GRAND TRAVERSE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES BOARD

REGULAR MEETING February 27, 2025

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

2. ROLL CALL

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, <u>et.seq</u>.) 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.

	single I	Board a	ction adopting the consent calendar.	
	A.	Review (1) (2) (3)	r and File Draft Minutes of the 1/30/25 Board Meeting Draft Minutes of the 2/6/25 Special Board Meeting January Resident Council Minutes	HANDOUT# 1 2 3
7.	ITEMS	REMO	VED FROM CONSENT CALENDAR	
8.	CHAIR	MAN R	EPORT	Verbal
9.	SERVI	CE EXC	CELLANCE AWARDS	4
10.	GRAN A. B.	Genera (1) (2) (3)	/ERSE MEDICAL CARE al Information Department of Licensing and Regulatory Affairs – Abbreviated Surve 4 th Quarter Foundation Financials Cottage Masterplan Update Executive Officer Board Report	ey 5 6 Verbal 7
	C.	Busine (1) (2) (3) (4) (5)	ss Financials 2025 Amended Budget Request to Purchase – Replacement of Willow Flooring Request to Purchase – Campus Utility Vehicle Resolution 2025 – 1 – Foundation Trustee Appointment – Croad	8 9 10 11 12

If any item is not removed from the consent calendar, the item on the agenda is approved by a

G.T.P. Announcements

(1) Next Board Meeting – March 27, 2025

11. SECOND PUBLIC COMMENT

Refer to Rules under First Public Comment above.

12. ADJOURNMENT

GRAND TRAVERSE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES BOARD

1000 Pavilions Circle, Traverse City, MI 49684

MINUTES OF THE JANUARY 30, 2025 MEETING

PRESENT: Mary Marois, Carol Crawford, Karen Griggs Dave Hautamaki, Lindsey Dood, Darcey Gratton TJ Andrews

Board Staff Commission

ABESENT: GUESTS:

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

First Public Comment

Robert Barnes Margaret Kroupa

<u>County Liaison Report</u> – Andrews shared there was nothing new to report on the county continuing an Ad hoc committee regarding the Pavilions. However, she noted an annual report is overdue to the County Board of Commissioners and requested for staff to contact County Administration to be added to an agenda during the 2nd quarter.

<u>Approval of Agenda</u> – Chair Marois asked if there were additions, changes or corrections to the agenda. Motion was made by Crawford to approve the agenda as presented. Motion seconded by Griggs and carried unanimously.

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

REVIEW AND FILE

- (1) Draft Minutes of the 12/20/24 Board Meeting
- (2) Closed Minutes of the 12/20/24 Board Meeting
- (3) Draft Minutes of the 12/24/24 Board Meeting
- (4) December Resident Council Minutes

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

Items Removed From Consent Calendar - None

<u>Chairman Report</u> – Marois thanked staff for their support during the change of leadership. Interim Administrator Dave Hautamaki for filling in again as Administrator while the board searches for a permanent replacement of the previous CEO/Administrator Gerard Bodalski. Marois noted it is on the agenda for the board to discuss the process of hiring for this position and management structure. Marois reported the Architectural firm Eckert Wordell will be providing the GTP Foundation Board on February 2nd with a presentation on the Cottage Master Plan. Crawford will be attending the meeting to represent the Board.

Service Excellence Awards – Marois reviewed December's Service Excellence Awards.

<u>4th Quarter Overtime Report</u> – Hautamaki reviewed the report and answered board member's questions.

<u>Chief Executive Officer Report</u> – Hautamaki reviewed the monthly report for December and shared that there was a change in the Director of Nursing (DON) role with Holly Edmondson now filling in as Interim DON until the position can be filled permanently. Hautamaki highlighted on the re-opening of Aspen Pavilions, increased census, recent state survey's and the Quality Measures star rating increasing from a 2 star to a 4 star rating. Marois stated in the past there were some criticisms by staff stating Universal Workers had been hired in the past instead of trained CNAs and asked Hautamaki to look into why a trained CNA would be turned away over a UW.

BUSINESS

 Financial Report – Dood presented the financial operations report for December 2024 and answered board members' questions. Dood explained the need to do a comprehensive review of the budget in order to bring a budget amendment to the board.

Motion made by Crawford to accept the financial operations report as presented. Seconded by Griggs and carried unanimously.

(2) Organizational Structure – Marois shared the history of the CEO/Administrator position and reviewed the need to split the position to two separate positions to allow more oversight and focus on clinical from an Administrator and for a CEO who reports directly to the Board would focus the business side and overseeing the whole organization. Dood noted from a regulatory perspective, the DHHS Board would need to appoint an Administrator but that could be done through the recommendation of the CEO to the Board. The board scheduled a special board meeting on February 6, 2025 to discuss key characteristics needed for a CEO.

Motion made by Marois to separate the CEO/Administrator position and to begin a process to hire a CEO with the understanding that the CEO would help hire an Administrator. Motion seconded by Crawford and carried unanimously.

(3) <u>Fund Developer for GTP</u> – Marois stated in the past, the board made a commitment to allocate \$60,000 in the budget for a Fund Developer and would like to see it continued for 2025 to honor the commitment. Crawford stated there should be a return on investments with this position and added the expectation should be that this position should produce quarterly goals set by the GTP Foundation Board. The Board agreed that the request to continue with these funds in the budget each year would need to be requested annually by the Foundation Board.

Motion made by Marois to direct staff work to find \$60,000 in the budget to contract a Fund Developer. Seconded by Crawford and carried unanimously.

- (4) <u>Resolution 2025-1 Authorized Representative</u> Marois shared her concerns with the wording of the resolution that states "the Grand Traverse County Department of Human Services Board for the Grand Traverse Pavilions/Grand Traverse Medical Care, hereby designates David Hautamaki, who is the person with the power and full authority to sign paperwork on behalf of the Board in the interim of Board meetings, as so long as it is necessary for timeliness and continuance of daily operations and the board is informed at their next regularly scheduled meeting of such</u>". Marois explained it reads as if the board is authorizing the Administrator to make decisions for the board in between board meetings and felt it should read that the Administrator is authorized to be able to sign as the Administrator on behalf of the Pavilions not on behalf of the Board during the Special Board meeting on 12/24/24, already authorized Hautamaki to act as Interim Administrator. The Board agreed to remove this resolution from the agenda. No board action was taken.
- (5) <u>Authorized Bank Signers</u> Dood reviewed that the Grand Traverse County appoints the signers on the Pavilions/County bank account and the County Treasurer would like the boards approval for who they want as a signer. Dood stated currently Administrative Services Director, Darcey Gratton is the only signer and the previous CEO/Administrator Gerard Bodalski would need to be removed. Crawford noted the person whose signature is on the checks should not be the person who approves the checks. Dood and Hautamaki confirmed that Dood runs the checks and Hautamaki approves the checks by reviewing the check roster.

Motion made by Crawford to have the Administrative Services Director, Darcey Gratton as the approved bank signer but not as the approver to print the checks. Seconded by Griggs and carried unanimously.

(6) <u>Request to Purchase – Ice Maker</u> – Hautamaki reviewed the need to purchase a new ice maker for the Aspen pantry. The Board inquired if the suggested lower bid of \$7,189 by Direct Supply included a warranty like the 2nd lowest bid indicated for \$7,474. Hautamaki stated he will have staff check on the warranty.

Motion was made by Crawford to approve the purchase of an ice maker for the Aspen pantry up to \$7,500 with a warranty. Motion was seconded by Griggs and carried unanimously.

Grand Traverse Pavilions Announcements

- (1) Special Board Meeting February 6, 2025 to discuss steps on hiring a new CEO.
- (2) Next regular board meeting February 27, 2025.

Second Public Comment - none

Meeting adjourned at 10:53 am

Signatures:

Mary Marois – Chair Grand Traverse County Department of Health and Human Services Board

Date: Approved Corrected and Approved

GRAND TRAVERSE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES BOARD

1000 Pavilions Circle, Traverse City, MI 49684

MINUTES OF THE FEBRUARY 6, 2025 SPECIAL BOARD MEETING

PRESENT: Mary Marois, Carol Crawford, Karen Griggs Dave Hautamaki, Lindsey Dood, Levi Patrone, Darcey Gratton TJ Andrews

Board Staff Commission

ABSENT: GUESTS:

The special board meeting of the Grand Traverse County Department of Health and Human Services Board was called to order at 3:00 pm by Board Chair Mary Marois in the Board room at Grand Traverse Pavilions.

First Public Comment

Andi Gerring Claudia Bruce Harold Lassers

<u>Action Items</u> – The Board discussed the following items to start the process of hiring a new CEO.

- Job description/duties
- Qualifications for CEO
- Key Characteristics
- Development of interview questions to address key characteristics
- Who is on the interview panel
- Compensation Patrone shared comparable wages in the industry.
- Search process/suggestions for posting
- Develop timetable

Motion was made by Marois to set the CEO wage scale at \$180,000 to \$220,000. Motion was seconded by Griggs and carried unanimously.

Second Public Comment

Harold Lassers

Meeting adjourned at 4:24 pm

Signatures:

Mary Marois – Chair Grand Traverse County Department of Health and Human Services Board

Date: February 27, 2025 Approved Corrected and Approved

PAVILIONS RESIDENT COUNCIL MEETING January 16, 2025

The January 2025 meeting of the Grand Traverse Pavilions Resident Council was called to order at 11:00 am in the Multi-Purpose Room by Sam Mahon.

All residents were welcomed. The residents waived their right to a closed meeting. The Lord's Prayer and the Pledge of Allegiance were recited.

Members present were introduced: Residents are marked "X" throughout the minutes.
Birch Pavilion: 3 Residents attended.
Cherry Pavilion: 5 Residents attended.
Dogwood Pavilion: 6 Residents attended.

Staff members were introduced:

Sam Mahon, CTRS, Life Enrichment Clay Wagatha, Marketing/Life Enrichment Breanna Broering, LMSW, Birch Pavilion Social Work Ashley Walters, Social Services Designee, Social Work Regina Kiogima, RN, ADON – Cherry Pavilion Christian Andersen, General Manager - Forefront Dining Services Lisa Telling, Administrative Assistant - Forefront Dining Services Ryan Hutchins, Environmental Services Director, Environmental Services Cati Jasso, Environmental Services Assistant Director, Environmental Services

Guest: American Sign Language (ASL) interpreter Ombudsman – Andrew Farmer

Old Business:

There was not any old business from the previous meeting that needed to be brought up for discussion or to follow up on.

Outings for February 2025:

Mall/Food Outing – TBD

Casino – TBD

Special Events for February 2025:

Valentines Day Social – 2/14

Performer – TBD

Resident Group Interview Questions:

Sam 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 Rules.

Rules:

- What are some of the rules of this facility? For instance, rules about what time residents go to bed at night or when to get up in the morning?
- When is quiet time? -Sam said she will have to double check, but believes it is 10 PM.
- No other concerns about the rules at this time.
- Are there any rules you would like to discuss?
- -One resident asked if they can I stay up later than 10 as long as they're not disturbing their neighbor?
 - -Sam said that is fine but to be mindful of other resident's sleep schedule and if that they can use headphones for their tv's to help keep the noise level down
- Do you have input into the rules of this facility?

-One resident said, "My neighbor seems out of it lately, can someone check on her? It is disturbing my peace."

- Regina to follow up

- Another resident stated that another resident yelling is an issue on their floor and it needs to stop, it is everyday.

- Sam to talk with staff and follow up

-The call light is too loud at night.

- Sam to follow up.

• Does the facility listen to your suggestions?

-Yes.

-Sometimes.

-Half of the time.

-Do we have a psychologist or counselor like someone from the VA to talk to? I have stuff to talk about but not to share with other people in here with me.

-Breanna to follow up with ADON and try to get ahold of the VA.

-Does the union have a representative for the aids?

- Sam said yes they do.
- Resident shared they need to talk to the aids about calling in all of the time.
- Sam to share concerns with union representative.

-I find it frustrating when aids are volunteered off when it seems like we could use them but they get sent home or to another floor.

- Regina explained the reasoning differs for each situation but by law they are required to have a certain number of licensed staff at all times.

1. Discussion regarding food temperature and receiving HS snacks.

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

-One resident asked why are meals getting later and later?

-Christian replied that the kitchen is doing their best to correct this.

-Another resident asked if anyone else is having issues with nursing leaving medication on their tray without watching them take it? It gets confusing when I go to the bathroom and come out and am not sure if I took my meds or not.

-Regina replied that is alarming and against policy, I will talk with staff as well as your ADON to make sure staff is following all policies.

-Christian updated residents letting them know they aren't able to get whole pasteurized eggs at this time. Only pasteurized eggs can be served, so for the foreseeable future you cannot order eggs to order (over easy/medium eggs). He made a point that residents can still order scrambled eggs and omelets and will be sure to update staff/residents once he is able to get whole pasteurized eggs.

-What about the biscuits and gravy?

-Christian stated that it is on the menu starting Saturday 1/18

-Can you buy meat from somewhere other than Gordons Food Service?

-Christian said that Gordons Food Service is their main supplier -What about sloppy joes? It seems like you tease us with the good stuff only once and then it is gone.

-Christian said it will be on the menu more often

-The food is too salty, especially the gravy and soups.

-Chrisitan to talk with chef

-Will crab salad be on the menu again?

-Christian said unfortunately that is off the menu

-Resident replied that's too bad, it was very good.

-I would like to see some clam chowder

-Christian to talk with chef

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

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

-Very good

-Excellent

-Good

-No concerns at this time

3. Discussion regarding room temperature.

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

-My room is up and down. One day it's freezing, then the next day it's roasting.

- Ryan to follow up on the concerns of the residents room. Ryan explained that they have to be within a certain parameter, and they believe they figured out the issue. He also shared that next week is supposed to be super cold so if you have any issues to report them immediately so they can get them taken care of.

-I have a weird situation where the call light be the bar only works when the overhead lights are on.

-Ryan mentioned there are some weird electrical/wiring problems in the building and they will follow up to get it fixed.

-My bathroom light comes on and off in the middle of the night.

-ES to follow up

-I had plastic put on my window and it seems to be helping but the towels I put along the windowsill are helping with the draft.

4. Discussion regarding nursing care.

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

-Sometimes when asking for something, the aids will look at you like you're nuts and don't cooperate.

-Breanna asked if it was a certain aid?

-Resident replied there are a few.

-Breanna to follow up.

-I have good nurses, but why can't I get them a gift for the great care they give?

-Sam replied that you can but the policy is it has to be under the value of \$15. -Great.

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:

-Good.

-It's good except when staff is volunteered off like I said earlier.

-My roommate went into the bathroom without her walker or staff. I pulled my call light and suggested she waited for staff, but she didn't and fell in the bathroom. I had to go in the hall to find someone as fast as possible.

-Sam to follow up with nursing staff.

-I'm waiting for the bathroom for an hour often.

-Sam to follow up with nursing staff.

-Since changing the call lights has that improved efficiency? Or why did they change it in the first place? I can hear it in the middle of the night constantly.

-Sam said she believed it was to improve efficiency.

-Clay to follow up with Dave.

-Why did we change CEO? Malpractice? Gerard was a very personable guy, and I thought he did a great job.

-Sam replied that he resigned so we are currently looking for a new CEO.

-Resident replied that it is too bad.

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

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

-Good.

-I didn't get my shower when scheduled. They came at 9PM and I was already in bed, so I said forget it that night. I'd prefer an 8AM instead of waiting all day.

-Sam replied I am not sure why you missed your shower Monday, but if you miss your scheduled shower, I believe you're supposed to be rescheduled for the next day.

-Resident replied I just want to be notified of any change in the shower schedule to make sure I am on it.

-Sam to follow up with nursing staff.

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

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

-Good.

-Staff are the loud ones, not residents. They will sit outside my door discussing personal life.

-Breanna to follow up with nursing/ADON.

The floor was opened for additional comments:

-Dave, Interim CEO, stopped in and introduced himself and his role. He explained he is here to help the facility and most importantly residents. If residents have any concerns, they can feel free to ask him about the situation.

-Dave was asked about restorative therapy by a resident. Dave to follow up with nursing.

-One resident said that their neighbor seems to fall asleep every night with their TV on and she can hear it. Can staff plan to turn it off or program it too at a certain time?

-Sam replied that we have headphones that might work to solve that issue. -Towels are still an issue on my bathroom floor. It makes it hard to move in my bathroom, unless I move them before going in and I'm too old to do that.

-Breanna replied that she recently put a sign up and asked if it is not helping?

-Resident replied no it is not.

-Breanna to follow up with nursing staff.

-I want a new rug, mine is getting dirty.

-Ryan replied that they are looking at phasing out carpet for some new flooring but will address the issue.

-Resident replied with thank you, I know you are busy.

-My floor could use new carpet too.

-Regina replied that we will put in a work order to get the carpet cleaned.

The next Pavilions Resident Council meeting will be held on February 25, 2025 at 11:00am in the Multi-Purpose Room. Sam asked for a volunteer to read over and sign the January 2025 minutes, and X said that she would do this. The Pavilions Resident Council Meeting was adjourned at 11:35 am by Sam, seconded by X.

Respectfully Submitted,

Respectfully Submitted,

Clayton Wagatha Marketing/Life Enrichment Sam Mahon, CTRS Recreational Therapist

X, Cherry Resident

Elm Resident Council Minutes Meeting Held- January 20th 2025

The March meeting of the Grand Traverse Pavilions Elm Resident Council was called to order at 1:35pm in the Elm Common Area.

Members Present were: Residents are marked "X" throughout the minutes. 13 Residents attended.

Staff Present: Susan Eldred, Recreation Therapist Emily Tyrrell, Social Worker

Old Business: None

New Business:

Asked the residents if they need help do the staff help them. X stated "yes, starting the car." X said, "I don't know." X stated, "I guess so."

Asked the residents if they were being offered a snack before bed. X and X stated "yes."

Asked the residents if the staff were respectful to the residents. X stated "yes, I think so." X stated, "oh yes."

Asked the residents if the food is good here. X stated "yes," X stated "yeah," and X stated "definitely." X stated, "I don't eat here very much."

Asked the residents if the rooms were getting cleaned. X, X and X stated "yes."

Asked the residents if their clothes are getting cleaned. X, X and X all stated "yes." X, "yes, as far as I know."

Asked the residents if the Temperature in the rooms are good. X stated, "I think it's alright." X and X stated "yeah."

Asked the residents if they have enough to do.

X and X stated "yes." X stated "no." Recreation Therapist asked X what are some things that she would like to do, and she was unable to think of some. Recreation Therapist told X that new ideas are always welcomed.

Questions, Suggestions, Concerns and Comments:

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

X stated "painting."

Suggestions for upcoming activities:

Valentines Day Cookies Monkey Bread Chocolate Cake Chili

Meeting was closed at 1:55pm

Respectfully submitted,

Susan Eldred, CTRS

Emily Tyrrell, LLBSW

GRAND TRAVERSE PAVILIONS



Service Excellence Award Program

January 2025

Employee:	David Vorpagel
Awarded for:	Dave is just an all around wonderful person. He always shovels a a clear path for the residents wheelchairs to roll through in order to get on the bus. He is helpful with checking in and confirming his scheduled appointments to prevent any mistakes or miscommunication. Dave is welcoming and friendly to his passengers and coworkers alike. We are lucky to have Dave on our team!
Position:	Courtesy Driver
Nominated by:	Kathryn Holibaugh

Employee: Awarded for:	Entire ES Team - (especially Rick, Ryan, & Cati) A huge thank you to all of the members of the ES team who helped coordinate and execute the updates to our therapy pool and wellness center over the Holiday break. Special thanks to Rick, Ryan, and Cati for all their help. Our patients and clients have been commenting on how nice everything looks. Thank you all!
Position:	Environmental Services Dept
Nominated by:	Chris Hinze

Employee: Awarded for:	Jake Patt Appreciate the long week of move many heavy items and helping rearrange the furniture at the Cottages.
	Thank you.
Position:	Maintenance
Nominated by:	Jeffrey Valentine

Employee: Awarded for:	Sam Dennis Responding w/in 2 minutes to a request for inflating an OutPt's own stability (exercise) ball. Very Nice of him to drop in quickly while she was getting her treatment. Thanks!!
Position:	Maintenance
Nominated by:	Ann Parker

Employee: Awarded for:	Jada Koon Jada took the time to comb out a patients hair after she was admitted with hair matted down to her scalp. The patient was afraid she would have to shave it off. She was so appreciative and happy. Thank you for caring!
Position:	CNA
Nominated by:	Shawna Barnes





GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

Sent Via Electronic Plan of Correction

February 25, 2025

Grand Traverse Pavilions - 235088 Event ID: 66EI12

Dear David Hautamaki:

The evidence submitted in lieu of an onsite revisit, for the January 9, 2025 abbreviated survey was approved on February 19, 2025. Here's what you need to know:

Survey Results:

- Substantial compliance February 3, 2025.
- Mandatory denial of payment for new Medicare/Medicaid admissions effective April 9, 2025, will not go into effect.
- Nurse Aide Training Program (NATP) Prohibition will not go into effect.

Contact Information:

Any questions regarding the health survey may be directed to John Woodcox, Manager at (231) 350-6469 or woodcoxj@michigan.gov. Enforcement related questions may be directed to me at (517) 284-8958 or robinsonk18@michigan.gov.

Sincerely,

Kooleo Mobinan

Kathie V. Robinson, Analyst Bureau of Survey and Certification

235088 B. WING R-C 02/19/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PAVILIONS CIRCLE TRAVERSE CITY, MI 49684 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGUL ATORY OF US SUBSTITUTION DEFICIENCIES REGUL ATORY OF US SUBSTITUTION ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPL (X5 COMPL		DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	10357 - 230	IULTIPLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE Electronically Signed 02/25/2025	LABORATORY	DIRECTOR'S OR PROVIDI	ER/SUPPLIER REPRESENTATIVE'S SIGNAT	URE			

Any Deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of the survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

Facility ID: 288510



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F000	INITIAL COMME	INTS	F000			
		Pavilions was surveyed for an vey on 1/09/2025.				
		8161, MI00148161, 00149112, MI00149115.				
	Census = 178					
F559 SS=D	Choose/Be Notifi Change CFR(s): 483.10(6	ied of Room/Roommate e)(4)-(6)	F559	 Resident number 2 has been from the facility. The facility has determined residents have the potential to be a second and the potential to	that all	2/3/25 12:
	or her spouse wh	e right to share a room with his hen married residents live in the both spouses consent to the	the Interdisciplinary Team on 1-30-25. e education includes the Policy and Procedure for Change of Room or		the)-25. The and m or	
	or her roommate when both reside	e right to share a room with his of choice when practicable, ents live in the same facility and onsent to the arrangement.		 Roommate Policy and freedor Involuntary Seclusion. 4. The Director of Nursing and Work/Social Work designee w random audit of two each week 	l Social ill conduct a k of	
	including the rea	e right to receive written notice, son for the change, before the or roommate in the facility is		residents that have had room, changes for four consecutive ensure the record includes do showing the resident/represer notified of the change in room	weeks to cumentation tative were or roommate	
	This REQUIREN	IENT is not met as evidenced		in accordance with the Organi Policy and Procedure. 5. The Director of Nursing is r		
	This deficiency p	ertains to Intake MI00148163.		for compliance. Completion date: February 3,	2025	
	facility failed to p prior to a room c	ew and record review, the rovide advanced written notice hange for one Resident (#2) of lewed for room changes.				
	Findings include:					
LABORATOR	L Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNA	TURE	TITLE	(2	X6) DATE

Any Deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of the survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 66EI11 Facility ID: 288510

Electronically Signed

01/30/2025

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SLIPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY						<u>O. 0938-0391</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BL	MULTIPLE CONSTRUCTION	(X3) DATE SUR COMPLET	ſED
		235088	B. W	ING		, 9/2025
	OVIDER OR SUPPLIER	NS		STREET ADDRESS, CITY, STATE, ZIP (1000 PAVILIONS CIRCLE TRAVERSE CITY, MI 49684	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
F559	Continued From	n page 1	F559			
	Resident #2 (R2	2)				
	revealed initial a 11/15/24 with di Disease and ne bodies (a condit ability to think, le R2's most recer assessment dat Interview for Me indicative of sev An anonymous Agency (SA) on "[R2] was admit term admit. In th	electronic medical record (EMR) admission to the facility on agnoses including Parkinson's urocognitive disorder with Lewy ion which impacts a person's earn, and remember). Review of at Minimum Data Set (MDS) ed 11/21/24, revealed a Brief intal Status (BIMS) score of 3, rere cognitive impairment. complaint submitted to the State 11/20/24 read, in part: ted 11/15/24 as a skilled, short he evening, he wandered out of				
	direction of [the [R2] was moved	he was confused. At the Director of Nursing (DON)] he I to the locked "Elm" unit ry care unit] This was against				
	conducted with verified he was on 11/15/24 whe the facility arour he received dire R2 to a room or	0 PM, a telephone interview was Registered Nurse (RN) "F" who working on the "Dogwood" unit en R2 was initially admitted to ad 3:30 PM. RN "F" confirmed action from the DON to transfer the secured memory care unit bod" unit shortly after 5:00 PM.				
	conducted with who stated she placement on th Member "H" sta nurse at the faci	40 PM, an interview was R2's spouse, Family Member "H" was displeased with R2's e secured "Elm" unit. Family ted she received a call from a lity telling her R2 was moved to a. Family Member "H" stated, "I				

	FDEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) M	IULTIPLE CONSTRUCTION	(X3) DATE SUR) <u>. 0938-039</u> /FY	
AND PLAN OF		IDENTIFICATION NUMBER:		ILDING	COMPLETE		
					С	С	
		235088	B. WING 01/09/2025				
NAME OF PR	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE		
GRAND T	RAVERSE PAVILIO	NS	1000 PAVILIONS CIRCLE TRAVERSE CITY, MI 49684				
			ID		PRECTION	(NE)	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
F559	"H" then recalled "Elm" unit and st think [R2] was a On 1/9/25 at 11: conducted with t the secured "Eln admission. The l process to move to obtain a conse confirmed no wr	page 2 It that meant." Family Member I visiting R2 on the secured rated, "I was shocked I didn't ppropriate for that unit" 12 AM, an interview was he DON regarding R2's move to n" unit on the day of initial DON explained the typical e a resident to the secured unit is ent prior to the move. The DON itten notification was provided to ent representative prior to the	F559				
F600 SS=D	Exploitation The resident has neglect, misappi and exploitation includes but is n corporal punishr any physical or of treat the residen 483.12(a) The fa 483.12(a)(1) Not physical abuse, involuntary sectu This REQUIREN by:	a)(1) from Abuse, Neglect, and s the right to be free from abuse, ropriation of resident property, as defined in this subpart. This ot limited to freedom from nent, involuntary seclusion and chemical restraint not required to t's medical symptoms. acility must- t use verbal, mental, sexual, or corporal punishment, or	F600	 Resident number 1 has from the facility. The facility has determine residents have the potential Background and the Elder Justice Act, types recognition, responding, we statements, and reporting in reporting when the suspect a supervisor. The education 12/16/2024 and was comp 1/2/2025. A weekly audit will be con assess the employees' und the abuse reporting required review the reporting required review the reporting required review the reporting required forwarded to the Director of ADONs and then presente committee for interdiscipline 5. The Director of Nursing for compliance. Completion date: February 	ed that all I to be affected. for all staff on a of abuse, itten witness ncluding; ted individual is n started on eted on mpleted to lerstanding of ements. We will ements with a week for four ts will be f Nursing and d to the QAPI ary review. is responsible	2/3/25 12	

		E & MEDICAID SERVICES	-			OMB NC	0. 0938-039
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		DING	(X3) DATE SURV COMPLETE	D
		235088				01/09/	2025
	OVIDER OR SUPPLIER	NS			STREET ADDRESS, CITY, STATE, ZIP CODI 1000 PAVILIONS CIRCLE TRAVERSE CITY, MI 49684	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLET DATE
F600	Continued From facility failed to p free from menta staff for one Res reviewed for abu humiliation, and harm. Findings include Resident #1 (R1 Review of the M assessment, dat admitted to the f primary diagnos of the discharge 5/10/2024 revea bed mobility, sit 10 feet, and whe R1's MDS asses was discharged 5/10/2024, reveal bed mobility, sit 10 feet, and whe R1's MDS asses was discharged 5/10/2024, reveal maker and was 3 able to und Alert (some forg Review of a Fac submitted 12/13 following:	 page 3 protect the resident's right to be l and verbal abuse by facility sident (#1) of four residents use, resulting in feelings of fear, the potential for psychosocial : :	F600				
	yelled at a patien face and told hir say so.' Allegation was afraid and h substantiated the [Director of Nurs	nt [R1], pointed his finger in his n 'You will not go outside until I on states the patient [R1] said he numiliated The investigation e complaint. The current DON sing, name redacted] attempted rmer resident [R1] to discuss the					

STATEMENT C AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. B	MULTIPLE CONSTRU	JCTION	(X3) DATE SUR COMPLETE		
		235088	B. W	B. WING 01/09/202				
	OVIDER OR SUPPLIER	NS		1000 PAVILIC	SS, CITY, STATE, ZIP COE DNS CIRCLE CITY, MI 49684	Ε		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	K (EACH C	IDER'S PLAN OF CORRE ORRECTIVE ACTION SH FERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETI DATE	
F600	deceased. As a facility's investig: Nursing Home A longer employed in review of the i date or time of th provided. During an intervi Assistant Director reported to be pr incident. ADON approached her allowed to go ou unattended. ADO "A" asked her ar accompany his a with R1. When a conversation, AD appeared angry down very close seated. ADON "I chastise R1 by p Resident's face a outside again un stated NHA "A" t (NHA "A"'s) rules Resident respon appeared upset follow-up with th embarrassed an from the facility. was afraid to lea up until the incid of the building on and go out into t reported she had	page 4 learned that he is now result of the complaint and the ation, the perpetrator [former dministrator (NHA) "A"] is no l at the facility" It was noted nvestigation documents, no he alleged incident was ew on 1/9/2025 at 9:16 a.m., or of Nursing (ADON) "D" resent during the reported "D" stated on 5/6/2024 NHA "A" and showed anger that, R1 was tside in the courtyard, DN "D" stated on 5/7/2024, NHA d Registered Nurse (RN) "E" to as witnesses while he spoke sked the details of the DON "D" reported NHA "A" as he pulled up a chair and sat ly in front of R1, who was also D" stated NHA "A" proceeded to pointing his finger in the and saying, "You will not go til I say you can." ADON "D" told R1 he had to follow his s. When asked how the ded, ADON "D" reported R1 and did not speak, but in her e Resident, R1 reported feeling d fearful he would be evicted ADON "D" reported R1 said he ve his room. ADON "D" stated ent, R1 was allowed to sign out n a "Leave of Absence" form he courtyard where he was y the fresh air. ADON "D" d no safety concerns related to o the courtyard unattended.	F600					

		E & MEDICAID SERVICES					0. 0938-039	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ILTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE C		
		235088	B. V	VING	<u> </u>	01/09/2	2025	
	OVIDER OR SUPPLIER	NS		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PAVILIONS CIRCLE				
					TRAVERSE CITY, MI 49684			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLET DATE	
F600	10:06 a.m., RN ' during the report told R1 he could stated he remen visibly upset as I allowed to go ou stated NHA "A"s as intimidating. F spoke to R1, he (NHA "A") was ir appeared "bumn the incident. RN of R1 being unsa unattended. Review of a with NHA "A" and dat following, in part "[NHA "A"'s] Rec Incident in May 2 [RN "O"] asked r because he wou staying inside fo moment, I went conversation wit couple steps bac An attempt to rea made on 1/8/202 had no intention conversation wit should've handle Review of R1's " revealed R1 sign destination noted at 3:11 p.m., 5/6	ne interview on 1/9/2025 at 'E'' reported he was present ted incident in which NHA "A" no longer go outside. RN "E" bered NHA "A" appearing he told R1 he was no longer t into the courtyard. RN "E" demeanor could be interpreted RN "E" reported as NHA "A" (NHA "A") "made it clear he n charge." RN "E" stated R1 ned out" and "deflated" following "E" stated he had no concerns afe to go into the courtyard ess statement, provided by ted 12/18/2024, revealed the : collection of the Patient [R1] 2024: When I was on my rounds me if I would speak to [R1] Idn't listen to the nurses about r his own protection In the down and was forceful in my h him [R1] I didn't take a	F600					

		E & MEDICAID SERVICES			I		. 0938-039
STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		,	ILTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE C	
		235088	B. V	VIN	G	01/09/2	2025
	OVIDER OR SUPPLIER	NS			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PAVILIONS CIRCLE		
					TRAVERSE CITY, MI 49684		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F600	Resident's disch 5/10/2024. Review of the fa Prohibition and I dated 7/3/2024, "Willful Abuse is have acted delib mush have inter Verbal abuse is written, or gestu include disparag residents Me not limited to, hu	 page 6 2024 or thereafter, up until the arge from the facility on cility policy titled "Abuse Prevention Program Policy," revealed the following, in part: defined as the individual must berately, not that the individual nded to inflict injury or harm defined as any use of oral, red language that willfully ing and derogatory terms to intal abuse is defined as, but is imiliation, harassment, threats of withholding treatment or services 	F600)			
F603 SS=D	neglect, misappi and exploitation includes but is n corporal punishr any physical or o treat the residen 483.12(a) The fa 483.12(a)(1) No physical abuse, involuntary sector This REQUIREN by:	a)(1) s the right to be free from abuse, ropriation of resident property, as defined in this subpart. This ot limited to freedom from nent, involuntary seclusion and chemical restraint not required to t's medical symptoms. acility must- t use verbal, mental, sexual, or corporal punishment, or	F603	3	 Resident number 2 has been from the facility. The facility has determined the residents have the potential to be 3. A policy and procedure have established for admission critering secured memory care unit. Edu provided to the Interdisciplinary 1-30-25. The education address Policy and Procedure of the address Policy and Procedure of the address Policy and Procedure of the address of the memory care sect 4. All admissions or transfers to secured unit will be reviewed for compliance with facility Policy a Procedures. The Director of Nursing is rest for compliance. Completion date: February 3, 20 	hat all be affected. been a to the cation was Team on ses the mission cured unit. the r nd	2/3/25 1

STATEMENT C AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. E	BUIL	ULTIPLE CONSTRUCTION DING G	(X3) DATE SURV COMPLETE C	D
	OVIDER OR SUPPLIER	235088			STREET ADDRESS, CITY, STATE, ZIP COE 1000 PAVILIONS CIRCLE TRAVERSE CITY, MI 49684	01/09/: DE	2025
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
F603	facility failed to o operationalize p the appropriate one Resident (# involuntary sech Findings include Resident #2 (R2 Review of R2's of revealed initial a 11/15/24 with di Disease and ne bodies (a condit ability to think, le R2's most recer assessment dat Interview for Me indicative of sev Further review of revealed R2 did verbal behaviora others, did not re wandering beha An anonymous Agency (SA) on "[R2] was admitt term admit. In th his room twice, direction of [the [R2] was moved [secured memory his will"	iew and record review, the develop, implement, and olicies and procedures to ensure placement on a secured unit for 2) of six residents reviewed for usion. 2: 2) electronic medical record (EMR) admission to the facility on agnoses including Parkinson's urocognitive disorder with Lewy ion which impacts a person's earn, and remember). Review of at Minimum Data Set (MDS) ed 11/21/24, revealed a Brief ental Status (BIMS) score of 3, vere cognitive impairment. of MDS Section "E" (Behaviors) not display any physical or al symptoms directed toward eject care, and did not exhibit	F603	3			

_		E & MEDICAID SERVICES					0. 0938-039
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235088	A. B	UILI	JILTIPLE CONSTRUCTION DING G	(X3) DATE SURV COMPLETE C 01/09/	D
NAME OF PR	OVIDER OR SUPPLIER	235066			STREET ADDRESS, CITY, STATE, ZIP CODE		2025
GRAND T	RAVERSE PAVILIO	NS			1000 PAVILIONS CIRCLE TRAVERSE CITY, MI 49684		
(X4) ID PREFIX TAG	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES II (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRE REGULATORY OR LSC IDENTIFYING INFORMATION) TA		x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLET DATE
F603	Continued From	page 8	F603				
	to not be in his r room and reside resident in main confused and dia and brought bac chair in room" 2. 11/15/24 at 12	6:43 [4:43 PM]: "Resident noted oom. Wheelchair in resident's ent's walker gone. Staff observed hallway by "Cherry" Unit soriented Resident redirected ek to his room and placed in 7:25 [5:25 PM]: "Resident noted oom again. Walker and					
	Resident was th resident's [room and DON stated	remained in resident's room. as then observed in another oom] sitting in his bed. DON updated ated to transfer resident to room 500 emory care unit]"					
	conducted with I working on the " when R2 was in around 3:30 PM direction from th	0 PM, a telephone interview was RN "F" who verified he was Dogwood" unit on 11/15/24 itially admitted to the facility . RN "F" confirmed he received e DON to transfer R2 to the y care unit from the "Dogwood" 5:00 PM.					
	conducted with t (ADON) "I" who secured unit on R2 was initially a and was transfer approximately 2 of the DON. Who the secured "Eln admission was o atypical." ADON specific criteria a considered an a "Elm" secured u	0 PM, an interview was the Assistant Director of Nursing verified she oversaw the "Elm" 11/15/24. ADON "I" confirmed admitted to the "Dogwood" unit rred to the "Elm" secured unit hours later under the direction en asked if moving a resident to n" unit within hours of their initial common, ADON "I" stated, "it's "I" was asked if there were a resident must meet to be ppropriate candidate for the nit to which she responded, ig the clinical criteria, it's usually					

	IT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		1.			OMB NO. 0938-03		
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION	(X3) DATE SURV COMPLETE		
					DING	C		
		235088	B. V	VING	3	01/09/2025		
NAME OF PR	OVIDER OR SUPPLIER	1	STREET ADDRESS, CITY, STATE, ZIP COI					
GRAND T	RAVERSE PAVILIO	NS			1000 PAVILIONS CIRCLE TRAVERSE CITY, MI 49684			
	ID SUMMARY STATEMENT OF DEFICIENCIES					TION	0(5)	
(X4) ID PREFIX TAG	(EACH DEFICIEN	INTEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLET DATE	
F603	exit the building. exhibiting unsafe was more likely to the large build mistakenly enter because it was a Review of an as Evaluation," date 0, indicating R2 On 1/8/25 at 12: conducted with I who stated she w placement on th Member "H" rec a nurse at the fat to the secured u had no idea wha "H" recalled visit and stated, "I wa was appropriate Review of R2's F progress note of "This nurse had resident's wife the front desk ar the care here an precipitate move was upset and of appropriate for t told the resident which she thoug rehab unit"	ern, like if a resident is trying to "When asked if R2 was be behavior, ADON "I" stated it that R2 had not yet acclimated ding. ADON "I" stated R2 likely red another resident's room across the hall from R2's room. sessment titled "Elopement ed 11/15/24, revealed a score of was not at risk for elopement. 40 PM, an interview was R2's spouse, Family Member "H" was displeased with R2's e secured "Elm" unit. Family ollected she received a call from cility telling her R2 was moved nit. Family Member "H" stated, "I at that meant." Family Member ing R2 on the secured "Elm" unit as shocked I didn't think [R2]	F603					

-			-). 0938-039 ⁻
STATEMENT C AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. B		(X3) DATE SURV COMPLETE C	
		235088	B. V	/ING	01/09/	2025
NAME OF PR	OVIDER OR SUPPLIER	·		STREET ADDRESS, CITY, STATE, ZIP	CODE	
GRAND T	RAVERSE PAVILIO	NS		1000 PAVILIONS CIRCLE TRAVERSE CITY, MI 49684		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
F603	process to move to obtain a conse- there was, "an e the two instance considered an e justified a move stated R2 was a going into the wa relocation provid was less "manag The DON confirr criteria for admis Review of the fa Policies," dated "the resident h verbal, sexual, p	page 10 DON explained the typical a resident to the secured unit is ent prior to the move unless mergent need." When asked if s of redirection R2 required was mergent need and subsequently to the secured unit, the DON dmitted on a Friday afternoon eekend. The DON explained the led additional security, as there gerial support" on the weekends. med there was no defined asion to the secured unit. cility policy, "Resident Care 3/15/22, read, in part: mas the right to be free from hysical and mental abuse, nent and involuntary seclusion	F603			
F609 SS=D	criteria for place whether placem was the least res there ongoing as need to reside o Reporting of Alle CFR(s): 483.12(483.12(c) In resp neglect, exploita must: 483.12(c)(1) Ens involving abuse, mistreatment, in	EMR did not include clinical ment in the secured area, ent in the secured/locked area strictive approach, nor were assessments to determine R2's in the secured unit. aged Violations b)(5)(i)(A)(B)(c)(1)(4) bonse to allegations of abuse, tion, or mistreatment, the facility sure that all alleged violations neglect, exploitation or cluding injuries of unknown appropriation of resident	F609	 Resident number 1 has from the facility. The facility has determin residents have the potentia Education was provided the Elder Justice Act, types recognition, responding, w statements, and reporting reporting when the suspect a supervisor. The education 12/16/2024 and was comp 	ned that all al to be affected. for all staff on s of abuse, ritten witness including; ted individual is n started on	2/3/25 12

					OMB NC	<u>). 0938-0391</u>	
STATEMENT C AND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. E	BUIL	ULTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED C	
		235088	В. \	WING	3	01/09/	2025
	OVIDER OR SUPPLIER	NS	•		STREET ADDRESS, CITY, STATE, ZIP COD 1000 PAVILIONS CIRCLE TRAVERSE CITY, MI 49684	Ē	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F609	 events that caus or result in serio 24 hours if the e do not involve al bodily injury, to a and to other offin Survey Agency a where state law term care facilitie through establis 483.12(c)(4) Re investigations to designated repro- in accordance w State Survey Ag the incident, and verified appropri- taken. This REQUIREM by: This citation per MI00149014 and Based on intervi- facility failed to r State Agency (S frame for one Re reviewed for abused Findings included Review of a Fac submitted 12/13 following: 	er the allegation is made, if the se the allegation involve abuse bus bodily injury, or not later than events that cause the allegation buse and do not result in serious the administrator of the facility cials (including to the State and adult protective services provides for jurisdiction in long- es) in accordance with State law hed procedures. port the results of all the administrator or his or her esentative and to other officials <i>i</i> th State law, including to the gency, within 5 working days of d if the alleged violation is iate corrective action must be MENT is not met as evidenced tains to intakes MI00149113, d MI00148163. iew and record review, the report allegations of abuse to the SA) within the appropriate time esident (#1) of four residents use, resulting in the potential for e.	F609	9	 4. A weekly audit will be complassess the employees' undersit the abuse reporting requirement minimum of 10-20 staff per wew will be forwarded to the Director and ADONs and then presented QAPI committee for interdiscip review. 5. The Director of Nursing is refor compliance. Completion date: February 3, 2 	tanding of nts. We will nts with a ek. Results or of Nursing ed to the linary esponsible	

STATEMENT C AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235088	A. B	JILD	LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 01/09/2025		
	OVIDER OR SUPPLIER	NS		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PAVILIONS CIRCLE TRAVERSE CITY, MI 49684				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ACY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLET DATE	
F609	yelled at a patier face and told hin say so.' Allegatic was afraid and h substantiated the complaint and th perpetrator [form (NHA) "A"] is no " It was noted documents, no c incident was pro During an intervi Assistant Directo she was a witnes ADON "D" stated her and Register accompany him with R1. When a conversation, AD appeared angry down very close seated. ADON "I chastise R1 by p Resident's face a outside again un stated NHA "A" t (NHA "A"'s) rules Resident respon appeared upset follow-up with th embarrassed an from the facility. was afraid to lea she viewed NHA and mentally abu reported the inci (DON). ADON "I DON of her cond	ual alleging that a staff member nt [R1], pointed his finger in his n 'You will not go outside until I on states the patient [R1] said he numiliated The investigation e complaint As a result of the her facility's investigation, the ner Nursing Home Administrator longer employed at the facility in review of the investigation late or time of the alleged	F609					

OLIVILI	NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					OMB NC	D. 0938-039
			·	·	ULTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED C	
		235088	B. V	VIN	G	01/09/	/2025
	ROVIDER OR SUPPLIER	NS	I		STREET ADDRESS, CITY, STATE, ZIP COI 1000 PAVILIONS CIRCLE TRAVERSE CITY, MI 49684	JE	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
F609	the DON reported informing her of she did not reme concerns about only that ADON was infringing of Resident to go of reported she did because she did because she did potentially abusis Resident's rights remember recei ADON "D" allegi mentally abused unaware of the s filed with the fac Department on Review of the S complaint was re 8:55 a.m. related 5/7/2024 allegin abused a reside Review of the fa Prohibition and I dated 7/03/2024 "Any person(s) v of potential or ad report the incide Director of Nursi abuse must com is to be given im or designated re investigation of alleged violati Administrator or	iew on 1/9/2025 at 10:36 a.m., ed she remembered ADON "D" the incident. The DON stated ember ADON "D" voicing the way NHA "A" spoke with R1, "D" was concerned NHA "A" in R1's rights by not allowing the butside unattended. The DON I not report the incident to the SA I not identify the situation as we but a violation of the s. The DON stated she did not ving a written statement from ing NHA "A" was verbally and I R1. The DON reported being situation until a complaint was we but a was verbally and I R1. The DON reported being situation until a complaint was	F609	9			

STATEMENT C	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	MULTIPLE CONSTRUCTION	(X3) DATE SURV COMPLETE	
	CONNECTION	235088	A. BL B. WI	IILDING	- C 01/09/2025	
	OVIDER OR SUPPLIER	NS		STREET ADDRESS, CITY, STATE, 2 1000 PAVILIONS CIRCLE TRAVERSE CITY, MI 49684		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
F609		page 14 ncy, in accordance with state orking days of the incident"	F609			
F610 SS=D	CFR(s): 483.12(483.12(c) In resp neglect, exploita must: 483.12(c)(2) Hay violations are the 483.12(c)(3) Pre neglect, exploita investigation is in 483.12(c)(4) Rep investigations to designated repre- in accordance w State Survey Ag the incident, and verified appropri- taken. This REQUIREN by: This citation perf Based on intervi facility failed to e of an allegation of (#6) of four reside	bonse to allegations of abuse, tion, or mistreatment, the facility we evidence that all alleged broughly investigated. vent further potential abuse, tion, or mistreatment while the n progress. bort the results of all the administrator or his or her esentative and to other officials ith State law, including to the ency, within 5 working days of lif the alleged violation is ate corrective action must be MENT is not met as evidenced tains to intake MI00149014. ew and record review, the ensure a thorough investigation of verbal abuse for one Resident lents reviewed for abuse, notential for unidentified and	F610	 Resident number 6 rer facility. This resident rem psychosocial status. The facility has determ residents have the poten 3. Education was provide the Elder Justice Act, typ recognition, responding, statements, and reporting reporting when the suspe a supervisor. Also covere was abuse investigation for investigation process. Th started on 12/16/2024 and on 1/2/2025. A weekly audit will be a assess the timeliness of investigation compliance allegations weekly for fou Director of Nursing will th the QAPI committee for in review. The Director of Nursin for compliance. Completion date: Februa 	hains at baseline hined that all tial to be affected. ed for all staff on bes of abuse, written witness g including; ected individual is ed in the education timelines and the he education hd was completed completed to reporting and with all ur weeks. The hen presented to nterdisciplinary ng is responsible	2/3/25 12

OT A TEN (E) T -	TERS FOR MEDICARE & MEDICAID SERVICES NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X1) DENTIFICATION NUMBER		0.00			OMB NO. 0938-039 (X3) DATE SURVEY		
	IF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235088	A. B	MULTIPLE CONSTRUCTION UILDING /ING	(COMPLETED C 01/09/2025		
	OVIDER OR SUPPLIER	NS		STREET ADDRESS, CITY, STATI 1000 PAVILIONS CIRCLI TRAVERSE CITY, MI 496	E			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIZ TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TC DEFICIEI	CTION SHOUI	LD BE	(X5) COMPLET DATE	
F610	assessment, dat was admitted on including depress Further review of R6 scored 15 ou Mental Status, in cognitively intact During a confide 8:52 a.m., Staff allegation of staf never investigate incident when R by a member of stated on May 1 "butt head" in a demeaning. Staf reported to the D they were conce appropriately fol During an intervi R6 recalled bein "T". R6 reported exact day of the unsure why Staff derogatory man doing anything." comment made good enough." F incident she was here like everyof During an intervi the DON reported that occurred on called R6 a dero provided witness "W", both dated	inimum Data Set (MDS) ted 12/27/2024, revealed R6 10/17/2016 with diagnoses asion and bipolar disease. If the MDS assessment revealed at of 15 on the Brief Interview for indicating the Resident was t. Initial interview on 1/9/2025 at "U" reported a concern that an if verbal abuse of a resident was ed. Staff "U" described an 6 was called a derogatory name the housekeeping staff. Staff "U" 7, 2024, Staff "T" called R6 a manner that was reported as if "U" stated the incident was Director of Nursing (DON), but erned the matter was not lowed up on or investigated. iew on 1/9/2025 at 10:20 a.m., g called a "butt head" by Staff she could not remember the event, then stated she was if "T" would speak to her in a her. R6 said, "I wasn't even R6 reported Staff "T"'s her feel "less-than" and "not R6 stated at the time of the s angry and added, "I pay to be	F610					

	IENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE AN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING C						
		235088	B. W	/ING		01/09/2	2025
	DVIDER OR SUPPLIER	NS		STREET ADDRESS, CITY, STATE, ZIF 1000 PAVILIONS CIRCLE TRAVERSE CITY, MI 49684	CODE	Ξ	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CC X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHO	ULD BE	(X5) COMPLETE DATE
F610	was formally inter but that ADON "I that R6 was goin following the inci R6 did not remer bothered by it. Ti given a written w professionalism a respectful manner residents ware in residents ware in residents had co staff. The DON of documentation of incident. A query how verbal abus complete investig which the DON of warranted at the reported to the S as an allegation of Review of CNA " Statement," sign revealed the follo "Time of Incident p.m Residen plans with family resident overhea approached [R6] dress. [R6] respond dance different?" complimented he "[R6] are you bei replied "oh so no stormed down th Review of CNA "	N reported she is unsure if R6 rviewed regarding the incident, " informed her on 5/17/2024 g about her day as usual dent, therefore it was assumed mber the event or was not he DON reported Staff "T" was rarning and retraining on and speaking to residents in a er. The DON stated no other neerns with verbal abuse by was unable to provide any other f an investigation into the was made at that time as to e could be ruled out if a gation was not conducted to eplied she did not feel it was time, but the incident was tate Agency (SA) on 1/09/2025 of verbal abuse. W"'s "Incident Witness ed and dated 5/17/2024, owing: the Approx. (approximately) 1:45 t was upset about having lunch canceled. Wife of another rrd [R6] visibly upset and to compliment her on her onded "what am I supposed to ' [Staff "T"] interjected "I er on her dress earlier" then said ng a butt head?" to which [R6] wi I'm a butt head?" then e hallway. Nurse notified."	F610				

PRINTED: 02/04/2025 FORM APPROVED

OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

			0.00			<u>10. 0938-03</u>
AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING	(X3) DATE SU COMPLE	TED
		235088	B. V	/ING		C 9/2025
	OVIDER OR SUPPLIER	DNS		STREET ADDRESS, CITY, STATE 1000 PAVILIONS CIRCLE TRAVERSE CITY, MI 496	Ē	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN C X (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
F610	Continued Fror	n page 17	F610		- /	
	by and said on resident "Oooh followed with gi A review of R6" the period of 5/ 2:26 p.m., reve incident that oc description of th evaluation of R being called a c Review of the fa	nt: 1:45 p.m [Staff "T"] walked the quieter side to either me or , you're being a butt head" ggles." s electronic medical record for 01/2024 through 1/08/2025 at aled no documentation of the curred on 5/17/2024, including no ne event and no post-incident 6 to determine her response to derogatory name by Staff "T". acility policy titled, "Abuse Prevention Program," dated ealed the following, in part:				
	"The individual as applicable: r record to detern incident; intervi incident; intervi Interview the re- interview staff r had contact wit of the alleged in roommate, fam interview other employee provi all events leading review employee	conducting the investigation will, eview the resident's medical mine events leading up to the ew the person(s) reporting the ew any witnesses to the incident; sident (as medically appropriate); nembers (on all shifts) who have h the resident during the period ncident; interview the resident's ily members, and visitors; resident's to whom the accused des care or services; and review ng up to the alleged incident; and ever ecords as appropriate The vestigation will be recorded in a				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Grand Traverse Pavilions Foundation BALANCE SHEET DECEMBER 31, 2024

Assets

Unrestricted Assets-Cash		
General Cash	78,865.13	
Annual Events	43,896.86	
Concert On The Lawn	72,388.34	
Board Advised Fund	6,801.00	
Activities	4,649.34	
Adult Day Unit	1,136.72	
Memorials	1,333.00	
Total Unrestricted Cash		209,070.39
Restricted Assets-Cash		
Lights of Love	6,675.00	
Campus Beautification	37,498.68	
Caregiver Conference	2,541.10	
Grants	10,008,08	
Gwen Rauch Memorial Emp Cancer	14,742.29	
Benevolent Fund	10.01	
Adult Day Services Fund	1,764.58	
Cottages	16,494.10	
Wellness Center Fund	4,958.98	
wenness Center Fund	4,938.98	
Total Restricted Cash		94,692.82
Total Cash-Restricted and Unrestricted		303,763.21
Restricted Assets-Investments		
Employee Education Endowment F	67,096.07	
Pet Care Endowment Fund	60,570.24	
Benevolent Endowment Fund	1,925,407.15	
Total Restricted Assets-Investments		2,053,073.46
Total Assets		2,356,836.67
	2	
Liabilit	ies and Equity	
Liabilities		
Accounts Payable	3,323,17	
Accounts Payable	5,525,17	
Total Liabilities		3,323.17
Equity		
Retained Earnings	2,122,959.30	
Retained Earnings-Current Year	230,554.20	
Total Equity		2,353,513.50
Total Liabilities and Equity	-	2,356,836.67

144 - 20

	Grand Traverse Pavilions Foundation INCOME STATEMENT	
	FOR THE TWELVE PERIODS ENDED DECEM	BER 31, 2024
	PERIOD TO DATE ACTUAL	YEAR TO DATH ACTUAL
Revenue		
Donation Inc - Annual Campaign	3,750.00	65,713.10
Donation Inc-Light of Love	100.00	100.00
Donation Inc - Concert On The	.00	21,783.03
Donation Inc - Gwen Rauch Mem	.00	510.00
Donation Inc - Activities	.00	700.00
Donation Inc - Benevolent	.00	17,070.00
Donation Inc - Cottages	25,000.00	26,000.00
Donation Inc - Memorials	200.00	1,533.00
Sponsorship Inc - Events	.00	7,500.00
Sponsorship Inc - Concert On T	.00	16,000.00
Ticket Sales - Events	.00	6,898.00
Silent Auction Income-Event	.00	1,930.00
Concession Sales - Concert On Grant Inc - Rotary Charities	.00 .00	16,664.89 10,000.00
TOTAL Revenue	29,050.00	192,402.02
Gross Profit	29,050.00	192,402.02
perating Expense		2004
Programming ExpTelevision	.00	2,699.85
Programming Exp Benevolent	.00	70,939.36
Programming Exp-Employee Moral	.00	214.20
Programming Exp Cottages	1,525.00	50,108.34
Fundraising Expense	9,320.00	9,320.00
Fundraising Expense - Annual E	.00	4,970.48
Fundraising Expense - Concert	.00	750.00
Postage Exp - Annual Campaign	1,313.25	1,313.25
Food/Tent Rental-Concert on La	.00	11,490.18
Advertising - Annual Event	.00	250.00
Advertising - Concert On The L	.00	1,883.00
Printing/Binding	425.00	425.00
Financial Statement Audit	.00	7,700.00
Investment Advisory Fees	.00	9,272.20
Bank and Credit Card Fees	56.50	1,569.05
Entertainment - Concert On The	.00	8,500.00
Sound - Concert On The Lawn	.00	3,150.00
Misc Expense - Annual Campaign Misc Expense - Concert on the	.00 59 92	101.88
	12,699.67	
TOTAL Operating Expense		187,758.15
Net Income from Operations	16,350.33	4,643.87
ther Income and Expense		
Investment Income (Loss)	100 000 000	111 200 22
Unrealized Gains (Losses)	(97,303.56)	141,509.67
Interest and Dividend Income	31,331.53	84,400.66
TOTAL Investment Income (Loss)	(65,972.03)	225,910.33
TOTAL Other Income and Expense	(65,972.03)	225,910.33
Earnings before Income Tax	(49,621.70)	230,554.20

(49,621.70)

230,554.20

Net Income (Loss)

Grand Traverse Pavilions Foundation INCOME STATEMENT

FOR THE TWELVE PERIODS ENDED DECEMBER 31, 2023

	PERIOD TO DATE ACTUAL	YEAR TO DATE ACTUAL
Revenue		
Donation Inc - Annual Campaign	5,531.00	120,165.22
Donation Inc - Concert On The	.00	11,924.41
Donation Inc - Gwen Rauch Mem	.00	630.00
Donation Inc - Activities	.00	1,480.00
Donation Inc - Benevolent	.00	19,130.00
Donation Inc - Denevolent Donation Inc - Cottages	1,000.00	1,500.00
Donation Inc - Wellness Center	1,000.00	131.31
	.00	
Donation Inc - Memorials		2,381.75
Donation Inc-Labor	13,389.16	13,389.16
Sponsorship Inc - Concert On T	.00	21,099.00
Concession Sales - Concert On	.00	11,153.80
Grant Income	.00	4,000.00
TOTAL Revenue	19,920.16	206,984.65
Gross Profit	19,920.16	206,984.65
Operating Expense		
Programming ExpTelevision	.00	4,992.37
Programming Exp-Employee Cance	.00	750.00
Programming Exp - Tobertoval M	.00	12,800.00
Programming ExpCampus Beauti	.00	8,233.88
Programming Exp - Emp Edu	.00	9,457.08
Programming Exp Pet Care Fu	.00	5,670.00
Programming ExpSr. Housing S	.00	221,745.54
Food/Tent Rental-Concert on La	.00	5,476.10
Advertising - Concert On The L	649.00	1,594.00
Financial Statement Audit	950.00	7,700.00
Investment Advisory Fees	.00	9,274.80
Bank and Credit Card Fees	68.75	1,198.12
Meeting Expense - Annual Campa	264.93	264.93
Entertainment - Concert On The	.00	7,750.00
Sound - Concert On The Lawn	.00	3,400.00
Misc Expense - Concert on the	500.00	2,176.28
Donated-Labor	13,389.16	13,389.16
TOTAL Operating Expense	15,821.84	315,872.26
Net Income from Operations	4,098.32	(108,887.61)
Other Income and Expense		
Investment Income (Loss)		
Unrealized Gains (Losses)	(45,007.18)	.00
Interest and Dividend Income	2,472.74	68,718.35
Recognized Gains and Losses	45,007.18	45,007.18
TOTAL Investment Income (Loss)	2,472.74	113,725.53
TOTAL Other Income and Expense	2,472.74	113,725.53
Earnings before Income Tax	6,571.06	4,837.92
Net Income (Loss)	6,571.06	4,837.92



- TO: Grand Traverse County Department of Health and Human Services Board
- **FROM**: Dave Hautamaki, Interim Administrator/CEO
- **RE**: January Report

Census (Avera	ge Daily Cen	sus)					
	Feb-MTD	Jan-25	Dec-24	Nov-24	Oct-24	Sept-24	Aug-24
Medical Care Facility (MCF)	181	178	178	163	173	168	167
Cottages	56	58	58	58	61	63	63

MCF	Jan-25	Dec-24	Nov-24	Oct-24	Sept-24	Aug-24
Admissions & Re-admits	55	64	45	55	52	63
Discharges	55	52	46	55	48	61
MMC Referrals	239	221	169	210	169	215
MMC Denied	41	48	32	35	26	41
Transfers to LTC	2	2	1	5	3	2

Cottages	Jan-25	Dec-24	Nov-24	Oct-24	Sept-24	Aug-24
Admissions	3	2	0	1	3	3
Respite	6	4	4	7	6	6
Discharges	1	2	2	2	0	0

Finance

	Jan-25	Dec-24	Nov-24	Oct-24	Sept-24	August-24
Combined Net Income	\$51,676	\$(778,017)	\$16,634	\$47,415	\$106,264	*\$1,101,297
MCF	\$117,568	\$(721,830)	\$55,083	\$54,974	\$124,307	\$1,122,407
Net Income		. ,				
Cottage	\$(65,892)	\$(56,187)	\$(38,448)	\$(7,560)	\$(18,043)	\$(21,110)
Net Income						
Cash Balance	\$6,690,775	\$7,677,738	**\$8,789,614	\$3,853,444	\$3,615,910	\$3,506,346
A/R Days Sales	60	57	56	58	60	60
Outstanding						

*Notified of cost settlement from 10/1/22 – 9/30/23 of \$1,024,304.

** Certified Public Expenditure of \$903,648 and year-end cost settlements for the year 2022 of \$676,286 & 2023 of \$3,282,428.

MCF Operating Expenses PPD History

	Jan-25	Dec-24	Nov-24	Oct-24	Sept-24	Aug-24
MCF Operating Expenses Actual PPD	\$471	\$507	\$492	\$468	\$469	\$452
MCF Operating Expenses Budgeted PPD	\$501	\$453	\$457	\$453	\$457	\$453
Variance (unfavorable)/favorable	\$30	\$(54)	\$(35)	\$(15)	\$(12)	\$1

Facility Reported Incidents

	Jan-25	Dec-24	Nov-24	Oct-24	Sept-24	Aug-24
Medical Care Facility	12	7	3	7	4	5

Wellness Center

Numbers of Patients seen:	Jan-25	Dec-24	Nov-24	Oct-24	Sept-24	Aug-24
Medicare A	32	32	21	27	38	48
Medicare Advantage Skilled	42	40	33	36	30	35
Private Insurance: Inpatient	4	4	1	3	2	5
Private Pay: Inpatient	0	0	0	2	0	2
Auto: Inpatient	0	0	0	0	1	0
Med A/Rehab Inpatient	74	76	55	68	71	90
Totals						
Medicaid	2	3	5	5	2	2
Medicare B: Inpatient	30	34	37	42	40	38
Medicare B Advantage: Inpatient	19	16	21	19	14	10
Med B Inpatient Totals	51	53	63	66	56	50
Medicare B: Outpatient	30	22	29	26	20	21
Medicare B Advantage: Outpatient	39	42	47	48	51	52
Private Insurance: Outpatient	17	16	20	21	18	17
Work Compensation: Outpatient	0	0	0	0	0	0
Private Pay: Outpatient	0	0	0	0	0	0
Auto: Outpatient	0	0	0	0	0	0
Outpatient Totals	86	80	96	95	89	90
Numbers of Wellness						
Center Visits:						
Aquatic inpatients therapy visits	11	14	18	16	20	18
Aquatic aftercare visits per month	294	200	287	312	342	341
Aquatic outpatient PT visits	146	82	175	184	148	170
Aquatic group class participants	88	52	95	89	54	86
Land therapy visits (PT, OT, SLP)	261	212	203	266	208	253
Total Outpatient therapy visit	388	315	378	450	356	423
Outpatient aquatic therapy revenue	42,946.16	34,317.98	47,778.42	49,639.40	42,934.12	47,997.47
Aftercare monthly revenue	2,940	2,000	2,870	3,120	3420	3410
Aquatic group class revenue	1,760	1,040	1900	1,780	1080	1720
Cottages visits	95	91	26	41	34	59
Total Wellness center revenue	47,646.16	37,357.98	46,548.42	54,539.40	47,434.12	53,127.47

Staffing

	Jan-25	Dec-24	Nov-24	Oct-24	Sept-24	Aug-24
Hires	18	8	9	15	35	2
Resignations	6	6	3	3	5	4
Referrals	6	9	5	3	9	7
Total # Employees	330	334	338	332	325	307

Feb 2025 MDT # 343 employees

Talent Sourcing and Recruiting is underway for census to grow to 185 (CNAs, UWs, RNs, Social Worker)

Activities

Recreational Therapists in the life enrichment department continue to complete video chats throughout the month for 6 residents over FaceTime or Google Duo.

Activities, Special Events and Outings that occurred in January included small group activities such as Bird Care; Card Group including Euchre and Uno, Word Games (Name that Tune and Scategories), and Creative Kitchen group baking items for mocktail hour such as pudding cups, monkey bread, and brownies.

Residents engaged in arts and crafts with Christmas card making, creative coloring, snowflake painting, and wreath making. In addition to helping fold the weekly Pavilions Post, residents continue to attend book club meetings continuing their fourth book, The President Is Missing by James Patterson and Bill Clinton, later this month they will start The Women by Kristin Hannah. Residents continue to check out books from the book mobile that visits monthly with rotating reading material to check out. Residents participated in morning stretch/exercise groups throughout the week. Song circle group continues to take place throughout the building including Maple rehab pavilion as a morning and afternoon activity in hallways and common areas.

Large group activities that were held included: Drum Circles, Bingo, Bingo Store, Balloon Ball, Bowling, Popcorn Fridays & Movies and Tuesday Mocktails. Special events that took place during January were a New Year's celebration and watching the New Years Day parade, and a hot cocoa bar. Livestreaming of church services from Central United Methodist Church, Gaither's Gospel and St. Francis of Assisi continues Sunday's. Catholic church services were attended with Catholic Mass with Father Joe once this month, and Rosary & Holy Communion weekly. Outings that residents signed up for include La Seniorita, Handz On Art, and a Walmart shopping trip. Elm residents have participated in various sensory group activities including-sensory cart, coloring, crafts. They engage in song circle twice a week with life enrichment staff. They participate in small group morning exercise. Cognitive groups include trivia, Jeopardy, history, categories, large dice games, book clubs and jokes. Residents participated in a creative kitchen making chocolate cake and brownies. Residents engage in weekly intergenerational visits from the children of the Pavilions Day care center but were unable to in January due to illness on the floors.

On January 15th, Let's Talk Food Meeting was held and on January 16th the Pavilions Resident Council meeting for residents was held for all pavilions to come together to meet. Elm Resident Council was held separately on January 20th.

Environmental Services

Staff have been working to update areas of the Aspen hallway colors, flooring, etc. as budget permits. Work is getting done by maintenance staff Aspen unit and will be fully functional by July 1st.

Made changes to the department's structuring and training to help streamline some of our processes like room turnover in between residents.

GRAND TRAVERSE PAVILIONS MEMORANDUM

Financial Operations Report January 2025

Grand Traverse Pavilions Combined

REVENUE:

The overall revenue for the Pavilions in January was \$3,048,613 resulting in an unfavorable budget variance of \$28,429.

EXPENSES:

The total overall operating expenses for the Pavilions in January were \$2,996,937 resulting in a favorable variance to budget of \$47,234.

NET INCOME/LOSS:

There was net income of \$51,676 from the combined programs of the Pavilions in January resulting in a favorable budget variance of \$18,805.

OPERATING CASH:

Total cash at month-end was \$6,690,775. There was a net decrease (more spent than was brought in) in overall cash of \$986,963 for the month.

There were no significant irregular payments received in January.

The schedule of irregular payment (outflows) from GTP includes an adjustment to the expected timing of a few items from January to February and March. In addition to the Union Pension Bond payment of \$313,581.25 there was a third regularly scheduled payroll of approximately \$750,000 in January that accounts for most of the decrease in cash for the month.

VOUCHERS:

Purchase orders, invoices, checks written, and supporting documentation were reviewed for voucher numbers 5614-5623 for the month of January and were in order without exception.

Grand Traverse Medical Care

REVENUE:

The census for January averaged 178 residents which was six above the budgeted census and two more than the prior month. Private pay census was four below budget, Medicare was four below budget, Medicaid was fifteen above budget and Hospice was one below the budgeted census. The occupancy for January was 74% of licensed beds and 89% of available beds.

The average rate per patient day ("PPD") for inpatient resident revenue was \$1.64 over budget (favorable).

Other revenue was under budget due to the significant increase in provider taxes discussed at the January board meeting. This was partially offset by higher than budgeted Medicaid volumes resulting in higher QAS revenue. Longevity Health has 39 enrolled participants in February, an increase in three from January.

EXPENSES:

Operating Expenses were \$29.50 per patient day less than budgeted for the month resulting in a favorable flexed variance of \$162,472 based on the 5,508 days of care.

NET INCOME/LOSS:

Grand Traverse Medical Care produced net income of \$117,568 for the month, which was \$88,342 more than budgeted.

RECEIVABLES:

Days Revenue Outstanding ("DRO") is 60 days as of 1/31/2025. This is three more than as of 12/31/2024. Our goal is to reduce that number to 45 days.

There were three Medicaid applications that were approved by DHHS during January. Those amounts have been billed and should be paid in February.

In addition, there was one filed Medicaid application waiting for a determination as of the end of the January.

There are five private pay residents who have not paid their current bill but have indicated they are in the process of completing a Medicaid application that they believe will cover their outstanding balance.

The audit of the 2022 cost report began in January and is expected to end with proposed preliminary adjustments the week of February 24. The filed 2022 cost report set payments for 24 months. Audit adjustments result in payment reconciliations in the future.

The last day for flexibility in managing census to 85% (to avoid a significant reduction in Medicaid payments) is September 30, 2025. Efforts to increase the census to 204 (85% of our 240 licensed beds) are underway. Success in that regard is very important for the long- term value of the Pavilions nursing home beds to the community.

The Cottages

REVENUE:

Total revenue of \$295,833 generated a \$42,860 unfavorable variance to the budget.

The average leased occupancy for the Cottages-Assisted Living was 54 apartments during the month (7 below budget, 2 more than the prior month), representing 69% occupancy. In addition, there were 93 days (average of 3.0 per night) of overnight respite provided during the month (26 less than the prior month and sixty-two above budget). Hawthorn Lofts-Independent Living average census (excluding the Administrator) was 1 resident per day for 33% occupancy which was the same as the prior month. Total average census of 58 residents (one more than the prior month).

Occupancy above included an average of 12 Pace North residents in the Cottages, (a decrease from prior month of 1) and 31 days of Respite Care were provided for a Pace North participant (an increase of 31 days).

EXPENSES:

Expenses for January (before depreciation) were \$338,403 which was above the budgeted amount by \$27,087 for an unfavorable variance.

NET INCOME/LOSS:

The program had a net loss for the month of \$65,892 resulting in an unfavorable variance of \$69,949.

Unassigned Fund Balance

Approved 2025 Operating Budget	\$ 36.5M
Unassigned Fund Balance Target Percentage	20%
Unassigned Fund Balance Target Amount	\$7.3M
Current Unassigned Fund Balance*	\$6.7M
Current Fund Balance as a percentage of Operating Budget	18%
Amount Available Above/ (Below) Target	(\$.6)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.

Date:	Feb 18, 2025
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Grand Traverse Pavilions - SNF Combined Income Statement 1/1/2025 to 1/31/2025

NO

Page # 1

Include Adjustment Periods: NO Include Closing Periods:

	CUR	RENT PERIOD		PF	IOR PERIOD		YE	AR TO DATE	
	Actual \$	Budget \$	Var \$	Actual \$	Budget \$	Var \$	Actual \$	Budget \$	Var \$
Service Revenue	2,893,105	2,888,889	4,216	2,824,793	2,288,188	536,605	2,893,105	2.888,889	4,216
Other Revenue	155,508	188,154	(32,645)	(398,946)	141,129	(540,075)	155,508	188,154	(32,645)
Total Revenue	3,048,613	3,077,042	(28,429)	2,425,847	2,429,317	(3,470)	3.048,613	3,077,042	(28,429)
Salaries & Wages	1,736,732	1,783,938	47,206	1,996,628	1,258,825	(737,804)	1,736,732	1,783,938	47,206
Benefits	455,961	462,069	6,109	404,428	348,025	(56,403)	455,961	462,069	6,109
Other Operating Expenses	680,895	675,161	(5,734)	765,085	642,727	(122,358)	680,895	675,161	(5,734)
Interest Expense	27,408	26,855	553	29,062	29,752	(690)	27,408	26,855	553
Depreciation	95,941	96,147	207	95,941	95,941	0	95,941	96,147	207
Total Operating Expenses	2,996,937	3,044,171	47,234	3,291,144	2,375,269	(915,875)	2,996,937	3,044,171	47,234
Net Operating Income	51,676	32,871	18,805	(865,297)	54,048	(919,344)	51,676	32,871	18,805

Date: Feb 18, 2025 Time: 13:20:25 EST User: Lindsey Dood

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Include Adjustment Periods: NO

Include Closing Periods: NO

	I.		CURR	ENT PERIOD			1		PRIO	R PERIOD			í.		VEA	R TO DATE		
	Actual \$	Budget \$		Actual / Day Bu	daet / Day)	ar / Day	Actuals	Budget \$		Actual / Day Bu	udget / Day	Var / Day	Actual	Budget \$		Actual / Day Bu	dant / Day	Ins / Davi
SNF Resident Revenue	Actual #	Dudger #	4di 4	Actual / Day Du	uger / Day	al / Day	Actual	buuget a	Yal Q	Actual / Day Di	udget / Day	var / Day	Actual \$	Budget a	var a	Actual / Day Bu	idget / Day	varibay
Inpatient Revenue																		
Medicare Part A	273,344	338,675	(CE 224)	511.88	575.00	(63.12)	254,902	340 376	100 074	FF4 43	004.40							
Medicare Advantage	306,814			606.35	575.00	31.35	254,902			554.13	684.46	(130.33)	273,344		(65,331)	511.88	575.00	(63.12)
Medicaid									114,092	437.90	408.88	29.02	306,814		(31,861)	606.35	575.00	31.35
		1,364,264		433.40	419.13	14.27		1,039,414		427.11	376.74	50.37		1,364,264		433.40	419.13	14.27
Hospice	108,100			502.79	488.60	14.19	119,664		(53,153)	502.79	428.83	73.96	108,100			502.79	488.60	14.19
Private Pay	205,309	293,773		465.55	451.26	14.29	114,900		(114,625)	781.63	411.34	370.30	205,309			465.55	451.26	14.29
Medicare Part B	14,917	13,455		2.71	2.52	0.18	13,328	2,941	10,388	2.44	0.65	1.79	14,917	13,455		2.71	2.52	0.18
	2,560,593	2,470,015	90,578	464.89	463.24	1.64	2,479,837	1,889,725	590,112	454.18	420.41	33.78	2,560,593	2,470,015	90,578	464.89	463.24	1.64
Outpatient							1.51 1.557						1.0					
Physical Therapy	61,156	99,067	(37,911)	11.10	18.58	(7.48)	48,027	60,760	(12,733)	8.80	13.52	(4.72)	61,156	99,067	(37,911)	11.10	18.58	(7.48)
Occupational Therapy	5,005	5,093	(88)	0.91	0.96	(0.05)	7,216	0	7,216	1.32	0.00	1.32	5,005	5.093	(88)	0.91	0.96	(0.05)
Speech Therapy	3,380	4,076	(696)	0.61	0.76	(0.15)	4,245	0	4,245	0.78	0.00	0.78	3,380	4,076	(696)	0.61	0.76	(0.15)
Wellness	4,195	3,972	223	0.76	0.74	0.02	2,195	3,720	(1,525)	0.40	0.83	(0.43)	4,195	3,972	223	0.76	0.74	0.02
Cont Allow Outpatient	(46,712)	(37,708)	(9,004)	(8.48)	(7.07)	(1.41)	(29,333)	0,120	(29,333)	(5.37)	0.00	(5.37)	(46,712)	(37,708)	(9,004)	(8.48)	(7.07)	(1.41)
TOTAL Outpatient	27.024		(47,476)	4.91	13.97	(9.07)	32,350	64,480	(32,130)	5.92	14.34	(8.42)	27,024		(47,476)	4.91	13.97	(9.07)
TOTAL SNF Resident Revenue																		
	2,587,617	2,544,515	43,102	469.79	477.22	(7.42)	2,512,187	1,954,205	557,982	460.11	434.75	25.36	2,587,617	2,544,515	43,102	469.79	477.22	(7.42)
SNF Other Revenue	0.440	10 100	(4.000)	4.00		10.051						10.001					1.2.2.2	
Revenue - Child Day Care	9,143	10,182	(1,039)	1.66	1.91	(0.25)	6,754	9,309	(2,555)	1.24	2.07	(0.83)	9,143	10,182		1.66	1.91	(0.25)
Childcare Lunches	918	769	149	0.17	0.14	0.02	302	334	(32)	0.06	0.07	(0.02)	918	769	149	0.17	0.14	0.02
Vending Machine Sales	645	322	323	0.12	0.06	0.06	1,690	269	1,422	0.31	0.06	0.25	645	322	323	0.12	0.06	0.06
Rental Income	200	216	(16)	0.04	0.04	0.00	335	206	129	0.06	0.05	0.02	200	216	(16)	0.04	0.04	0.00
Interest Income	60	1,000	(940)	0.01	0.19	(0.18)	31,724	1,000	30,724	5.81	0.22	5.59	60	1,000	(940)	0.01	0.19	(0.18)
DCW Wage Reimbursement	86,282	71,897	14,385	15.66	13.48	2.18	83,696	40,000	43,696	15.33	8.90	6.43	86,282	71,897	14,385	15.66	13.48	2.18
Copy Revenue	0	0	0	0.00	0.00	0.00	73	10	63	0.01	0.00	0.01	0	0	0	0.00	0.00	0.00
Garnishiment Fees	35	0	35	0.01	0.00	0.01	35	30	5	0.01	0.01	0.00	35	0	35	0.01	0.00	0.01
Scrap Sales	0	0	0	0.00	0.00	0.00	0	30	(30)	0.00	0.01	(0.01)	0	0	0	0.00	0.00	0.00
Misc Income	2	0	2	0.00	0.00	0.00	(15,915)	682	(16, 597)	(2.91)	0.15	(3.07)	2	0	2	0.00	0.00	0.00
Recruitment Grant Income	0	0	0	0.00	0.00	0.00	36,048	0	36.048	6.60	0.00	6.60	0	0	0	0.00	0.00	0.00
QAS Income	217,387	191,071	26,316	39.47	35.83	3.63	241,697	155,218	86,479	44.27	34.53	9.74	217,387	191.071	26,316	39.47	35.83	3.63
QMI Income	24.010	27,009	(2,999)	4.36	5.07	(0.71)	22,029	36,905	(14,876)	4.03	8.21	(4.18)	24,010	27,009	(2,999)	4.36	5.07	(0.71)
Inter-Company Charges	21,400	21,812	(412)	3.89	4.09	(0.21)	21,400	0	21,400	3.92	0.00	3.92	21,400	21,812	(412)	3.89	4.09	(0.21)
Impairment Loss	0	0	0	0.00	0.00	0.00			(484,307)	(88.70)	0.00	(88,70)	21,400		(4.2)	0.00	0.00	0.00
Bad Debt Expenses	(25,000)	(24,346)	(654)	(4.54)	(4.57)	0.03	(25,000)		(17,500)	(4.58)	(1.67)	(2.91)	(25,000)	(24,346)	(654)	(4.54)	(4.57)	0.03
Provider Tax Expense-QAA	(134,110)	(74,736)		(24.35)	(14.02)		(266,449)	(86,128) ((48.80)	(19,16)	(29.64)	(134,110)	(74,736)		(24.35)	(14.02)	(10.33)
Provider Tax Expense-QMIA	(14,409)	(9,549)		(2.62)	(1.79)	(0.82)	(25,863)	(10,164)		(43.30)	(2.26)	(2.48)	(14,409)	(9,549)		(24.55)	(14.02)	(0.82)
TOTAL SNF Other Revenue								and search and the second second	the second se		the second se		and a second			and the second se	and the second s	
TOTAL SNF Other Revenue	186,563	215,647	(29,083)	33.87	40.44	(0.5/)	(371,752)	140,200	(511,952)	(68.09)	31.19	(99.28)	186,563	215,647	(29,083)	33.87	40.44	(6.57)
THE		-		500 00		0.00												
	2,774,180 2	2,760,162	14,019	503.66	517.66	2.63	2,140,435	2,094,405	46,030	392.02	465.94	10.24	2,774,180	2,760,162	14,019	503.66	517.66	2.63
SNF Operating Expenses																		
Nursing						1												
Nursing																		
Salary & Wages - RN	284,252	291,490	7,238	51.61	54.67	3.06	321,631	152,030 (169,601)	58.91	33.82	(25.08)	284,252	291,490	7,238	51.61	54.67	3.06
Salary & Wages - LPN	95,617	121,670	26,053	17.36	22.82	5.46	106,180	91,646	(14,534)	19.45	20.39	0.94	95,617	121,670	26,053	17.36	22.82	5.46
Salary & Wages - CNA	514,923	543,525	28,602	93.49	101.94	8.45	603,267	368,410 (234,856)	110.49	81.96	(28.53)	514,923	543,525	28,602	93.49	101.94	8.45
Salary & Wages - UW SNF	6,849	13,531	6,682	1.24	2.54	1.29	8,599	12,103	3,504	1.57	2.69	1.12	6,849	13,531	6,682	1.24	2.54	1.29
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Grand Traverse Pavilions - SNF

SNF Income Statement 1/1/2025 to 1/31/2025

Facility #

Page # 1

SNF Income Statement 1/1/2025 to 1/31/2025

Facility # Page # 2

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	I		CURRE	ENT PERIOD					PRIC	R PERIOD			1		YEAF	R TO DATE		
	Actual \$	Budget \$	Var \$ /	Actual / Day B	udget / Day V	/ar / Day	Actual \$	Budget \$	Var \$	Actual / Day Bu	dget / Day	Var / Day	Actual \$	Budget \$		Actual / Day B	udget / Day \	/ar / Day
Nursing (con't)																		
Longevity - RN	4,777	739	(4,038)	0.87	0.14	(0.73)	4,777	737	(4.040)	0.87	0.16	(0.71)	4,777	739	(4,038)	0.87	0.14	(0.73)
Longevity - LPN	2,422	456	(1,966)	0.44	0.09	(0.35)	2,422	457	(1,965)	0.44	0.10	(0.34)	2,422	456	(1,966)	0.44	0.09	(0.35)
Longevity - CNA	12,607	1,656	(10,951)	2.29	0.31	(1.98)	12,607	1,652	(10,955)	2.31	0.37	(1.94)	12,607		(10,951)	2.29	0.31	(1.98)
FICA - Nursing	69,056	74,440	5,384	12.54	13.96	1.42	89,969	49,101	(40,868)	16.48	10.92	(5.55)	69,056		5,384	12.54	13.96	1.42
Workers Comp - Nursing	8,091	8,269	178	1.47	1.55	0.08	(2,537)	7,108	9,644	(0.46)	1.58	2.05	8,091	8,269	178	1.47	1.55	0.08
Unemployment Expenses	0	0	0	0.00	0.00	0.00	11.547	8,447	(3,100)	2.11	1.88	(0.24)	0	0	0	0.00	0.00	0.00
MERS DB - Nursing	38,126	38,978	852	6.92	7.31	0.39	31,939	32,538	599	5.85	7.24	1.39	38,126	38,978	852	6.92	7.31	0.39
MERS DC:Nursing	11.725	16,351	4.626	2.13	3.07	0.94	14,315	11,827	(2,488)	2.62	2.63	0.01	11,725	16,351	4,626	2.13	3.07	0.94
Health Ins - Nursing	76,380	85,485	9,105	13.87	16.03	2.17	69,357	60,820	(8,537)	12.70	13.53	0.83	76,380	85,485	9,105	13.87	16.03	2.17
Health Ins - Retirees Nursing	6,620		1,482	1.20	1.52	0.32	1,580	5,846	4,266	0.29	1.30	1.01	6,620	8,102	1,482	1.20	1.52	0.32
Dental Ins - Nursing	7,176		(1,079)	1.30	1.14	(0.16)	4,277	4,292	15	0.78	0.95	0.17	7,176	6,097	(1.079)	1.30	1.14	(0.16)
Uniforms - Nursing	872		(620)	0.16	0.05	(0.11)	0	1,217	1,217	0.00	0.27	0.27	872	252	(620)	0.16	0.05	(0.10)
Small Equipment	8,493	5.968	(2,525)	1.54	1.12	(0.42)	6.845	5,407	(1,438)	1.25	1.20	(0.05)	8,493	5,968	(2,525)	1.54	1.12	(0.42)
Nursing Supplies	20,393	22,338	1.945	3.70	4.19	0.49	31,228	15,995	(15,233)	5.72	3.56	(2.16)	20,393	22,338	1.945	3.70	4.19	
Briefs	5,737	5,844	107	1.04	1.10	0.05	5,560	5,087	(473)	1.02	1.13		5,737		1,945			0.49
Stock Meds	3,651	2,298	(1.353)	0.66	0.43	(0.23)	1,865	1,420	(473)	0.34	0.32	0.11 (0.03)		5,844		1.04	1.10	0.05
Flu Vaccine	3,051	3,040	3,040	0.00	0.43	0.57	6,579	1,420	(6,579)	1.20	0.32	(1.20)	3,651	2,298	(1,353)	0.66	0.43	(0.23)
IV Supplies	196	1,200	1,004	0.04	0.23	0.19	520	2,323	1.803	0.10	0.52		0	3,040	3,040	0.00	0.57	0.57
Special Equipment Rental	190	1,200	1,004		0.23	0.19	1,495					0.42	196	1,200	1,004	0.04	0.23	0.19
		0	•	0.00				144	(1,351)	0.27	0.03	(0.24)	0	0	0	0.00	0.00	0.00
Non-Legend Drugs	4,302	4,125	(177)	0.78	0.77	(0.01)	4,143	472	(3,672)	0.76	0.10	(0.65)	4,302	4,125	(177)	0.78	0.77	(0.01)
Professional Services - Medic	3,520	3,520	0	0.64	0.66	0.02	3,520	3,590	70	0.64	0.80	0.15	3,520	3,520	0	0.64	0.66	0.02
Agency Nurse Staffing	7,587	0	(7,587)	1.38	0.00	(1.38)	21,968	30,492	8,524	4.02	6.78	2.76	7,587	0	(7,587)	1.38	0.00	(1.38)
Building Repairs-Resident Roo	0	2,096	2,096	0.00	0.39	0.39	0	3,527	3,527	0.00	0.78	0.78	0	2,096	2,096	0.00	0.39	0.39
Equipment Repairs	3,320	3,020	(300)	0.60	0.57	(0.04)	374	1,449	1,075	0.07	0.32	0.25	3,320	3,020	(300)	0.60	0.57	(0.04)
Education & Training - Nursing	165	526	361	0.03	0.10	0.07	608	266	(343)	0.11	0.06	(0.05)	165	526	361	0.03	0.10	0.07
Med Waste:Nursing-Medical Care		1,993	(61)	0.37	0.37	0.00	0	1,584	1,584	0.00	0.35	0.35	2,054	1,993	(61)	0.37	0.37	0.00
Resident Loss Replacement	0	0	0	0.00	0.00	0.00	25	18	(7)	0.00	0.00	0.00	0	0	0	0.00	0.00	0.00
TOTAL Nursing	1,198,913	1,267,009	68,096	217.67	237.62	19.96	1,364,660	880,004	(484,656)	249.94	195.77	(54.16)	1,198,913	1,267,009	68,096	217.67	237.62	19.96
Nurse Administration				20.22		100,000	1000200	20.000										
Salary & Wages - Nursing Admin	135,826	125,501		24.66	23.54	(1.12)	146,702	89,032	(57,671)	26.87	19.81	(7.06)	135,826	125,501 (24.66	23.54	(1.12)
Longevity-Nursing Admin	2,854		(1,716)	0.52	0.21	(0.30)	2,854	1,133	(1,721)	0.52	0.25	(0.27)	2,854		(1,716)	0.52	0.21	(0.30)
FICA - Nursing Admin	9,584	9,689	105	1.74	1.82	0.08	(607)	6,677	7,285	(0.11)	1.49	1.60	9,584	9,689	105	1.74	1.82	0.08
Workers Comp - Nurse Admin	37	63	26	0.01	0.01	0.01	60	62	2	0.01	0.01	0.00	37	63	26	0.01	0.01	0.01
MERS DB - Nursing Admin	18,711	20,281	1,570	3.40	3.80	0.41	14,407	14,643	236	2.64	3.26	0.62	18,711	20,281	1,570	3.40	3.80	0.41
MERS DC: Nurse Administration	1,745	84	(1,661)	0.32	0.02	(0.30)	2,322	1,131	(1,191)	0.43	0.25	(0.17)	1,745	84	(1,661)	0.32	0.02	(0.30)
Nurse Admin Consulting	5,233	6,048	815	0.95	1.13	0.18	4,966	11,100	6,134	0.91	2.47	1.56	5,233	6,048	815	0.95	1.13	0.18
TOTAL Nurse Administration	173,990	162,804	(11,186)	31.59	30.53	(1.06)	170,704	123,779	(46,925)	31.26	27.54	(3.73)	173,990	162,804 (11,186)	31.59	30.53	(1.06)
TOTAL Nursing	1,372,902	1,429,813	56,911	249.26	268.16	18.90	1,535,364	1,003,783	(531,581)	281.20	223.31	(57.89)	1,372,902	1,429,813	56,911	249.26	268.16	18.90
Administrative																		
Salary & Wages - Admin	56,714	63,400	6,686	10.30	11.89	1.59	52,992	40,584	(12,408)	9.71	9.03	(0.68)	56,714	63,400	6.686	10.30	11.89	1.59
ongevity - Admin	1,313	399	(914)	0.24	0.07	(0.16)	1,313	396	(917)	0.24	0.09	(0.15)	1,313	399	(914)	0.24	0.07	(0.16)
FICA - Admin	4,751	4,881	130	0.86	0.92	0.05	3,716	3,037	(679)	0.68	0.68	0.00	4,751	4,881	130	0.86	0.92	0.05
Norkers Comp - Admin	19	40	21	0.00	0.01	0.00	40	41	1	0.01	0.01	0.00	19	40	21	0.00	0.01	0.00
MERS - Administration	6,757	10,456	3,699	1.23	1.96	0.73	9,159	9,310	150	1.68	2.07	0.39	6,757	10,456	3,699	1.23	1.96	0.73
MERS DC:Administration	3,488	3,879	391	0.63	0.73	0.09	1,060	1,002	(58)	0.19	0.22	0.03	3,488	3,879	391	0.63	0.73	0.09
Health Ins - Administration	5,753	6,375	622	1.04	1.20	0.15	5,412	7,231	1,819	0.99	1.61	0.62	5,753	6,375	622	1.04	1.20	0.15
Dental Ins - Administration	314	265	(49)	0.06	0.05	(0.01)	246	312	66	0.05	0.07	0.02	314	265	(49)	0.06	0.05	(0.01)
1	0.4	200	(10)	0.00	0.00	10.0.11	- 10	0.12	00	0.00	0.07	0.02	014	200	(45)	0.00	0.00	(0.01)

Date: Feb 18, 2025 Time: 13:20:25 EST User: Lindsey Dood

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Grand Traverse Pavilions - SNF SNF Income Statement 1/1/2025 to 1/31/2025

Facility #

Page # 3

	CURRENT PERIOD						Ē		PRIC	OR PERIOD					YEAF	R TO DATE		
	Actual \$	Budget \$	Var \$	Actual / Day But	dget / Day \	/ar / Day	Actual \$	Budget \$	Var \$ A	Actual / Day Bud	dget / Day V	ar / Day	Actual \$	Budget \$	Var \$ A	ctual / Day Budg	et / Day \	/ar / Day
Administrative (con't)																		
Small Equipment	126	0	(126)	0.02	0.00	(0.02)	0	0	0	0.00	0.00	0.00	126	0	(126)	0.02	0.00	(0.02)
Contract Services	3,231	7,697	4,466	0.59	1.44	0.86	(6,133)	3,218	9,352	(1.12)	0.72	1.84	3,231	7,697	4,466	0.59	1.44	0.86
Contract Svcs-Security	0	80	80	0.00	0.02	0.02	0	74	74	0.00	0.02	0.02	0	80	80	0.00	0.02	0.02
Professional Services - Admin	0	3,483	3,483	0.00	0.65	0.65	0	3,400	3,400	0.00	0.76	0.76	0	3,483	3,483	0.00	0.65	0.65
Legal Consultants	27,835	33,969	6,135	5.05	6.37	1.32	54,615	12,500	(42,115)	10.00	2.78	(7.22)	27,835	33,969	6,135	5.05	6.37	1.32
Dues & Memberships	3,500	4,038	538	0.64	0.76	0.12	3,905	3,333	(572)	0.72	0.74	0.03	3,500	4,038	538	0.64	0.76	0.12
License & Fees	36	458	422	0.01	0.09	0.08	2,520	583	(1,937)	0.46	0.13	(0.33)	36	458	422	0.01	0.09	0.08
Subscriptions	0	0	0	0.00	0.00	0.00	0	6	6	0.00	0.00	0.00	0	0	0	0.00	0.00	0.00
Education & Training - Admin	0	572	572	0.00	0.11	0.11	1,644	100	(1.544)	0.30	0.02	(0.28)	0	572	572	0.00	0.11	0.11
Travel	0	0	0	0.00	0.00	0.00	0	26	26	0.00	0.01	0.01	0	0	0	0.00	0.00	0.00
Board Meeting Expensess	0	17	17	0.00	0.00	0.00	0	4	4	0.00	0.00	0.00	0	17	17	0.00	0.00	0.00
Miscellaneous Expenses	0	119	119	0.00	0.02	0.02	34	48	14	0.01	0.01	0.00	0	119	119	0.00	0.02	0.02
TOTAL Administrative	113,836	140,128	26,292	20.67	26.28	5.61	130,524	85,207 (45.317)	23.91	18.96	(4.95)	113,836	140,128	26,292	20.67	26.28	5.61
Finance				0.000								(
Salary & Wages - Financial Ma	28,316	26,828	(1,488)	5.14	5.03	(0.11)	53,925	22,511 (31,414)	9.88	5.01	(4.87)	28,316	26,828	(1.488)	5.14	5.03	(0.11)
Longevity - Financial Mgt	499	236	(263)	0.09	0.04	(0.05)	499	239	(260)	0.09	0.05	(0.04)	499	236	(263)	0.09	0.04	(0.05)
FICA - Fin Mgmt	3,883	2,071	(1,812)	0.71	0.39	(0.32)	1,610	1,688	78	0.29	0.38	0.08	3,883	2,071	(1.812)	0.71	0.39	(0.32)
Workers Comp - Fin Mgmt	8	15	7	0.00	0.00	0.00	15	16	1	0.00	0.00	0.00	8	15	7	0.00	0.00	0.00
MERS DB - Financial Managemen	5,053	3,880	(1, 173)	0.92	0.73	(0.19)	2,511	2,552	41	0.46	0.57	0.11	5,053	3,880	(1.173)	0.92	0.73	(0.19)
MERS DC:Financial Management	0	305	305	0.00	0.06	0.06	0	471	471	0.00	0.10	0.10	0	305	305	0.00	0.06	0.06
Health Ins - Financial Mgmt	3,223	1,626	(1,597)	0.59	0.30	(0.28)	355	1,005	651	0.06	0.22	0.16	3,223	1,626	(1.597)	0.59	0.30	(0.28)
Dental Ins - Financial Mgmt	156	86	(70)	0.03	0.02	(0.01)	0	131	131	0.00	0.03	0.03	156	86	(70)	0.03	0.02	(0.01)
Office Supplies	2,625	1,511	(1,114)	0.48	0.28	(0.19)	1,870	1,421	(449)	0.34	0.32	(0.03)	2,625	1,511	(1, 114)	0.48	0.28	(0.19)
Copy Supplies	645	1,417	772	0.12	0.27	0.15	881	655	(226)	0.16	0.15	(0.02)	645	1,417	772	0.12	0.27	0.15
Computer Supplies	2,863	2,339	(524)	0.52	0.44	(0.08)	2,718	3,575	856	0.50	0.80	0.30	2,863	2,339	(524)	0.52	0.44	(0.08)
Postage	295	646	351	0.05	0.12	0.07	1,381	901	(480)	0.25	0.20	(0.05)	295	646	351	0.05	0.12	0.07
Small Equipment - IT	4,270	3,103	(1,167)	0.78	0.58	(0.19)	1,314	1,558	244	0.24	0.35	0.11	4,270	3,103	(1, 167)	0.78	0.58	(0.19)
Professional Services - Finan	1,000	0	(1,000)	0.18	0.00	(0.18)	875	0	(875)	0.16	0.00	(0.16)	1,000	0	(1,000)	0.18	0.00	(0.18)
IT Consultants	0	1,616	1,616	0.00	0.30	0.30	640	3,457	2,817	0.12	0.77	0.65	0	1,616	1,616	0.00	0.30	0.30
Printing & Binding	540	597	57	0.10	0.11	0.01	637	447	(190)	0.12	0.10	(0.02)	540	597	57	0.10	0.11	0.01
Data Processing	3,049	4,086	1,037	0.55	0.77	0.21	5,566	1,638	(3,928)	1.02	0.36	(0.65)	3,049	4,086	1,037	0.55	0.77	0.21
Maintenance Agreements Softwa	41,812	35,451	(6, 361)	7.59	6.65	(0.94)	26,888	24,310	(2,578)	4.92	5.41	0.48	41,812	35,451	(6,361)	7.59	6.65	(0.94)
Equipment Repairs	0	30	30	0.00	0.01	0.01	0	0	0	0.00	0.00	0.00	0	30	30	0.00	0.01	0.01
Communication Equip Repairs	541	2,113	1,572	0.10	0.40	0.30	2,017	2,597	580	0.37	0.58	0.21	541	2,113	1,572	0.10	0.40	0.30
Education & Training - Fin Mgt	190	152	(38)	0.03	0.03	(0.01)	0	155	155	0.00	0.03	0.03	190	152	(38)	0.03	0.03	(0.01)
Travel - Mileage	0	23	23	0.00	0.00	0.00	0	0	0	0.00	0.00	0.00	0	23	23	0.00	0.00	0.00
Other Insurance	28,154	26,634	(1,520)	5.11	5.00	(0.12)	10,753	25,000	14,247	1.97	5.56	3.59	28,154	26,634	(1,520)	5.11	5.00	(0.12)
Telephone-Snf	6,185	5,729	(456)	1.12	1.07	(0.05)	6,179		(1, 179)	1.13	1.11	(0.02)	6,185	5,729	(456)	1.12	1.07	(0.05)
Internet	2,452	2,867	415	0.45	0.54	0.09	2,452	2,500	48	0.45	0.56	0.11	2,452	2,867	415	0.45	0.54	0.09
Cellular Phone	2,693	2,964	271	0.49	0.56	0.07	3,511	1,126	(2,385)	0.64	0.25	(0.39)	2,693	2,964	271	0.49	0.56	0.07
Television - SNF	2,104	2,195	91	0.38	0.41	0.03	2,098	2,387	289	0.38	0.53	0.15	2,104	2,195	91	0.38	0.41	0.03
Bond Interest Expense	23,588	23,583	(5)	4.28	4.42	0.14	24,728	25,432	704	4.53	5.66	1.13	23,588	23,583	(5)	4.28	4.42	0.14
Bank Charges	3,522	2,412	(1,110)	0.64	0.45	(0.19)	3,951	2,432	(1,519)	0.72	0.54	(0.18)	3,522	2,412	(1,110)	0.64	0.45	(0.19)
TOTAL Finance	167,667	154,515	(13,151)	30.44	28.98	(1.46)	157,376	133,204 (24,171)	28.82	29.63	0.81	167,667	154,515 (13,151)	30.44	28,98	(1.46)
Human Resouces			10000000000000000000000000000000000000				10000000000000000000000000000000000000	2 (1993) 2 (1993) 2 (1993) 2 (1993) 2 (1993) 2 (1993) 2 (1993) 2 (1993) 2 (1993) 2 (1993) 2 (1993) 2 (1993) 2 (1993) 2 (1993) 2 (1993) 2 (1993) 2 (1										10000000000000000000000000000000000000
Salary & Wages - Human Resour	24,554	22,341	(2,213)	4.46	4.19	(0.27)	25,105	16,177	(8,928)	4.60	3.60	(1.00)	24,554	22,341	(2,213)	4.46	4.19	(0.27)
Longevity - Human Resources	595	236	(359)	0.11	0.04	(0.06)	595	234	(361)	0.11	0.05	(0.06)	595	236	(359)	0.11	0.04	(0.06)

Date: Feb 18, 2025 Time: 13:20:25 EST User: Lindsey Dood

Facility

Page # 4

	1		CURR	ENT PERIOD			1		PRIC	OR PERIOD			1		YEA	R TO DATE		
	Actual \$ E	Budget \$	Var \$	Actual / Day Bu	dget / Day \	/ar / Day	Actual \$ I	Budget \$	Var \$ A	ctual / Day Budg	et / Day V	ar / Day	Actual \$ I	Budget \$		ctual / Day Bu	dget / Day V	ar / Day
Human Resouces (con't)			wheel was									in the second		and the second se				
FICA - Human Res	1,888	1,727	(161)	0.34	0.32	(0.02)	2,007	1,213	(793)	0.37	0.27	(0.10)	1,888	1,727	(161)	0.34	0.32	(0.02)
Workers Comp - Human Res	7	8	1	0.00	0.00	0.00	10	10	Ó	0.00	0.00	0.00	7	8	1	0.00	0.00	0.00
MERS DB - Human Resources	3,018	4,606	1.588	0.55	0.86	0.32	2.822	2,868	46	0.52	0.64	0.12	3,018	4,606	1.588	0.55	0.86	0.32
MERS DC:Human Resources	862	506	(356)	0.16	0.09	(0.06)	902	0	(902)	0.17	0.00	(0.17)	862	506	(356)	0.16	0.09	(0.06)
Health Ins - Human Resources	1,400	1,417	17	0.25	0.27	0.01	1,442	864	(578)	0.26	0.19	(0.07)	1,400	1,417	17	0.25	0.27	0.01
Dental Ins - Human Resources	267	140	(127)	0.05	0.03	(0.02)	164	178	13	0.03	0.04	0.01	267	140	(127)	0.05	0.03	(0.02)
Life Insurance	323	164	(159)	0.06	0.03	(0.03)	168	127	(41)	0.03	0.03	0.00	323	164	(159)	0.06	0.03	(0.03)
Employee Recogn	194	3,071	2,877	0.04	0.58	0.54	3,279	1,667	(1,613)	0.60	0.37	(0.23)	194	3,071	2,877	0.04	0.58	0.54
Other Fringe Benefit - Cobra	0	116	116	0.00	0.02	0.02	0	156	156	0.00	0.03	0.03	0	116	116	0.00	0.02	0.02
Contract Services - HR	2.378	3,655	1,277	0.43	0.69	0.25	2,457	2,575	118	0.45	0.57	0,12	2,378	3.655	1.277	0.43	0.69	0.25
Employee Advertising/Recruiti	5,437	1,917	(3,520)	0.99	0.36	(0.63)	544	0	(544)	0.10	0.00	(0.10)	5,437	1,917	(3,520)	0.99	0.36	(0.63)
CNA Registry Fee	120	171	51	0.02	0.03	0.01	200	62	(138)	0.04	0.01	(0.02)	120	171	51	0.02	0.03	0.01
Testing Fees	175	2,919	2,744	0.03	0.55	0.52	0	2,520	2,520	0.00	0.56	0.56	175	2,919	2,744	0.03	0.55	0.52
Education & Training - Hum Res	300	355	55	0.05	0.07	0.01	36	146	109	0.01	0.03	0.03	300	355	55	0.05	0.07	0.01
TOTAL Human Resouces	41,518	43,349	1,831	7.54	8.13	0.59	39,731	28,797		7.28	6.41	(0.87)	41,518	43,349	1,831	7.54	8.13	0.59
Community Relations and Volunteer Services	41,510	40,040	1,001	1.54	0.15	0.00	33,731	20,101	(10,000)	1.20	0.41	(0.07)	41,510	40,040	1,001	1.54	0.15	0.55
Salary & Wages - Volunteer &	0	0	0	0.00	0.00	0.00	0	4,470	4,470	0.00	0.99	0.99	0	0	0	0.00	0.00	0.00
FICA - Volunteer & Comm Rel	ŏ	õ	ő	0.00	0.00	0.00	ő	342	342	0.00	0.08	0.08	ŏ	õ	õ	0.00	0.00	0.00
Workers Comp - Vol & Comm Rel	ő	0	0	0.00	0.00	0.00	5	5	0	0.00	0.00	0.00	0	0	0	0.00	0.00	0.00
MERS DB - Volunteer & Comm Rel	l ő	0	ő	0.00	0.00	0.00	974	990	16	0.18	0.22	0.04	0	0	õ	0.00	0.00	0.00
MERS DC: Volunteer & Comm Rel	0	0	ő	0.00	0.00	0.00	0	53	53	0.00	0.01	0.01	0	0	0	0.00	0.00	0.00
Marketing and Fund Raising	ő	õ	ő	0.00	0.00	0.00	ő	7,917	7,917	0.00	1.76	1.76	0	0	0	0.00	0.00	0.00
TOTAL Community Relations and Volunteer Services		0	0	0.00	0.00	0.00	979	13,776	12,797	0.18	3.06	2.89	0	0	0	0.00	0.00	0.00
Maintenance		0	U	0.00	0.00	0.00	313	13,770	12,191	0.18	3.00	2.09	0	0	U	0.00	0.00	0.00
Salary & Wages - ES	79,109	66,836 (12 273)	14.36	12.53	(1.83)	86,774	55,162	(31 612)	15.89	12.27	(3.62)	79,109	66 926	(12,273)	14.36	12.53	(1.83)
Longevity - Environmental Serv	2,319		(1,979)	0.42	0.06	(0.36)	2,319		(1,984)	0.42	0.07	(0.35)	2,319	340	(1.979)	0.42	0.06	(0.36)
FICA - Environ Serv	6.015	5,138	(877)	1.09	0.96	(0.13)	6.288		(2,151)	1.15	0.92	(0.23)	6,015	5,138	(877)	1.09	0.96	(0.13)
Workers Comp - Plant Ops	457	566	109	0.08	0.11	0.02	2,500		(1,982)	0.46	0.12	(0.34)	457	566	109	0.08	0.11	0.02
MERS DB - Env. Serv.	6,110	5.684	(426)	1.11	1.07	(0.04)	4,185	4,253	(1,502)	0.77	0.95	0.18	6,110	5,684	(426)	1.11	1.07	(0.04)
MERS DC:Environmental Services	1.357	969	(388)	0.25	0.18	(0.06)	1,409		(1,126)	0.26	0.06	(0.20)	1,357	969	(388)	0.25	0.18	(0.06)
Health Ins - Env Serv	8,337	6,753	(1,584)	1.51	1.27	(0.25)	4,785	5,897	1,112	0.88	1.31	0.44	8,337	6,753	(1,584)	1.51	1.27	(0.25)
Health Ins - Retirees - EVS	2,180	2,221	41	0.40	0.42	0.02	710	2,029	1,319	0.13	0.45	0.32	2,180	2,221	41	0.40	0.42	0.02
Dental Ins - Env Serv	824	397	(427)	0.15	0.07	(0.08)	324	335	11	0.06	0.07	0.02	824	397	(427)	0.15	0.07	(0.02)
Uniforms - Plant Ops	1,189	945	(244)	0.22	0.18	(0.04)	1.334	290	(1.044)	0.24	0.06	(0.18)	1,189	945	(244)	0.22	0.18	(0.04)
Supplies - Plant Ops	10,178		(2,165)	1.85	1.50	(0.35)	13,626		(7,678)	2.50	1.32	(1.17)	10,178	8,013	(2,165)	1.85	1.50	(0.35)
Small Equipment	2,754	6.484	3,730	0.50	1.22	0.72	5,662		(1.045)	1.04	1.03	(0.01)	2,754	6,484	3,730	0.50	1.30	0.72
Building Repairs	6,967	16,041	9.074	1.26	3.01	1.74	36,362	15,234 (6.66	3.39	(3.27)	6,967	16,041	9,074	1.26	3.01	1.74
Equipment Repairs	2.014	5,007	2,993	0.37	0.94	0.57	5,454	4,616	(838)	1.00	1.03	0.03	2,014	5,007	2,993	0.37	0.94	0.57
Vehicle Repair	2,585		(1,477)	0.47	0.94	(0.26)	5,997		(5,830)	1.10	0.04	(1.06)	2,585	1,108	(1,477)	0.47	0.94	(0.26)
Elevator	1,000	1,183	183	0.18	0.21	0.04	3,517	95	(3,422)	0.64	0.02	(0.62)	1,000	1,183	183	0.18	0.21	0.04
Lawn, Tree and Brush Services	0	1,030	1,030	0.00	0.19	0.19	823	1,696	874	0.15	0.38	0.23	1,000	1,030	1,030	0.00	0.19	0.19
Snow Removal - Contract	3,266		(2,193)	0.59	0.19	(0.39)	2,709		(1,193)	0.50	0.34	(0.16)	3,266	1,073	(2,193)	0.59	0.19	(0.39)
Education & Training - ES	5,200	115	(2,193)	0.01	0.02	0.01	2,709	158	158	0.00	0.04	0.04	3,200	115	(2,193)	0.01	0.20	0.01
Vehicle Fuel	0	1,156	1,156	0.00	0.02	0.22	461	883	422	0.08	0.04	0.04	0	1,156	1,156	0.01	0.02	0.01
Parking Garage Expenses	1,500	1,156	317	0.27	0.22	0.22	(752)	1,717	2,469	(0.14)	0.20	0.52	1,500	1,150	317	0.00	0.22	0.22
Water	3,211	3,753	542	0.58	0.34	0.12	3,189	3.367	178	0.58	0.38	0.52	3,211	3,753	542	0.58	0.34	0.12
Sewer	8,341	8,267	(74)	1.51	1.55	0.04	8,282		(2,277)	1.52	1.34	(0.18)	8,341	8,267	(74)	1.51	1.55	0.04
Control	0,341	0,207	(74)	1.01	1.55	0.04	0,202	0,005	(2,211)	1.52	1.34	(0.10)]	0,341	0,207	(74)	1.51	1.55	0.04

Grand Traverse Pavilions - SNF SNF Income Statement

1/1/2025 to 1/31/2025

Facility #

CURRENT PERIOD PRIOR PERIOD YEAR TO DATE Actual \$ Budget \$ Var \$ Actual / Day Budget / Day Var / Day Actual \$ Budget \$ Var \$ Actual / Day Budget / Day Var / Day Actual \$ Budget \$ Var \$ Actual / Day Budget / Day Var / Day Maintenance (con't) 17,433 Electric 18.274 24,913 6,639 4.67 1.35 5,982 2.02 3.32 23,415 3.19 5.21 18.274 24,913 6,639 3.32 4.67 1.35 8,585 (8,782) Natural Gas 3.15 1.61 (1.54)(1,535) 9,263 10,798 2.06 2.34 8,585 (8,782) 3.15 17,367 (0.28)17,367 1.61 (1.54)**Refuse Disposal** 439 3,383 2,944 0.08 0.63 0.55 1,463 3,116 1,653 0.27 0.69 0.43 3,383 2,944 0.08 0.55 439 0.63 **TOTAL Maintenance** 185,845 181,777 (4,068) 33.74 34.09 0.35 213,317 155,051 (58,265) 39.07 34.49 (4.57)185,845 181,777 (4,068) 33.74 34.09 0.35 Housekeeping Salary & Wages - Housekeeping 69,754 17,808 9.43 13.08 3.65 78,282 57,395 (20,888) 14.34 12.77 (1.57) 69,754 17,808 9.43 13.08 3.65 51,946 51,946 Longevity - Housekeeping 2,081 891 (1,190) 0.38 0.17 (0.21)2,081 889 (1,192) 0.38 0.20 (0.18) 2,081 891 (1.190) 0.38 0.17 (0.21) 4,305 (1,709) FICA - Housekeeping 3,899 5,408 1,509 0.71 1.01 0.31 6,014 1.10 0.96 (0.14) 3,899 5,408 1,509 0.71 1.01 0.31 Workers Comp - Houskeeping 671 722 51 0.12 0.14 0.01 650 674 24 0.12 0.15 0.03 671 722 51 0.12 0.14 0.01 MERS DB - Housekeeping 947 1.719 772 0.17 0.32 0.15 1,541 1,566 25 0.28 0.35 0.07 947 1.719 772 0.17 0.32 0.15 MERS DC:Housekeeping 1,695 2.026 331 0.31 0.38 0.07 2,450 2,352 (97) 0.45 0.52 0.07 1.695 2.026 331 0.31 0.38 0.07 Health Ins - Housekeeping 10,945 9,563 (1,382) 1.99 1.79 (0.19)6,388 4.984 (1,403)1.17 1.11 (0.06)10,945 9,563 (1,382) 1.99 1.79 (0.19)Dental Ins - Housekeeping 649 626 (23) 0.12 0.12 0.00 468 417 (52) 0.09 0.09 0.01 649 626 (23) 0.12 0.12 0.00 368 147 (220) 0.07 Uniforms - Housekeeping 249 134 (115) 0.05 0.03 (0.02)0.03 (0.03) 249 134 (115)0.05 0.03 (0.02)Supplies - Housekeeping 9.475 9.306 (169) 1.72 1.75 0.03 6.798 6.676 (122) 1.25 1.49 0.24 9.475 9.306 (169) 1.72 1.75 0.03 0.05 0.09 Contract Services-Hskpg 446 724 278 0.08 0.14 1,975 2,043 68 0.36 0.45 446 724 278 0.08 0.14 0.05 **TOTAL Housekeeping** 83,003 100,873 17,870 18.92 107,014 81,449 (25,565) 19.60 18.12 83,003 100,873 17,870 18.92 3.85 15.07 3.85 (1.48)15.07 Laundry Salary & Wages - Laundry 33,701 29,866 (3,835) 5.60 (0.52) 43,181 25,499 (17,681) 7.91 5.67 (2.24) 33,701 29,866 (3,835) 6.12 5.60 (0.52)6.12 Longevity - Laundry 1,058 204 (854) 0.19 0.04 (0.15)1,058 203 (855) 0.19 0.05 (0.15)1,058 204 (854) 0.19 0.04 (0.15)(0.07) 1,912 (1,134) 2,299 (447) (0.07) FICA - Laundry 2,746 2,299 (447) 0.50 0.43 3,046 0.56 0.43 (0.13)2.746 0.50 0.43 Workers Comp - Laundry 215 265 50 0.04 0.05 0.01 250 259 0.05 0.06 0.01 215 265 50 0.04 0.05 0.01 MERS DB - Laundry 2,210 2,184 0.40 0.41 0.01 1,621 1,648 27 0.30 0.37 0.07 2,210 2,184 0.40 0.41 0.01 (26)(26)MERS DC:Laundry 333 350 17 0.06 0.07 0.01 410 394 (16) 0.08 0.09 0.01 333 350 17 0.06 0.07 0.01 2,491 2,693 Health Ins - Laundry 3,691 2,693 (998) 0.67 0.51 (0.17)2,500 8 0.46 0.56 0.10 3,691 (998)0.67 0.51 (0.17)Dental Ins - Laundry 260 198 (62) 0.05 0.04 (0.01) 180 196 16 0.03 0.04 0.01 260 198 (62) 0.05 0.04 (0.01) (573) Supplies - Laundry 5,409 4,836 (573) 0.98 0.91 (0.07)6.078 4,095 (1,983) 1.11 0.91 (0.20)5,409 4,836 0.98 0.91 (0.07) Linen Replacements - Laundry 2,112 1,832 (280) 0.38 0.34 (0.04) 1,552 1,627 75 0.28 0.36 0.08 2,112 1,832 (280) 0.38 0.34 (0.04)59,868 51,735 (1.00) TOTAL Laundry 51,735 44,727 (7,008) 8.39 (1.00) 38,333 (21,535) 10.96 8.53 (2.44)44,727 (7,008) 9.39 8.39 9.39 Dietary Small Equipment - Dietary 0 1,111 1,111 0.00 0.21 0.21 0.00 0.00 0.00 0 1,111 1,111 0.00 0.21 0.21 0 0 Contract Svcs-Dining 227,775 235,568 7,793 41.35 44.18 2.83 234,947 216,446 (18,501) 43.03 48.15 5.12 227,775 235,568 7,793 41.35 44.18 2.83 **TOTAL Dietary** 227,775 236,679 8,904 41.35 44.39 3.03 234,947 216,446 (18,501) 43.03 48.15 5.12 227,775 236,679 8,904 41.35 44.39 3.03 Therapy Salary & Wages - Therapy 147,219 148,555 1,336 26.73 27.86 1.13 163,591 112,897 (50,694) 29.96 25.12 (4.85)147,219 148,555 1,336 26.73 27.86 1.13 Longevity-Therapy 404 (2,187) 0.47 0.08 (0.39)2,591 407 (2,184) 0.47 0.09 (0.38)2,591 404 (2,187) 0.47 0.08 (0.39)2,591 11,393 (321) FICA - Therapy 11,714 11,393 (321) 2.13 2.14 0.01 12,200 8,467 (3,732) 2.23 1.88 (0.35)11,714 2.13 2.14 0.01 0.03 Workers Comp - Therapy 359 524 165 0.07 0.10 0.03 500 518 18 0.09 0.12 0.02 359 524 165 0.07 0.10 139 1.55 14,928 (5,700) MERS DB - Therapy 20,628 14,928 (5,700) 3.75 2.80 (0.95)8,474 8,613 1.92 0.36 20,628 3.75 2.80 (0.95)MERS DC:Therapy 1,304 155 (1,149) 0.24 0.03 (0.21) 1,395 800 (594)0.26 0.18 (0.08)1,304 155 (1,149) 0.24 0.03 (0.21)4,055 13,447 2.44 Health Ins - Therapy Services 13,447 10,114 (3,333) 2.44 1.90 (0.54)7,198 (3, 143)1.32 0.90 (0.42)10,114 (3,333) 1.90 (0.54)Dental Ins - Therapy 890 537 (353) 0.16 0.10 (0.06)426 342 (84) 0.08 0.08 0.00 890 537 (353) 0.16 0.10 (0.06)158 534 Supplies - Therapy 0 534 534 0.00 0.10 0.10 262 420 0.05 0.09 0.05 0 534 0.00 0.10 0.10 Small Equipment - Therapy 0 296 296 0.00 0.06 0.06 278 37 (241) 0.05 0.01 (0.04)0 296 296 0.00 0.06 0.06 1,171 (0.04) 5,186 0.95 (0.85) 940 (0.04) 940 (231)0.18 433 (4,753) 0.10 (231) 0.21 0.18 Professional Service - Medica 1,171 0.21 Advertising-Wellness Center 0 69 69 0.00 0.01 0.01 169 0 (169) 0.03 0.00 (0.03)0 69 69 0.00 0.01 0.01 4.414 4,237 0.77 Consultant - Therapy 4,237 5,044 4,243 171 0.78 0.98 5,044 807 0.95 0.18 807 0.77 0.95 0.18 0.20

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Grand Traverse Pavilions - SNF

SNF Income Statement 1/1/2025 to 1/31/2025

Facility #

Page # 6

	1		CURR	RENT PERIOD			1		PR	RIOR PERIOD					YEA	AR TO DATE		
	Actual \$	Budget \$	Var \$	Actual / Day Budg	et / Day V	/ar / Day	Actual \$	Budget \$	Var s	Actual / Day	Budget / Day	Var / Day	Actual \$	Budget \$	Var \$	Actual / Day Bud	get / Day V	ar / Day
Therapy (con't)			St-0.8.200	V														
Pool Maintenance	2,511	871	(1,640)	0.46	0.16	(0.29)	2,474	412	(2,061)) 0.45	0.09	(0.36)	2,511	871	(1.640)	0.46	0.16	(0.29)
Dues & Memberships - Therapy	0	39	39	0.00	0.01	0.01	0	40	40	0.00	0.01	0.01	0	39	39	0.00	0.01	0.01
Education & Training - Therapy	0	45	45	0.00	0.01	0.01	194	0	(194		0.00	(0.04)	0	45	45	0.00	0.01	0.01
Travel - Therapy	0	7	7	0.00	0.00	0.00	15	0	(15		0.00	0.00	o o	7	7	0.00	0.00	0.00
TOTAL Therapy	206,072	194,455	(11,617)	37.41	36.47	(0.94)	209,195	141,857	(67.339)	38.31	31.56	(6.76)	206,072	194,455	(11 617)	37.41	36.47	(0.94)
Ancillary		10000				1			(()			(07141	00.41	(0.04)
Medical Supplies	2,681	3,274	593	0.49	0.61	0.13	10,991	2,444	(8.547)	2.01	0.54	(1.47)	2,681	3,274	593	0.49	0.61	0.13
Oxygen	3,398	3,266	(132)	0.62	0.61	0.00	4,564	3,101		0.84	0.69	(0.15)	3,398	3,266	(132)	0.62	0.61	0.00
Legend Drugs	26,835	9,920		4.87	1.86	(3.01)	49,015		(14,288)		7.73	(1.25)	26,835		(16,915)	4.87	1.86	(3.01)
Lab Services	2.050	1.815	(235)	0.37	0.34	(0.03)	1,421	1,216			0.27	0.01	2,050	1,815	(235)	0.37	0.34	(0.03)
Radiology Services	705	1,309	604	0.13	0.25	0.12	540	850			0.19	0.09	705	1,309	604	0.13	0.25	0.12
Misc Medical Services	27	267	240	0.00	0.05	0.05	274	231	(43)		0.05	0.00	27	267	240	0.00	0.05	0.05
TOTAL Ancillary	35,696	the second s	(15,845)	6.48	3.72	(2.76)	66,805		(24,235)		9.47	(2.76)	35,696		(15,845)	6.48	3.72	(2.76)
Diversional Therapy	00,000	10,001	(10,040)	0.40	0.74	(4 0)	00,005	42,010	(24,200)	12.24	3.47	(2.70)	33,050	19,051	(13,043)	0.40	3.12	(2.70)
Salary & Wages - Life Enrichm	27,011	39,007	11,996	4.90	7.32	2.41	37,396	31,104	(6,291)	6.85	6.92	0.07	27,011	39,007	11.996	4.90	7.32	2.41
Longevity - Life Enrichment	1,214	0	(1,214)	0.22	0.00	(0.22)	1,214	523	(691)	0.22	0.12	(0.11)	1,214	0	(1,214)	0.22	0.00	(0.22)
FICA - Life Enrichment	2,794	2,983	189	0.51	0.56	0.05	3,429	2,333			0.52	(0.11)	2,794	2,983	189	0.51	0.56	0.05
Workers Comp - Life Enrichme	94	103	9	0.02	0.02	0.00	100	104	4	0.02	0.02	0.00	94	103	9	0.02	0.02	0.00
MERS DB - Life Enrichment	2,204	1,200	(1,004)	0.40	0.23	(0.18)	634	644	10		0.14	0.03	2,204	1,200	(1,004)	0.40	0.23	(0.18)
MERS DC:Life Enrichment	976	930	(46)	0.18	0.17	0.00	1,163	0	(1,163)		0.00	(0.21)	976	930	(46)	0.18	0.17	0.00
Health Ins - Life Enrichment	4,897	2,681	(2,216)	0.89	0.50	(0.39)	6,289	3,016			0.67	(0.48)	4,897	2,681	(2.216)	0.89	0.50	(0.39)
Dental Ins - Life Enrichment	343	235	(108)	0.06	0.04	(0.02)	216	221	4	0.04	0.05	0.01	343	235	(108)	0.06	0.04	(0.02)
Supplies - Diversional Therapy	1,022	743	(279)	0.19	0.14	(0.05)	567	408	(159)	0.10	0.09	(0.01)	1,022	743	(279)	0.19	0.14	(0.05)
Activity Supplies - Eden	714	688	(26)	0.13	0.13	0.00	1,285	936	(349)		0.21	(0.03)	714	688	(26)	0.13	0.13	0.00
Educ. & Training-Activities	0	16	16	0.00	0.00	0.00	0	61	61		0.01	0.01	0	16	16	0.00	0.00	0.00
Special Functions	416	858	442	0.08	0.16	0.09	1,456	934	(522)	0.27	0.21	(0.06)	416	858	442	0.08	0.16	0.09
Activity Expenses	0	50	50	0.00	0.01	0.01	0	0	0		0.00	0.00	0	50	50	0.00	0.01	0.01
TOTAL Diversional Therapy	41,685	49,494	7,809	7.57	9.28	1.71	53,749	40.284	(13,466)	9.84	8.96	(0.88)	41,685	49,494	7,809	7.57	9.28	1.71
Human Services		0.500	10.000		1.000							(/						
Salary & Wages - Human Serv	18,646	23,424	4,778	3.39	4.39	1.01	18,318	15,275	(3.043)	3.35	3.40	0.04	18,646	23,424	4.778	3.39	4,39	1.01
Longevity - Human Services	600	0	(600)	0.11	0.00	(0.11)	600	117	(483)		0.03	(0.08)	600	0	(600)	0.11	0.00	(0.11)
FICA - Human Serv	1,345	1,792	447	0.24	0.34	0.09	1,217	1,146	(71)		0.25	0.03	1,345	1,792	447	0.24	0.34	0.09
Workers Comp - Human Serv	7	22	15	0.00	0.00	0.00	20	21	1	0.00	0.00	0.00	7	22	15	0.00	0.00	0.00
MERS DB - Human Services	757	1,801	1.044	0.14	0.34	0.20	1,125	1,144	18		0.25	0.05	757	1,801	1.044	0.14	0.34	0.20
MERS DC:Human Services	467	790	323	0.08	0.15	0.06	594	756	162		0.17	0.06	467	790	323	0.08	0.15	0.06
Health Ins - Human Services	3,435	2,803	(632)	0.62	0.53	(0.10)	665	1,760	1.095		0.39	0.27	3,435	2,803	(632)	0.62	0.53	(0.10)
Dental Ins - Human Services	274	103	(171)	0.05	0.02	(0.03)	46	120	74		0.03	0.02	274	103	(171)	0.05	0.02	(0.03)
Consultant Services-Psych.	0	0	Ó	0.00	0.00	0.00	0	1,530	1,530		0.34	0.34	0	0	0	0.00	0.00	0.00
Education & Training - Hum Ser	0	100	100	0.00	0.02	0.02	0	92	92		0.02	0.02	õ	100	100	0.00	0.02	0.02
TOTAL Human Services	25,532	30,835	5,303	4.64	5.78	1.15	22,584	21,960	(624)	4.14	4.89	0.75	25,532	30,835	5,303	4.64	5.78	1.15
Child Care									100000000					11112501002215				
Salary & Wages - CC Asst. CDC	12,874	15,695	2,821	2.34	2.94	0.61	13,852	17,638	3,786		3.92	1.39	12,874	15,695	2,821	2.34	2.94	0.61
Salary & Wages - Facilitator	7,723	8,358	635	1.40	1.57	0.17	12,228		(12,228)	2.24	0.00	(2.24)	7,723	8,358	635	1.40	1.57	0.17
Longevity - Child Day Care	817	0	(817)	0.15	0.00	(0.15)	817	0	(817)	0.15	0.00	(0.15)	817	0	(817)	0.15	0.00	(0.15)
FICA - CDC	1,716	1,842	126	0.31	0.35	0.03	1,903	1,323	(580)	0.35	0.29	(0.05)	1,716	1,842	126	0.31	0.35	0.03
Workers Comp - CDC	43	0	(43)	0.01	0.00	(0.01)	0	0	0	0.00	0.00	0.00	43	0	(43)	0.01	0.00	(0.01)
MERS DB - CDC	1,123	903	(220)	0.20	0.17	(0.03)	551	560	9	0.10	0.12	0.02	1,123	903	(220)	0.20	0.17	(0.03)

Date:	Feb 18, 2025
Time:	13:20:25 EST
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Grand Traverse Pavilions - SNF SNF Income Statement 1/1/2025 to 1/31/2025

Facility # Page # 7

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				NT PERIOD					PRIOF	R PERIOD					YEAR	TO DATE		
	Actual \$	Budget \$	Var \$ A	ctual / Day Bu	idget / Day V	/ar / Day	Actual \$	Budget \$	Var \$ A	Actual / Day Bu	idget / Day	Var / Day	Actual \$	Budget \$	Var \$ A	tual / Day Bu	dget / Day	Var / Day
Child Care (con't)		1995									1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1							
MERS DC-Child Care	398	623	225	0.07	0.12	0.04	514	365	(149)	0.09	0.08	(0.01)	398	623	225	0.07	0.12	0.04
Health Ins - CDC	2,042	2,193	151	0.37	0.41	0.04	1,495	1,327	(168)	0.27	0.30	0.02	2,042	2,193	151	0.37	0.41	0.04
Dental Ins - CDC	278	151	(127)	0.05	0.03	(0.02)	108	98	(10)	0.02	0.02	0.00	278	151	(127)	0.05	0.03	(0.02)
Uniforms - CDC	0	0	0	0.00	0.00	0.00	0	89	89	0.00	0.02	0.02	0	0	0	0.00	0.00	0.00
Teaching/Educational Supplies	0	19	19	0.00	0.00	0.00	60	13	(47)	0.01	0.00	(0.01)	0	19	19	0.00	0.00	0.00
Small Equipment - CDC	509	100	(409)	0.09	0.02	(0.07)	0	43	43	0.00	0.01	0.01	509	100	(409)	0.09	0.02	(0.07)
Meals - CDC	2,620	666		0.48	0.12	(0.35)	2,152	443	(1,708)	0.39	0.10	(0.30)	2,620	666	(1,953)	0.48	0.12	(0.35)
Dietary Snacks - CDC	0	508	508	0.00	0.10	0.10	110	146	36	0.02	0.03	0.01	0	508	508	0.00	0.10	0.10
Special Functions - CDC	0	4	4	0.00	0.00	0.00	25	7	(18)	0.00	0.00	0.00	0	4	4	0.00	0.00	0.00
Indirect Costs-Childcare	1,400	1,400	0	0.25	0.26	0.01	1,400	0	(1,400)	0.26	0.00	(0.26)	1,400	1,400	0	0.25	0.26	0.01
Miscellaneous Exp-Childcare	102	67	(35)	0.02	0.01	(0.01)	0	16	16	0.00	0.00	0.00	102	67	(35)	0.02	0.01	(0.01)
TOTAL Child Care	31,645	32,529	884	5.75	6.10	0.36	35,214	22,067	(13,147)	6.45	4.91	(1.54)	31,645	32.529	884	5.75	6.10	0.36
Equipment Depreciation																		
Depreciation - Office	2,304	2,347	43	0.42	0.44	0.02	2,304	2,304	0	0.42	0.51	0.09	2,304	2,347	43	0.42	0.44	0.02
Depreciation Exp - Nursing	4,138	4,216	78	0.75	0.79	0.04	4,138	4,138	0	0.76	0.92	0.16	4,138	4,216	78	0.75	0.79	0.04
Depreciation - Dietary	1.375	1,402	27	0.25	0.26	0.01	1.375	1.375	0	0.25	0.31	0.05	1.375	1,402	27	0.25	0.26	0.01
Depreciation - Furniture	662	672	10	0.12	0.13	0.01	662	662	0	0.12	0.15	0.03	662	672	10	0.12	0.13	0.01
Depreciation - Maintenance	1,634	1,663	29	0.30	0.31	0.02	1,634	1,634	0	0.30	0.36	0.06	1,634	1,663	29	0.30	0.31	0.02
Depreciation - Vehicle	877	893	16	0.16	0.17	0.01	877	877	0	0.16	0.20	0.03	877	893	16	0.16	0.17	0.01
Depreciation-Equip Well. Ctr	200	204	4	0.04	0.04	0.00	200	200	0	0.04	0.04	0.01	200	204	4	0.04	0.04	0.00
TOTAL Equipment Depreciation	11,189	11,397	208	2.03	2.14	0.11	11,189	11,189	0	2.05	2.49	0.44	11,189	11,397	208	2.03	2.14	0.11
TOTAL SNF Operating Expenses	2,596,100	2,670,423	74,323	471.33	500.83	29.50	2,877,857 2	2,035,973	(841,884)	527.08	452.94	(74.14)	2,596,100 2		74,323	471.33	500.83	29.50
Net Operating Income	178,081	89,739	88,342	32.33	16.83	16.57	(737,422)	58,432	(795,854)	(135.06)	13.00	(177.05)	178,081	89,739	88,342	32.33	16.83	16.57
SNF Building Depreciation																		
Depreciation - Land Improv	1,594	1,594	0	0.29	0.30	0.01	1,594	1,594	0	0.29	0.35	0.06	1,594	1,594	0	0.29	0.30	0.01
Depreciation - Building	38,499	38,499	0	6.99	7.22	0.23	38,499	38,499	0	7.05	8.56	1.51	38,499	38,499	0	6.99	7.22	0.23
Depreciation - Parking Structr	5,437	5,437	0	0.99	1.02	0.03	5,437	5,437	0	1.00	1.21	0.21	5,437	5,437	0	0.99	1.02	0.03
Depreciation - Bldg Improv	12,328	12,328	0	2.24	2.31	0.07	12,328	12,328	0	2.26	2.74	0.48	12,328	12,328	0	2.24	2.31	0.07
Depreciation-Bldg Imp WellCtr	2,654	2,654	0	0.48	0.50	0.02	2,654	2,654	0	0.49	0.59	0.10	2,654	2.654	0	0.48	0.50	0.02
TOTAL SNF Building Depreciation	60,512	60,512	0	10.99	11.35	0.36	60,512	60,512	0	11.08	13.46	2.38	60,512	60,512	0	10.99	11.35	0.36
Net Income	117,568	29,227	88 342	21.35	5.48		(797,934)		(795,854)	(146.14)		(177.05)	117,568	29,227		21.35	5.48	16.57

Date: Feb 18, 2025 Time: 13:21:39 EST User: Lindsey Dood

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Grand Traverse Pavilions - SNF Cottage Income Statement 1/1/2025 to 1/31/2025

NO

Page #1

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Include Adjustment Periods:

NO

Include Closing Periods:

	CUR	RENT PERIOD	1	PR	IOR PERIOD	1	YE	AR TO DATE	
	Actual \$	Budget \$	Var \$	Actual \$	Budget \$	Var \$	Actual \$	Budget \$	Var \$
Cottage Revenue									and the second second
Room Rental-Cottage-Private	209,595	273,544	(63,949)	206,024	278,428	(72,404)	209,595	273,544	(63,949)
Room Rental-Cottage-Priv Insur	62,488	27,309	35,179	67,520	0	67,520	62,488	27,309	35,179
Respite-Cottages	20,150	2,976	17,174	24,570	1,930	22,640	20,150	2,976	17,174
Registration Fee - Cottages	250	171	79	1,000	167	833	250	171	79
Ancillary Rev - Cottages	554	10,191	(9,637)	934	813	121	554	10,191	(9,637)
Meal Plan	28,748	28,250	498	29,950	28,023	1,927	28,748	28,250	498
Personal Care Services- Privat	1,979	1,359	620	1,710	14,979	(13,269)	1,979	1,359	620
Contractual Discount-Private	(7,795)	0	(7,795)	(7,795)	0	(7,795)	(7,795)	0	(7,795)
Contractual Allow MA Waiver	Ó	0	Ó	2,593	0	2,593	Ó	0	0
Contractual Allowance PACE	(17,830)	(5,607)	(12,223)	(18,174)	0	(18,174)	(17,830)	(5,607)	(12, 223)
Scholarships Private Pay	(2.712)	(4,770)	2.058	(2.782)	0	(2,782)	(2,712)	(4,770)	2,058
TOTAL Cottage Revenue	295,427	333,423	(37,996)	305,551	324,340	(18,789)	295,427	333,423	(37,996)
Cottage Other Revenue	200,421	000,420	(01,000)		021,010	(10,100)	200,121	000,420	(01,000)
Beauty Shop Income	406	500	(94)	493	777	(284)	406	500	(94)
Misc Income-Cottage DCW Wage R	0	0	0	769	0	769	0	0	0
Donation Income - Cottages	ŏ	4,770	(4,770)	0	9,795	(9,795)	õ	4,770	(4,770)
TOTAL Cottage Other Revenue	406	5,270	(4,864)	1,262	10,572	(9,311)	406	5,270	(4,864)
TOTAL Collage Other Revenue	400	5,270	(4,004)	1,202	10,572	(5,511)	400	5,270	(4,004)
Total Income	295,833	338,693	(42,860)	306,812	334,912	(28,100)	295,833	338,693	(42,860)
Cottage Operating Expenses									
Salary & Wages - Admin - Cott	15,709	17,234	1,525	13,690	9,376	(4,314)	15,709	17,234	1,525
Salary & Wages - ES Cottages	8,755	4,509	(4,246)	3,225	9,324	6,099	8,755	4,509	(4,246)
Salary & Wages - Hskpg Cottage	3,946	3,691	(255)	4,878	0	(4,878)	3,946	3,691	(255)
Salary & Wages - RN Cottages	7,415	7,510	95	8,743	0	(8,743)	7,415	7,510	95
Salary & Wages - LPN Cottages	556	1,488	932	2,271	9,644	7,374	556	1,488	932
Salary & Wages - CNA Cottages	42,524	76,099	33,575	53,348	45,855	(7,493)	42,524	76,099	33,575
Salary & Wages - UW Cottages	92,128	56,675	(35,453)	98,033	65,114	(32,920)	92,128	56,675	(35,453)
Longevity - Cottages	3,730	0	(3,730)	3,730	0	(3,730)	3,730	0	(3,730)
Longevity - Cottages Admin	940	252	(688)	940	254	(686)	940	252	(688)
FICA Admin Cottages	1,162	1,317	155	1,059	703	(356)	1,162	1,317	155
FICA - Env Serv Cottages	670	341	(329)	496	699	203	670	341	(329)
FICA - Cottage Housekeeping	300	283	(17)	367	0	(367)	300	283	(17)
FICA - RN LPN CNA and UW - Co	9,569	10,841	1,272	11,133	9,046	(2,087)	9,569	10,841	1,272
Workers Comp - Cottages	1,076	941	(135)	672	697	25	1,076	941	(135)
Workers Comp - Cottage Admin	0	8	8	6	6	0	0	8	8
MERS DB - Cottages	7,182	8,137	955	6,096	6,196	100	7,182	8,137	955
MERS DB - Cottages Admin	2,166	2.430	264	2,220	2.257	36	2,166	2,430	264
MERS DC-Cottage	2,224	2.476	252	2,769	1.914	(856)	2.224	2.476	252
	0	0	0	0			0	0	0
	14,485	11,180	(3,305)	8.635	9.252	617	14,485	11,180	(3,305)
						(106)			(398)
Supplies - Cottages	229	14	(215)	0	0	0	229	14	(215)
		39		0	0	0		39	(3,173)
Supplies Laundry - Cottages	0	61	61	0	0	0	0	61	61
Activity Supplies - Cottages	395	529	134	411	374	(37)	395	529	134
Supplies Plant Ops - Cottages Supplies Laundry - Cottages	2,224 0 14,485 1,123 229 3,212 0	11,180 724 14 39 61	(3,173) 61	8,635 778 0 0 0	0	(106) 0 0 0	14,485 1,123 229 3,212 0	11,180 724 14 39 61	(3,305 (398 (215 (3,173 6

Date: Feb 18, 2025 Time: 13:21:39 EST User: Lindsey Dood

Grand Traverse Pavilions - SNF Cottage Income Statement 1/1/2025 to 1/31/2025

Facility #

Page # 2

	CUR	RENT PERIOD	1	PR	IOR PERIOD	1	YE	AR TO DATE	
	Actual \$	Budget \$	Var \$	Actual \$	Budget \$	Var \$	Actual \$	Budget \$	Var \$
Cottage Operating Expenses (con't)									
Small Equipment	0	0	0	555	0	(555)	0	0	0
Nursing Supplies - Cottages	465	326	(139)	25	394	369	465	326	(139)
Contract Services-Dining	60,773	63,081	2,308	60,773	60,083	(690)	60,773	63,081	2,308
Contract Svcs:Security-Cottag	0	222	222	0	219	219	0	222	222
Advertising - Cottages	3,151	365	(2,786)	3,376	3,350	(25)	3,151	365	(2,786)
Referral Fees	0	732	732	0	625	625	0	732	732
Printing & Binding - Comm Rel	0	46	46	0	111	111	0	46	46
Building Repairs - Cottages	814	837	23	14,747	0	(14,747)	814	837	23
Equipment Repairs - Cottages	6,542	142	(6,400)	2,377	0	(2,377)	6,542	142	(6,400)
Elevator-Cottages	1,000	354	(646)	3,515	0	(3,515)	1,000	354	(646)
Telephone - Cottages	320	356	36	320	272	(48)	320	356	36
Water - Cottages	793	1,735	942	2,529	703	(1,826)	793	1,735	942
Sewer - Cottages	1,551	1,668	117	6,311	1,312	(4,999)	1,551	1,668	117
Electric - Cottages	5,272	5,730	458	5,182	4,492	(690)	5,272	5,730	458
Natrual Gas - Cottages	11,001	1,977	(9,023)	(121)	3,410	3,531	11,001	1,977	(9,023)
Refuse Disposal - Cottages	623	655	32	0	559	559	623	655	32
Resident Loss Repl Cottages	0	0	0	78	0	(78)	0	0	0
Television - Cottages	1,506	1,567	61	1,507	1,710	204	1,506	1,567	61
Special Functions - Cottages	34	100	66	533	192	(341)	34	100	66
Beauty Shop Services	326	404	78	397	641	244	326	404	78
Indirect Costs-Cottages	20,000	20,000	0	20,000	0	(20,000)	20,000	20,000	0
Bond Interest Expense	3,820	3,272	(548)	4,334	4,320	(14)	3,820	3,272	(548)
Miscellaneous Exp - Cottages	0,010	50	50	0	83	83	0	50	50
Depreciation - Equip Cottages	917	918	1	917	917	0	917	918	1
TOTAL Cottage Operating Expenses	338,403	311,316	(27,087)	350,853	255,462	(95,390)	338,403	311,316	(27,087)
Net Operating Income	(42,570)	27,377	(69,947)	(44,040)	79,450	(123,490)	(42,570)	27,377	(69,947)
Cottage Building Depreciation	(42,010)	21,011	(00,011)	(11,010)		(1201.00)	((
Depreciation Bldg - Cottages	19,018	19,021	3	19,018	19,018	0	19,018	19,021	3
Depreciation-Cottage Bldg Impr	4,304	4,299	(5)	4,304	4,304	õ	4,304	4,299	(5)
TOTAL Cottage Building Depreciation	23,322	23,320	(2)	23,322	23,322	0	23,322	23,320	(2)
Net Income	(65,892)	4,057	(69,949)	(67,362)	56,128	(123,490)	(65,892)	4,057	(69,949)

Page #1

	CURRENT PERIOD	PRIOR PERIOD	PREVIOUS YEAR
	Actual \$	Actual \$	Actual
	0	0	(
Assets			
Current Assets		1	
Cash			
County Held Cash	0.014.071	7 005 770	7 005 77
Cash - County	6,614,271	7,605,778	7,605,77
Cash - M.O.E.	3,319	3,319	3,31
TOTAL County Held Cash	6,617,590	7,609,098	7,609,09
Other Cash			
A/P Cash Clearing Account	19,935	15,228	15,22
Cash - Resident Trust	15,326	15,310	15,31
Cash-Payroll	6,705	6,705	6,70
Cash - Advance Pay Funding Ac	31,219	31,398	31,39
TOTAL Other Cash	73,185	68,640	68,64
TOTAL Cash	6,690,775	7,677,738	7,677,73
Accounts Receivable	5,569,421	5,319,532	5,319,53
Other Receivables			
Medicaid QAS Settlement Rec	881,769	824,570	824,57
Grants Receivable	0	36,048	36,04
Due from Foundation	6,944	6,944	6,94
MA Wage Pass Through Receiv	86,282	83,696	83,69
TOTAL Other Receivables	974,995	951,257	951,25
Inventory	170,630	170,630	170,63
Prepaid Expenses	0	0	
Other Current Assets	A DECEMBER OF		
Prepaid Insurance - General	22,294	6,300	6,30
Prepaid Insurance - Work Comp.	24,462	0	
TOTAL Other Current Assets	46,755	6,300	6,30
TOTAL Current Assets	13,452,577	14,125,457	14,125,45
Non-Current Assets			
Property & Equipment	15,217,605	15,313,546	15,313,54
Other Non Current Assets	2. 181		
Due from PACE North	823,315	823,228	823,22
Deferred Outflows-Pension Plan	2,444,143	2,444,143	2,444,14
Deferred Outflows-OPEB	158,071	158,071	158,07
TOTAL Other Non Current Assets	3,425,529	3,425,442	3,425,44
TOTAL Non-Current Assets	18,643,134	18,738,988	18,738,98
OTAL Assets	32,095,712	32,864,445	32,864,44
iabilities & Equity			
Liabilities			
Current Liabilities			
Accounts Payable	1,023,795	1,003,698	1,003,69
Accrued Expenses	1,179,164	1,766,498	1,766,49
Other Current Liabilities		.,	
Current Portion of Bonds Paya	725,000	725,000	725,00
Interest Payable	55,452	122,167	122,16
Medicaid Cost Settle. Payable	3,192,624	3,159,624	3,159,624
TOTAL Other Current Liabilities	3,973,076	4,006,792	4,006,792

Grand Traverse Pavilions - SNF Balance Sheet As Of 1/31/2025

Facility #

Page # 2

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	CURRENT PERIOD	PRIOR PERIOD	PREVIOUS YEAR
	Actual \$	Actual \$	Actual
TOTAL Current Liabilities Non-Current Liabilities	6,176,035	6,776,987	6,776,987
Long-Term Liabilities Net Pension Liabilities	4,151,333	4,151,333	4,151,333
Pension Bonds (Non-Union) Iss	4,420,000	4,420,000	4,420,000
Pension Bonds (Union) Issued	3,970,000	4,190,000	4,190,000
Bonds Payable-Series 2017 Haw	1,380,000	1,380,000	1,380,000
Def Los on Adv Refund-'17	(38,501)	(39,044)	(39,044
TOTAL Long-Term Liabilities	13,882,832	14,102,289	14,102,289
Other Non-Current Liabilities			
Deferred Inflow-OPEB	925,946	925,946	925,946
TOTAL Other Non-Current Liabilities	925,946	925,946	925,946
TOTAL Non-Current Liabilities	14,808,778	15,028,235	15,028,235
TOTAL Liabilities	20,984,813	21,805,223	21,805,223
Equity			
Equity			
RETAINED EARNINGS - PRIOR	10,499,269	10,499,269	10,499,269
Contributed Capital	126,540	126,540	126,540
TOTAL Equity	10,625,809	10,625,809	10,625,809
Net Income (Loss)	485,090	433,413	433,413
TOTAL Equity	11,110,899	11,059,222	11,059,222
DTAL Liabilities & Equity	32,095,712	32,864,445	32,864,445

Date:	Feb 18, 2025
Time:	13:22:29 EST
User:	Lindsey Dood

Actual \$ 0

CURRENT PERIOD

Facility # Page # 1

YEAR TO DATE	PRIOR PERIOD
Actua	Actual \$
	0
51,6	(865,297)
96,4	96,483

	0	0	0
Cash from Operating Activity			
Net Income	51,676	(865,297)	51,676
Net Cash provided by Operating Activities			
Depreciation and Amortization	96,483	96,483	96,483
Changes in Working Capital Items		1000 1000 1000 1000	
Accounts Receivable	(249,890)	(171,372)	(249,890)
Prepaid Expenses	(40,455)	6,908	(40,455)
Due to/from	0	0	0
Inventory	0	0	0
Accounts Payable	19,847	325,789	19,847
Other Assets			
Medicaid Settlement Receivable	0	0	0
Employee Retention Credit Receivable	0	0	0
Due From Foundation	0	2,802	0
Due From Grants			
Grants Receivable	36,048	(36,048)	36,048
TOTAL Due From Grants	36,048	(36,048)	36,048
Deferred Outflows			
TOTAL Deferred Outflows	0	0	0
Due From Pace North	(87)	452,281	(87)
Medicare Settlements Receivable	0	0	0
Medicaid Wage Pass Through Rec	(2,586)	(6,510)	(2,586)
QAS Receivable	(57,199)	(69,691)	(57,199)
OMI Receivable	(01,100)	50,000	(01,100)
TOTAL Other Assets	(23,825)	392,834	(23.825)
Accrued Payroll & Other Expenses	(653,799)	291,403	(653,799)
Other Liabilities	(055,755)	231,403	(050,755)
TOTAL Other Liabilities	0	0	0
Other Accrued Liabilities	0		U
	0	0	0
Medicare Advanced Payment Deferred Inflows		, v	0
	0		
TOTAL Deferred Inflows		25 000	22.000
CPE and Medicaid Audit Reserve	33,000	25,000	33,000
QAS Payable	0	(4 200 000)	0
Net Pension Liability		(1,200,000)	0
TOTAL Other Accrued Liabilities	33,000	(1,175,000)	33,000
TOTAL Changes in Working Capital Items	(915,122)	(329,438)	(915,122)
TOTAL Net Cash provided by Operating Activities	(818,639)	(232,955)	(818,639)
TOTAL Cash from Operating Activity	(766,963)	(1,098,251)	(766,963)
Cash from Investing Activity			
Fixed Asset Purchase	0	(13,625)	0
TOTAL Cash from Investing Activity	0	(13,625)	0
Cash from Financing Activities			
Long Term Debt	(220,000)	0	(220,000)
Short Term Debt/Notes Payable	0	0	0
TOTAL Cash from Financing Activities	(220,000)	0	(220,000)
Net Cash Activity	(986,963)	(1,111,876)	(986,963)
CASH BEG OF PERIOD	7,677,738	8,789,614	7,677,738
Cash Beginning Balances as of 12/31/2024	7,677,738	8,789,614	7,677,738
Net Cash Activity	(986,963)	(1,111,876)	(986,963)
not out notify	(300,303)	(1,11,370)	(555,565)
Cash Ending Balance	6,690,775	7,677,738	6,690,775

Grand Traverse Pavilions					
Irregular payments					
2025					
Grand Traverse County	union pension bond principal	January	220,000.00	Amortization changes each year	Pmts done in 2039, prin. Gradually inc.
Grand Traverse County	union pension bond interest	January	93,581.25	Amortization changes each year	Expensed monthly
Grand Traverse County	Unemployment claims for 2024	January	11,547.00	We share an unemployment account	Billed by the County annually based on paid claims
AFP Specialty	Fire Panel Testing	January	18,495,54	Older invoices received in late December	Expensed in December; billing information updated
Midwest Pools Inc.	Pool bottom refinishing	January		Capital purchase	
Northern Michigan Glass	Front Doors	January		Capital purchase	
Acrisure	Cyber liability annual premium	January		Expensed monthly	
					Evented in Decomber
Warner Norcross	Attorney Fees Mgmt Liability annual premium	January		December fees paid in January	Expensed in December
Brown & Brown	· · ·	January		Expensed monthly	
Payroll	3 payrolls in the month (26 per year)	January	750,000.00	Biweekly pay, two 3 pay period months each year	
Projected:					
Grand Traverse County	non-union pension bond interest payment	February	53,675.00	Amortization changes each year	Expensed monthly, Paid twice each year
Otis Elevator	Two service contracts	February	7,031.88	Late billings for part of 2024	Estimate expensed monthly
West Bend Insurance	Insured portion of Workers Compensation Exp	February	34,401.60	Down payment	Followed by 8 payments of \$11,019.80; expensed monthly
Payroll	Perfect Attendance	February		Quarterly with an annual bonus	for those with perfect attendance
Warner Norcross	Attorney Fees for January	February		January Fees paid in February	Estimate Expensed in January
CMSMedicare	Penalties related to Survey	February	29,347.50	,,,	
State of Michigan	Quality Assurance Supplement Reconciliation	February		Annual reconciliationrefund in 2025	
	caulty reservice supplement reconciliation	. cordary	(235,721.02)		
Nationwido Incura	Liphility, property and pute in the second	March	07 000 22	Installment normant 1 of 2	Calendar year policy, evenenced monthly
Nationwide Insurance	Liability, property and auto insurance	March		Installment payment 1 of 3	Calendar year policy; expensed monthly
Warner Norcross	Attorney Fees for February	March	35,000.00		
Relias	elearning program	March		Annual expense	Employee e learning module
NetSmart Technologies	Annual Pmt for legacy healthcare record access	March		Annual payment	annual pmt for legacy healthcare record access
State of Michigan	Outstation worker payments per contract	March	18,725.00	1/2 Paid back to GTP by Pace	Contract renews 10/1want decision by 6/2 each year
State of Michigan	Quality Assurance Assessment	March	264,677.40	4 months retroactive increase	Actual \$134,110.35/month, budget is \$67,941.00/month
State of Michigan	Quality Measures Incentive Assessment	March	22,908.80	4 months retroactive increase	Actual \$14,408.55 per month, budget is \$8,681.35/month
Grand Traverse County	Hawthorn cottage bond principal payment	April	230.000.00	Level principle payments	Pmts done in 2031-level principle pmts
Grand Traverse County	Hawthorn cottage bond interest payment	April		Amortization changes each year	Expensed monthly
Grand Traverse County	RentPace Bond interest	April		Interest decreases each year	Paid by Pace to GTP
Warner Norcross	Attorney Fees for March	April	50,000.00		
	Perfect Attendance	April		Quarterly payment-\$100 grossed up for FICA	for these with perfect attendance
Payroll	Perfect Attendance	Арпі	5,000.00	Quarterly payment-\$100 grossed up for FICA	for those with perfect attendance
D 10 10			5 000 00		
Backflow Man	Backflow valve testing/repairs	May		Required annual testing	
MCMCFC	Annual Dues	May	12,100.00	This is the 2024-25 amount	
Plante Moran	Cost Report Preparation	June		Medicare & Medicaid Cost Reports-annual	Benchmarking survey and MA rate projec.
Nationwide Insurance	Liability, property and auto insurance	June	97,900.33	Installment payment 2 of 3	Calendar year policy; expensed monthly
State of Michigan	Outstation worker payments per contract	June	37,450.00	1/2 due to be paid back to GTP from Pace	Contract renews 10/1want decision by 6/3
Grand Traverse County	union pension bond interest payment	July	89,896.25	Amortization changes each year	Expensed monthly
Otis Elevator	Elevator contracts	July		Annual expense for elevator maintenance	
Brightly Software, Inc.	Maintenance management software	July		Annual renewal for software license	
State of Michigan	2019 Audit paymentafter Circuit Court decision	July???		Dif between audited cost and allowed costs	for claims between 10/1/20 and 9/30/21 (1 year)
State of Michigan	2022 Audit payment-audit underway Jan 2025	July??		Dif between audited cost and allowed costs	for claims between 10/1/21 to 9/30/23 (2 years)
	2022 / Walk payment addit anderway Jan 2023	sury::	111	Sin Secrecti dudited cost and allowed costs	101 00000 0000000 10/1/21 00 0/30/20 (2 years)
Payrall	Porfect Attendance	August	E 000 00	Quartarly payment \$100 grassed up for FICA	for those with perfect attendance
Payroll	Perfect Attendance	August		Quarterly payment-\$100 grossed up for FICA	for those with perfect attendance
Grand Traverse County	non-union pension bond principal	August		Amortization changes each year	Pmts done in 2039, prin. Gradually increase
Grand Traverse County	non-union pension bond interest	August		Amortization changes each year	Expensed monthly
Payroll	3 payrolls in the month (26 per year)	August	750,000.00		
Leading Age	Annual Dues	September		Annual Dues	Updated for actual 24-25 invoice (higher by \$325.00)
Nationwide Insurance	Liability, property and auto insurance	September	97,900.33	Installment payment 3 of 3	Calendar year policy; expensed monthly
MERS	Supplemental Pension Payment	October	31,000.00	Amount varies annually	Expense accrued monthly
Grand Traverse County	Hawthorn cottage bond interest payment	October		Amortization changes each year	Expensed monthly
Grand Traverse County	RentPace Bond principal paid to County	October		Pmts done in 2037, prin inc by \$5k most years	To be paid by Pace to GTP, subject to sublease payment deferral agreement
Grand Traverse County	Rent Pace Bond interest paid to County	October		Interest decreases each year	To be paid by Pace to GTP, subject to sublease payment deferral agreement
Payroll	Perfect Attendance	October		Quarterly payment-\$100 grossed up for FICA	for those with perfect attendance
Grand Traverse County				Level lease payment	
Granu Traverse County	RentPace Facility	October	31,250.00	Lever lease payment	To be paid by Pace to GTP
Longevity Pay	Annual pay based on seniority and hours	November	85,000.00	Annual payment; expensed monthly	Per union agreement and handbook
State of Michigan	Outstation worker payments per contract	December	19,000.00	1/2 due to be paid back to GTP from Pace	Estimatecontract runs 10/1 to 9/30 each year
MERS	Defined Benefit Pension Contribution	December	-	Elective payment approved by board (if any)	\$1.2M in 2024
Retention Pay	Part of union contract and past practice for others	December	325,000.00		Includes employer taxes, expensed monthly
Forefront	Child care, vending and allowance overages	Every	12.000.00	Varies based on usage	

Grand Traverse Pavilions Combined Proposed 1st Amended Budget 2025

	Budget	Original Budget		Budget
	2025	2025	Change	2024
Service Revenue	34,988,836	33,884,160	1,104,676	27,072,414
Other Revenue	1,795,444	2,576,734	(781,290)	1,673,103
Total Revenue	36,784,280	36,460,894	323,386	28,745,517
Salaries & Wages	21,418,100	21,004,560	413,540	15,222,252
Benefits	5,209,884	5,264,234	(54,350)	4,133,327
Other Operating Expenses	8,440,769	8,466,369	(25,600)	7,318,174
Interest Expense	322,392	322,392	(0)	351,267
Depreciation	1,151,286	1,151,286	-	1,151,287
Total Expenses	36,542,430	36,208,841	333,589	28,176,306
Net Income	241,849	252,053	(10,204)	569,211

Key changes: Census 172 to 180 Provider tax to actual CEO 1/2 year, more floor staff for more census Added \$60k for fund raising to Cottage budget Medical insurance renewal lower than budgeted Additional housekeeping and maintenance for cottages and nursing home

Approved:

Date:

Mary Marois, DHHS Board Chair

Page 59 of 73

GRAND TRAVERSE PAVILIONS

Grand Traverse Medical Care

10

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
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- B. Item: Willow 1st floor replacement
- C. Specifications: See attached
- D. Bids Solicited From:

1. Floor Covering Brokers	City Traverse City, MI	Date 02/13/2025
2. Carpet Galleria	City Traverse City, MI	Date 02/17/2025
3. Joshua King Flooring	City Traverse City, MI	Date 02/19/2025
4	City	_ Date
Bids Received:		
1. Floor Covering Brokers	Date 02/13/2025	\$ 19,968.96
2. Carpet Galleria	Date 02/17/2025	\$ 23,426.28
3. Joshua King Flooring	Date 02/19/2025	\$ 22,994.72
4.	Date	\$

F. Variances in Bidder's Equipment or Services Being Offered: Same Flooring requested from each bid.

G. Recommendation: 1st bid for \$19,968.96

H. Justification for Recommendation:

Cheapest cost and many years working with Floor Covering Brokers.

I.	Purchase Budgeted:	Yes	NoX	
	How Funded:			
	Then Deve		D'Hastaral	2/18/25
	Finance Director	Date	Administrator/CEO	Date
	(Purchase up to \$1,500.00)		(Purchase up to \$5000.00)	
	(, aronado ap (o + 1,000.00)		(1 4 6 1 4 6 6 6 6 6 6 6 7	

Mary Marois, Chair Date Grand Traverse County Department of Health & Human Services Board (Purchase over \$5000.00)



MEMORANDUM

February 18th, 2025

TO: DHHS Board

FROM: Ryan Hutchins Environmental Services Director

RE: Replacement flooring for Willow Cottage 1st floor

Attached are 3 bids from Floor Covering Brokers at \$19,968.96. Carpet Galleria at \$23,426.28. Joshua King Flooring at \$22,994.72. All three bids are for the same vinyl plank flooring from local companies.

The requested vinyl plank flooring comes with a 30-mil top wear layer. The wear layer on vinyl flooring determines the pricing, strength and durability over time. This flooring is in the middle range for cost, but on the higher end of the scale for durability and strength.

I recommend the lowest bid at \$19,968.96 through Floor Covering Brokers. This flooring comes with a 15-year commercial warranty and our many past experiences with Floor Covering Brokers have been exceptional.

Thank you,

Ryan Hutchins Environmental Services Director

FLOOR COVERING BROKERS CARPET ONE 1794 BARLOW ST. TRAVERSE CITY, MI 49686 Telephone: 231-941-4700 Fax: 231-946-0545

QUOTE

Sold To

GRAND TRAVERSE PAVILIONS 1100 PAVILIONS CIRCLE TRAVERSE CITY, MI 49684

Ship To

OPTION 2 -TIMBER GROVE 30MIL WILLOW 1ST FLOOR COMMON AREAS

Page 1

ES501009

Quote I	Date	Tele #1	A COMPANY	PO Number	Quote Number
02/13/2	25	231-932-313	30		ES501009
	Style/Item		Color/De	escription	Extension
	TRIP	E IENT PATCH LABOR NT LABOR)	ERLAYMENT	7,568.84 441.90 393.12 2,262.00 4,837.50 672.00 1,856.00 1,577.60 0.00

	Subtotal:	19,968.96
MIKE M	Subtotal:	10 068 06
	Subtotal:	10 068 06
Acknowledgment and Acceptance: I have carefully read and		13,500.50
	ales Tax:	0.00
understand the terms on the reverse side of this contract, which are hereby accepted.	Aisc. Tax:	0.00
QUOTE	TOTAL:	\$19,968.96

CARPET GALLERIA 1035 S. GARFIELD AVE. **TRAVERSE CITY, MI 49686** Telephone: 231-947-4808

Page 1



Quote Date	Tele #1		PO Number	The stress of	Quote	Number	
02/17/25					ES501	040	
Style/Item		Color/Des	scription	Quantity	Units	Price	Extension
TIMBER GROV	E II 30MIL	TBD		1,977.41	EA	3.99	7,889.87
PARABOND 50	92	4 GALLON		2.00	PC	260.00	520.00
PATCHING CC	MPOUND			16.00	PC	28.08	449.28
BIRCH UNDER	LAYMENT 1/4"	4X5		116.00	PC	44.00	5,104.00
LVT GLUE DO	WN			1,977.41	SF	2.50	4,943.53
FLOOR PREP				16.00	EA	50.00	800.00
UNDERLAYME	NT LABOR			1,880.00	SF	0.95	1,786.00
CARPET RIP-L	JP			1,856.00	SF	0.85	1,577.60
DOORWAY FL	ATBAR METAL			6.00	EA	26.00	156.00
FLOOR MOUL	DINGS			80.00	LF	2.50	200.00

- 02/17/25		- 1:18PM -
Sales Representative(s):		
JUDI		
	Subtotal:	23,426.28
Acknowledgment and Acceptance: I have carefully read and	Sales Tax:	0.00
understand the terms on the reverse side of this contract, which are hereby accepted.	Misc. Tax:	0.00
	QUOTE TOTAL:	\$23,426.28

	Subtotal Michigan Sales Ta	эх	\$22,964.72 \$30.00
	Subtotal		\$22,964.72
	Subtotal		
Cost of thresholds, mouldings, etc needed for job			
Misc Mouldings	\$320.00	1	\$320.00
Cost of labor to glue down LVP/LVT			
	\$2.65	1,977.41	\$5,240.14

Notes:

Prices good for 30 days. 1/2 down to schedule job and order materials. Balance due upon completion. Premium will need to be added for any night work. Deposit received will indicate approval of contract. Thank You.

	Michigan Sales Ta	ах	\$30.00
	Michigan Sales Tax		
	Subtotal		\$22,964.72
Misc Mouldings Cost of thresholds, mouldings, etc needed for job	\$320.00	1	\$320.00
Cost of labor to glue down LVP/LVT			
	\$2.65	1,977.41	\$5,240.14

Notes:

Prices good for 30 days. 1/2 down to schedule job and order materials. Balance due upon completion. Premium will need to be added for any night work. Deposit received will indicate approval of contract. Thank You.

GRAND TRAVERSE PAVILIONS

Grand Traverse Medical Care

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: Campus utility vehicle to replace current broken unit
- C. Specifications: See attached
- D. Bids Solicited From:

Ginop Sales, Inc (Kubota)	CityWilliamsburg, MI	Date 02/14/2025
Hutson, Inc (John Deere)	City Williamsburg, MI	Date 09/05/2024
Classic Motorsports (Polaris)	City Traverse City, MI	Date02/18/2025
	City	Date
ds Received: Ginop Sales, Inc (Kubota)	Date	\$ 27,995.00
Hutson, Inc (John Deere)	Date09/05/2024	\$ 28,225.44
Classia Materranente (Delaria)		
Classic Motorsports (Polaris)	Date	\$ 30,250.00

F. Variances in Bidder's Equipment or Services Being Offered: Brand and installed equipment

G. Recommendation: Ginop Sales, Inc. for the Kubota

H. Justification for Recommendation: Kubota is a great brand that we already have in other equipment. The Kubota has more standard features and price includes a snow plow.

I.	Purchase Budgeted:	Yes X	No	
	How Funded: Capital Budget			
2	Think Dwo	2-19:25	Oil on Hantan	l' 2.19,25
	Finance Director	Date	Administrator/CEO	Date
	(Purchase up to \$1,500.0	00)	(Purchase up to \$5000.00)	
		Mary Marois, Chair	Date	

Grand Traverse County Department of Health & Human Services Board (Purchase over \$5000.00)

Page 66 of 73



MEMORANDUM

February 18th, 2025

TO: DHHS Board

FROM: Ryan Hutchins Environmental Services Director

RE: New Utility vehicle for work around campus

Attached please find bids from three local dealers. Ginop Sales, Inc bid at \$27,995.00 for a Kubota. Hutson, Inc bid at \$28,225.44 for a John Deere. Classic Motorsports bid at \$30,250.00 for a Polaris. All versions of the utility vehicles are similar except for specific brand features..

We are in need of a replacement for our small utility work vehicle. Our current vehicle is over 10 years old and is costing money numerous times per year for repairs. It does not work very well and needs multiple repairs again. We use this vehicle every day of the year by multiple departments.

I recommend Ginop Sales, Inc for the Kubota at \$27,995.00. Pricing is better and the utility vehicle overall has better features to aid in the daily tasks around campus. The Kubota pricing also includes a snowplow attachment. The John Deere and Polaris do not come with any attachments. This snowplow attachment will help greatly during the winter months in our small parking areas and around the grounds. It will also serve as a backup for our plow truck, which is our only means of snow plowing and it needs to go in for service as soon as possible.

Thank you,

Ryan Hutchins Environmental Services Director

ALANSON, MI 49705 (231) 548-2272 1-800-344-4557	9040 M-72 EAST 20831 M-32 WEST WILLIAMSBURG, MI 49690 HILLIAN, MI 49745 (23)) 267-5400 (999) 742-7500 1-800-304-4667 1-877-334-4667	ORDER	20712
		CUSTOMER ORDER NO.	DATE 2-14
		TAX EXEMPT NO.	SALESPERSONLORI
	PAVILLIONS	SHIP TO:	
RYAN	HUTCHINS	-	
231-9	132-3022		
MS:			
CHARGE C.	D.D. MDSE. RET'D PAID OUT SHIP VIA	F.O.B. POINT	
TTY STOCK NUMBER	DESCRIPTION		JNIT PRICE AMOUNT
KUBOTA	RTV-XILOOCWL-H 24.8	HP 3CYL	
	DIESEL, DRANGE, VARIABI	E HYDRO TRANS.	
	2 SEAT, FULLY ENCLOSER W/HYDRAULIC DUMP + R	D, A/C+HEAT	
	WI HIDERILL DUMP + R	EAR SCREEN	
1 KUBOTA	VSOGO KTRA OUTY BLAD	5	
I EUDOIN	USUGO KINGT DUTY BUTT	6	
			LIST 33,100
1		Gove	150 -5105
in the second second second	and the second sec		
	a second s		\$ 27,995
	and a second of the second sec		TIFLE II
VED BY			TOTAL



ALL PURCHASE ORDERS MUST BE MADE OUT TO (VENDOR): Deere & Company 2000 John Deere Run Cary, NC 27513 FED ID: 36-2382580 **UEID: FNSWEDARMK53**

ALL PURCHASE ORDERS MUST BE SENT TO DELIVERING DEALER: Hutson, Inc. 6018 E Grand River Avenue Portland, MI 48875 517-647-4164 contactus@hutsoninc.com

Quote Summary

Prepared For:

Grand Traverse Pavillions MI

Delivering Dealer: Hutson, Inc. Lohone Matt 6018 E Grand River Avenue Portland, MI 48875 Phone: 517-647-4164 mlohone@hutsoninc.com



Created On: 05 September 2024 No REPORTED Created On: 05 September 2024 No REPUT FOR Last Modified On: 05 September 2024 JPOPTED Expiration Date: 04 October 2021

Suggested List	Selling Price		Qty		Extended
\$ 32,443.04 Iside 240000000161 (F		X	1	=	\$ 28,225.44
	\$ 32,443.04	55	\$ 32,443.04 \$ 28,225.44 X	\$ 32,443.04 \$ 28,225.44 X 1	\$ 32,443.04 \$ 28,225.44 X 1 =

Equipment Total

\$ 28,225.44

* Includes Fees and Non-contract items

Quote Summary	
Equipment Total	\$ 28,225.44
Trade In	
SubTotal	\$ 28,225.44
Est. Service Agreement Tax	\$ 0.00
Total	\$ 28,225.44
Down Payment	(0.00)
Rental Applied	(0.00)
Balance Due	\$ 28,225.44

Salesperson : X _

Page 69 of 73

Accepted By : X _____

NEW 2025 Polaris Ranger XP 1000 NorthStar Edition Ultimate

	Classic Motor Sports 3939 South Blue Star Drive (On US	CUSTOMER	GT Pavilions		
	31 South)	DATE	02/18/2025		
	Traverse City, Michigan 49685	PRICE	\$30,250.00		
	(231) 943-9344 www.classictc.com	SALESPERSON		SALESPERSON	Jonathan C.
AR GAU	and the second	SIGNATURE	-		
Carl and the second					
Comments					
OFF-ROAD CLIMATE CO Rain or shine, there's no st	NTROL topping you from getting the work done with RA	NGER XP 1000 Nor	thStar Edition.		
GENERAL INFORMATION	١				
Manufacturer	Polaris				
Model Year	2025				
Model Name	Ranger XP 100	00 NorthStar Edition	Ultimate		
Model Code	R25RRY99AS				
VIN	4XARRY993S8	3774610			
Stock Number	774610				
Color	Sunset Red				
Condition	NEW				
Engine Size	999 cc				
Price	\$32,999.00 sta	rting msrp			
FEATURES					

Comfort

KEEP THE ELEMENTS OUT: The factory-installed Pro Shield cab system protects from dust, dirt and water, and reduces noise—so you can enjoy conversation and comfortably ride in rainy, snowy or dusty conditions.

CONTROL YOUR CLIMATE: Factory-installed heating and air conditioning lets you control the climate for allseason comfort. For quick relief on hot days, a variable AC compressor automatically varies its pumping capacity to deliver faster cooling and lower temperatures, even when at idle and low engine RPMs.

SUNUP TO SUNDOWN COMFORT: Find your happy place with a tilt steering wheel and newly styled, adjustable contoured seats featuring back bolsters and extra-plush seat cushions.

IN-CAB CONVENIENCE: Secure a spot for your must-have items with a dual integrated glove box and up to 8 cup holders. Plus, charge your devices with a USB charging port.

AMPLE STORAGE: The innovative cab comes standard with easy-to-access storage, including an underseat driver bin, flip-up passenger seat with configurable space, and in-floor features for D-Rings.

EXTEND YOUR DAY: LED headlights provide a bold, refined look while delivering enhanced illumination when you start your day before sunrise or end after sunset.

READY WHEN YOU ARE: Use the battery charging port to conveniently charge your battery, so you know your vehicle is ready to work when you are.



Current vehicle



John Deere

Kubota

<image>

Page 71 of 73

GRAND TRAVERSE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES BOARD

1000 Pavilions Circle, Traverse City, MI 49684 Telephone Number: 932-3000

Resolution 2025 - 1

Grand Traverse Pavilions/Grand Traverse Medical Care

Approval of Grand Traverse Pavilions Foundation Board of Trustees

WHEREAS, pursuant to the proposed Bylaws of the Grand Traverse Pavilions Foundation, the Grand Traverse County Department of Health and Human Services Board appoints all Trustees to the Grand Traverse Pavilions Foundation Board of Trustees.

NOW, THEREFORE, BE IT RESOLVED,

that pursuant to such Bylaws the following person is hereby appointed as Trustee of the Grand Traverse Pavilions Foundation Board of Trustees:

Nicolina Grace Croad

APPROVED _____ DISAPPROVED _____

at the <u>February 27, 2025</u> meeting of the Grand Traverse County Department of Health and Human Services Board.

Mary Marois, Chair Grand Traverse County Department of Health and Human Services Board

Date



Grand Traverse Pavilions

BOARD MEMBER BIOGRAPHY Name: Nicolina Grace Croad Home address and phone number: Office address and phone number: CC JEWelers 1045 S. Corfied Ave Traverse City, mit 49486 (23) 947-3940 Office Preferred address for mailing information: Hom€ Additional contact information (e-mail address, fax or cell phone numbers, etc.) Name of Spouse: Michael Croad Educational Background: Associate of Science Degree in. Digital Media Design, Baker College of Cachilloc, Current and previous civic involvement (include offices held/awards/recognition):_ Form Board Member Cadullac Area Loung tro Fessionals Traverse City young Trivolved with Trofessionals Do you have a head and shoulders photo on file with an area photographer? Yes No maker Jack Thotoprouting If Yes, where?____ Jamie Kirschned Or I have the file also. L: Foundation Board of Trustees Old Board Member Files Biography - Ig

1/25/06