

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

**REGULAR MEETING
July 27, 2023**

**Open to the public
9:00 AM Garfield Township Hall – Upstairs Main Hall
3848 Veterans Dr, Traverse City, MI 49684**

Persons with disabilities which the foregoing opportunities for participation will not address should contact Darcey Gratton at (231) 932-3010 or dgratton@gtpavilions.org with questions or concerns.

AGENDA

1. CALL TO ORDER – 9:00 a.m. Garfield Township Hall – Cecil McNally, Chair, Grand Traverse County Department of Health and Human Services Board

2. ROLL CALL the member must announce his or her physical location by stating the county, city, township, or village and state from which he or she is attending the meeting remotely.

3. 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.
 - a) Chairperson may, at his or her discretion, extend the amount of time any person is allowed to speak.
 - b) 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.

The Board shall not comment or respond to a person who is addressing the Board. Silence or non-response from the Board should not be interpreted as disinterest or disagreement by the Board.

Please be respectful and refrain from personal or political attacks.

4. COUNTY LIAISON REPORT

5. APPROVAL OF AGENDA

6. 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 6/29/23 Board Meeting	1
	(2) Resident Council Minutes	2

7. ITEMS REMOVED FROM CONSENT CALENDAR

8. CHAIRMAN REPORT – Cecil McNally Verbal

9. GRAND TRAVERSE MEDICAL CARE

A.	General Information	
	(1) Staff Presentation – Carrie Delk, Admissions Coordinator	Verbal
	(2) Second Quarter Overtime Report	3
	(3) QAPI Quarterly Update	Verbal
	(4) Activities Update	Verbal
	(5) Joint Commission Report	4
B.	Chief Executive Officer Board Report – Rose Coleman	5
C.	Business	
	(1) Financials	6
	(2) Request to Purchase – Hawthorn Chiller Repair	7
	(3) Proposed Rate Changes	8
D.	General Discussion	
	(1) Foundation Financials	9
E.	Medical Staff	
	(1)	
	G.T.P. Announcements	
	(1) Next Board Meeting August 10, 2023	
	(2) June Service Excellence Award	10

10. SECOND PUBLIC COMMENT

Refer to Rules under First Public Comment above.

11. CLOSED SESSION

- (1) Closed session pursuant to section 8(e) of the Open Meetings Act, to consult with our attorney regarding trial or settlement strategy in connection with pending litigation, DHHS and the Grand Traverse Pavilions Foundation Board v PACE North.

12. ADJOURNMENT

**GRAND TRAVERSE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES BOARD**
1000 Pavilions Circle, Traverse City, MI 49684

MINUTES OF THE JUNE 29, 2023 MEETING

PRESENT: Cecil McNally, Gordie LaPointe, Mary Marois
Rose Coleman, Lindsey Dood, Diane Mallory, Darcey Gratton
Penny Morris Board Staff Commission

GUESTS: John Delossantos, President/CEO JMD health Care Solutions
Robert Long, Plante Moran

The regular meeting of the Grand Traverse County Department of Health and Human Services Board was called to order at 9:00 am by Board Chair Cecil McNally at the Garfield Township Hall.

First Public Comment - none

County Liaison Report – Morris

Approval of Agenda – Board Chair McNally requested to add County Requests under D. General Discussion. Motion was made by LaPointe to approve the Agenda with presented changes, seconded by Marois 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 05/25/23 Board Meeting
- (2) Closed Minutes of the 05/25/23 Board Meeting
- (3) Minutes of the 05/31/23 Special Board Meeting
- (4) Closed Minutes of the 05/31/23 Special Board Meeting
- (5) Minutes of the 06/05/23 Special Board Meeting
- (6) Closed Minutes of the 06/05/23 Special Board Meeting
- (7) Minutes of the 06/20/23 Special Board Meeting
- (8) Closed Minutes of the 06/20/23 Special Board Meeting
- (9) Resident Council Minutes

LaPointe requested to pull (1) and Marois requested to pull (9). Motion was made by McNally to approve the Consent Calendar with the removal of (1) and (9). Motion seconded by Marois and carried unanimously.

Items Removed From Consent Calendar – LaPointe noted a typo that should say abstained not obtained. Gratton corrected. Marois shared that she attended the Cherry Pavilions Resident Council and was impressed by the comments by residents and responsiveness of staff. Motion was made by Marois to approve (1) Minutes of the 05/25/23 Board Meeting and (9) Resident Council Minutes, seconded by LaPointe and carried unanimously.

Chairman Report – McNally shared positive changes coming out of COVID, the change of food service, increased staffing numbers, the improvement of therapy changes and a successful Joint Commission survey. McNally expressed his gratitude to all staff for all of the hard work.

Guest Presentation – John Delossantos, President/CEO JMD health Care Solutions - (Verbal) – Delossantos gave an overview of Therapy services and answered board member's questions. Marois requested to see outcomes. Delossantos will provide graphs in the future.

McNally called for a five minute recess.

Strategic Planning Update – Robert Long, Plante Moran – Long provided a handout to the board and reviewed the next steps with strategic planning by looking at the different entities of Skilled Nursing Care, Assisted Living, Short-term rehab and Outpatient Therapy. The board reviewed the next steps by looking at each entity. Gratton added the handout to the website packet for public records.

Recording of Meetings – Coleman shared the meeting was currently being recorded by staff and reviewed the recording fees provided by the county as another option for future meetings. To avoid extra costs for a professional recording of all DHHS Board meetings, the board agreed to have staff record and upload the video to a YouTube channel. Staff will add the link to the website for the public to view.

Activities Update – Coleman gave an update on activities that has included summer outings, picnics and concerts. Coleman noted staff are receiving positive feedback.

Chief Executive Officer Report – Coleman reviewed her monthly report for May and answered board member's questions. Coleman shared the state is currently in the building to review backlogs on reported incidents from a year ago and will share the results once completed.

Delossantos and Long out 11:25am

Financial Report – Dood presented the financial operations and social accountability reports for May 2023 and answered board member's questions. Motion made by LaPointe to accept the financial operations report as presented. Motion seconded by Marois and carried unanimously.

Grand Traverse County Board of Commissioner Requests – The board discussed requests received by Grand Traverse County Board of Commissioners and agreed to provide a link for the annual state survey on the Pavilions website. The meetings will be recorded by staff and shared on the website. The board minutes will continue to be kept on the website for a year along with three most recent packets.

Attending/Consulting Privileges - Coleman reviewed the requests to have attending privileges for Mallorie McComb, NP as recommended by Medical Director Dr. April Kurkowski, D.O. Motion was made by LaPointe to approve Mallorie McComb, NP for attending privileges as presented, seconded by Marois and carried unanimously.

Attending/Consulting Privileges - Coleman reviewed the requests to have attending privileges for Rachel Soles, NP as recommended by Medical Director Dr. April Kurkowski, D.O.

Motion was made by LaPointe to approve Rachel Soles, NP for attending privileges as presented, seconded by Marois and carried unanimously.

Attending/Consulting Privileges - Coleman reviewed the requests to have consulting privileges for Dean Fior, DO as recommended by Medical Director Dr. April Kurkowski, D.O. Motion was made by LaPointe to approve Dean Fior, DO for consulting privileges as presented, seconded by Marois and carried unanimously.

Attending/Consulting Privileges - Coleman reviewed the requests to have consulting privileges Summer Hunter NP as recommended by Medical Director Dr. April Kurkowski, D.O. Motion was made by Marois to approve Summer Hunter, NP for consulting privileges as presented, seconded by LaPointe and carried unanimously.

Grand Traverse Pavilions Announcements

- (1) Next Board Meeting July 13, 2023 – The board requested for a presentation by Admissions for a brief update and process. Morris reminded the board she is not able to attend the first meeting of the month.
- (2) May Service Excellence Award

Second Public Comment - none

Meeting adjourned at 11:00 am

Signatures:

Cecil McNally – Chair
Grand Traverse County Department of Health and Human Services Board

Rose Coleman, Assistant-Secretary

Date: _____ Approved
 _____ Corrected and Approved

BIRCH RESIDENT COUNCIL MEETING
June 28, 2023

The Birch June 2023 meeting of the Grand Traverse Pavilions Resident Council was called to order at 10:32am in the Birch Activity Room by Kari Belanger, CTRS.

All residents were welcomed.

The residents waived their right to a closed meeting.

The Lord's Prayer and the Pledge of Allegiance were recited.

8 Members present were introduced:

Residents are marked as "X" throughout the minutes

Staff members were introduced:

Kari Belanger, CTRS, Life Enrichment

Traci Williams, RN, ADON – Birch Pavilion

The May 2023 minutes were distributed to all in attendance on 06/27/2023, per prior resident suggestion and request; the minutes were also offered to everyone in attendance at the meeting held this day.

Old Business:

Kari provided follow-up from the May 2023 meeting:

- Outings to the casino and another baseball game will be taking place in July. The fishing outing will take place in August. Summer picnics will be held on three Thursday evenings in July and 3 in August before the concert. Information was in the Pavilions Post for all residents, and Kari encouraged residents to begin signing up for a picnic or two this summer.
- In regard to the National Cherry Festival, we are not going to any festival parades this year as the parade route has been re-routed/re-figured to the Union Street bridge that is under construction, and with the new route it would be quite difficult for the bus to find a location to safely unload the bus and turn around. Kari met with the resident who asked about this at the last meeting to explain this and she said that she understood and thanked Kari for looking into it.
- Kari did find that there is a boat race/poker run that will be taking place in Lake Michigan and Lake Charlevoix. X said this was not the race he was thinking of and thanked Kari for looking into it.

Traci provided follow-up from the May 2023 meeting:

- The shower wand has been fixed and the room temperature in X room has been adjusted.
- The proper way to dispose of old hearing aid batteries and any type of batteries is to have the staff place the old batteries in the labeled bucket that is located in the soiled utility room, then Environmental Services staff will properly dispose of. X

thanked Traci for this information and asked for it to be put into the Pavilions Post for all residents to be aware of; Kari will include in a future Pavilions Post newsletter.

- Reminders continue with staff regarding keeping personal conversations to themselves and not happening when they are assisting residents with personal care needs. *X said this is getting better.*

New Business:

Kari made the following announcements:

- Please ask Nursing staff to help you out in applying sunscreen whenever going outdoors as the weather continues to be getting warmer out.
- Summer Concerts on the Lawn series will be starting in July. Concert schedules were provided to all residents throughout the building in the Pavilions Post that were delivered on 06/23/2023. If you need a schedule, please let Kari know and she would be happy to get you one.

Special Event Activities for July

- Monday July 3: Very Cherry Painting with the GTP Daycare Kids
- Thursday July 13: Noodleball Fun with the GTP Daycare Kids
- Tuesday July 18: Breakfast Club – 8:00am-9:30am (Multi-Purpose Room)
 - *Residents present at the meeting today signed up for this activity.*
- Wednesday July 19: Lunch Order-in: Burger King – 12:30pm (Cherry Tent)
(resident suggested, X, in April 2023)
 - *Residents present at the meeting signed up for this activity.*
- Thursday July 20: Rock Painting with the GTP Daycare Kids
- Friday July 21 July Catholic Mass with Father Joe – 11:00am (Multi-Purpose Room)
- Friday July 28: Bingo Store – 10:30am-12:00pm (Multi-Purpose Room)
- Tentatively planned for Saturday July 29: July Birthday Luncheon – 12:00pm (Multi-Purpose Room) – celebrating residents who have a birthday in the month of July

Summer Picnics before the Concerts on the Lawn

Residents can sign up for one picnic in July and one picnic in August. They can be an alternate for the other picnics that they did not sign up for. Must sign up with either Linda or Kari.

Thursday July 6, Thursday July 13, and Thursday July 20

Thursday August 10, Thursday August 24, and Thursday August 31

- *Residents present at the meeting signed up for a picnic(s) of their choosing.*

Outings to sign-up for:

Wednesday July 5: Lunch at China Fair

Board bus at 11:00am, return approximately 2:00pm

(resident suggested, X, in May 2023)

Tuesday July 10: Turtle Creek Casino

Board bus at 10:00am, return approximately 4:00pm
(resident suggested, X & X, in April 2023)

Thursday July 13: TC Pit Spitters Baseball Game

Board bus at 9:45am, return approximately 2:30pm
(resident suggested, X, in April 2023)

- Residents present at the meeting signed up for their outing of choice along with an alternate outing choice if they desired.

Resident Group Interview Questions:

Kari discussed with the attending residents that are 12 resident rights that are reviewed during the group interview with the State Surveyors during our annual survey, and today we will be reviewing Dignity.

Dignity:

- How do staff members treat the residents here, including those who can't speak for themselves?

All residents present said "fine" and shook their heads in agreement. One resident present said, "It really depends on how busy the CNAs are and you waiting for your turn for help."

- Do you feel the staff here treat residents with respect and dignity?
Residents present commented: "Yes;" "I think so. They are good;" "Yes, they do. I'm very happy with the staff."
- Do the staff try to accommodate residents' wishes where possible?
Residents present at the meeting commented: "Yes they do;" and "They are always willing to help me and others."
- Have you experienced a situation in which a staff member did not treat you or another resident with dignity? Did you report this to a staff member and how did they respond?
Residents present at the meeting said "no." One resident asked, "Can a CNA say something to another resident who is being loud and disruptive, can they say, "can you please talk quieter?"

1. Discussion regarding food temperature and receiving HS snacks.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X:

- They are pretty good. They treat me right.

X:

- I get way too much! I would like smaller portions please.

- The soup is wonderful!

X:

- I would like to send my compliments to the Chef. I had the finest dinner of shrimp with noodles and a cheese sauce. It was simply delicious; it was out of this world! The Reuben sandwich, it was perfect! The rye bread was just right, they cut the sandwich into fours with sweet potatoes in the middle, it was beautiful!
 - They changed the cheesecake, the crust is different, it is not the same as before.
- X:
- It is real good, always.
- X:
- I love the omelets; I can have one every day! Everything is hot, it is beautiful!

2. Discussion regarding the cleanliness of the facility and laundry being returned promptly.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

All residents present nodded their heads “yes” in agreement with no additional comments.

3. Discussion regarding room temperature.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

All residents present nodded their heads “yes” in agreement with two residents commenting, “It is pretty good all over.”

4. Discussion regarding nursing care.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

Residents present at the meeting said “good” and offered no additional comments.

5. Discussion regarding call lights being answered in a timely manner.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X:

- They are getting better and faster.

X:

- I feel bad. Mine is too easy for me to bump it and turn it on without knowing that I turned it on until the staff come in to ask me what I need or help with.

6. Discussion regarding receiving showers as needed/as requested.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

Residents present at the meeting said “good” and offered no additional comments.

7. Discussion regarding the nighttime noise level on Birch Pavilion.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X:

- Some of them have their moments. Sometimes it is louder than usual.

X:

- The 10:00pm time works perfect for me.

The floor was opened for additional comments:

X:

- Can you please put page numbers on the top pages of these minutes and also the newsletter? It would help me and others out.

Kari thanked X for this suggestion and will do so.

X:

- I would like to play badminton using fly swatters to hit a balloon over a net or a rope that is in the air like a net. I can even play it and I can't see that well.

Kari thanked X for this suggestion and will plan for this activity in July.

The next Birch Resident Council meeting will be held on Wednesday July 26, 2023, at 10:30am in the Birch Activity Room. Kari asked for a volunteer to read over and sign the June 2023 minutes, and no one volunteered or said they would like to do this. The Birch Resident Council Meeting was adjourned at 11:25am by X, seconded by X.

Respectfully Submitted,

Kari Belanger, CTRS
Recreational Therapist

Traci Williams, RN
Birch Pavilion Assistant Director of Nursing

CHERRY RESIDENT COUNCIL MEETING
June 29, 2023

The Cherry June 2023 meeting of the Grand Traverse Pavilions Resident Council was called to order at 10:31am in the Cherry Activity Room by Kari Belanger, CTRS.

All residents were welcomed.

The residents waived their right to a closed meeting.

The Lord's Prayer and the Pledge of Allegiance were recited. X offered to be the flag bearer for the Pledge of Allegiance.

Members present were introduced:

8 Members present were introduced:

Residents are marked as "X" throughout the minutes

Staff members were introduced:

Kari Belanger, CTRS, Life Enrichment

Marta Pratt, RN, ADON – Cherry Pavilion

Emily Tyrrell, LLBSW – Cherry Pavilion Social Work

Korie Smith, Executive Chef – Forefront Healthcare Culinary Services

The May 2023 minutes were distributed to all in attendance on 06/27/2023, per prior resident suggestion and request; the minutes were also offered to everyone in attendance at the meeting held this day. X made a motion to accept the May 2023 minutes as written; X seconded the motion.

Old Business:

Kari provided the follow-up from the May 2023 meeting:

- Tim and Cati from Environmental Services said that heat blocking film had be installed on X windows. *X said that she has noticed some difference.*
- A reminder was placed in the Enews on 06/19/2023 for the staff regarding not wearing scented lotions and perfumes. *X thanked Kari and Marta for doing this.*
- Kari said that the outing suggestions from the May meeting have been noted and a lunch outing to China Fair will be happening in July; shopping at Goodwill will happen in the next couple of months. The bowling suggestion was planned and those who attended had a great time in the Multi-Purpose Room. *X thanked Kari for planning the outings; X said that he would try bowling another time.*

New Business:

Kari made the following announcements:

- Please ask Nursing staff to help you out in applying sunscreen whenever going outdoors as the weather continues to be getting warmer out.
- Summer Concerts on the Lawn series will be starting in July. Concert schedules were provided to all residents throughout the building in the Pavilions Post that was delivered on 06/23/2023. If you need a schedule, please let Kari know and she

would be happy to get you one. X asked Kari for an additional schedule, which Kari did provide after the meeting.

Special Event Activities for July

- Monday July 3: Very Cherry Painting with the GTP Daycare Kids
- Thursday July 13: Noodleball Fun with the GTP Daycare Kids
- Tuesday July 18: Breakfast Club – 8:00am-9:30am (Multi-Purpose Room)
 - Residents present at the meeting signed up for this activity.
- Wednesday July 19: Lunch Order-in: Burger King – 12:30pm (Cherry Tent)
(resident suggested, X, in April 2023)
 - Residents present at the meeting signed up for this activity.
- Thursday July 20: Rock Painting with the GTP Daycare Kids
- Friday July 21 July Catholic Mass with Father Joe – 11:00am (Multi-Purpose Room)
- Friday July 28: Bingo Store – 10:30am-12:00pm (Multi-Purpose Room)
- Tentatively planned for Saturday July 29: July Birthday Luncheon – 12:00pm (Multi-Purpose Room) – celebrating residents who have a birthday in the month of July

Summer Picnics before the Concerts on the Lawn

Residents can sign up for one picnic in July and one picnic in August. They can be an alternate for the other picnics that they did not sign up for. Must sign up with either Linda or Kari.

- Thursday July 6, Thursday July 13 and Thursday July 20
- Thursday August 10, Thursday August 24 and Thursday August 31
- Residents present at the meeting signed up for a picnic(s) of their choosing

Outings to sign-up for:

- Wednesday July 5: Lunch at China Fair
Board bus at 11:00am, return approximately 2:00pm
(resident suggested, X, in May 2023)
- Tuesday July 10: Turtle Creek Casino
Board bus at 10:00am, return approximately 4:00pm
(resident suggested, X & X, in April 2023)
- Thursday July 13: TC Pit Spitters Baseball Game
Board bus at 9:45am, return approximately 2:30pm
(resident suggested, X, in April 2023)
- Residents present at the meeting signed up for their outing of choice along with an alternate outing choice if they desired.

Resident Group Interview Questions:

Kari discussed with the attending residents that are 12 resident rights that are reviewed during the group interview with the State Surveyors during our annual survey, and today we will be reviewing Dignity.

Dignity:

- How do staff members treat the residents here, including those who can't speak for themselves?
Residents present at the meeting commented "good" while many nodded their heads yes.
- Do you feel the staff here treat residents with respect and dignity?
One resident present said, "Yes, in a whole" while other residents nodded their heads yes.
- Do the staff try to accommodate residents' wishes where possible?
One resident said "yes;" another said, "I think so."
- Have you experienced a situation in which a staff member did not treat you or another resident with dignity? Did you report this to a staff member and how did they respond?
One resident said, "Yes and yes."

1. Discussion regarding food temperature and receiving HS snacks.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X:

- The coffee is too strong.
- I'm not always getting my adaptive silverware.

Marta said that the staff make the coffee that is in the pantry and will ask the staff to only use 2 bags instead of 3 bags to see if this makes a difference. X thanked Marta for doing this.

Korie said that he will make sure this is on X tray card and that she is receiving it.

X:

- The grilled cheese sandwiches are great! The cream of asparagus soup, that was a hot job! It was wonderful!

X:

- I am not always getting soup spoons when I have soup.

X:

- Where we sit in the dining room, X sometimes gets bumped by the large cart from the kitchen.

Korie apologized and said that he was unaware of this happening and would get a table removed from the dining room to help make sure that there is plenty of room for the carts to be maneuvered through the dining room and that no one gets bumped. X thanked Korie for doing this.

Overall, everyone present agreed that the temperatures of their meals have improved greatly.

Marta asked if everyone is being offered a snack at bedtime and everyone present said "no." X said, "I'm only offered a snack when Jordan is working, he does great at this." X said, "No one comes and offers me a snack, but I am in bed sleeping." X said, "I am asked but I don't take one." X said, "They know that I have a dresser drawer full of snacks."

2. Discussion regarding the cleanliness of the facility and laundry being returned promptly.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

Many residents present agreed and said that Michelle does a nice job of making sure their rooms are cleaned.

3. Discussion regarding room temperature.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X:

- It is good. I do have a concern, sometimes there is water that is pooling on the floor around the toilet.

Kari thanked X for bringing this concern up and she will follow up with a Maintenance Request to have this looked at.

X:

- I would like to have the plastic removed from my window.

Kari thanked X for bringing this concern up and she will follow up with a Maintenance Request to have this completed.

4. Discussion regarding nursing care.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X, X, X and X all said, "good job."

X:

- They are wonderful.

5. Discussion regarding call lights being answered in a timely manner.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X:

- The mealtimes are the worst.

X:

- It would be nice to have a CNA available during mealtimes to help those of us that are in our rooms.

Marta told everyone present that she runs weekly call light reports and the average wait time for having a call light answered has been going down, which is good. Marta also said that there is usually a CNA that is a Hall Monitor, who specifically during meals answers call lights and helping residents throughout the pavilion that are not in the dining room.

6. Discussion regarding receiving showers as needed/as requested.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

All residents present agreed and said “good.”

7. Discussion regarding the nighttime noise level on Cherry Pavilion.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X:

- Afternoons going into the midnight shift is the worst. It sounds like they are having a party; they are very loud, giggling, laughing and talking. It's the same staff.

The floor was opened for additional comments:

X:

- Can we have grilled corn on the cob out under the tent again this summer?
- I would like to repaint the fawn statue that is in the courtyard. Can I do this?
Kari said that local fresh sweet corn would be ready or should be ready in August and we will plan to do this activity out under the tent; Korie said that he was in agreement and will help plan this with Kari. Kari told X that she would complete a Maintenance Request to have the fawn washed up, cleaned and brought to X for repainting. X thanked Kari for doing this.

X:

- Today is my wife Carol's and my 67th wedding anniversary.
Everyone offered their congratulations to X.

The next Cherry Resident Council meeting will be held on Thursday July 27, 2023, at 10:30am in the Cherry Tent (weather permitting; if weather is unfavorable, then it will be held in the Cherry Activity Room). Kari asked for a volunteer to read over and sign the June 2023 minutes, and X said that she would do this. The Cherry Resident Council Meeting was adjourned at 11:40am by X, seconded by X and X.

Respectfully Submitted,

Kari Belanger, CTRS
Recreational Therapist

X, Cherry Pavilion Resident

Marta Pratt, RN
Cherry Pavilion Assistant Director of Nursing

Emily Tyrrell, LLBSW
Cherry Pavilion Social Work

DOGWOOD RESIDENT COUNCIL MEETING

June 28, 2023

The Dogwood June 2023 meeting of the Grand Traverse Pavilions Resident Council was called to order at 10:45am in the Dogwood Sunroom by Cindi Pobuda.

All residents were welcomed.

The residents waived their right to a closed meeting.

The Lord's Prayer and the Pledge of Allegiance were recited.

4 Members present were introduced:

Residents are marked as X throughout the minutes

Staff members were introduced:

Cindi Pobuda, LBSW — Dogwood Pavilion Social Work

Linda Burton, CTRS, Life Enrichment

Naomi Rode, RN, ADON — Dogwood Pavilion

The May 2023 minutes were distributed to all in attendance and reviewed. X made a motion to accept the May 2023 minutes as written; X seconded the motion.

Old Business:

- Naomi and Cindi followed up in private with X and X regarding their concerns stated at the May meeting to their satisfaction.
- X got a feather pillow. He said it was "So-so. I still wake up two-three times a night. Not comfortable."

New Business:

Special Event Activities for July

Monday July 3: Very Cherry Painting with the GTP Daycare Kids

Thursday July 13: Noodleball Fun with the GTP Daycare Kids

- Tuesday July 18: Breakfast Club — 8:00am-9:30am (Multi-Purpose Room),
- Wednesday July 19: Lunch Order-in: Burger King — 12:30pm (Cherry Tent)
- (resident suggested, X, in April 2023)
- Thursday July 20: Rock Painting with the GTP. Daycare Kids
- Friday July 21 July Catholic Mass with Father Joe — 11:00am (Multi-Purpose Room)

- O Friday July 28: Bingo Store — 10:30am-12:00pm (Multi-Purpose Room)
- Tentatively planned for Saturday July 29: July Birthday Luncheon — 12:00pm (Multi-Purpose Room) — celebrating residents who have a birthday in the month of July

Summer Picnics before the Concerts on the Lawn

Residents can sign up for one picnic in July and one picnic in August. They can be an alternate for the other picnics that they did not sign up for. Must sign up with either Linda or Kari.

- Thursday July 6th
- Thursday July 13th
- Thursday July 20th
- Thursday August 10th
- Thursday August 24th
- Thursday August 31st

Outings to sign-up for:

- Wednesday July 5: Lunch at China Fair
 - Board bus at 11:00am, return approximately 2:00pm
 - (resident suggested, X, in May 2023)
- Tuesday July 10: Turtle Creek Casino
 - Board bus at 10:00am, return approximately 4:00pm
 - (resident suggested, X & X, in April 2023)
- Thursday July 13: TC Pit Spitters Baseball Game
 - Board bus at 9:45am, return approximately 2:30pm
 - (resident suggested, X, in April 2023)

Resident Group Interview Questions:

Cindi discussed with the attending residents that there are 12 resident rights that are reviewed during the group interview with the State Surveyors during our annual survey, and today we will be reviewing Dignity.

Dignity:

How do staff members treat the residents here, including those who can't speak for themselves? Do you feel the staff here treat residents with respect and dignity? X and X said, "Yes."

Do the staff try to accommodate residents' wishes where possible? X and X said, "Yes."

- Have you experienced a situation in which a staff member did not treat you or another resident with dignity? Did you report this to a staff member and how did they respond?

Both X and X said, "No."

1. Discussion regarding food temperature and receiving HS snacks.

The floor was opened for residents to respond:

- X stated, "So-so" when asked about the food temperature. Naomi asked him if it was better with the new company and X said, "Yes." • X, X and X all stated they receive hs snacks. X stated, "Candy." Naomi stated the snack should be protein based like a boiled egg, a sandwich, cheese, but there are cookies and chips also. X said he has candy in his room.

2. Discussion regarding the cleanliness of the facility and laundry being returned promptly.

The floor was opened for residents to respond:

- X and X agreed that the facility is clean, and the laundry returned promptly.

3. Discussion regarding room temperature. The floor was opened for residents to respond:

- X stated the temperature in her room was, "So-so."
- X said the temperature in his room was okay.
- X stated, "Alright. Sometimes cold but it's cold outside."

4. Discussion regarding nursing care.

The floor was opened for residents to respond:

- X noted that the nursing care was "Good."

5. Discussion regarding call lights being answered in a timely manner.

The floor was opened for residents to respond:

- X stated, "I wait too long at night. I need to go to the bathroom." Naomi stated we are working on a new way to alert staff quicker.

6. Discussion regarding receiving showers as needed/as requested. The floor was opened for residents to respond: • X and X said, "Yes.."

7. Discussion regarding the nighttime noise level on Dogwood Pavilion.

The floor was opened for residents to respond:

- X and X said, "Okay."
- X said, "Fine."

The floor was opened for additional comments: None

The next Dogwood Resident Council meeting will be held on July 26th at 10:45am outside if weather allows or in the Dogwood Sunroom. Cindi asked for a volunteer to read over and sign the June 2023 minutes, and X said that she would do this. The Dogwood Resident Council Meeting was adjourned at 11:33 am by X, seconded by X.

Respectfully Submitted,

Linda Burton CTRS

Linda Burton , CTRS
Recreational Therapist

Cindi Pobuda LBSW

Cindi Pobuda, LBSW
Dogwood Pavilion Social Work

Naomi Rode RN

Naomi Rode. Dogwood Assistant
Director of Nursing

[Signature]

Dogwood | Pavilion Resident

Elm Resident Council Minutes
Meeting Held- June 29, 2023

The June meeting of the Grand Traverse Pavilions Elm Resident Council was called to order at 11:45 a.m...

10 Members interviewed were:

Residents are marked as "X" throughout the minutes

Staff Present:

Holly Kazim, Director of Clinical Services

Linda Burton, Recreational Therapist

Old Business:

None

New Business:

A. Asked the residents if their call lights are responded to in a timely manner. No concerns or complaints were noted.

B. Asked the residents if they were being offered an evening snack. No concerns were noted.

C. Asked the residents how the staff treat them.

X stated, "I can't remember if I ever met them."

X stated, "Great. Staff is great. They talk to you and smile."

X stated, "Fine."

D. Asked residents if they were receiving showers/baths regularly. Residents voiced no concerns or complaints.

E. Asked the residents about their rooms. Asked if they were being cleaned. Also asked how the laundry service was. Residents voiced no concerns or complaints.

X stated, "It is in my place."

X stated, "Yes."

X stated, "Yes as much as I can see."

Discussed the temperature and asked if residents were warm enough and comfortable. No concerns or complaints noted.

G. Asked the residents how the food is here. No concerns or complaints were voiced.

X stated, "Good. Alright."

X stated, "Good."

X stated, "Never had any here."

H. Asked if the residents had any ideas for activities. Asked residents if they felt they had enough to do here. No concerns or complaints noted, and residents were nodding their heads yes.

Discussed that they planted plants on the patio and are gardening.

Questions, Suggestions, Concerns and Comments:

The floor was open for questions, suggestions, concerns and comments.

Asked residents if there was anything that could be done to make things better for them.

No ideas or suggestions noted.

No other concerns or complaints were noted. The meeting closed at 12:05 p.m...

Respectfully Submitted,

Linda Burton, Recreational Therapist

Holly Kazim, LMSW Director of Clinical Services

Grand Traverse Pavilions
Quarterly Overtime Rolling Calendar Lookback

Department	1st Qtr 2023		2nd Qtr 2023		3rd Qtr 2022		4th Qtr 2022	
Administration	\$ 95.07	0.04%	\$ 306.35	0.16%	\$ 219.15	0.10%	\$ 166.52	0.28%
Adult Day Services	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Child Day Care	\$ 223.27	0.41%	\$ 886.06	1.92%	\$ 353.20	0.76%	\$ 666.35	0.17%
CNA	\$ 43,405.40	3.85%	\$ 25,398.55	2.47%	\$ 57,836.88	7.71%	\$ 41,733.97	8.01%
CNA Training	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Marketing/Foundation	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Cottages	\$ 17,866.28	4.35%	\$ 12,238.84	2.48%	\$ 21,916.89	5.83%	\$ 15,864.83	4.96%
Diversional Therapy	\$ 1,407.89	1.45%	\$ 817.12	0.96%	\$ 2,599.68	3.08%	\$ 2,472.21	2.94%
Financial Mgt.	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Housekeeping	\$ 12,371.27	6.87%	\$ 7,873.76	4.89%	\$ 6,674.75	6.07%	\$ 4,940.64	10.95%
Human Resources	\$ 57.57	0.08%	\$ 44.08	0.07%	\$ 54.11	0.07%	\$ 278.82	0.05%
Human Services	\$ -	0.00%	\$ 22.88	0.05%	\$ 21.02	0.04%	\$ 43.41	0.12%
Laundry	\$ 4,699.24	6.42%	\$ 2,164.39	2.90%	\$ 4,693.64	6.51%	\$ 3,191.14	12.36%
LPN	\$ 9,053.98	3.33%	\$ 7,077.04	2.89%	\$ 9,708.51	4.90%	\$ 10,691.19	4.68%
Maintenance	\$ 6,704.67	3.41%	\$ 6,187.72	3.96%	\$ 8,528.58	5.55%	\$ 7,284.02	7.51%
Nursing Administration	\$ 3,667.34	0.74%	\$ 3,596.28	0.85%	\$ 1,140.04	0.29%	\$ 1,465.88	0.13%
RN	\$ 15,749.31	2.98%	\$ 18,934.60	4.01%	\$ 11,931.00	2.81%	\$ 15,372.63	3.30%
Therapies - PT, OT	\$ 983.87	0.35%	\$ 746.26	0.28%	\$ 585.00	0.24%	\$ 18.78	0.07%
Totals	\$ 116,285.16		\$ 86,293.93		\$ 126,262.45		\$ 104,190.39	
% of payroll		3.64%		2.21%		3.78%		2.63%



Final Accreditation Report

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

**Organization Identification Number: 598201
Unannounced Full Event: 6/13/2023 - 6/16/2023**

**Programs Surveyed
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	Survey Dates	Event Outcome	Follow-up Activity	Follow-up Time Frame or Submission Due Date
Nursing Care Center	06/13/2023 - 06/16/2023	Requirements for Improvement	Clarification (Optional)	Submit within 10 Business Days from the final posted report date
			Evidence of Standards Compliance (ESC)	Submit within 60 Calendar Days from the final posted report date
Memory Care Certification	06/13/2023 - 06/16/2023	Requirements for Improvement	None	None
Post-Acute Care	06/13/2023 - 06/16/2023	Requirements for Improvement	Clarification (Optional)	Submit within 10 Business Days from the final posted report date
			Evidence of Standards Compliance (ESC)	Submit within 60 Calendar Days from the final posted report date

The Joint Commission What's Next - Follow-up Activity

Program: Nursing Care Center

Standard	EP	SAFER™ Placement	Included in the Evidence of Standard Compliance (within 60 calendar days)
EC.02.02.01	5	High / Widespread	✓
EC.02.03.01	1	Moderate / Limited	✓
EC.02.04.03	3	Low / Limited	✓
EC.02.05.05	5	Moderate / Widespread	✓
EC.02.06.01	26	Low / Widespread	✓
IC.02.02.01	1	Low / Widespread	✓
	4	Low / Widespread	✓
LS.02.01.35	14	Moderate / Limited	✓
MM.03.01.01	2	High / Limited	✓
	6	Moderate / Limited	✓
	7	Moderate / Limited	✓
PC.01.02.03	18	Moderate / Pattern	✓
	20	Low / Limited	✓
PC.01.02.15	8	Low / Limited	✓
PC.02.01.03	1	Moderate / Widespread	✓

The Joint Commission

Standard	EP	SAFER™ Placement	Included in the Evidence of Standard Compliance (within 60 calendar days)
PC.02.01.05	30	Low / Limited	✓
PC.02.01.19	2	Low / Limited	✓
PC.02.02.03	11	Moderate / Widespread	✓
	6	Moderate / Widespread	✓
PI.01.01.01	30	Low / Limited	✓
	31	Low / Limited	✓
WT.01.01.01	8	Moderate / Limited	✓
WT.05.01.01	3	Moderate / Widespread	✓

The Joint Commission SAFER™ Matrix

Program: Nursing Care Center

Likelihood to harm a Patient / Visitor / Staff

ITHS	ITHS		
High	MM.03.01.01 EP 2		EC.02.02.01 EP 5
Moderate	EC.02.03.01 EP 1 LS.02.01.35 EP 14 MM.03.01.01 EP 6 MM.03.01.01 EP 7 WT.01.01.01 EP 8	PC.01.02.03 EP 18	EC.02.05.05 EP 5 PC.02.01.03 EP 1 PC.02.02.03 EP 6 PC.02.02.03 EP 11 WT.05.01.01 EP 3
Low	EC.02.04.03 EP 3 PC.01.02.03 EP 20 PC.01.02.15 EP 8 PC.02.01.05 EP 30 PC.02.01.19 EP 2 PI.01.01.01 EP 30 PI.01.01.01 EP 31		EC.02.06.01 EP 26 IC.02.02.01 EP 1 IC.02.02.01 EP 4
	Limited	Pattern	Widespread
	Scope		

The Joint Commission Requirements for Improvement

Program: Nursing Care Center

Standard	EP	Certification Option	SAFER™ Placement	EP Text	Observation
EC.02.02.01	5		High Widespread	The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.	1) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . In 8 of 8 tracers conducted, the organization failed to minimize risks associated with handling hazardous chemicals as evidenced by the following: 8 eyewash stations were found with no thermostatic mixing valve, non functioning dust caps and inadequate water pressure. The eyewash stations were checked monthly. These were not in accordance with ANSI Z358.1 requirement(s) for eyewash station. These were confirmed with the Maintenance Director.
					2) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . In 15 of 15 tracers conducted, the organization failed to minimized using, storing and handling of hazardous chemicals as evidenced by, 15 spray bottles were found without the proper Safety Data Sheet (SDS) labels throughout the facility. The spray bottles labeled with marker were filled with various chemicals (neutral quat, hand sanitizer, "delimer", glass cleaner, bleach). These were confirmed with the Maintenance Director.
					3) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . During the tour of the pool mechanical room, chemicals (including muriatic acid and hypochlorite) were used to maintain the Rehabilitation pool. Both chemicals were caustic and corrosive. There was no eyewash station accessible within the area. This was confirmed with the Maintenance Director.
					4) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . In 2 of 2 tracers conducted, portable eyewash stations in laundry and central supply rooms were not checked in April and May 2023. These were confirmed with the Maintenance Director.

The Joint Commission

Standard	EP	Certification Option	SAFER™ Placement	EP Text	Observation
					5) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . During the building tour, the organization failed to minimize risks associated with handling, using and disposing of hazardous chemicals as evidenced by, no PPE was used when reprocessing nasopharyngeal endoscope for fiberoptic endoscopic evaluation of swallowing (FEES) procedure. This was not in accordance with manufacturer's instruction for use for the high level disinfectant solution approved for use with the endoscope. This was confirmed with the Speech Therapist.
					6) Observed in EOC Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . The organization failed to minimize risks associated with handling, using and disposing hazardous chemicals as evidenced by, there was no eyewash station available/accessible in the Rehabilitation Department where reprocessing of endoscope was done. The high level disinfectant used for reprocessing based on the manufacturer's instruction for use required access to an eyewash station.
					7) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . During the building tour, the organization failed to minimize risks associated with handling, selecting, transporting, using and disposing of hazardous chemicals as evidenced by the lack of appropriate PPE in the pool mechanical room where caustic and corrosive chemicals (Muriatic acid/Na hypochlorite) were used/present. This was confirmed with the Maintenance Director.
EC.02.03.01	1		Moderate Limited	The organization minimizes the potential for harm from fire, smoke, and other products of combustion.	1) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . In 2 of 2 tracers conducted, the organization failed to minimize the potential from fire and smoke as evidenced by, the boiler room and the back of the dryer were used as storage that posed as potential for fire risk where sparks or hot gases/temperatures may occur. These were confirmed with the Maintenance Director.

The Joint Commission

Standard	EP	Certification Option	SAFER™ Placement	EP Text	Observation
EC.02.04.03	3		Low Limited	The organization inspects, tests, and maintains non-life-support equipment. These activities are documented.	1) Observed in EOC Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . During the tour of Rehabilitation Department, 2 partial gallon of ultrasound gel expired 2015, 1 jar of cream expired 2021 and 2 partial bottles of ultrasound gel expired 2020. These were confirmed with the Maintenance Director. The expired items were discarded.
					2) Observed in EOC Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . During the tour of the Rehabilitation storage room, three bottles of "ph" indicator reagent and test tabs reagents used for pool maintenance were found that expired in 2017. These were confirmed with the Maintenance Director. The expired reagents were discarded.
EC.02.05.05	5		Moderate Widespread	The organization inspects, tests, and maintains the following: Infection control utility system components on the inventory (for example, ventilation systems supporting negative and positive air pressure isolation rooms). The completion date and the results of the activities are documented. Note 1: 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 2: Scheduled maintenance activities for infection control utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate.	1) Observed in EOC Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . In 6 of 6 daily pool record reviewed from Jan. to June 13, 2023, showed that the organization failed to test and maintain the therapy pool as evidenced by the following: Bromine, temperature (air/water), total alkalinity were either out of range or not done. There were no evidence that corrective actions were taken. Also, the weekly pool backwash was not done. These were not in accordance with the organization's policy titled "Pool Water Quality" dated 2015. These findings were reviewed with the Maintenance Director.
EC.02.06.01	26		Low Widespread	The organization keeps furnishings and equipment safe and in good repair.	1) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . In 4 of 4 tracers conducted, water filter on ice machines had not been changed at frequency specified by ice machine filter manufacturer's instruction for use. These were confirmed with the unit nurses.

The Joint Commission

Standard	EP	Certification Option	SAFER™ Placement	EP Text	Observation
IC.02.02.01	1		Low Widespread	<p>The organization implements infection prevention and control activities when doing the following: Cleaning and performing low-level and intermediate-level disinfection of medical equipment, devices, and supplies.</p> <p>Note 1: Low-level disinfection is used for items that come in contact with intact skin, such as stethoscopes, and items that do not directly come in contact with intact skin but may become contaminated, such as IV pumps. Items that could be contaminated with blood, such as blood glucose meters, should be cleaned and then receive intermediate-level disinfection. Additional cleaning and disinfecting are required for medical equipment, devices, and supplies used by patients and residents who are isolated as part of implementing transmission-based precautions.</p> <p>Note 2: For further information regarding cleaning, disinfection, and sterilization of medical equipment, devices, and supplies, refer to the Centers for Disease Control and Prevention website at https://www.cdc.gov/infectioncontrol/guidelines/disinfection/#r3.</p>	<p>1) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . The organization failed to implement its infection prevention and control activities when doing low-level disinfection as evidenced by, a jar with Barbicide solution containing brushes and combs were observed in the beauty salon. The jar was observed to have thick white sediments on the bottom of the solution and was very cloudy. This was confirmed with the Maintenance Director.</p>
IC.02.02.01	4		Low Widespread	<p>The organization implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.</p>	<p>1) Observed in Surveyor review but corrected onsite pending acceptable Evidence of Standards Compliance at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . In 5 of 5 tracers conducted, the organization failed to implement its infection prevention and control activities when storing medical supplies as evidenced by numerous boxes of medical supplies were found in central supply, mechanical room, laundry, rehabilitation storage room and service hallways stored on the floor unprotected from possible contamination. These were confirmed with the Maintenance Director.</p>
					<p>2) Observed in Infection Control Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . While touring the Rehabilitation Department, the nasopharyngeal endoscope that had gone through high level disinfection was stored in a sealed clear plastic bin. This was not in accordance with the manufacturer's instruction for use that stated endoscope should be stored in a well ventilated area and to hang freely and vertically. This was discussed with the Speech Therapist.</p>

The Joint Commission

Standard	EP	Certification Option	SAFER™ Placement	EP Text	Observation
LS.02.01.35	14		Moderate Limited	The organization meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.3.5.	1) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . During the building tour, there was no sprinkler present in the walk-in freezer. This was confirmed with the Maintenance Director. The surveyor was informed that the sprinkler will be installed next week.The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Increase surveillance(EP-8)
MM.03.01.01	2		High Limited	The organization stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions.	1) Observed in Medication Management Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . Observed staff food items were found in the same refrigerator used to store flu vaccines and Tubersol solutions on the 2nd floor. This was confirmed with the Infection Control nurse. The food items were removed from the refrigerator.
					2) Observed in Surveyor review but corrected onsite pending acceptable Evidence of Standards Compliance at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . While checking the vaccine storage refrigerator on the 2nd floor, the surveyor observed that vaccines were stored in a dormitory-style refrigerator. According to the HR staff, temperatures were monitored continuously via phone app and would send a notification when the temperature was out of range. This was tested by the surveyor by placing the temperature sensor out of the refrigerator for sometime to validate if continuous monitoring was occurring. Later, it was discovered that the sensor failed to send notification to the phone application. It was unknown how long this failure had occurred. This was confirmed by the Maintenance Director and Director of Staff Development.

The Joint Commission

Standard	EP	Certification Option	SAFER™ Placement	EP Text	Observation
MM.03.01.01	6		Moderate Limited	The organization prevents unauthorized individuals from obtaining medications in accordance with its policy and law and regulation.	1) Observed in Surveyor review but corrected onsite pending acceptable Evidence of Standards Compliance at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . The organization failed to prevent unauthorized individuals from obtaining medications as evidenced by, over the counter medications (OTCs) were stored in plastic bins in open wire shelves in the Central Supply area. Door to the Central Supply area was opened and unauthorized individuals had access. This was not in accordance with the organization's policy titled "Storing Medications" no date. This was confirmed with the Maintenance Director and Central Supply staff.
MM.03.01.01	7		Moderate Limited	All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.	1) Observed in Medication Management Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . While checking the medication refrigerator on the second floor, a vial of opened Tubersol solution with no open date was found. This was confirmed with the Infection Control nurse. This was not in accordance with the organization's policy titled "Medication Expiration" no date and pharmacist's instruction. The Tubersol solution was discarded.
PC.01.02.03	18	PAC	Moderate Pattern	For organizations that elect The Joint Commission Post–Acute Care Certification option: The attending physician or licensed independent practitioner performs the patient's medical history and physical examination within 24 hours prior to or 48 hours after the patient's admission or readmission to the organization. Note 1: When permitted by law and regulation, a medical history and physical examination performed by the attending physician or licensed independent practitioner within 30 days prior to the patient's admission or readmission can be used, provided it is updated with a summary of the patient's condition and course of care during the 30-day time period. Note 2: This element of performance applies only for those patients receiving post-acute care under the optional certification.	1) Observed in Individual Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . In 3 of 10 resident records reviewed, for those residents under the Post-Acute Care Certification option, the licensed provider failed to perform the medical history and physical examination within 48 hours of admission. This was confirmed with the DON.

The Joint Commission

Standard	EP	Certification Option	SAFER™ Placement	EP Text	Observation
PC.01.02.03	20	PAC	Low Limited	<p>For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization specifies, in writing, the following time frames for completion of initial assessments:</p> <ul style="list-style-type: none"> - The organization assesses the patient within the first hour to determine immediate care needs (based on the patient's admission diagnosis) to assist in developing the interim plan of care. (Refer to PC.01.03.01, EP 3) - The organization assesses the patient for pain, fall risk, skin condition, assistance needed in activities of daily living, and risk for rehospitalization no later than eight hours after admission. (Refer to PC.01.02.03, EP 17) <p>Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.</p>	<p>1) Observed in Infection Control System Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . In 2 of 10 resident records reviewed, for those residents under the Post-Acute Care certification option the plan of care did not address the risk for rehospitalization for resident R#6 and there was no plan of care to address risk for skin breakdown for resident R7. This was confirmed with the DON.</p>
PC.01.02.15	8	PAC	Low Limited	<p>For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization develops written procedures for managing the critical results of tests and diagnostic procedures including the following:</p> <ul style="list-style-type: none"> - The definition of critical results of tests and diagnostic procedures - By whom and to whom critical results of tests and diagnostic procedures are reported - The acceptable length of time between the availability and reporting of critical results of tests and diagnostic procedures, including any critical results of tests and diagnostic procedures received postdischarge or transfer - The acceptable length of time between the reporting of critical results of tests and diagnostic procedures and the response, including intervention <p>Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.</p>	<p>1) Observed in Document Review at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . Under the Post-Acute Care Certification option, there were no written procedures for managing critical results of tests and diagnostic procedures to include definitions, by whom and to whom the results were reported, the response of licensed provider(s) including additional intervention(s), the acceptable length of time between availability and reporting of critical results. There were no documents available for review.</p>

The Joint Commission

Standard	EP	Certification Option	SAFER™ Placement	EP Text	Observation
PC.02.01.03	1		Moderate Widespread	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.	1) Observed in Individual Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . In 7 of 7 resident records reviewed, for those residents under the Post-Acute Care certification option, the organization failed to obtain orders from the admitting licensed provider when a resident was admitted to the facility. The acute care discharge orders were used as admission orders without verification or reconciliation from the resident's licensed provider. In conversation with the DON, several processes were explored but the licensed providers were not responsive to proposed changes/solutions.
PC.02.01.05	30	PAC	Low Limited	For organizations that elect The Joint Commission Post-Acute Care Certification option: The organization has a written plan to access a licensed independent practitioner should the organization be unable to communicate with the attending or on-call licensed independent practitioner regarding a change in a patient's condition. Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.	1) Observed in Leadership Session at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . For those resident's under the Post-Acute Care Certification option, the organization had no written plan to access a licensed independent practitioner should the organization be unable to communicate with the attending or on-call licensed provider. There was no document for review during the survey.
PC.02.01.19	2	PAC	Low Limited	For organizations that elect The Joint Commission Post-Acute Care Certification option: The organization develops and follows written criteria describing early warning signs of a change or deterioration in a patient's condition and when to seek further assistance. Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.	1) Observed in Leadership Session at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . During the Post-Acute Care Certification option, the organization did not have a written criteria describing early warning signs of a change in condition or deterioration in the resident's condition. There was no document for review during the survey.
PC.02.02.03	6		Moderate Widespread	The organization prepares food and nutrition products under proper conditions of sanitation, temperature, light, moisture, and ventilation.	1) Observed in Infection Control Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . In 3 of 3 daily food temperature logs reviewed from April - June 2023, showed that the organization failed to maintain food and nutrition products under proper temperature as evidenced by the lack of recording of food temperature at the beginning and middle of tray line. This was not in accordance with the organization's policy titled Forefront "Food Temperatures" dated 1/2023 and confirmed with the executive chef and dietitian.

The Joint Commission

Standard	EP	Certification Option	SAFER™ Placement	EP Text	Observation
					2) Observed in Document Review at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . In 3 of 3 dietary temperature logs reviewed from April to June 2023, showed that temperatures of cold food items (e.g. salads, desserts) were not consistently taken/monitored. These were confirmed with the Executive Chef and Dietitian. This was not in accordance with the organization's policy titled Forefront "Food Temperatures" dated 1/2023.
PC.02.02.03	11		Moderate Widespread	The organization stores food and nutrition products, including those brought in by patients and residents or their families, under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.	1) Observed in Building Tour at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . While touring the kitchen, nats (flies) infestation was observed in the ceiling concentrated primarily near the dishwashing area. The Maintenance Director and kitchen staff acknowledged this had been an issue for sometime and pest control vendor was involved.
PI.01.01.01	30	PAC	Low Limited	For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization collects data relevant to patient readmissions from the organization to the hospital, emergency department, or other rehabilitation or advanced care setting. Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.	1) Observed in Leadership Session at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . During the Post-Acute Care certification option discussion, although the organization engaged in discussion regarding readmission. There was no documented evidence that information was collected regarding readmission to the hospital, emergency department, other rehabilitation or advanced care setting. This was confirmed with the Social Services staff responsible for data collection.
PI.01.01.01	31	PAC	Low Limited	For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization collects data on opportunities for improvement identified following the patient's discharge. Note: This element of performance applies only for those patients receiving post-acute care under the optional certification. (See also PC.04.02.02, EP 1)	1) Observed in Leadership Session at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . During the Post-Acute Care certification option discussion, although the organization collects data through follow-up calls post discharge, data collected were not aggregated and analyzed to identify opportunities for improvement. This was confirmed by the Social Services staff responsible for data collection.
WT.01.01.01	8		Moderate Limited	Clinical use of results is consistent with the organization's policies and the manufacturers' recommendations for waived tests.	1) Observed in Medication Management Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . While checking the medication cart in Memory Care Unit, two bottles of quality control (QC) solution did not have an open date. The unit nurse was not aware when the bottles were opened. This was confirmed with the unit nurse. The bottles of QC solutions were discarded.

The Joint Commission

Standard	EP	Certification Option	SAFER™ Placement	EP Text	Observation
WT.05.01.01	3		Moderate Widespread	<p>Quantitative test result reports in the patient's or resident's clinical record for waived testing are accompanied by reference intervals (normal values) specific to the test method used and the population served.</p> <p>Note 1: Semiquantitative results, such as urine macroscopic and urine dipsticks, are not required to comply with this element of performance.</p> <p>Note 2: If the reference intervals (normal values) are not documented on the same page as and adjacent to the waived test result, they must be located elsewhere within the patient's or resident's permanent clinical record. The result must have a notation directing the reader to the location of the reference intervals (normal values) in the patient's or resident's clinical record.</p>	<p>1) Observed in Medication Management Tracer at Grand Traverse County (1000 Pavilions Circle, Traverse City, MI) site . In 5 of 5 quality control (QC) logs reviewed from Jan. - June 2023, showed that waived testing for glucose test results were unaccompanied by the normal values range. The QC logs reviewed were confirmed by the unit nurse in the Memory Care, Dogwood, Maple, Cherry and Birch Units.</p>

The Joint Commission
Appendix
Standard and EP Text

Program: Nursing Care Center

Standard	EP	Certification Option	Standard Text	EP & Addendum 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.02.03.01	1		The organization manages fire risks.	The organization minimizes the potential for harm from fire, smoke, and other products of combustion.
EC.02.04.03	3		The organization inspects, tests, and maintains medical equipment.	The organization inspects, tests, and maintains non-life-support equipment. These activities are documented.
EC.02.05.05	5		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: Infection control utility system components on the inventory (for example, ventilation systems supporting negative and positive air pressure isolation rooms). The completion date and the results of the activities are documented. Note 1: 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 2: Scheduled maintenance activities for infection control utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate.
EC.02.06.01	26		The organization establishes and maintains a safe, functional environment.	The organization keeps furnishings and equipment safe and in good repair.

The Joint Commission

Standard	EP	Certification Option	Standard Text	EP & Addendum Text
IC.02.02.01	1		The organization reduces the risk of infections associated with medical equipment, devices, and supplies used in the delivery of patient and resident care, treatment, and services.	The organization implements infection prevention and control activities when doing the following: Cleaning and performing low-level and intermediate-level disinfection of medical equipment, devices, and supplies. Note 1: Low-level disinfection is used for items that come in contact with intact skin, such as stethoscopes, and items that do not directly come in contact with intact skin but may become contaminated, such as IV pumps. Items that could be contaminated with blood, such as blood glucose meters, should be cleaned and then receive intermediate-level disinfection. Additional cleaning and disinfecting are required for medical equipment, devices, and supplies used by patients and residents who are isolated as part of implementing transmission-based precautions. Note 2: For further information regarding cleaning, disinfection, and sterilization of medical equipment, devices, and supplies, refer to the Centers for Disease Control and Prevention website at https://www.cdc.gov/infectioncontrol/guidelines/disinfection/#r3 .
IC.02.02.01	4		The organization reduces the risk of infections associated with medical equipment, devices, and supplies used in the delivery of patient and resident care, treatment, and services.	The organization implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.
LS.02.01.35	14		The organization provides and maintains systems for extinguishing fires.	The organization meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.3.5.
MM.03.01.01	2		The organization safely stores medications.	The organization stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions.
MM.03.01.01	6		The organization safely stores medications.	The organization prevents unauthorized individuals from obtaining medications in accordance with its policy and 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 & Addendum Text
PC.01.02.03	18	PAC	The organization assesses and reassesses the patient or resident and the patient's or resident's condition according to defined time frames.	For organizations that elect The Joint Commission Post–Acute Care Certification option: The attending physician or licensed independent practitioner performs the patient's medical history and physical examination within 24 hours prior to or 48 hours after the patient's admission or readmission to the organization. Note 1: When permitted by law and regulation, a medical history and physical examination performed by the attending physician or licensed independent practitioner within 30 days prior to the patient's admission or readmission can be used, provided it is updated with a summary of the patient's condition and course of care during the 30-day time period. Note 2: This element of performance applies only for those patients receiving post-acute care under the optional certification.
PC.01.02.03	20	PAC	The organization assesses and reassesses the patient or resident and the patient's or resident's condition according to defined time frames.	For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization specifies, in writing, the following time frames for completion of initial assessments: - The organization assesses the patient within the first hour to determine immediate care needs (based on the patient's admission diagnosis) to assist in developing the interim plan of care. (Refer to PC.01.03.01, EP 3) - The organization assesses the patient for pain, fall risk, skin condition, assistance needed in activities of daily living, and risk for rehospitalization no later than eight hours after admission. (Refer to PC.01.02.03, EP 17) Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.

The Joint Commission

Standard	EP	Certification Option	Standard Text	EP & Addendum Text
PC.01.02.15	8	PAC	The organization provides for diagnostic testing.	For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization develops written procedures for managing the critical results of tests and diagnostic procedures including the following: - The definition of critical results of tests and diagnostic procedures - By whom and to whom critical results of tests and diagnostic procedures are reported - The acceptable length of time between the availability and reporting of critical results of tests and diagnostic procedures, including any critical results of tests and diagnostic procedures received postdischarge or transfer - The acceptable length of time between the reporting of critical results of tests and diagnostic procedures and the response, including intervention 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.02.01.05	30	PAC	The organization provides interdisciplinary, collaborative care, treatment, and services.	For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization has a written plan to access a licensed independent practitioner should the organization be unable to communicate with the attending or on-call licensed independent practitioner regarding a change in a patient's condition. Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.
PC.02.01.19	2	PAC	For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization recognizes and responds to changes in a patient's condition. Note: Organizations are not required to create rapid response teams or medical emergency teams in order to meet this standard. The existence of these types of teams does not mean that all of the elements of performance are automatically achieved.	For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization develops and follows written criteria describing early warning signs of a change or deterioration in a patient's condition and when to seek further assistance. Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.
PC.02.02.03	6		The organization makes food and nutrition products available to its patients and residents.	The organization prepares food and nutrition products under proper conditions of sanitation, temperature, light, moisture, and ventilation.

The Joint Commission

Standard	EP	Certification Option	Standard Text	EP & Addendum Text
PC.02.02.03	11		The organization makes food and nutrition products available to its patients and residents.	The organization stores food and nutrition products, including those brought in by patients and residents or their families, under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.
PI.01.01.01	30	PAC	The organization collects data to monitor its performance.	For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization collects data relevant to patient readmissions from the organization to the hospital, emergency department, or other rehabilitation or advanced care setting. Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.
PI.01.01.01	31	PAC	The organization collects data to monitor its performance.	For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization collects data on opportunities for improvement identified following the patient's discharge. Note: This element of performance applies only for those patients receiving post-acute care under the optional certification. (See also PC.04.02.02, EP 1)
WT.01.01.01	8		Policies and procedures for waived tests are established, current, approved, and readily available.	Clinical use of results is consistent with the organization's policies and the manufacturers' recommendations for waived tests.
WT.05.01.01	3		The organization maintains records for waived testing.	Quantitative test result reports in the patient's or resident's clinical record for waived testing are accompanied by reference intervals (normal values) specific to the test method used and the population served. Note 1: Semiquantitative results, such as urine macroscopic and urine dipsticks, are not required to comply with this element of performance. Note 2: If the reference intervals (normal values) are not documented on the same page as and adjacent to the waived test result, they must be located elsewhere within the patient's or resident's permanent clinical record. The result must have a notation directing the reader to the location of the reference intervals (normal values) in the patient's or resident's clinical record.

The Joint Commission

Appendix

Report Section Information

SAFER™ Matrix Description

All Requirements for Improvement (RFIs) are plotted on the SAFER matrix according to the likelihood the issue could cause harm to patient(s), staff, and/or visitor(s), and the scope at which the RFI is observed. Combined, these characteristics identify a risk level for each RFI, which in turn will determine the level of required post-survey follow up. As the risk level of an RFI increases, the placement of the standard and Element of Performance moves from the bottom left corner to the upper right. The definitions for the Likelihood to Harm a Patient/Staff/Visitor and Scope are as follows:

Likelihood to Harm a Patient/Staff/Visitor:

- Low: harm could happen, but would be rare
- Moderate: harm could happen occasionally
- High: harm could happen any time

Scope:

- Limited: unique occurrence that is not representative of routine/regular practice
- Pattern: multiple occurrences with potential to impact few/some patients, staff, visitors and/or settings
- Widespread: multiple occurrences with potential to impact most/all patients, staff, visitors and/or settings

The Evidence of Standards Compliance (ESC) or Plan of Correction (POC) forms with findings of a higher risk will require two additional fields within the ESC or POC. The organization will provide a more detailed description of Leadership Involvement and Preventive Analysis to assist in sustainment of the compliance plan. Additionally, these higher risk findings will be provided to surveyors for possible review or onsite validation during any subsequent onsite surveys, up until the next full triennial survey occurs. The below legend illustrates the follow-up activity associated with each level of risk.

SAFER™ Matrix Placement	Required Follow-Up Activity
HIGH/LIMITED HIGH/PATTERN HIGH/WIDESPREAD	<ul style="list-style-type: none"> Two additional areas surrounding Leadership Involvement and Preventive Analysis will be included in the ESC or POC Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full survey or review
MODERATE/PATTERN MODERATE/WIDESPREAD	
MODERATE/LIMITED LOW/PATTERN LOW/WIDESPREAD	<ul style="list-style-type: none"> ESC or POC will not include Leadership Involvement and Preventive Analysis
LOW/LIMITED	

The Joint Commission

Appendix

Report Section Information

Requirements for Improvement Description

Observations noted within the Requirements for Improvement (RFI) section require follow-up through the Evidence of Standards Compliance (ESC) process. The identified timeframes for submission for each observation are found in the Executive Summary section of the Final Report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame to perform the unannounced follow-up visit is dependent on the scope and severity of the issue identified within Requirements for Improvement.

The Joint Commission

Appendix

Report Section Information

Clarification Instructions

Documents not available at the time of survey

Any required documents that are not available at the time of survey will no longer be eligible for the clarification process. These RFIs will become action items in the post-survey ESC process.

Clerical Errors

Clerical errors in the report will no longer be eligible for the clarification process. The Joint Commission will work with the organization to correct the clerical error, so that the report is accurate. The corrected RFIs will become action items in the post-survey process.

Audit Option

There will no longer be an audit option as part of the clarification process. With the implementation of the SAFER™ matrix, the "C" Element of Performance (EP) category is eliminated. The "C" EPs were the subject of Clarification Audits.

The clarification process provides an organization the opportunity to demonstrate compliance with standards that were scored “not compliant” at the time of the survey. The organization has 10 business days from the date the report is published on the extranet site to submit the clarification. *The Evidence of Standards Compliance (ESC) due dates will remain the same whether or not the organization submits a clarification and/or is successful in the clarification process.*

Clarifications may take either of the following forms:

- An organization believes it had adequate evidence available to the surveyor(s) and was in compliance **at the time of the survey**. (Please note that actions taken during or immediately after the survey will not be considered.) The organization must use the clarification form to support their contention.
- The organization has detailed evidence that was not immediately available **at the time of the survey**. The clarification must include an explanation as to why the surveyor(s) did not have access to the information or why it was not provided to the surveyor(s) at the time of the survey. However, any required documents that are not available at the time of survey are not eligible for the Clarification Process. These RFIs will become action items in the post-survey ESC process.
- Please do not submit supplemental documentation unless requested by The Joint Commission. If additional information is requested, the organization will be required to highlight the relevance to the standards in the documentation.



Grand Traverse Pavilions

A COMMUNITY CARING FOR GENERATIONS

July 17, 2023,

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

FROM: Rose Coleman *[Signature]*
CEO/Administrator

RE: June Report

On June 1, Coleman, Lindsey Dood, Finance Director and Clayton Wagatha, Volunteer Coordinator, attended the Traverse Connect event at Flight Path Creative.

On June 5, Coleman attended the PACE North Board Meeting.

On June 7, Coleman, Dood, Dennis Prout, Foundation Board President, and legal counsel Jeff Segal, attended a conference call with Bob Montanari (NCB Representative) to let Mr. Montanari know about the developments with PACE North including the discussion by PACE North to terminate the management agreement and GTP and the GTP Foundation's objection.

On June 14, 15 and 16, Coleman, Dood attended the MCMCFC Spring Management Conference including sessions on legal, reimbursement and survey updates.

On June 20, Coleman attended the GTP Foundation Board meeting.

On June 30, Coleman, Darcey Gratton, Administrative Services Director and Clayton Wagatha, Volunteer Coordinator, attended an events Committee meeting to finalize Concert on the Lawn details with Foundation Board member Penny Hanks.

On June 21 and 28, Dood participated in the MDHHS small workgroup webinar to discuss nursing home reimbursement proposals. Confirmed change in timeframe for implementation to FY 2025 beginning 10/1/2024.

On June 12, Dood attended a meeting with Plante Moran IRS Advocacy advisors to prepare for a June 13 meeting with the Internal Revenue Service. Dood represented the Pavilions in the June 13 meeting with the Internal Revenue Service that was also attended by Plante Moran representatives.

Ongoing work on the 2022 financial statement audit including a meeting with Jon Lanczak on June 21 to review the revised Medicaid rate and CPE settlement, meeting with the audit partner Peter Haefner on June 19 and June 22 to review remaining questions regarding the Foundation and GTP audit including a walk through of internal control procedures.

On June 22 and 28, Dood met via Teams with Rob Long (Plante Moran) to review the strategic planning objectives and provide updated operational results and hour and census statistics.

Throughout the month of June we had 34 admissions/re-admissions and 34 discharges. One Rehab resident transferred upstairs for long term care.

The Wellness Center saw the following patients this month: Medicare A: 18; Medicare Advantage Skilled: 23; Medicare B: Outpatient: 73; Medicare B: Inpatient: 55; Private Insurance: Outpatient: 14; Private Insurance: Inpatient:1; Work compensation: Outpatient: 1; Private pay: Outpatient: 1; Private pay: Inpatient: 0. Auto: Outpatient: 3; Auto: Inpatient:0.

For the cottages, in the month of June there were 3 admissions, 1 respite stay, 2 in-house transfers and 1 death. Shelby Mack, Residential Services Director, attended the Leelanau County Senior Expo on June 20th, set up a booth and handed out GTP information, talked with interested parties and networked with other senior service leaders in the community. Floor Covering Brokers completed the 1st floor common areas and affected resident rooms at Hawthorn, cottage ES staff working on putting the finishing touches on rooms, anticipating three residents to relocate back to their original apartments by the end of July.

Kari Belanger and Linda Burton, Recreational Therapists, completed a total of 43 video chats over FaceTime, Google Duo or Zoom.

A few of the activities and special events that occurred in June included: donuts & trivia to celebrate National Donut Day, ice cream & soda float socials, hulling strawberries & making homemade biscuits for strawberry shortcake; cleaning/slicing and making up a fresh veggie tray to have at happy hour; breakfast club, honoring and celebrating residents at the June birthday luncheon; planting flowers & vegetable plants in the raised beds located in the courtyards, weeding/watering the flower beds; live streaming of various local church services & Catholic Mass and Rosary; playing various card & table games; music performances/sing-along with John Nedlo and Tally & Bob Green; trivia/fun facts and reminiscing; Bingo and Bingo Store; sitting out on the back porch area after dinner for reminiscing; and watching movies and the Detroit Tigers baseball games on the big screen television.

During the month of June, residents enjoyed a trip to the Traverse City Pit Spitters ballpark to catch a day-time baseball game, lunch at Olive Garden and two trips to Moomer's for ice cream due to the popularity of this local favorite ice cream shop.

Resident Council meetings were held on June 28 and 29 respectively.

Recruitment is underway for the following open positions: CNAs; Universal Workers; Environmental Services, Social Services and Child Care Assistant.

Five Employees were hired in June – 2 Full-time Universal Workers, 1 On-Call Universal Worker, 1 Full-time CNA, 1 Per Diem Physical Therapy Assistant. A total of 35 applications were received in June.

In June there were 7 Resignations; 3 CNAs; 2 Nurse Aide; 1 Clinical Services Director; 1 Child Care Assistant and 3 Terminations; 1 On-Call CNA – Failure to comply with On-Call Policy; 1 Housekeeper – Poor Job Performance; 1 Child Care Assistant – Violation of Attendance Policy during probationary period.

In June, 2 employee referrals were received.

There were 6 new and 1 renewed unemployment claims filed in June. Holibaugh responded to 7 questionnaires. No charges were applied to our account for the second quarter of 2023.

In the period of May 14 – June 17 there were 444 CNA hours and 376 Recreational Therapist hours worked in Activities.

On the morning of June 1, we had a visitor from the nearby homeless camp trying to get into the building. Because of this, we are locking the doors with delayed egress mag locks to prevent them from opening from the outside when pulled on. On June 8, Coggins, and Rose Coleman, CEO/Administrator, met with Dan Buron and Ryan Hannon of Goodwill Industries, regarding the visitor from the local homeless camp. We discussed what we can do to help, as well as discussed, some programs that are being worked on to assist the homeless.

On June 6, Coggins attended an on-line meeting regarding continuity of operations, hosted by regions 6 and 7 Healthcare Coalitions.

On June 7, Coggins attended an on-line webinar regarding fire, life safety, and emergency preparedness, hosted by Leading Age.

On June 12, Coggins attended an emergency management meeting hosted by Munson Medical Center.

On June 14, Coggins and Kujawski had a kickoff phone call for our new WorxHub work order software.

On June 14, Coggins and Kujawski met with Audrey Menninga from the Northwest Michigan Invasive Species Network to discuss the next step in eliminating our infestation of Japanese Knotweed in the Aspen outdoor courtyard. They will continue to treat this, but it will be at least two years before we can start planting in the center area of that courtyard.

On June 20, Coggins attended the Foundation Board meeting to discuss the plans and progress of the courtyard upgrades we are currently engaged in.

On June 27, Coggins met with Cecil McNally, DHHS Board Chairman, to discuss costs of the upcoming PACE renovations, and opportunities to reduce some of the costs.

On June 27, Coggins and Kujawski had an online meeting with Apryl Smith of the WorxHub to discuss our progress on the new work order software.

GRAND TRAVERSE PAVILIONS MEMORANDUM

Financial Operations Report
June 2023

Grand Traverse Pavilions Combined

REVENUE:

The overall revenue for the Pavilions in June was \$2,013,632 resulting in an unfavorable budget variance of \$541,956. Revenue for June included estimated Medicaid reimbursement for the Medical Care facility from the rate reconciliation and the Certified Public Expenditures programs of \$325,000. This estimate will be updated for actual costs, occupancy, costs and charges before the financial statements are audited. There was a year-to-date negative adjustment to the Quality Assurance Supplement Revenue of \$148,847 to reflect the lower amount earned based on the difference between the budgeted census and actual census for the year. We have implemented a new process to track this monthly going forward.

EXPENSES:

The total overall operating expenses for the Pavilions in June were \$2,457,367 resulting in a favorable variance to budget of \$22,396.

NET INCOME/LOSS:

There was a net loss of \$527,568 from the combined programs of the Pavilions in June resulting in an unfavorable budget variance of \$519,560.

OPERATING CASH:

Total unassigned operating cash on hand at month-end was (\$1,492,987). This was a decrease (cash burn) of \$1,162,110. This compared to April's net use of \$712,087 and May's net use of \$388,707.

Payments made during the month pursuant to the approved Medicare and Medicaid payment plans for past liabilities were approximately \$131,000. Two payments were made for dietary services during the month for approximately \$550,000 whereas none were made in May.

Other cash inflows and outlays were typical.

Plante Moran's IRS Advocacy Group continues to represent the Pavilions in the IRS audit and responded on July 14 to the latest information request. Our responses have been slowed intentionally to take advantage of the experience Plante Moran is having in the numerous other IRS audits they are handling for other providers.

We are still waiting for the payment of Certified Public Expenditures and a Medicaid rate reconciliation in September.

Audits for the 2021 Medicaid cost report have been completed with minor adjustments, The 2022 Pavilions financial statements and the 2022 Foundation financial statements should be complete by the time of your July meeting. We are also working on configuring Point Click Care, our 9/1/2023 general ledger, billing and accounts payable software.

VOUCHERS:

Purchase orders, invoices, checks written, and supporting documentation reviewed for voucher numbers 5451-5458 for the month of June and were in order without exception.

Grand Traverse Medical Care

REVENUE:

The census for June averaged 132 residents which was twenty-three below the budgeted census and three less than the prior month. Private pay census was seven below budget, Medicare was seven above, Medicaid was twenty-four below and Hospice was one above budgeted census. Total resident revenue was \$1,408,725 (excluding the rate adjustments) resulting in a \$127,515 unfavorable budget variance. The occupancy for June was 55% of licensed beds and 84% of available beds.

Other revenue equaled \$362,129, which produced a negative budget variance of \$433,905. 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 totaling \$40,370. Total revenue for June was \$1,763,354 which produced an unfavorable budget variance of \$561,420.

EXPENSES:

Operating Expenses for the month equaled \$2,171,873 which was a favorable budget variance of \$74,262.

NET INCOME/LOSS:

Grand Traverse Medical Care produced a net loss of \$469,031 for the month, which resulted in a \$487,296 unfavorable budget variance.

RECEIVABLES:

Total cash collected on accounts receivable in June for Grand Traverse Medical Care was \$1,283,493, a decrease of \$28,939 from the prior month and

represented 87.5% of the prior month SNF resident revenue. The shortfall was due to a timing issue with Hospice of Michigan issuing their payment for April and May services. That has been corrected by them in July.

WELLNESS CENTER

Total revenue for the Wellness Center in June was \$172,570 (up \$12,718 from the prior month) while total expenses equaled \$133,569 down \$8,246. This produced net income from the Wellness Center operations of \$39,001, an increase of \$20,964 from the prior month. Grand Traverse Medical Care's financial report incorporates these amounts.

The Cottages

REVENUE:

Total revenue of \$250,278 generated a \$19,464 favorable variance to the budget. The average census for the Cottages-Assisted Living was 57 residents during the month (up four from the prior month and five below budget), representing 74% occupancy. There were 7 days of overnight respite provided during the month. Hawthorn Lofts-Independent Living average census was 1 resident per day for 33% occupancy (two vacant as of the end of the month).

EXPENSES:

Expenses for June (before depreciation) were \$285,494, which was above the budgeted amount by \$51,866 for an unfavorable variance. Dietary costs again represent \$48,083 of the variance.

NET INCOME/LOSS:

The program had a net loss for the month of \$58,537 resulting in an unfavorable variance of \$32,402.

RECEIVABLES:

There are two problematic private account receivable totaling \$13,565. There is \$28,761 outstanding from the waiver program. There is also \$32,475 outstanding from Pace North.

Unassigned Fund Balance

Approved 2023 Operating Budget	\$ 30.8M
Unassigned Fund Balance Target Percentage	20%
Unassigned Fund Balance Target Amount	\$6.2M
Current Unassigned Fund Balance* ** ***	(\$1.5M)
Current Fund Balance as a percentage of Operating Budget	(5%)
Amount Available Above/ (Below) Target	(\$7.7) M

****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.**

*****Excludes \$6.118M receivable (plus interest) from the Internal Revenue Service for the Employee Retention Credit expected by the middle of September.**

*****Also excludes for the year ending 12/31/22 a \$1.15M estimated receivable from the Medicaid rate settlement process due from the State of Michigan expected no later than October 1, 2023).**

*****Also excludes \$2.2M estimated receivable from Medicaid rates and CPE for 2023.**

Total amounts due from the IRS and MDHHS are \$9.468M

**GRAND TRAVERSE PAVILIONS
COMBINED STATEMENTS**

MONTHLY FINANCIAL REPORT

June 2023

<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	\$ 1,763,354	\$ 2,324,774	\$ (561,420)	\$ 11,747,843	\$ 14,004,582	\$ (2,256,739)
Cottages	250,278	230,814	19,464	1,481,391	1,384,884	96,507
TOTAL REVENUE	<u>\$ 2,013,632</u>	<u>\$ 2,555,588</u>	<u>\$ (541,956)</u>	<u>\$ 13,229,234</u>	<u>\$ 15,389,466</u>	<u>\$ (2,160,232)</u>
 <u>PROGRAM EXPENSES</u>						
G.T. Medical Care	\$ 2,171,873	\$ 2,246,135	\$ 74,262	\$ 12,547,824	\$ 13,516,142	\$ 968,318
Cottages	285,494	233,628	(51,866)	1,548,110	1,402,496	(145,614)
TOTAL EXPENSES	<u>\$ 2,457,367</u>	<u>\$ 2,479,763</u>	<u>\$ 22,396</u>	<u>\$ 14,095,934</u>	<u>\$ 14,918,638</u>	<u>\$ 822,704</u>
 <u>DEPRECIATION</u>						
G.T. Medical Care	\$ 60,512	\$ 60,650	\$ 138	\$ 363,072	\$ 363,900	\$ 828
Cottages	23,321	23,450	129	\$ 139,931	\$ 140,700	\$ 769
Total Depreciation	<u>\$ 83,833</u>	<u>\$ 84,100</u>	<u>\$ 267</u>	<u>\$ 503,003</u>	<u>\$ 504,600</u>	<u>\$ 1,597</u>
 <u>NET INCOME/(LOSS)</u>						
G.T. Medical Care	\$ (469,031)	\$ 17,989	\$ (487,158)	\$ (1,163,053)	\$ 124,540	\$ (1,287,593)
Cottages	(58,537)	(26,264)	(32,402)	(206,650)	(158,312)	(48,338)
OVERALL NET INCOME/(LOSS)	<u>\$ (527,568)</u>	<u>\$ (8,275)</u>	<u>\$ (519,560)</u>	<u>\$ (1,369,703)</u>	<u>\$ (33,772)</u>	<u>\$ (1,335,931)</u>

GRAND TRAVERSE PAVILIONS

GRAND TRAVERSE MEDICAL CARE MONTHLY FINANCIAL REPORT

June 2023

RESIDENT REVENUE	ACTUAL	BUDGET	VARIANCE	Y-T-D ACTUAL	Y-T-D BUDGET	Y-T-D VARIANCE
Private	\$ 240,498	\$ 306,850	\$ (66,352)	\$ 1,738,376	\$ 1,850,910	\$ (112,534)
Medicare	290,414	178,550	111,864	1,519,732	1,076,060	443,672
Medicaid	877,813	1,050,840	(173,027)	5,289,714	6,340,062	(1,050,348)
Total Resident	\$ 1,408,725	\$ 1,536,240	\$ (127,515)	\$ 8,547,822	\$ 9,267,032	\$ (719,210)
OTHER REVENUE & (EXPENSES)						
Donations	\$ -	\$ 20,833	\$ (20,833)	\$ -	\$ 124,998	\$ (124,998)
Pace North	15,000	36,648	(21,648)	45,000	219,888	(174,888)
Child Day Care	10,391	7,750	2,641	56,926	46,500	10,426
Miscellaneous	388,335	634,381	(246,046)	2,707,974	3,806,286	(1,098,312)
QAS / QAAP/QMI - Net	(51,597)	96,422	(148,019)	435,121	584,878	(149,757)
Total Other Revenue	\$ 362,129	\$ 796,034	\$ (433,905)	\$ 3,245,021	\$ 4,782,550	\$ (1,537,529)
LESS:						
Bad Debts	7,500	7,500	-	45,000	45,000	-
TOTAL REVENUE	\$ 1,763,354	\$ 2,324,774	\$ (561,420)	\$ 11,747,843	\$ 14,004,582	\$ (2,256,739)
OPERATING EXPENSES						
Administration	\$ 151,803	\$ 92,774	\$ (59,029)	\$ 729,853	\$ 592,062	\$ (137,791)
Financial Mgmt.	149,759	140,836	(8,923)	844,893	854,984	10,091
Human Resources	28,117	39,303	11,186	201,565	237,286	35,721
Environmental Services	177,610	159,204	(18,406)	956,858	902,058	(54,800)
Housekeeping	82,657	89,228	6,571	486,188	537,902	51,714
Laundry	37,465	43,476	6,011	226,617	262,008	35,391
Food Services	215,062	250,000	34,938	1,386,878	1,500,000	113,122
Resident Care	1,059,998	1,164,043	104,045	6,335,176	7,018,328	683,152
Therapy	121,569	120,671	(898)	702,461	728,212	25,751
Ancillaries	48,750	18,800	(29,950)	141,291	112,800	(28,491)
Diversional Therapy	34,919	42,338	7,419	181,221	255,129	73,908
Human Services	22,804	29,919	7,115	139,236	180,400	41,164
Child Care	24,154	25,441	1,287	137,447	154,191	16,744
Volunteer Services	6,017	5,954	(63)	11,006	35,894	24,888
Pace North	-	11,648	11,648	-	69,888	69,888
Depreciation-Equip	11,189	12,500	1,311	67,134	75,000	7,866
OPERATING EXPENSES	\$ 2,171,873	\$ 2,246,135	\$ 74,262	\$ 12,547,824	\$ 13,516,142	\$ 968,318
Income/(Loss) before Bldg Depreciation	\$ (408,519)	\$ 78,639	\$ (487,158)	\$ (799,981)	\$ 488,440	\$ (1,288,421)
Less Building Depreciation	60,512	60,650	138	363,072	363,900	828
Net Income(Loss)	\$ (469,031)	\$ 17,989	\$ (487,296)	\$ (1,163,053)	\$ 124,540	\$ (1,289,249)

**GRAND TRAVERSE PAVILIONS
COTTAGES**
MONTHLY FINANCIAL REPORTS

June 2023

<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	\$ 249,380	\$ 229,914	\$ 19,466	\$ 1,361,083	\$ 1,379,484	\$ (18,401)
Sub-Total	<u>\$ 249,380</u>	<u>\$ 229,914</u>	<u>\$ 19,466</u>	<u>\$ 1,361,083</u>	<u>\$ 1,379,484</u>	<u>\$ (18,401)</u>
<u>OPERATING EXPENSES</u>						
Operating Expenses	\$ 285,494	\$ 233,628	\$ (51,866)	\$ 1,548,110	\$ 1,402,496	\$ (145,614)
Sub-Total	<u>\$ 285,494</u>	<u>\$ 233,628</u>	<u>\$ (51,866)</u>	<u>\$ 1,548,110</u>	<u>\$ 1,402,496</u>	<u>\$ (145,614)</u>
Operating Income/(Loss)	<u>\$ (36,114)</u>	<u>\$ (3,714)</u>	<u>\$ (32,400)</u>	<u>\$ (187,027)</u>	<u>\$ (23,012)</u>	<u>\$ (164,015)</u>
<u>OTHER INCOME / EXP.</u>						
Miscellaneous Income	\$ 898	\$ 900	\$ (2)	\$ 4,662	\$ 5,400	\$ (738)
Donation Income	-	-	-	115,646	-	115,646
Bad Debt Expense	-	-	-	-	-	-
Total Other Inc./(Exp.)	<u>\$ 898</u>	<u>\$ 900</u>	<u>\$ (2)</u>	<u>\$ 120,308</u>	<u>\$ 5,400</u>	<u>\$ 114,908</u>
Income/(Loss) before Bldg Depreciation	<u>\$ (35,216)</u>	<u>\$ (2,814)</u>	<u>\$ (32,402)</u>	<u>\$ (66,719)</u>	<u>\$ (17,612)</u>	<u>\$ (49,107)</u>
Less Building Depreciation	23,321	23,450	129	139,931	140,700	769
NET INCOME(LOSS)	<u><u>\$ (58,537)</u></u>	<u><u>\$ (26,264)</u></u>	<u><u>\$ (32,273)</u></u>	<u><u>\$ (206,650)</u></u>	<u><u>\$ (158,312)</u></u>	<u><u>\$ (49,876)</u></u>

GRAND TRAVERSE PAVILIONS
CHILD DAY CARE
 MONTHLY FINANCIAL REPORTS

June 2023

<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	\$ 10,391	\$ 7,750	\$ 2,641	\$ 56,926	\$ 46,500	\$ 10,426
Sub-Total	<u>\$ 10,391</u>	<u>\$ 7,750</u>	<u>\$ 2,641</u>	<u>\$ 56,926</u>	<u>\$ 46,500</u>	<u>\$ 10,426</u>
<u>OPERATING EXPENSES</u>						
Operating Expenses	\$ 24,154	\$ 25,441	\$ 1,287	\$ 137,447	\$ 154,191	\$ 16,744
Sub-Total	<u>\$ 24,154</u>	<u>\$ 25,441</u>	<u>\$ 1,287</u>	<u>\$ 137,447</u>	<u>\$ 154,191</u>	<u>\$ 16,744</u>
Operating Income/(Loss)	<u>\$ (13,763)</u>	<u>\$ (17,691)</u>	<u>\$ 3,928</u>	<u>\$ (80,521)</u>	<u>\$ (107,691)</u>	<u>\$ 27,170</u>
<u>OTHER INCOME / EXP.</u>						
Donation/Misc Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grant Income	-	-	-	-	-	-
Bad Debt Expense	-	-	-	-	-	-
Total Other Inc./(Exp.)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Net Income/(Loss)	<u>\$ (13,763)</u>	<u>\$ (17,691)</u>	<u>\$ 3,928</u>	<u>\$ (80,521)</u>	<u>\$ (107,691)</u>	<u>\$ 27,170</u>

**Grand Traverse Pavilions
Social Accountability Summary
For the month and YTD ending**

6/30/2023

	Total # of Residents/ Participants	Percent of Participants	Monthly Amount	Percent of Revenue	Year to Date Amount	Annual Projections
Grand Traverse Medical Care						
Medicaid - *Contractual Allowance	102	63.8%	196,063	11%	1,246,234	2,600,000
Medicare - *Contractual Allowance	40	25.0%	128,753	7%	518,727	675,000
Total Skilled Nursing	142	88.8%	324,816	19%	1,764,961	3,275,000
Child Day Care						
Employee discounts	34	100%	4,068	39%	24,003	60,000
Assisted Living/Cottages						
Grant Scholarships	6	10%	13,791	6%	92,209	156,000
Total Dollars			<u>342,675</u>		<u>1,881,173</u>	<u>3,491,000</u>

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

	Current Month	YTD
Volunteer Hours		
Board and committee meetings	19.50	37.50
Childcare	8.50	64.75
Cottage Activities	59.75	339.25
Skilled Nursing Facility	75.25	133.75
Adopt a Grandparent	3.00	20.00
Total hours	166.00	595.25
Prior Year	109.00	433.00
Change	57.00	162.25

GRAND TRAVERSE PAVILIONS
Grand Traverse Medical Care

7

PURCHASE OF EQUIPMENT AND SERVICES REQUEST FORM

Following is a request for your approval to purchase the detailed equipment or services, with supporting documentation.

A. Requesting Grand Traverse Pavilions Department: Environmental Services

B. Item: Hawthorn chiller repair

C. Specifications: Remove and replace two compressors in the Hawthorn cottage chiller.

D. Bids Solicited From:

- 1. John E. Green Company City Traverse City Date 7/20/23
- 2. _____ City _____ Date _____
- 3. _____ City _____ Date _____
- 4. _____ City _____ Date _____

E. Bids Received:

- 1. John E. Green Company Date 7/20/23 \$ 16,585
- 2. _____ Date _____ \$ _____
- 3. _____ Date _____ \$ _____
- 4. _____ Date _____ \$ _____

F. Variances in Bidder's Equipment or Services Being Offered:

G. Recommendation: John E. Green Company

H. Justification for Recommendation: Preferred contractor

I. Purchase Budgeted: Yes No

How Funded: Capital Budget

[Signature]

Finance Director

(Purchase up to \$1,500.00)

7-20-23

Date

[Signature]

Administrator/CEO

(Purchase up to \$5000.00)

7/20/23

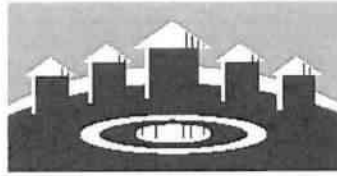
Date

Cecil McNally, Chair

Date

Grand Traverse County Department of Health & Human Services Board

(Purchase over \$5000.00)



Grand Traverse Pavilions

A COMMUNITY CARING FOR GENERATIONS

MEMORANDUM

July 20, 2023

TO: Lindsey Dood
FROM: Tim Coggins
Environmental Services Director
RE: Hawthorn Cottage Chiller Repair Request

Lindsey,

Attached please find the request to repair the chiller at Hawthorn cottage.

This chiller is original to the building and has been in service since opening. In 2017, two of the four compressors were replaced, and are running fine. The chiller marginally can keep up with the summer temperatures, and the two compressors are working harder than normal. In the event of higher temperatures than we have been experiencing, the chiller may fail.

I am recommending John E. Green Company perform this work, as they are the preferred contractor that has performed work for us in the past. The cost for this project is \$16,585.00.

Thank you.

A handwritten signature in black ink, appearing to read 'Tim Coggins', written in a cursive style.

Tim Coggins
Environmental Services Director



PROPOSAL

Date: July 20, 2023
 To: Grand Traverse Pavilions
 Attn: Tim Coggins
 From: Tim Coen
 Project: Grand Traverse Pavilions – Traverse City
 Compressors – Hawthorn Cottage

Estimate No.: EM-23-0214

John E. Green Company ("JEG") proposes to perform the scope of work described below for the Project. This Proposal includes applicable taxes – see below.

TOTAL BASE BID: \$ 16,585.00

Alternate No.	Description	Add/Deduct	Amount
1	In lieu of replacing and installing new compressors, only leak check system, repair leak, change oil in compressor and charge with refrigerant R-407-C	DEDUCT	\$12,360.00

JEG's scope of work **includes** the following:

1. Per service request/site visit
2. HVAC
 - a. Remove and dispose of two (2) existing tandem Copland compressors in the Hawthorn Cottage
 - b. Furnish and install two (2) new tandem Copland compressors in the Hawthorn Cottage
 - Includes new filter driers
 - Includes new contactors
 - Includes new R-407C refrigerant
3. Field coordination

JEG's scope of work **excludes** all other work not specifically included above, including but not limited to, the following:

Piping
 Plumbing
 Fire Suppression
 Design Build
 Fabrication
 HVAC
 Service

1. Permits
2. Engineering or delegated design
3. Site work
4. Plumbing and HVAC demolition
5. Concrete work – scanning, cutting, removal, replacement
6. Excavation and backfill
7. Fire Protection
8. Painting
9. Structural steel work
10. Electrical work
11. Premium time labor
12. Seismic restraints
13. Architectural work, cut and patch of floors, walls, ceilings, and roofs
14. Hazardous material identification, testing, abatement, or disposal
15. Undisclosed site conditions
16. Performance and payment bonds

Clarifications:

1. All isolation valves are assumed to be in good working order. Any repairs or replacements will be performed at current time and material rates.
2. This Proposal assumes that the existing structure and utilities are properly sized, in good mechanical condition, and have sufficient capacity to handle the new intended loads. Any infrastructure upgrades or existing utility relocations will require Customer approval before proceeding on a time and material basis or as additionally quoted.

Tax:

1. For taxable projects, applicable taxes have been included in this Proposal.
2. For non-taxable projects, no sales tax has been included in this Proposal. For partially taxable projects, partial sales tax has been included in this Proposal. Both non-taxable and partially taxable projects require the Customer to issue a valid States Sales and Use Tax exemption certificate to receive the tax exemption. If this certificate is not provided to JEG prior to Contract award, full state sales and use tax will be added to the Proposal and Contract prior to acceptance.

This Proposal is subject to JEG's Customer Terms and Conditions which are incorporated by reference and accessible at www.johngreen.com. Please contact us if you have any questions regarding this Proposal.

Thank you for your consideration.

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

8

Resolution 2023 - 1

Grand Traverse Pavilions/Grand Traverse Medical Care

October 1, 2023--Room Rate Increase

- WHEREAS,** Federal regulations require that an annual operation budget be adopted, and sound management practices recognize the value of budget both as a blueprint and an evaluation tool, and
- WHEREAS,** an operational budget provides the basis for all expenditures levels needed to provide appropriate services, and
- WHEREAS,** a key part of the budget process is to secure adequate revenue, and
- WHEREAS,** the Pavilions Medicaid rate for October 1, 2023 is estimated by Plante Moran to increase to \$410 per day including the Quality Assurance Supplement, and
- WHEREAS,** Medicaid reimbursement is limited to the amount charged for the same service to private pay individuals, and
- WHEREAS,** the current private pay rates are \$370 (regular) and \$375 (dementia services) per day, and
- WHEREAS,** current operating losses indicate a necessity to maximize our Medicaid reimbursement, and
- WHEREAS,** Medicaid will only pay after the service is provided and an incentive is allowed for private payers to pay in advance and, given GTP's current cash position, it is desirable to encourage quick payment for private pay individuals, and
- WHEREAS,** Medicaid reimburses the same for dementia and non-dementia related care and the Pavilions desires to end the distinction in rates,

THEREFORE BE IT

RESOLVED, that the charge for routine services provided on and after October 1, 2023 by the Grand Traverse Pavilions/Grand Traverse Medical Care is hereby raised to \$410.00 per resident. The Pavilions will continue to provide an early pay discount if the bill is paid by the 15th of the month of service without use of a credit card of \$25.00 per day and \$10.00 per day if a credit card is used to make payment. The rate charged to hold a bed is raised to \$205 per day.

APPROVED _____
DISAPPROVED _____

at the July 27, 2023 meeting of the Grand Traverse County Department of Health and Human Services Board.

Cecil McNally, Chair
Grand Traverse County Department of Health and Human Services Board

Grand Traverse Pavilions Foundation
BALANCE SHEET
JUNE 30, 2023

9

Assets		
Unrestricted Assets-Cash		
General Cash	76,444.77	
Petty Cash	100.00	
Grand Event	37,712.71	
Concert On The Lawn	73,243.07	
Board Advised Fund	6,801.00	
Activities	3,149.34	
Adult Day Unit	1,136.72	
Memorials	19,477.29	
Total Unrestricted Cash		218,064.90
Restricted Assets-Cash		
Lights of Love	6,550.00	
Campus Beautification	45,732.56	
Caregiver Conference	2,541.10	
Grants	10,008.08	
Gwen Rauch Memorial Emp Cancer	14,482.29	
Benevolent Fund	16,630.00	
Adult Day Services Fund	1,764.58	
Wellness Center Fund	4,958.98	
Total Restricted Cash		102,667.59
Total Cash-Restricted and Unrestricted		320,732.49
Restricted Assets-Investments		
Employee Education Endowment F	65,682.49	
Pet Care Endowment Fund	58,346.47	
Benevolent Endowment Fund	1,780,112.52	
Total Restricted Assets-Investments		1,904,141.48
Total Assets		2,224,873.97
Liabilities and Equity		
Liabilities		
Accounts Payable	3,750.00	
Total Liabilities		3,750.00
Equity		
Retained Earnings	2,118,121.38	
Retained Earnings-Current Year	103,002.59	
Total Equity		2,221,123.97
Total Liabilities and Equity		2,224,873.97

Grand Traverse Pavilions Foundation
INCOME STATEMENT

FOR THE SIX PERIODS ENDED JUNE 30, 2023

	PERIOD TO DATE ACTUAL	YEAR TO DATE ACTUAL
Revenue		
Donation Inc - Annual Campaign	50,000.00	73,362.43
Donation Inc - Concert On The	.00	1,000.00
Donation Inc - Gwen Rauch Mem	.00	630.00
Donation Inc - Activities	100.00	680.00
Donation Inc - Benevolent	.00	16,630.00
Donation Inc - Wellness Center	.00	131.31
Donation Inc - (Unrestricted)	885.00	1,075.00
Sponsorship Inc - Concert On T	.00	19,999.00
Grant Income	.00	4,000.00
	<hr/>	<hr/>
TOTAL Revenue	50,985.00	117,507.74
	<hr/>	<hr/>
Gross Profit	50,985.00	117,507.74
Operating Expense		
Programming Exp-Employee Cance	250.00	500.00
Programming Exp - Sp Proj Misc	.00	12,800.00
Programming Exp - Benevolent	.00	115,645.68
Programming Exp - Emp Edu	.00	2,195.80
Financial Statement Audit	3,750.00	5,750.00
Investment Advisory Fees	793.76	4,797.87
Charge Card Discount Fee	59.50	467.98
	<hr/>	<hr/>
TOTAL Operating Expense	4,853.26	142,157.33
	<hr/>	<hr/>
Net Income from Operations	46,131.74	(24,649.59)
Other Income and Expense		
Investment Income (Loss)		
Unrealized Gains (Losses)	57,900.26	105,309.84
Interest and Dividend Income	6,282.27	22,342.34
	<hr/>	<hr/>
TOTAL Investment Income (Loss)	64,182.53	127,652.18
	<hr/>	<hr/>
TOTAL Other Income and Expense	64,182.53	127,652.18
	<hr/>	<hr/>
Earnings before Income Tax	110,314.27	103,002.59
	<hr/>	<hr/>
Net Income (Loss)	110,314.27	103,002.59
	<hr/>	<hr/>

GRAND TRAVERSE PAVILIONS
Service Excellence Award Program

10

June 2023

Date: 06/05/2023
Employee: Karleen Romatz
Awarded for: Being a team player and helping with a challenging assignment.
Position: CNA
Nominated by: Kimberly Silvas

Date: 06/12/2023
Employee: Vincent Strelczuk
Awarded for: Thank you so much for all your help in setting up the tables, chairs, and tent for the Smart Commute breakfast. We appreciate you taking the time to help us out.
Position: Maintenance
Nominated by: GT Pavilions HR Team

Date: 06/12/2023
Employee: Krissie Kackman
Awarded for: Thank you for being patient and helping me with medication management.
Position: RN
Nominated by: Cherry Resident

Date: 06/12/2023
Employee: Heather Finch
Awarded for: Thank you for taking time to help with an early shower before dinner.
Position: CNA
Nominated by: Cherry Resident

Date: 06/19/2023
Employee: Maddison Medler
Awarded for: Maddi is willing to float to any unit whenever she is asked. Maddi always stays busy and is willing to help out her peers in any situation. She is appreciated by all the staff! Maddi always has a positive attitude and the resident's love when she is their CNA. Thank you, Maddi, for always going over and beyond!
Position: CNA
Nominated by: Nikki Dobson

Date: 06/19/2023
Employee: Sarah Hobart
Awarded for: Thank you for your hard work and dedication at the cottages. It has certainly not gone unnoticed, the effort you put in everyday, makes you a joy to work with.
Position: Universal Worker
Nominated by: Shelby Mack

Date: 06/26/2023
Employee: Kim Rosso
Awarded for: Recognized by a client as “very good and takes time to care for each of my needs. They are a 10! They are keepers!” Thank you, Kim, for your attention to your client’s needs and for providing excellent PT Services!
Position: Physical Therapist
Nominated by: Ida Purdy

Date: 06/26/2023
Employee: Jennifer Johnson
Awarded for: Jennifer does an excellent job of greeting and taking care of the needs of our many outpatient clients. She never gets frazzled and is able to handle many tasks at once. Thank you, Jennifer, for keeping things running smoothly.
Position: Therapy Office Manager
Nominated by: Amy Coneset