GRAND TRAVERSE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES BOARD

1000 Pavilions Circle, Traverse City, MI 49684

MINUTES OF THE AUGUST 28, 2026 MEETING

PRESENT:	Carol Crawford, Mary Marois, Karen Griggs	Board
	Darrell Lavender, Mellissa Hilliard-Johnson, Kory Hansen	Staff
	Darcey Gratton	
	TJ Andrews	Commission
ABESENT:		
GUESTS:	Ty Antkoviak, Director of Quality, Safety, Compliance & Risk	

The regular meeting of the Grand Traverse County Department of Health and Human Services Board was called to order at 9:00am by Board Chair Carol Crawford in the Grand Traverse Pavilions Board Room.

Roll Call - Crawford – yes, Marois – yes, Griggs – yes

First Public Comment – None.

County Liaison Report – Commissioner Andrews provided an update on several matters currently facing Grand Traverse County. She discussed ongoing external infrastructure challenges, including road and sewer conditions, as well as internal infrastructure concerns involving the historic courthouse, Governmental Center, and jail.

Commissioner Andrews also reported that the County Treasurer is scheduled to provide a report under oath to the Board of Commissioners regarding outstanding IRS civil penalties related to untimely tax payments. She noted that the matter remains ongoing and expressed hope that additional review and transparency will help clarify and resolve the concerns.

Commissioner Andrews further reported that the County is moving forward with the purchase of the PACE building, with closing anticipated during the month. She explained that the County is expected to assume the role of landlord and that the existing lease will continue, with any necessary amendments made to reflect the change in ownership. No operational changes are anticipated as a result of the transaction.

Approval of Agenda – Chair Crawford asked if there were additions, changes or corrections to the agenda.

> **Motion** was made by Marois to approve the agenda as presented. Seconded by Griggs 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) Draft Minutes of the 07/30/26 Board Meeting
(2) July Resident Council Minutes

(3) July Let's Talk Food Minutes

Motion was made by Griggs to approve the Consent Calendar as presented. Seconded by Marios and carried unanimously.

Items Removed From Consent Calendar – None.

Chairman Report – No report

Foundation Board Report – Lavender reviewed the Foundation's financial report and performance dashboard, noting that the Foundation remains financially strong and actively supporting its mission. Revenue growth has allowed approximately $70,000 to be directed toward programs and initiatives, including senior housing, televisions, the pet fund and campus beautification. Operations remain positive prior to investment gains, with investments also performing well.

Major revenue sources included support from the Community Foundation, the Agnes Hayden gift, MACC grant funding, concert, and golf outing sponsorships. Lavender also reviewed fundraising costs and discussed the Foundation's goal of reducing the overall cost to raise a dollar. Future priorities include growing charitable gifts, maximizing sponsorship opportunities, continuing to evaluate the net return of fundraising events, and encouraging Foundation Board members to help identify potential donors and community partnerships.
Lavender reported that the Foundation's 2025 audit was completed with no significant discrepancies or observations noted.

In response to a Board question, it was confirmed that the Foundation Board officers remain unchanged. Marois expressed appreciation for Lavender's involvement with the Foundation and commented positively on the strengthened relationship between the Foundation Board and the DHHS Board.

Service Excellence Awards – Crawford reviewed July's Service Excellence Awards. Krissie Kackman, RN won the Employee of the Month for July.

Director Presentation – Ty Antkoviak, Director of Quality, Safety, Compliance & Risk – Antkoviak provided an overview of the organization's compliance and risk management program, noting an increased focus in 2026 on being proactive rather than reactive through early risk identification, root cause analysis, monitoring, auditing, and collaboration among leadership, clinical staff, insurance carriers, the Medical Director, and the interdisciplinary team. The organization is also reviewing and strengthening its QAPI processes to better identify trends and opportunities for improvement.

Antkoviak reviewed ongoing compliance initiatives, including staff compliance education, confidential reporting processes, regulatory and survey readiness, development of a more formal ethics program, enhanced claims management, and increased oversight of vendor and contract risks. Current resident quality and safety efforts include a focus on falls, pressure injuries, and wounds. The organization's recent survey findings and submitted Plan of Correction will also help guide quality improvement efforts through the remainder of 2026.

A new electronic incident reporting system is scheduled to go live October 1, with staff training beginning September 15. The system will consolidate existing reporting processes into one platform and provide improved tracking, trending, follow-up, and closed-loop communication.

Leadership noted that the system will also enhance the reporting of near misses, allowing potential risks to be identified and addressed before they result in resident harm or larger compliance concerns.

Board discussion focused on how compliance and risk initiatives will be measured and incorporated into departmental and organizational scorecards. Leadership emphasized the importance of encouraging staff to report incidents and near misses without fear of retaliation and discussed the organization's continued movement toward a "Just Culture" focused on learning from unintentional mistakes and improving systems.

Board members expressed support for the increased attention being given to corporate compliance, proactive risk management, and the development of the ethics program.

Chief Executive Officer Board Report – Lavender reviewed the July organizational scorecard and critical statistics. Under Residents First, resident and family survey results exceeded both organizational goals and peer benchmarks for keeping residents and families informed about care. A resident satisfaction survey was also launched for the Cottages, establishing a baseline with an overall recommendation score of 96.6%, exceeding the benchmark.

Under Quality and Safety, the Pavilions achieved Joint Commission certifications for both general and memory care. The recent state survey met the established health inspection goal; however, the life safety goal was not met. Improvement efforts resulting from the surveys will continue throughout the remainder of the year.

Census remained strong during July, with both the Medical Care Facility and Cottages meeting established census goals. Financially, July resulted in an operating loss, with year-to-date performance remaining behind budget. Lavender explained that the unfavorable variance is primarily related to higher-than-budgeted health insurance costs and several unbudgeted or higher-than-anticipated expenses, including legal costs, consulting services, and other contracted services. Leadership is reviewing controllable expenses and identifying opportunities to reduce costs through the remainder of the year, with a goal of moving operations closer to break-even by year-end.

Rehabilitation activity remained strong, including increased utilization of outpatient therapy. Lavender also reported on a recent community open house highlighting rehabilitation services and introducing attendees to the Pavilions' Center for Rehabilitation.

Lavender further reviewed resident satisfaction survey results for both the Medical Care Facility and Cottages. Results compared favorably with peer benchmarks, with residents reporting strong satisfaction with care and staff. Food and dining, along with activities and engagement, were identified as primary opportunities for improvement and will be incorporated into the 2027 organizational and departmental scorecards.

Results of the recent Staff Voice Survey were also presented. Employees identified resident care, meaningful relationships, communication, and teamwork as organizational strengths, while opportunities included staffing, employee recognition, accountability, training, communication across departments and shifts, and more efficient work processes. Leadership will continue using employee feedback to support workforce engagement, retention, and organizational culture.

Two additional employee surveys are planned: a Great Place to Work survey focused on staff engagement and a Safety Culture Survey through the Center for Patient Safety. Results from these surveys will be used to establish measurable improvement plans and leadership accountability.

Administrator Report – Hilliard-Johnson reported that Grand Traverse Pavilions successfully achieved Joint Commission accreditation for both the Nursing Care Center and Memory Care programs. She recognized staff for their dedication and efforts throughout consecutive survey processes and completion of the required corrective actions.

The Board discussed the potential impact of recent survey results on the facility's CMS star rating. Leadership indicated that improvements may begin to be reflected in upcoming rating cycles, with a clearer picture anticipated in 2027.

Hilliard-Johnson also reviewed the recent state health, life safety, and emergency preparedness survey findings. Plans of Correction have been submitted for all identified deficiencies and are currently under review.

Hilliard-Johnson emphasized the continued focus on building a culture of safety and proactively addressing concerns before they develop into larger issues. Quality improvement efforts will focus on evaluating and improving processes and systems while promoting accountability and continuous improvement.

Board members congratulated leadership and staff on the Joint Commission accreditation and recognized the significant improvements demonstrated through the recent survey process.

Business

(1) **July Financial Report** – Hansen presented the July 2026 financial operations and reported that combined Pavilions operations generated approximately $3.3 million in revenue, a favorable variance of $62,000, while expenses totaled approximately $3.4 million, resulting in a net loss of $94,000 for July. Cash decreased primarily due to three payrolls occurring during the month.

Medical Care census averaged 196 residents, six above the budgeted census of 190, with occupancy remaining strong at approximately 88% for July and above 85% year-to-date. Medical Care resident revenue totaled approximately $2.7 million, with other revenue also continuing to perform favorably. Medical Care expenses were approximately $3.05 million, resulting in a net loss of $110,000.

Cottage revenue totaled approximately $226,000, with census slightly lower than the previous month. Expenses continued to perform favorably to budget, resulting in a net loss of approximately $14,000 for July.

Motion made by Crawford to accept the financial operations report for July as presented. Seconded by Griggs and carried unanimously.
Roll Call - Crawford – yes, Marois – yes, Griggs – yes

(2) **Resolution 2026-4-Supporting Modification of FY 2027 Medicaid Rate Calculations 2027 Medicaid Rate Calculation to Address Direct Care worker (DCW) and Non-Clinical Wage Funding Changes** – Hansen reviewed a resolution regarding proposed

changes to the State's Direct Care Worker (DCW) wage program. Beginning with the FY 2027 State budget, reimbursement for the program will be limited to Medicaid residents rather than covering 100% of the costs. This change is expected to leave the Pavilions responsible for approximately $350,000–$400,000 annually, creating an immediate cash-flow concern.

Hansen explained that a proposal supported by healthcare trade associations and the County Medical Care Facilities group would adjust Medicaid rates beginning October 1 to help offset these costs and provide a financial bridge as the new reimbursement structure is implemented.

The resolution expresses the Board's support for this proposed approach and will be forwarded to the State and Governor's Office. The Board unanimously adopted Resolution 2026-04 and agreed to seek support from the Grand Traverse County Board of Commissioners, with the matter anticipated to be placed on a September consent calendar.

Motion was made by Marois to approve Resolution 2026-4 - Supporting Modification of FY 2027 Medicaid Rate Calculations 2027 Medicaid Rate Calculation to Address Direct Care worker (DCW) and Non-Clinical Wage Funding Changes as presented. The motion was seconded by Griggs and carried unanimously. Roll Call - Crawford – yes, Marois – yes, Griggs – yes

(3) **Request for Purchase – Outdoor Walk-In Freezer** – Lavender presented a request to replace the approximately 15-year-old outdoor walk-in freezer, which has significantly deteriorated due to roof runoff, freezing and thawing, and foundation issues. The replacement was included in the current capital budget and will also address concerns identified during the State survey. The new freezer will be slightly larger and positioned farther under the existing roof to better protect it from weather-related damage.
Three bids were obtained, with Stafford Smith recommended at a total cost of $67,643.46, including installation and service.

Motion was made by Marois to approve the purchase of a new outdoor walk-in freezer as presented for $67,643.46. Motion was seconded by Crawford and carried unanimously. Roll call Crawford– yes, Marois – yes, Griggs – yes.

(4) **Request for Purchase – Concrete Pad for Outdoor Walk-in Freezer** – Lavender presented a separate, unbudgeted request for $7,820 from A+ Concrete to install a new concrete pad for the replacement walk-in freezer. The existing foundation was identified as one of the factors contributing to deterioration of the current freezer. The new pad, combined with improvements to address roof runoff, is expected to provide a more stable foundation and extend the life of the new freezer.

Three bids were attempted, with one received. Staff determined the proposal from A+ Concrete was reasonable based on the size and thickness required.

Griggs inquired whether the Foundation Board could provide reimbursement toward the purchase. Marois expressed concern that the expense may not fall within the Foundation's intended funding role. Following discussion, it was agreed that staff would explore the possibility with the Foundation Executive Team to determine whether the request would be appropriate for Foundation consideration.

Motion was made by Marois approve a new concrete pad for the replacement walk-in freezer.as presented for $7,820. Motion was seconded by Griggs and carried unanimously. Roll call Crawford– yes, Marois – yes, Griggs – yes.

Medical Staff

(1) **Amanda Smth, MD – Sound Physician** - Crawford reviewed the request for Amanda Smith, MD from Sound Physician, to have consulting privileges as recommended by Medical Director Dr. April Kurkowski, DO.

Motion was made by Crawford to approve consulting privileges for Amanda Smith, MD as presented to the board. Motion was seconded by Griggs and carried unanimously.

(2) **Shannon Snider, PA – Sound Physician** - Crawford reviewed the request for Shannon Snider, PA from Sound Physician, to have consulting privileges as recommended by Medical Director Dr. April Kurkowski, DO.

Motion was made by Crawford to approve consulting privileges for Shannon Snider, PA as presented to the board. Motion was seconded by Griggs and carried unanimously.

(3) **Mohammed Saif Siddiqui, MD – Sound Physician** - Crawford reviewed the request for Mohammed Saif Siddiqui, MD from Sound Physician, to have consulting privileges as recommended by Medical Director Dr. April Kurkowski, DO.

Motion was made by Crawford to approve consulting privileges for Mohammed Saif Siddiqui, MD as presented to the board. Motion was seconded by Griggs and carried unanimously.

Grand Traverse Pavilions Announcements

(1) September 24, 2026 @ 9:00am Board Meeting @ Garfield Township
(2) Upcoming Concerts on the Lawn:
September 3, 2026 @ 7:00pm – Re-scheduled Elvis Tribute Artist – Jake Slater

Second Public Comment – None

Meeting adjourned at 10:23 a.m.

Signatures:

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Carol Crawford - Chair
Grand Traverse County Department of Health and Human Services Board

Date: September 24, 2026 Approved
_____ Corrected and Approved