activities?

Monitoring will be conducted twice monthly on multiple residents.

Q. What data will be collected from these activities?

CQI will collect data regarding which pavilion the resident resides, resident name, nurses involved in noting the orders.

Q. To who, and how often, will this data be reported?

The Director of Nursing is responsible for the corrective action and ongoing compliance. These results from CQI will be presented to the Quality Committee quarterly for further review and action as warranted.

Nursing Care Center Accreditation Program PC.01.02.07 EP 11
Likelihood: Low Scope: WideSpread

Standard Text: The organization assesses and manages the patient's or resident's pain and minimizes the risks associated with treatment.

EP Text: For organizations that elect The Joint Commission Post–Acute Care Certification option: If the patient is unable to convey the presence of pain, the organization solicits input from the family in identifying and managing the patient's pain. This input is documented. Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.

Finding(s): 1) Observed in Individual Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site .

It was observed the facility had not completed a monthly pain assessment on 5 out of 5 residents. Facility policy "Pain Management" states, "the pain assessment will be reviewed by a nurse on a monthly and prn basis". This was validated by the Director of Nurses.

Assigning Accountability

The Director of Nursing is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Correcting Non - Compliance

Q. All corrective actions identified below must be completed prior to submission

The pain policy has been updated and the monthly pain assessment has been removed. The policy now reflects our current practices of monitoring for pain on admission, with medication changes, and quarterly.

The policy will be available to staff Nursing 11/10/20. Nursing will receive education November 10th through the 12th, 2020.

The pain policy has been updated and the monthly pain assessment has been removed. The policy now reflects our current practices of monitoring for pain on admission, with medication changes, and quarterly.

Q. All corrective actions described above were completed by

Nov 13, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

The pain policy has been updated and the monthly pain assessment has been removed. The policy now reflects our current practices of monitoring for pain on admission, with medication changes, and quarterly. The policy will be available to staff Nursing 11/10/20. Nursing will receive education November 10th /through the 12th, 2020.

Q. What is the frequency of the monitoring activities?

Monitoring will be conducted twice monthly on multiple residents.

Q. What data will be collected from these activities?

The data collected will include the pavilion the resident resides on, resident name, what pain monitoring should have been completed, verification that it was or was not completed, nurse (s) involved, and remediation if applicable.

Q. To who, and how often, will this data be reported?

The Director of Nursing is responsible for the corrective action and ongoing compliance. These results from CQI will be presented to the Quality Committee quarterly for further review and action as warranted.

Nursing Care Center Accreditation Program PC.02.01.03 EP 1
Likelihood: Moderate Scope: WideSpread

Standard Text: The organization provides care, treatment, and services in accordance with orders or prescriptions, as required by law and regulation.

EP Text: Orders are obtained from a physician or other authorized individual, in accordance with law and regulation and professional practice acts, before care, treatment, and services are provided. Note:

For information on the credentialing process for physicians, refer to Standard HR.02.01.04.

Finding(s): 1) Observed in Individual Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site .

The surveyor observed upon admission, 13 out of 13 residents, medications were administered that were not ordered by a credentialed Licensed Independent Practitioner. This was verified by the Director of Nursing.

Assigning Accountability

The Director of Nursing is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Q. Which member(s) of leadership have been involved in the corrective action and are maintaining ongoing involvement with this change? (select one or more)

Chief Operating Officer

Director of Nursing/Nurse Administrator

Other

Q. Which member(s) of leadership have been involved in the corrective action and are maintaining ongoing involvement with this change?

Chief Operating Officer, Director of Nursing, Assistant Directors of Nursing, CQI Nurses, and MDS Coordinators, Staff Development

Q. Please describe how the above leadership involvement is helping to support compliance with this element of performance in the future?

The admitting nurse will print the Hospital Summary containing medication orders and email it to the physician in a secured email. The physician will respond with consent to administer the medication as ordered until they are seen by a provider or make changes as they see fit. The policy will be available to staff Nursing 11/10/20. Nursing will receive education November 10th through the 12th, 2020. CQI to begin monitoring 11/16/20. Nursing leadership will serve as both a reference and educator. They will provide oversight and remediation if needed.

Correcting Non - Compliance

Q. What analysis was completed to ensure not only the noncompliant issue was corrected (surface/high level resolution), but also any underlying reasons for the failure were addressed as well?

Upon discussion with the Assistant Directors of Nursing, it was determined that we have not updated our practice since changing medical directors. In years prior, we had a Medical Director that used to see patients within the first hour or so of admission and review their medication list. Our practice and providers have changed over the years and over time the process of reconciling the admission orders

with the provider was lost. Now, the admitting nurse will print the Hospital Summary containing medication orders and email it to the physician in a secured email. The physician will respond with consent to administer the medication as ordered until they are seen by a provider or make changes as they see fit. The policy will be available to staff Nursing 11/10/20. Nursing will receive education November 10th through the 12th, 2020. CQI to begin monitoring 11/16/20. Collaborating with our Medical Director and using the Crosswalk has helped to remedy this situation.

Q. All corrective actions identified below must be completed prior to submission

The admitting nurse will print the Hospital Summary containing medication orders and email it to the physician in a secured email. The physician will respond with consent to administer the medication as ordered until they are seen by a provider or make changes as they see fit. The policy will be available to staff Nursing 11/10/20. Nursing will receive education November 10th through the 12th, 2020. CQI to begin monitoring 11/16/20.

Q. All corrective actions described above were completed by

Nov 13, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

The admitting nurse will print the Hospital Summary containing medication orders and email it to the physician in a secured email. The physician will respond with consent to administer the medication as ordered until they are seen by a provider or make changes as they see fit. CQI will monitor.

Q. What is the frequency of the monitoring activities?

Monitoring will be completed twice monthly on multiple residents.

Q. What data will be collected from these activities?

The data collected will include the pavilion the resident resides on, resident name, date and time of admission, date and time of response from physician, verification meds were not made active until provider approved. There will be ongoing conversation with the medical director to ensure this process is manageable.

Q. To who, and how often, will this data be reported?

The Director of Nursing is responsible for the corrective action and ongoing compliance. These results from CQI will be presented to the Quality Committee quarterly for further review and action as

warranted.

Nursing Care Center Accreditation Program PC.02.01.03 EP 7
Likelihood: Low Scope: Limited

Standard Text: The organization provides care, treatment, and services in accordance with orders or prescriptions, as required by law and regulation.

EP Text: The organization provides care, treatment, and services according to current orders.

Finding(s): 1) Observed in Individual Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site .

The surveyor observed there was no documented evidence the PICC line had been flushed every 8 hours. Policy "Peripheral Inserted Central Catheter" states "Peripheral Inserted Central Catheter will be flushed every 8 hours and PRN." This was verified by the Director of Nursing.

Assigning Accountability

The Director of Nursing is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Correcting Non - Compliance

Q. All corrective actions identified below must be completed prior to submission

Staff Development will provide education on how to complete an order set. An order set has been revised to include PICC flushes. Having an order set allows the nursing staff to insert all of the orders necessary when admitting a patient with a PICC. Nursing will receive additional education regarding charting PICC medication and infusion.

The policy will be available to staff Nursing 11/10/20. Nursing will receive education November 10th through the 12th, 2020. CQI to begin monitoring 11/16/20 to verify orders are entered correctly on admission or when a PICC is initiated.

An order has been revised to include PICC flushes. Having an order set allows the nursing staff to insert all of the orders necessary when admitting a patient with a PICC. The CQI nurse will confirm that the orders were entered correctly when PICC infusions are initiated.

Q. All corrective actions described above were completed by

Nov 13, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

An order has been revised to include PICC flushes. Having an order set allows the nursing staff to insert all of the orders necessary when admitting a patient with a PICC. The CQI nurse will confirm that the orders were entered correctly when PICC infusions are initiated. The policy will be available to staff Nursing 11/10/20. Nursing will receive education November 10th through the 12th, 2020. CQI to begin monitoring 11/16/20 to verify orders are entered correctly on admission or when a PICC is initiated.

Q. What is the frequency of the monitoring activities?

Monitoring will be completed with every admission or initiation of a PICC infusion.

Q. What data will be collected from these activities?

Data collection will include name of pavilion resident resides on, resident name, errors if any, nurses involved, remediation if applicable.

Q. To who, and how often, will this data be reported?

The Director of Nursing is responsible for the corrective action and ongoing compliance. These results from CQI will be presented to the Quality Committee quarterly for further review and action as warranted.

Nursing Care Center Accreditation Program RC.02.01.01 EP 2
Likelihood: Low Scope: Limited

Standard Text: The clinical record contains information that reflects the patient's or resident's care, treatment, and services.

EP Text: The clinical record contains the following clinical information:- The reason(s) for admission for care, treatment, and services - Any observations relevant to care, treatment, and services- Any progress notes made by authorized individuals- Any orders, including medications ordered or prescribed, and diagnostic and therapeutic orders- Any allergies to medications- Any medications administered, including the strength, dose, route, date and time of administration- Any medication administration devices used, including access site or route- Any adverse drug reactions- Any medications dispensed or prescribed on discharge- Any assessment findings (See also PC.01.02.01, EP 1)- Any consultation reports- Any food allergies

Finding(s): 1) Observed in Individual Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site .

The surveyor observed during the individual tracer, the resident behavior monitoring form had Lexapro listed as the medication given, but Zolofit was the medication ordered. This was verified by the Director of Nursing

Assigning Accountability

The Director of Nursing is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Correcting Non - Compliance

Q. All corrective actions identified below must be completed prior to submission

Staff Development will provide education to the nursing staff regarding behavioral monitoring and how to initiate this treatment. The treatment should include the reason for initiation, discontinuation, or dose adjustment. The admitting nurse will leave these treatments in draft allowing the next two nurses to activate and verify the medication order has the correct medication name attached to it.

Nursing will receive education November 10th through the 12th, 2020. CQI to begin monitoring 11/16/20.

The admitting nurse will leave these treatments in draft allowing the next two nurses to activate and verify the medication order has the correct medication name attached to it.

Q. All corrective actions described above were completed by

Nov 13, 2020

Ensuring Sustained Compliance

Q. What procedures or activities have been identified to monitor your compliance with this element of performance?

The admitting nurse will leave these treatments in draft allowing the next two nurses to activate and verify the treatment order has the correct medication name attached to it. CQI will monitor.

Q. What is the frequency of the monitoring activities?

Monitoring will occur twice monthly on multiple residents.

Q. What data will be collected from these activities?

Data collection will include pavilion resides on, name of resident, name of medication, error if any, remediation if applicable.

Q. To who, and how often, will this data be reported?

The Director of Nursing is responsible for the corrective action and ongoing compliance. These results from CQI will be presented to the Quality Committee quarterly for further review and action as warranted.



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ROBERT GORDON
DIRECTOR

December 15, 2020

Attention: ALL Long Term Care Provider File Transfer Users

**RE: NOTICE: Quality Assurance Assessment Program (QAAP)
State Fiscal Year October 1, 2020 – September 30, 2021**

The Michigan Department Health and Human Services has loaded into each Provider's "Archived Documents" area via CHAMPS, the provider's annual QAAP assessment notice applicable to State Fiscal Year October 1, 2020 through September 30, 2021.

Reminder: Please review this document by close of business **Tuesday, December 29, 2020 at 5 PM** and notify the Department (this office) of any differences between the provider's original census reporting to the Department (from the Fiscal Year 2019 Worksheet B) and the census data on the notice. Provider responses to difference(s) to the Department after December 29, 2020 will be adjusted on a **prospective basis only**.

Should you have any questions, please contact our office either by:

- a. A written notice "shared" with this office via File Transfer; OR
- b. An email sent to DARS@michigan.gov

LTC Reimbursement and Audit Division
Bureau of Audit
Financial Operations Administration



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ROBERT GORDON
DIRECTOR

December 15, 2020

Administrator
Grand Traverse Medical Care Facility
1000 Pavilions Circle
Traverse City, MI 49684-3198

RE: **Quality Assurance Assessment – October 1, 2020**
Facility License No.: 28 - 8510
National Provider Identifier No.: 1326124322

Dear Administrator:

Act 303, Public Acts of 2002 amended the public health code and established a quality assurance assessment for nursing homes and hospital long-term care units. Section 20161.13.b. stated the assessment is based on the number of licensed nursing home and hospital long term care unit beds. Public Act 187 of 2005, effective October 1, 2005, amended the basis of the assessment from the number of licensed long term care beds, to an assessment based on the number of non-Medicare patient days of care rendered in the previous calendar year and included the county owned long term care facilities. Public Act 245 of 2018 amended Public Act 187 to extend the sunset date to September 30, 2023.

The Department has determined that the number of non-Medicare days of care rendered by the facility as indicated below during the previous calendar year. The Department utilized one of the following sources to determine the number of non-Medicare days: the facility's fiscal period ending 2019 Medicaid cost report; or fiscal period ending 2019 Medicare cost report; or for a facility not required to file either a Medicaid or Medicare cost report, submitted facility census data from the calendar year 2019.

If the facility failed to file the required acceptable Medicaid cost report or failed to provide the 2019 Medicare cost report or Census data, the assessment calculation will be based on the total facility available census (365 days times the number of facility beds).

The facility's census was reported as being allocated as follows:

	October 1, 2020
Total Facility Long Term Care Census	80,680
Medicare Census	7,680
ICO Medicare Census	0
HMO Medicare Census	3,828
Total Facility Non-Medicare	69,172

The total number of non-Medicare days of care rendered in the previous calendar year will be the basis for the quality assurance assessment. The facility has **until December 29, 2020** to notify this office in writing of a disagreement with the total number of non-Medicare days of care rendered indicated above. **Failure to respond by December 29, 2020 will result in any changes being made on a prospective basis only.** Please include any pertinent supporting documentation to support the nursing facility's claim for a difference in the number of non-Medicare days of care.

Due to the COVID-19 pandemic and State of Michigan staff working remotely, any documentation to correct census must be submitted via File Transfer or the DARS@michigan.gov email address.

The tentative assessment for the fiscal period beginning **October 1, 2020** will be \$16.75 per non-Medicare day of care. The facility's tentative annual assessment will be \$16.75 times 69,172 equals \$1,158,631.00. The annual assessment amount will be divided into twelve (12) equal monthly payments of \$96,552.59.

The nursing facility entity having approval of the Certificate of Need for the facility license on the first day of the calendar month in which a sale occurs will be mailed the Quality Assurance Assessment billing invoice for that calendar month. This nursing facility entity will be responsible for payment of the entire invoice.

Any changes affecting the facility's assessment which occur during the Assessment year will be considered for prospective re-calculation only based upon the date this Department receives notification of a change by authorizing Agency or submission of acceptable Provider documentation.

An adjustment may be necessary to the per day assessment tax amount because of confirmation differences for the total number of non-Medicare days rendered. The MDHHS, Financial Operations Administration, Revenue & Federal Reporting Division, Account Receivable Unit will issue a separate assessment tax invoice notice within the next 30 calendar days. The invoice notice will indicate the dollar amount due, the payment due date and the address for submitting the payment.

Quality Assurance Assessment
Facility CC/DCIS#: «county code» - «dcis no»
National Provider Identifier No.: «npi»
December 15, 2020
Page 3

All future notices from the Department regarding the Quality Assurance Assessment will be sent to the above address/contact person. If the above address/contact person is not the appropriate addressor contact person for the confirmation please advise our office of the desired addressor contact person for these notices, within 10 calendar days from the date of this notice.

Should you have any questions regarding this matter, please contact our office at DARS@michigan.gov.

Sincerely,

/S/Teresa A. Long, Audit Specialist
LTC Reimbursement and Audit Division
Bureau of Audit
Financial Operations Administration
Michigan Department of Health and Human Services




Grand Traverse Pavilions

A COMMUNITY CARING FOR GENERATIONS

December 14, 2020

TO: Grand Traverse County Department of Health and Human Services Board

FROM:  Korvyn R. Hansen
Administrator/CEO

RE: November Report

Hansen and Rose Coleman, COO-Clinical Services, continue to attend daily/weekly conference calls with Centers for Disease Control, Centers for Medicare and Medicaid, Grand Traverse County, Michigan County Medical Care Facility Council, Leading Age of Michigan and various other entities addressing the issues surrounding the COVID-19 pandemic.

On November 3, Hansen attended the Recruitment and Retention meeting. Among the topics discussed were virtual recruiting, an update on media promotion for recruiting, and a review of open positions with updates on specific recruiting efforts.

On November 3, Hansen, Robert Barnes, COO-Operations, Lindsey Dood, CFO, Diane Mallory, Human Resources Director and Lindsey Terrell, Employee Benefits Manager met to make final decisions on the 2021 health, dental and optical employee benefits renewal.

On November 5. Hansen attended the virtual MCMCFC Fall Financial Conference covering various billing, reimbursement, audit, regulatory and legal topics.

On November 5, Hansen and Deb Allen, Chief Development and Community Engagement Officer, met with Paul Heidbreder, Publisher and Nathan Payne, Editor of the Traverse City Record Eagle for lunch to discuss articles on the Pavilions over the last year. The meeting was informative and productive. It is believed that all have a greater understanding and appreciation for the work each is tasked to accomplish for the community. It was agreed to meet more regularly related to aging adult advocacy efforts.

On November 10-11 and 17-18, Hansen attended the virtual Leading Age National conference. Hansen participated in several general and breakout sessions each afternoon on a variety of current topics in the long-term care field.

On November 12, Hansen virtually attended the Area Agency on Aging board meeting.

On November 17, Hansen, Coleman, and Dood attended Sodexo annual expectations meeting presented by James Hunter General Manager for Sodexo to review outcomes from 2020 and discuss 2021 budget development.

On November 17, Hansen, Barnes, Dood, Allen, Mallory and Butler met to review and discuss staff working remotely, based on the most recent MDHHS epidemic orders on workforce restrictions.

On November 17, Hansen attended a webinar on Stay Interviews by Ascentrix.

In November, Hansen attended the weekly Leading Age Michigan Safe and Calm webinars on COVID-19.

On November 2, Deborah Allen, Chief Development and Community Engagement Officer drafted the fall issue of "Legacy Magazine." Legacy is a quarterly twelve page publication that provides an overview of Pavilions activities and services related to fundraising events, department accomplishments, volunteer activity, aging advocacy and community engagement. The publication is distributed to approximately 2800 Pavilions employees, donors, vendors, and community partners.

On November 10, Allen attended a Planned Giving Advisors Virtual Seminar 'Post Election Rundown – The Impact for Nonprofits, Fundraising and Planned Giving". The one hour segment looked at the current political environment and how the pending outcomes may impact charitable giving based on who is elected based on the proposed tax and giving related proposals, how they may impact donors, and how the recent Secure and Cares Act may also impact giving.

On November 11, Allen conducted a testimonial interview with resident family member Davia White regarding her perspective as an RN on the Pavilions response to the pandemic and how she feels the Pavilions has gone above and beyond to insure the safety of her mother and our residents. A future article is pending the results of the very positive interview.

On November 18, Allen assisted with a presentation to the Bay Area Senior Advocacy (BASA) network to discuss a new recruitment multi-media initiative for the senior care industry called "Careers of Caring" being coordinated and managed by Midwestern Broadcasting. The Area Agency on Aging of Northwest Michigan (AAANM) is underwriting the Supporting Partner level of the program that will be offered to senior care organizations in the AAANM ten county area to participate. The Pavilions has confirmed its participation to help attract universal workers, CNA's, and nursing candidates to our organization.

On November 19, Allen made a similar presentation on "Careers of Caring" to the Board of Advisors of the AAANM for their support to share this program in the communities served.

On November 20, Allen represented Grand Traverse Pavilions as a featured "health care" organization as part of the community based curriculum of "Leadership Grand Traverse" coordinated by the Chamber (aka Traverse Connect). As part of the Pavilions

advocacy initiatives, Allen shared the demographic trends related to the Baby boomer demographic and how the “silver tsunami” as it has been called, will have significant social implications regarding demands on community services such as healthcare, housing, support services, transportation, financial institutions, and senior care organizations such as the Pavilions over the next several decades as the Baby boomers age.

On November 24, Allen and Jena Capriccioso, Development and Marketing Assistant coordinated the Share the LOVE Parade of Cars for Caregivers to celebrate the extraordinary care given by our front line and support staff, and to remind them that they are appreciated. Media coverage of the event ran on TV 9&10 as well as 7&4 Up North Live. Sponsorship support for the event was received from Serra Subaru of Traverse City through their Share the LOVE promotion.

On November 25, Allen assisted with a presentation to the Senior Networking for Aging Group (SNAG) regarding the “Careers of Caring” initiative to support the caregiving industry. The SNAG members represent organizations in the southern region of the AAANM service area.

Residential Services recorded 62 hours of volunteer service during November. The volunteers hours recorded in November were solely based on the number of letters/cards that came in from the volunteers for Adopt a Grandparent program for skilled nursing care resident and those for cottage residents.

The total social media post reach for November were 8,199 individuals. There were 11 “Page Followers” in November. The Facebook announcement featured on November 22 “Individuals who work on the frontlines of healthcare have continued to battle the COVID pandemic since mid-March. They have rapidly adapted to situations and have continued to demonstrate outstanding compassionate care to aging adults in our community.....” Had a reach of 2,788 people and 31 shares with an engagement of 280. The Facebook post featured on November 24: “Share the Love Parade of Cars for Caregivers” give recognition to Grand Traverse Pavilions staff!” had reach of 2,079 and had 15 shares with an engagement of 299.

Grand Traverse Pavilions Website received 12,893 visitors (page views) for the month of November. Employment Opportunities page views totaled 948 for the month of November.

In November, there were two facility reported incidents.

Throughout the month of November, we had 21 admissions, including re-admissions from Munson Medical Center. One admission was admitted from our continuum but no admissions came from our waiting list this month. We received 103 referrals from Munson and 12 from other hospitals in the surrounding area. 5 of our Rehab Center residents transferred up to our long-term care.

In the month of November there were 18 discharges. Eight residents were discharged to home, 5 to Munson, and 5 residents passed away.

There were 8 Medical record requests completed in the Month of November for Blue Cross and Blue shield of Michigan and Priority Health PPO insurance, Aetna Medicare advantage, various long-term care insurance carriers and individual record requests.

Edmondson actively participates in the Incident Command Team as the Infection Preventionist, maintaining daily Pre-admission screening for all potential admissions, COVID-19 daily timeline and Employee health screening, monitoring and follow up as well as assisting with weekly PCR and POC COVID-19 testing of residents.

The daily interdisciplinary team meetings continue to benefit all involved with discussions of current issues involving resident care in the last 24 hours or 72 hours over a weekend/Holiday. Topics reported include the following: falls, skin incidents, abnormal blood sugars, weight loss, behavioral issues, pressure ulcers, and any other pertinent issues. With each meeting new and current issues with residents are discussed and reviewed and new information is shared.

In-services for November included: All Staff: All Page and Code Status, Trauma Informed Care, Corporate Compliance and Ethics, Electrical Safety, Implicit Bias. Licensed Nurses: Pneumonia and Bronchitis Management, Joint Commission Overview and Nursing Updates. Certified Nurse Aides: Activities: An interdisciplinary Approach.

Katy Leach, Staff Development Coordinator, continues the employee monitoring system with 14 visits to staff that are systematically followed up with during their first 3 months of employment or on an as needed basis.

Staff Development created and distributed daily COVID-19 updates, and assisted with weekly COVID-19 testing for staff and residents including formulating the testing lists. Leach completed one CPR check off. Leach administered the annual flu vaccination to staff.

Staff Development continues to monitor and administer new hire immunizations.

On November 13, Dr. Sheldon held a podiatry clinic.

Restorative and Functional maintenance program monitoring continued including daily Restorative program documentation by the Certified Nurse Aide (CNA) or therapist completing the program. In lieu of Group Exercise, Therapists have been doing Restorative programs and 1:1 exercise programs.

Quality Assurance Studies Completed for September include CPR knowledge and Policy, Call light QA / Dignity (weekly), Infection Prevention Don / Doff mask properly (1 X this month), Labeling of Drugs and Biologicals (Refrigerator temperature control and Equipment checklist done weekly), Pager QA (weekly), and Infection Control Donning and Doffing PPE appropriately.

The CQI Coordinator and clinical team continued to track psychoactive medication use. The pressure injury QAPI is followed by Bre Dalzell, RN.

On November 10-13, Packard and Leach held a meeting twice daily to review the Joint

Commission plan of correction as well as provide the nursing staff with several updates. Policies that have been updated include Medical Record Sign-out, Medical Record, Medical Record Retrieval, Open Chart Order, Thinning File Cabinet Records, Medicare Certification and Recertification, PICC, Peripheral IV, Isolation Procedures, Tracheostomy, Care Planning, Pain Management, Admissions, GTP QAPI, Bowel Program, Physician Visit Monitoring, Physician Communication, Physician Documentation, and Closed Chart Order.

During the month of November, Kari Belanger and Linda Burton continued to work with residents and family members in video chatting either by FaceTime, Google Duo, Facebook Messenger or ZOOM. A total of 274 video chats were held by residents with assistance from Belanger and Burton. Of the 274 video chats in November – 260 were social video chat visits with family members, 2 counseling appointments with Community Mental Health, 2 funerals, 1 virtual tour of a Cherry Pavilion Room for a Rehab resident moving upstairs, and 8 on Veterans Day especially for/with Veteran Residents talking with active military personal around the United States. We also have connected a brother & sister who are both residing here, but living on different pavilions. We expect to trend upwards in the number of video chats on account of the weather turning colder and many family members not able to be outside in the cold themselves. Residents continue to have taken a liking to the technology of the iPad and family members are hinting and/or asking more questions about purchasing an iPad for their loved one to use, especially with the holidays coming up and all of the unknowns related to the coronavirus.

November brought us some good news from CMS that allows meals in the dining room and limited small group activities. On Tuesday November 10, the lunch meal service was re-introduced to residents in the Aspen-Dogwood Dining Rooms on Tuesdays-Fridays. It has varied from day-to-day/week-to-week, as to residents having their meals in the dining rooms or not. Guidelines are in place so that residents continue to maintain proper social distancing when off their home pavilion, as well as proper hand sanitation. Also on Tuesday November 10, the resident's all-time favorite activity of Bingo was brought back and held in the hallway. Hallway Bingo is played Tuesday-Friday with each pavilion of residents having the opportunity to play once a week. Nursing Staff as able are invited and encouraged to watch and/or assist the residents in playing. Our highly sought after Bingo Store was held on November 23 and 24, with residents being able to come to the Multi-Purpose Room to spend their hard won bingo tickets. On Thursday November 12, a huge surprise of McDonald's hamburgers and French Fries were delivered to all residents throughout the building at lunchtime – this was a huge success and many residents have already asked for it again!

Even though we are now playing Hallway Bingo, the weekly Prize Bingo continues on and continues to be successful for the residents. Approximately 9-13 residents win each week by utilizing the Osborn Visual Solutions (OVS) television channel.

Social services handed out seven discharge surveys in November.

On November 12, Kazim facilitated Palliative Care rounds with MMC Palliative care.

On November 20, Kazim participated in a Michigan Long Term Care Ombudsman

Program on the Companion Pet Adoption project

On November 27, Kazim facilitated rounds with Dr Engel.

Social Work scheduled and assisted with 112 window visits throughout the pavilions in the month of November. Overall these visits are going well. We have also been able to accommodate some special requests such as birthday visits and special visitors. None of the pavilions have had to turn families away due to unavailable time slots. Families have also been able to use the golf cart to gain better access to our grounds for those that have a difficult time.

November resident council did not take place however social workers met with residents individually to check in and completed minutes.

The Wellness Center saw the following patients this month: Medicare A: 18; Medicare B: Outpatient: 50; Medicare B: Inpatient: 30; Private Insurance: Outpatient: 8; Private Insurance: Inpatient: 0; Work compensation: Outpatient: 2; Private pay: Outpatient: 1; Private pay: Inpatient: 0. Auto: Outpatient: 7; Auto: Inpatient: 0.

Amy Coneset, Wellness Center Director, Erica Nesvig-Paddock, Rehab Coordinator, Jessica Cobb, Occupational Therapist, Tim Zmudka, Speech and Language Pathologist, and Kathryn Holibaugh, Administrative Assistant, participated in the Third Quarter Utilization and Management Review Meeting for Outpatient Therapy Certification on November 4.

On November 6 and 11, Coneset attended Leading Age Webinars regarding COVID-19 updates.

On November 7 and 8, Kim Rosso, Physical Therapist, attended an online continuing education course entitled "Vestibular, Oculomotor, and Balance Rehabilitation". On November 13, Stephanie Talaga, Occupational Therapist, attended the online continuing education course entitled "Elbow Immobilization Splints". On November 14, Ashley Tarras, Occupational Therapist, attended the webinar for continuing education entitled "Finding Dysfunction in the Upper Extremity". On November 20, Tarras attended the online continuing education courses "Limb Apraxia" and "Behavior Management".

On November 9, 10, and 11, therapy staff performed screens of Cottage Residents for therapy needs.

On November 17, Coneset, Tarras, Talaga, and Cobb attended meeting with Tara Townsend, Occupational Therapist and Consultant from Impact Wellness and Rehab, for documentation review feedback.

For the Cottages, in November, there were no admissions, 1 in-house transfer, 3 discharges, and 2 deaths. Five information packets were mailed, 1 was handed out and 2 virtual tours were completed.

At the Cottages, Nurse Practitioner McNutt acquired 2 new patients in November. She

completed rounds on November 3, 10, 17 and 24 totaling 36 patients.

A Foot Clinic was held at the Cottages on November 11 with 27 participants.

Thirteen veterans were honored on Veterans Day by singing patriotic songs, sharing stories, and each were presented with personalized plaques thanking them for their service. Life Enrichment Coordinators have been busy facilitating virtual visits with residents and families, no indoor or outdoor visitations were held in November. Two compassionate care visits were arranged for a resident who transferred to a new cottage and has had a steady decline, these visits were supervised by the Residential Services Director and all visitation requirements were followed. Residents at Evergreen and Hawthorn gathered on Thanksgiving to decorate Christmas trees and enjoy the holiday meal. Many virtual and window visits were had with loved ones wishing each other a Happy Thanksgiving.

Participation in The Adult Day Program has increased some, one information packet was mailed in the month.

Residents at the Cottages were tested weekly for covid-19. Residents and families have found comfort in knowing each week that they or their loved ones are safe and healthy. Additional PPE was distributed to all staff on November 18, many opted to go with the face shield versus the goggles due to comfort.

Inquiries into the Cottages has picked up, virtual tours are being conducted with interested parties or pictures of apartments are emailed/texted. There are a few admissions lined up for December.

On November 3, Dood attended a meeting to discuss pricing and implementation process of RevConnect powered by Ability (myUnity claims clearinghouse) led by Anthony Arens, Account Representative, RevConnect, attended by David Sullivan, Implementation and Support Specialist, Provinet, Carol Gordon, Senior Accounts Technician and Emily Ball, Financial Management Assistant.

On November 5, Dood, Gordon, Ball and Vicki Deffendall, Financial Management Assistant attended the virtual MCMCFC fall financial conference.

On November 6, Dood met by telephone conference with Angie Graziano, Grayling Regional Manager, DHHS LTC Reimbursement and Audit Division and Ron Smith, Auditor, MDHHS Bureau of Audit for the exit conference for the audit of the 2017 Medicaid cost report and discuss the status of the 2018 cost report audit.

On November 19, Dood, Gordon, Ball and Deffendall attended the kick off meeting for Waystar (our new non-Medicare claims clearinghouse) presented by Zach Payne, Solution Adoption Project Manager and Sullivan from Provinet.

On November 19, Dood participated in calls with Steven Burke, CFA, President, MFCI, LLC and Roger Swets, Member, Dickinson Wright PLLC to discuss the upcoming presentation to the DHHS Board regarding the pension bonding proposal.

On November 20, Dood prepared and filed the Certified Public Expenditures Attestation of Participation Statement for 2021.

On November 24, Dood attended training on claims processing hosted by Waystar.

Dood continued conversations with David Sullivan, Implementation and Support Specialist, ProVinet to further the selection of a clearinghouse, revisions to myUnity configuration and required changes to internal processes and procedures to enable FM to bill for its services without outsourcing.

On November 11 and 18 Dood attended the Safe and Calm webinar by Leading Age.

During November, Barnes met with Coggins, D. Butler/Information Systems Director, and B. Steffen/Environmental Services Manager, to plan for the 2021-2025 Capital Budget. This 5 year projection provides a framework for estimating costs for future capital projects. Several projects that were scheduled for 2020 were delayed and rescheduled in 2021 in order to keep expenses in line with the current financial position.

In November, Barnes met with J. Heiss/Chief Serving Officer for Training Direct, LLC. The second round of DiSC training was scheduled for mid-December. Eleven members of the leadership team will be attending the December session.

Barnes and Mallory continued to meet with representatives from Smartlinx to begin implementation of the Performance Management module. The new evaluation method will be available for managers electronically rather than using paper forms. Other changes will help move the evaluation process to a more "performance management" method that provides regular feedback and goal review.

During November, Barnes conducted N-95 mask fit tests for several Pavilions employees. The N-95 mask requires a fit test to be conducted in order to assure a proper seal.

Barnes met with Coggins and Steffen to discuss creating a dashboard for Environmental Services operations. The dashboard will contain key metrics that the ES managers can use to evaluate department performance and to capture data that can be used to analyze work efficiencies.

Butler worked with Diane Mallory, Human Resources Director, and Rose Coleman, Chief Operating Officer Nursing, to prepare Payroll Based Journal file (PBJ). The PBJ is a quarterly staffing report that must be filed within 45 days of the end of every quarter. Butler and Mallory work to verify the data is correct from the payroll server (Smartlinx). Coleman reviews the data once it has been uploaded into CMS website.

There were 35 applications received in November. Of the 11 external interviews scheduled in November, 6 individuals were extended conditional offers of employment.

Recruitment is underway for the following open positions: 17 CNA; 7 Universal Workers; 1 Information Systems Technician; 1 Development Coordinator and 3 Environmental Services.

Five employees were hired in November. Three New Employee Orientations were held in October and included 1 UW, 1 Housekeeper, 1 Launderer, 2 RNs. Ninety-two people have been hired in 2020.

In November, Pavilions job opportunities were posted on TC Ticker, Michigan4Hire, Awesome Job Alert, Michigan Talent Bank, Black Diamond Broadcasting, Pure Michigan Talent, LinkedIn, Craigslist, and Indeed.

For the month of November, there were a total of 8 terminations. Of those 8 terminations, all with the exception of 1 were voluntary. There have been 143 terminations in 2020.

In the month of November, the CNA Bonus Program yielded payments of \$50.00 to 41 CNAs; \$100.00 to 4 CNA's; \$150.00 to 20 CNAs that met the requirements.

October 31, 2020 was the deadline for the 2020 Employee Wellness Initiative. Of the one hundred ninety (190) employees that completed Step 1 of the Initiative, one hundred eleven (111) employees (58%) followed through with completing Steps 2 and 3 to receive the \$65.00 payout. In 2019 and 2018, 61% of eligible employees received the cash incentive.

In November, we received three employee referrals through our Employee Referral Bonus Program. To date we have paid the bonus to 35 employees for referring individuals and we have distributed 13 \$25 gift cards for referring an applicant who were not considered for employment.

In November, sixteen (16) employees utilized the Beech Gym. The significant decrease in the number of employees utilizing the gym may be attributed to the governor's mask mandate while requires people to wear a mask even while exercising inside a gym.

The Fall Win by Losing Challenge wrapped up on November 20. There were twenty-one employees signed up and participating, with a total group starting weight of 3891.70 pounds. As of the end of the 9-week challenge, the participants reported a total weight loss of 86.10 pounds collectively. Another Win by Losing Challenge is scheduled for late January 2021.

Open Enrollment for 2021, the opportunity for employees to make benefit changes, additions, and deletions for the new benefit year started on November 16, and ended on November 30. We also held our annual benefits open houses on November 17 and 18 for employees to attend so they could meet with Terrill and Mallory to get assistance with their questions and enrollments. One hundred five employees completed the online enrollment through the BSwift benefit enrollment site, which can be accessed through the SmartLinx Go app. Employees who did not have any changes to make were not required to re-enroll in any of their coverages.

On November 10, the monthly Safety Committee meeting was held on November 10 Mallory presented a summary of October's employee incident/ accident statistics.

There were 11 employee incidents during October. There were 60 restricted days and 0 lost time days.

The maintenance team completed 602 separate work orders during November. Additionally, there were 25 wheelchair work orders completed.

The monthly fire drill for the main building was November 17 at 9:00 PM. For the Cottages, fire drills occurred November 12 at 3:00 PM for Evergreen, November 5 at 10:00 PM for Hawthorn and November 23 at 10:00 PM for Willow. There was a Code Red in Willow Cottage on November 25 at 6:20 AM. A resident pulled the pull station at the main entrance. Staff responded appropriately. The fire department arrived, and silenced and reset the alarm.

There were 62 room preparations at the main building. Of the main building preparations, 23 were for Rehab and 39 were from units Aspen through Elm. In addition, there were 4 room preparation at the cottages due to room vacancies from discharges and residents moving between rooms.

During the month of November, there were 88 appointment bus runs and 0 group bus runs.

On November 5, Coggins, Barnes and Coleman met to discuss how best to utilize grant funds available for resident/family visitations. It was decided to purchase Plexiglas barriers and electronic communication headsets.

On December 11, Dean Amos, one of our Maintenance Techs, an Army veteran, worked with our Activities and Residential Services staff to have a program for our residents who are veterans. We presented the veterans with a certificate and a commemorative coin. We also had active duty service members from the 82nd Airborne Division do a video chat with our veterans.

On November 10-11, ABI mechanical installed the air handler upgrade blowers in the Cherry and Dogwood air handlers. This upgrade will allow us to get more life from the existing air handlers, and will reduce our power consumption by approximately 30%.

On November 19, Coggins met with Tim Sheahan of Hartford Steam Boiler to inspect boilers at the main building and the cottages. All boilers passed the inspections, and we will be receiving new boiler licenses.

PACE North enrolled nine new participants on November 1 and nine more on December 1, bringing their total census to 65.

GRAND TRAVERSE PAVILIONS MEMORANDUM

Financial Operations Report
November 2020

Grand Traverse Pavilions Combined

REVENUE:

The overall revenue for the Pavilions in November was \$2,277,591 resulting in a negative budget variance of \$110,484.

EXPENSES:

The total overall expenses for the Pavilions in November were \$2,269,342 resulting in a positive variance to budget of \$34,169.

NET INCOME/(LOSS):

There was net income of \$8,249 from the combined programs of the Pavilions in November resulting in a negative budget variance of \$76,315.

OPERATING CASH:

Total unassigned operating cash on hand at month-end was \$6,410,806. This was an operational increase of \$190,789 and a decrease of \$2,500,000 due to the fund balance policy adopted in November that allocated \$1M to the Capital Improvements Fund and \$1M to the Pension Stabilization Fund and due to the November resolution that committed \$500,000 for pension funding if the pension bonds are approved and issued. The operational increase was primarily due to receiving a State of Michigan grant for infection control of \$105,379. We also received COVID testing reimbursement of \$49,415 and Direct Care Worker Wage Reimbursement of \$46,529.

VOUCHERS:

Purchase orders, invoices, checks written, and supporting documentation reviewed for voucher numbers 5203-5209 for the month of November were found in order without exception.

Grand Traverse Medical Care

REVENUE:

The census for November averaged 175 residents which was thirty-five below the budgeted census. Private pay census was three above budget, Medicare was twenty below budgeted census, while Medicaid was eighteen below budgeted census. Total resident revenue was \$1,638,431 resulting in a

\$221,154 negative budget variance. The occupancy percent for November was 73%.

Other revenue equaled \$434,355, which produced a positive budget variance of \$141,845. Included as miscellaneous income was the COVID-19 Stimulus Funding through the CARES Act for lost revenue and reimbursement of certain expenses, of which \$225,000 was recognized during the month, leaving an additional \$175,000 of revenue to be recognized in December. Additionally, miscellaneous income included payments received and accrued revenue for reimbursement for COVID-related expenses that included wage premiums for direct care workers and COVID testing administration and the State of Michigan infection control grant of \$105,379. Total revenue for November was \$2,065,286 producing a negative budget variance of \$79,309.

EXPENSES:

Operating Expenses for the month equaled \$2,058,128, which was \$30,528 under the budgeted amount for a positive variance.

NET INCOME/(LOSS):

Grand Traverse Medical Care produced net income before building depreciation of \$7,158 for the month, which resulted in a \$48,781 unfavorable budget variance.

RECEIVABLES:

Total cash collected on accounts receivable in November for Grand Traverse Medical Care was \$1,721,048, which included: Private Pay \$479,299; Medicaid \$1,013,791 and Medicare & Co-insurance \$227,958.

WELLNESS CENTER

Total revenue for the Wellness Center in November was \$124,552 while total expenses equaled \$124,435. This produced net income from the Wellness Center operations of \$117. These financial amounts are incorporated as part of the Grand Traverse Medical Care's financial report.

The Cottages

REVENUE:

Total revenue of \$206,754 generated a negative variance to budget of \$31,346. The average census for the Cottages-Assisted Living was 54 residents during the month, representing 70% occupancy. There were no days of overnight respite provided during the month for 0% occupancy. Hawthorn Lofts-Independent Living average census was 2 residents per day for 67% occupancy.

EXPENSES:

Expenses for November were \$205,906, which was below the budgeted amount by \$3,299 for a positive variance.

NET INCOME/(LOSS):

The program had net income for the month before building depreciation of \$848 resulting in a negative variance of \$28,047.

RECEIVABLES:

There was \$4,470 in private accounts receivable for the Cottages Assisted Living at the end of November.

Adult Day Services

REVENUE:

The program had an average of 3 participants during the 11 days of service generating \$5,551 of revenue in November, a \$171 favorable variance to budget.

EXPENSES:

Expenses for November equaled \$5,308. This was \$342 less than the budgeted amount, a favorable variance.

NET INCOME/(LOSS):

The program had net income of \$243 before building depreciation during the month, which was \$513 more than the budgeted amount, a favorable variance.

RECEIVABLES:

For Adult Day Services there was \$1,304 in outstanding private accounts receivable and \$90 was due from the waiver program.

Unassigned Fund Balance

Approved 2020 Operating Budget	\$ 31.6M
Unassigned Fund Balance Target (%)	20%
Unassigned Fund Balance Target (\$)	\$6.3M
Current Unassigned Fund Balance**	\$5.7M*
Current Actual Fund Balance as a % of Operating Budget	18%
Amount Available Above/(Below) Target Range (\$)	(.6) M

*Excludes Medicare Advance Payment (loan) of \$734,999

**Fund balance is different from a cash balance as it includes other assets and is net of current liabilities. Those items do not generally change significantly so we are reporting here on the cash balance amount. The policy requires a review of the actual fund balance annually.

GRAND TRAVERSE PAVILIONS COMBINED STATEMENTS

MONTHLY FINANCIAL REPORT

November 2020

<u>PROGRAM REVENUE</u>	<u>ACTUAL</u>	<u>BUDGET</u>	<u>VARIANCE</u>	<u>Y-T-D ACTUAL</u>	<u>Y-T-D BUDGET</u>	<u>Y-T-D VARIANCE</u>
G.T. Medical Care	\$ 2,065,286	\$ 2,144,595	\$ (79,309)	\$23,796,849	\$ 23,615,409	\$ 181,440
Cottages	206,754	238,100	(31,346)	2,786,105	2,821,435	(35,330)
Adult Day Care	5,551	5,380	171	38,075	36,130	1,945
TOTAL REVENUE	\$ 2,277,591	\$ 2,388,075	\$ (110,484)	\$26,621,029	\$ 26,472,974	\$ 148,055
 <u>PROGRAM EXPENSES</u>						
G.T. Medical Care	\$ 2,058,128	\$ 2,088,656	\$ 30,528	\$23,463,080	\$ 23,740,523	\$ 277,443
Cottages	205,906	209,205	3,299	2,401,328	2,457,625	56,297
Adult Day Care	5,308	5,650	342	50,989	54,135	3,146
TOTAL EXPENSES	\$2,269,342	\$2,303,511	\$34,169	\$25,915,397	\$26,252,283	\$336,886
 <u>NET INCOME/(LOSS)</u>						
G.T. Medical Care	\$ 7,158	\$ 55,939	\$ (48,781)	\$ 333,769	\$ (125,114)	\$ 458,883
Cottages	848	28,895	(28,047)	384,777	363,810	20,967
Adult Day Care	243	(270)	513	(12,914)	(18,005)	5,091
OVERALL NET INCOME/(LOSS)	\$ 8,249	\$ 84,564	\$ (76,315)	\$ 705,632	\$ 220,691	\$ 484,941
<small>(Before Bldg. Depreciation and Bond Cost Amortization)</small>						

GRAND TRAVERSE PAVILIONS

GRAND TRAVERSE MEDICAL CARE MONTHLY FINANCIAL REPORT

November 2020

<u>RESIDENT REVENUE</u>	<u>ACTUAL</u>	<u>BUDGET</u>	<u>VARIANCE</u>	<u>Y-T-D ACTUAL</u>	<u>Y-T-D BUDGET</u>	<u>Y-T-D VARIANCE</u>
Private	\$ 320,928	\$ 294,785	\$ 26,143	\$ 3,366,721	\$ 3,402,299	\$ (35,578)
Medicare	213,535	341,800	(128,265)	3,681,787	4,567,235	(885,448)
Medicaid	1,103,968	1,223,000	(119,032)	13,038,859	13,334,450	(295,591)
Total Resident	\$ 1,638,431	\$ 1,859,585	\$ (221,154)	\$ 20,087,367	\$ 21,303,984	\$ (1,216,617)
<u>OTHER REVENUE & (EXPENSES)</u>						
Donations	\$ -	\$ -	\$ -	\$ 35,500	\$ 35,500	\$ -
Dietary	0	0	0	8,877	8,740	137
Child Day Care	3,624	3,560	64	52,155	50,635	1,520
Miscellaneous	323,146	181,650	141,496	2,391,046	996,850	1,394,196
QAS / QAAP/QMI - Net	107,585	107,300	285	1,304,404	1,302,200	2,204
Total Other Revenue	\$ 434,355	\$ 292,510	\$ 141,845	\$ 3,791,982	\$ 2,393,925	\$ 1,398,057
LESS:						
Bad Debts	7,500	7,500	0	82,500	82,500	0
TOTAL REVENUE	\$ 2,065,286	\$ 2,144,595	\$ (79,309)	\$ 23,796,849	\$ 23,615,409	\$ 181,440
<u>OPERATING EXPENSES</u>						
Administration	\$ 114,406	\$ 115,215	\$ 809	\$ 1,229,731	\$ 1,246,540	\$ 16,809
Financial Mgmt.	133,226	135,187	1,961	1,256,660	1,274,298	17,638
Human Resources	53,574	54,419	845	678,483	691,961	13,478
Environmental Services	137,122	139,820	2,698	1,503,953	1,519,333	15,380
Housekeeping	74,606	74,765	159	829,537	836,582	7,045
Laundry	33,098	33,350	252	405,968	410,062	4,094
Food Services	208,705	210,570	1,865	2,378,381	2,388,520	10,139
Resident Care	1,070,606	1,083,180	12,574	12,120,296	12,245,726	125,430
Therapy	112,435	117,700	5,265	1,397,672	1,432,610	34,938
Ancillaries	24,923	25,525	602	550,884	558,500	7,616
Diversional Therapy	34,439	37,445	3,006	408,471	421,409	12,938
Human Services	39,136	39,270	134	456,893	462,397	5,504
Foundation/Marketing	11,463	11,560	97	131,872	135,135	3,263
Depreciation-Equip	10,389	10,650	261	114,279	117,450	3,171
OPERATING EXPENSES	\$ 2,058,128	\$ 2,088,656	\$ 30,528	\$ 23,463,080	\$ 23,740,523	\$ 277,443
NET INCOME(LOSS) before Bldg Depreciation	\$ 7,158	\$ 55,939	\$ (48,781)	\$ 333,769	\$ (125,114)	\$ 458,883

GRAND TRAVERSE PAVILIONS

GRAND TRAVERSE MEDICAL CARE MONTHLY FINANCIAL REPORT

November 2020

	ACTUAL	BUDGET	VARIANCE	Y-T-D ACTUAL	Y-T-D BUDGET	Y-T-D VARIANCE
NET INCOME(LOSS)	\$ 7,158	\$ 55,939	\$ (48,781)	\$ 333,769	\$ (125,114)	\$ 458,883
LESS:						
Building Depreciation	60,162	60,300	138	661,786	663,300	1,514
BOOK INCOME(LOSS)	\$ (53,004)	\$ (4,361)	\$ (48,643)	\$ (328,017)	\$ (788,414)	\$ 460,397

**GRAND TRAVERSE PAVILIONS
COTTAGES**

MONTHLY FINANCIAL REPORTS

November 2020

<u>REVENUE</u>	<u>ACTUAL</u>	<u>BUDGET</u>	<u>VARIANCE</u>	<u>Y-T-D ACTUAL</u>	<u>Y-T-D BUDGET</u>	<u>Y-T-D VARIANCE</u>
Cottages Revenue	\$ 202,995	\$ 234,350	\$ (31,355)	\$ 2,747,825	\$ 2,783,035	\$ (35,210)
Sub-Total	\$ 202,995	\$ 234,350	\$ (31,355)	\$ 2,747,825	\$ 2,783,035	\$ (35,210)
 <u>OPERATING EXPENSES</u>						
Operating Expenses	\$ 205,906	\$ 209,205	\$ 3,299	\$ 2,401,328	\$ 2,457,625	\$ 56,297
Sub-Total	\$ 205,906	\$ 209,205	\$ 3,299	\$ 2,401,328	\$ 2,457,625	\$ 56,297
Operating Income/(Loss)	\$ (2,911)	\$ 25,145	\$ (28,056)	\$ 346,497	\$ 325,410	\$ 21,087
 <u>OTHER INCOME / EXP.</u>						
Miscellaneous Income	\$ 3,759	\$ 3,750	\$ 9	\$ 38,280	\$ 38,400	\$ (120)
Donation Income	0	0	0	0	0	0
Bad Debt Expense	0	0	0	0	0	0
Total Other Inc./(Exp.)	\$ 3,759	\$ 3,750	\$ 9	\$ 38,280	\$ 38,400	\$ (120)
Net Income/(Loss) before Bldg Depreciation	\$ 848	\$ 28,895	\$ (28,047)	\$ 384,777	\$ 363,810	\$ 20,967

GRAND TRAVERSE PAVILIONS
ADULT DAY SERVICES
 MONTHLY FINANCIAL REPORTS

November 2020

<u>REVENUE</u>	<u>ACTUAL</u>	<u>BUDGET</u>	<u>VARIANCE</u>	<u>Y-T-D ACTUAL</u>	<u>Y-T-D BUDGET</u>	<u>Y-T-D VARIANCE</u>
Day Care Revenue	\$ 1,976	\$ 1,880	\$ 96	\$ 31,584	\$ 29,780	\$ 1,804
Sub-Total	<u>\$ 1,976</u>	<u>\$ 1,880</u>	<u>\$ 96</u>	<u>\$ 31,584</u>	<u>\$ 29,780</u>	<u>\$ 1,804</u>
<u>OPERATING EXPENSES</u>						
Operating Expenses	\$ 5,308	\$ 5,650	\$ 342	\$ 50,989	\$ 54,135	\$ 3,146
Sub-Total	<u>\$ 5,308</u>	<u>\$ 5,650</u>	<u>\$ 342</u>	<u>\$ 50,989</u>	<u>\$ 54,135</u>	<u>\$ 3,146</u>
Operating Income/(Loss)	<u>\$ (3,332)</u>	<u>\$ (3,770)</u>	<u>\$ 438</u>	<u>\$ (19,405)</u>	<u>\$ (24,355)</u>	<u>\$ 4,950</u>
<u>OTHER INCOME / EXP.</u>						
Donation Transfer In	\$ 3,575	\$ 3,500	\$ 75	\$ 6,491	\$ 6,350	\$ 141
Bad Debt Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Inc./(Exp.)	<u>\$ 3,575</u>	<u>\$ 3,500</u>	<u>\$ 75</u>	<u>\$ 6,491</u>	<u>\$ 6,350</u>	<u>\$ 141</u>
Net Income/(Loss)	<u><u>\$ 243</u></u>	<u><u>\$ (270)</u></u>	<u><u>\$ 513</u></u>	<u><u>\$ (12,914)</u></u>	<u><u>\$ (18,005)</u></u>	<u><u>\$ 5,091</u></u>

**Grand Traverse Pavilions
Social Accountability Summary
For the month ending: November 30, 2020**

	<u>Total # of Residents/ Participants</u>	<u>Percent of Participants</u>	<u>Total Amount</u>	<u>Percent of Revenue</u>	<u>2020 Year to Date</u>	<u>2020 Annual Projections</u>
Grand Traverse Medical Care						
Medicaid -*Contractual Allowance	136	71%	\$131,593	7%	\$2,227,915	\$2,350,000
Medicare -*Contractual Allowance	28	15%	\$28,767	2%	\$709,761	\$750,000
Total Skilled Nursing	164	86%	\$160,360	9%	\$2,937,676	\$3,100,000
Child Day Care						
Employee discounts	22	100%	\$2,427	67%	\$31,788	\$30,000
Total Child Day Care	22	100%	\$2,427	67%	\$31,788	\$30,000
Adult Day Services						
Grant Scholarships	1	14%	\$3,575	64%	\$11,321	\$10,000
Total Adult Day Services	1	14%	\$3,575	64%	\$11,321	\$10,000
Assisted Living/Cottages						
Grant Scholarships	7	13%	\$10,533	5%	\$149,586	\$160,000
Total Asst. Living/Cottages	7	13%	\$10,533	5%	\$149,586	\$160,000
Total Dollars			\$176,895		\$3,130,371	\$3,300,000

*Contractual Allowance is the difference between the private charges and the third-party reimbursement rates.

VOLUNTEER HOURS: **62 hours in the month of November 2020 (volunteer hours effected by COVID-19 restrictions)**
1,674 hours year-to-date

Prior Year: **355 hours, November 2019**
8,405 hours, November 2019 year-to-date

GRAND TRAVERSE PAVILIONS
PROPOSED
OPERATIONAL BUDGET
2021

	2020 Budget
A. INCOME:	
Grand Traverse Medical Care	\$ 26,038,554.00
Adult Day Services	56,000.00
Cottages	3,088,074.00
Contingency	300,000.00
TOTAL INCOME	\$ 29,482,628.00
B. OPERATING EXPENSES:	
Grand Traverse Medical Care	\$ 25,788,554.00
Adult Day Services	56,000.00
Cottages	3,088,074.00
Allocation towards Capital Exp.	250,000.00
Contingency	300,000.00
TOTAL OPERATING EXPENSES	\$ 29,482,628.00
TOTAL NET INCOME/(LOSS)	\$ 0.00
C. APPROPRIATION REQUEST	\$ 0.00

Approved by the Grand Traverse County Department of Human Services Board

 John Rizzo, Chairperson

/ _____
 Date

GRAND TRAVERSE PAVILIONS

	2020 BUDGET	PROPOSED 2021 BUDGET	Percent Incr./-Decr.	Comments
INCOME:				
GT Medical Care:				
Private Pay	\$ 3,604,535.00	\$ 3,422,923.00	-5.04%	no rate incr. / lower budgetd census
Medicare A&B / Other Insur.	6,901,300.00	5,512,520.00	-20.12%	2.2% rate incr./offset by lower budgetd census
Medicaid	15,597,660.00	14,254,536.00	-8.61%	5% rate incr./offset by lower budgetd census
QAS / QMI / Provider Tax (net)	1,341,000.00	1,020,000.00	-23.94%	Projected incr. in Provider Tax and lower Medicaid census
Adult Day Services	127,000.00	56,000.00	-55.91%	reflects lower census projections due to COVID
Cottages	3,313,436.00	3,088,074.00	-6.80%	reduced occupancy, no change in rates
Contingency	300,000.00	300,000.00	0.00%	no change
Gross Income	\$ 31,184,931.00	\$ 27,654,053.00	-11.32%	
LESS RESERVE:				
Bad Debt Reserve	\$ 90,000.00	\$ 90,000.00	0.00%	no change
Maintenance of Effort	147,095.00	131,425.00	-10.65%	reflects lower Medicaid census
NET INCOME LESS RESERVE	\$ 30,947,836.00	\$ 27,432,628.00	-11.36%	
OTHER INCOME:				
Cafe Sales	\$ 60,000.00	\$ 0.00	-100.00%	Sodexo now receipts cafe sales and nets against expenses
Childcare	120,000.00	60,000.00	-50.00%	lower projected census
PACE Mgmt. Fees	375,000.00	340,000.00	-9.33%	one less Pavilions staff, offset by increase in mgmt. fee growth
Interest	80,000.00	150,000.00	87.50%	more closely aligns to prior yr. actual, based on larger cash reserve
Donations/Other Misc.	60,000.00	500,000.00	733.33%	Foundation campaing goal for 2021
Federal/State CARES Act Funding	0.00	1,000,000.00	ERR	new for 2021, based on 2020 actual
Total Other Income	\$ 695,000.00	\$ 2,050,000.00	194.96%	
TOTAL INCOME	\$ 31,642,836.00	\$ 29,482,628.00	-6.83%	
OPERATING EXPENSES:				
Administration	\$ 967,615.00	\$ 990,631.00	2.38%	wage/inflationary increase
Financial Management	1,268,573.00	1,173,767.00	-7.47%	wage/infl. incr. / -1 FTE attrition / bringing contract billing in-house
Human Resources	813,237.00	761,011.00	-6.42%	wage/inflationary increase / -2 FTE childcare
Foundation/Community Relations	215,386.00	216,046.00	0.31%	wage/inflationary increase
Environmental Services	2,039,856.00	2,007,599.00	-1.58%	wage/inflationary increase / decr. in utility costs
Housekeeping	794,323.00	820,429.00	3.29%	wage/inflationary increase, incr. santation supplies
Laundry	410,268.00	378,260.00	-7.80%	wage/inflationary increase, -1 FTE
Dietary	2,715,000.00	2,275,000.00	-16.21%	decrease due to lower census/less staff, cafe sales offset
Nursing Services	15,275,713.00	14,244,680.00	-6.75%	wage/inflationary incr. / lower staffing levels
Activities	379,769.00	386,934.00	1.89%	wage/inflationary increase
Human Services	541,054.00	473,886.00	-12.41%	one less FTE
Therapy/Wellness Center	1,977,606.00	1,656,010.00	-16.26%	less Medicare census/outpt. therapy/wellness classes
Equip. Depreciation	153,000.00	150,000.00	-1.96%	more items becoming fully depreciated
PACE	351,000.00	254,301.00	-27.55%	a GTP position transitioned to PACE
Adult Day Services	127,000.00	56,000.00	-55.91%	reflects lower census projections due to COVID
Cottages	3,313,436.00	3,088,074.00	-6.80%	reflects lower costs due to lower census levels
Allocation towards Capital Exp.	0.00	250,000.00	ERR	new for 2021
Contingency	300,000.00	300,000.00	0.00%	no change
TOTAL OPERATING EXPENSES	\$ 31,642,836.00	\$ 29,482,628.00	-6.83%	
TOTAL NET INCOME/(LOSS)	\$ 0.00	\$ 0.00	0.00%	
APPROPRIATION REQUEST	\$ 0.00	\$ 0.00	0.00%	

**GRAND TRAVERSE PAVILIONS
2021
STRATEGIC ANNUAL PLAN**

- 1. To maintain and enhance a motivated and competent workforce and to promote wellness and safety in the workplace**
 - 1.1 Develop and implement recruitment strategies for attracting direct-care staff
 - 1.2 Identify and implement strategies for staff retention, particularly among direct-care staff
 - 1.3 Implement continuous performance management practices for non-union employees, replacing traditional annual employee evaluations
 - 1.4 Develop a career ladder program for Certified Nurse Aides
 - 1.5 Explore foreign-worker opportunities for direct-care staff positions
 - 1.6 Institute a leadership development program for supervisory and pre-supervisory level employees

- 2. To enhance and ensure the quality of care and quality of life of our residents**
 - 2.1 Implement strategies to improve upon targeted quality indicators and hospital readmission rates
 - 2.2 Incorporate LEAN huddles into the daily clinical management process and continuing organization-wide
 - 2.3 Utilize innovative technology, devices and software to improve and enhance resident care
 - 2.4 Streamline processes within the EMR software to improve clinical outcomes

- 3. To nurture resident and family satisfaction through a customer service perspective**
 - 3.1 Through our Customer Service initiative, utilize the administrative team to model an organizational culture of service excellence
 - 3.2 Utilize the resident satisfaction survey data to drive improved customer experience
 - 3.3 Implement customized photo art throughout Main Street and each pavilion, further enhancing a personalized home-like environment

- 4. To maintain and enhance financial stability and emphasize fiscal responsibility in planning for today and the future**
 - 4.1 Address MERS pension unfunded liability by converting to a Defined Contribution plan for new hires through funded through pension obligation bonds
 - 4.2 Research opportunities and implement initiatives that enhance operational efficiencies
 - 4.3 Plan and execute a fundraising campaign to raise \$500,000 in 2021

- 5. To heighten community awareness about Grand Traverse Pavilions and reinforce a positive public image**
 - 5.1 Capitalizing on public's current attention to LTC, emphasize Pavilions' focus on quality, safety and creative resident engagement through public awareness initiatives
 - 5.2 Explore and identify initiatives, partnerships and advocacy efforts to demonstrate the Pavilions' vision as the recognized leader for successful aging services



Grand Traverse Pavilions
A COMMUNITY CARING FOR GENERATIONS

MEMORANDUM

DATE: December 15, 2020

TO: Grand Traverse County Department of Health and Human Services Board

FROM: *KRH*
Kory Hansen, Administrator/CEO

RE: Performance Management (Pay for Performance)

Provided below is a summary of the 2020 Pay for Performance compensation for Director level and up staff:

Size of the Pool:	\$30,000	Eligible staff	11
Actual Amount Paid out	\$5,000	Actual Recipients	2
Range of Payments	\$2,500	Average Payment	\$455

This incentive program was initiated in 2012 to enhance the value in the pay for performance philosophy as a management tool. The pay for performance incentive rewards employees who exceed expectations, achieve performance goals and provides compensation incentives for those at top of scale, ineligible for step/merit wage adjustments.

We continue to work towards aligning staff evaluations with performance management to change the organizational culture in relation to the mentality and expectation of compensation that has previously existed. The pay for performance structure will increase productivity and outcomes and decrease costs over the long-term.

I recommend that we continue this program for calendar year 2021, with the pool amount remaining the same at \$30,000. Please find attached a proposed resolution for 2021.

Thank you for your consideration.

KRH/dg

GRAND TRAVERSE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES BOARD
1000 Pavilions Circle, Traverse City, MI 49684
Telephone Number: 932-3000

Resolution 2020-8
Grand Traverse Pavilions/Grand Traverse Medical Care

Performance Award

- WHEREAS,** Grand Traverse Pavilions desires to utilize a Performance Management model to evaluate employees, and
- WHEREAS,** Performance Management is designed to increase accountability, productivity and performance of Grand Traverse Pavilions' staff through specifying measurable goals and objectives between an employee and their supervisor through regular communication and on-going monitoring, and
- WHEREAS,** Identified goals are aligned to essential job functions, departmental objectives or the Organization's Annual Plan, and
- WHEREAS,** Performance Management model may include the reinforcement of meeting such goals and objectives with monetary incentives, and
- WHEREAS,** Grand Traverse Pavilions, desires to annually reward Director level employees and above who demonstrate meeting or exceeding pre-determined goals and objectives as set forth by, or with, their supervisor.

**THEREFORE BE IT
RESOLVED,**

That the authorization of up to \$30,000 be allocated towards the performance bonuses of Department/Program Director level positions in regards to the 2021 fiscal year, and

that the distribution of said funds will be determined by the Administrator/ CEO, paid out by the end of the first quarter of 2022 (3/31/2022), and that no one individual employee will receive greater than ten percent (10%) of the authorized funds.

APPROVED _____
DISAPPROVED _____

at the December 18, 2020 meeting of the Grand Traverse County Department of Health and Human Services Board.

John Rizzo, Chair
Grand Traverse County Department of Health and Human Services Board

Date

GRAND TRAVERSE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES BOARD
1000 PAVILIONS CIRCLE, TRAVERSE CITY, MI 49684

PROPOSED 2021 PUBLIC NOTICE OF MEETING SCHEDULE

PURSUANT TO PUBLIC ACT 267, 1976, THE GRAND TRAVERSE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES BOARD HEREBY ANNOUNCES ITS REGULAR MEETING SCHEDULE FOR CALENDAR YEAR 2021. UNLESS OTHERWISE INDICATED, ALL MEETINGS ARE HELD AT THE GRAND TRAVERSE PAVILIONS (BOARD ROOM) BEGINNING AT 9:00 A.M. **ON THE LAST THURSDAY OF THE MONTH.** SPECIAL MEETINGS FOR THE GRAND TRAVERSE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES BOARD WILL BE ANNOUNCED IN ADVANCE.

January 28, 2021

Grand Traverse Pavilions–9:00 a.m.

July 29, 2021

Grand Traverse Pavilions–9:00 a.m.

February 25, 2021

Grand Traverse Pavilions–9:00 a.m.

August 26, 2021

Grand Traverse Pavilions–9:00 a.m.

March 25, 2021

Grand Traverse Pavilions–9:00 a.m.

September 30, 2021

Grand Traverse Pavilions–9:00 a.m.

April 29, 2021

Grand Traverse Pavilions–9:00 a.m.

October 28, 2021

Grand Traverse Pavilions–9:00 a.m.

May 27, 2021

Grand Traverse Pavilions–9:00 a.m.

November 30, 2021 (Tuesday)

Grand Traverse Pavilions–9:00 a.m.

June 24, 2021

Grand Traverse Pavilions–9:00 a.m.

December 30, 2021

Grand Traverse Pavilions–9:00 a.m.

DISTRIBUTION

.County Clerk's Office
.County Administrator
.GTP/GTMCF Administration

.DHHS Administrative Staff
.Board Membership

Distributed - 12/18/20

GRAND TRAVERSE PAVILIONS
Service Excellence Award Program
November 2020

Date:	11/04/2020
Employee:	Michelle Godin
Awarded for:	Truly putting an effort in to “smize” at her fellow co-workers and residents. It truly makes a difference every day that she is here. We really appreciate her for her positive attitude!
Position:	RN
Nominated by:	April Marsh

Date:	11/11/2020
Employee:	Heather Burgess
Awarded for:	For taking the time at the end of her shift to make sure I knew what I would be doing for the couple hours I was there solo. Because of her, I had a smooth shift.
Position:	Launderer
Nominated by:	Olivia Hayward

Date:	11/18/2020
Employee:	Jeremy Schroeder
Awarded for:	Being really busy and still finding time to do a terminal clean
Position:	Maintenance
Nominated by:	Ben Waldron

Date:	11/25/2020
Employee:	Austin Meggison
Awarded for:	Going above and beyond to help other shifts get started so that we don't fall behind.
Position:	Launderer
Nominated by:	Shea Nesky

Date:	
Employee:	
Awarded for:	
Position:	
Nominated by:	