



OFFICIAL NOTICE AND AGENDA

Notice is hereby given that the **Nursing Home Operations Committee of the North Central Community Services Program Board** will hold a meeting at the following date, time and location shown below.

Tuesday, October 26, 2021 at 3:00 PM
North Central Health Care – Wausau Board Room
1100 Lake View Drive, Wausau, WI 54403

The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, North Central Health Care encourages the public to attend this meeting remotely. To this end, instead of attendance in person, Committee members and the public may attend this meeting by telephone conference. If Committee members or members of the public cannot attend remotely, North Central Health Care requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees.

Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:

Phone Number: 1-408-418-9388 **Access Code:** 2497 864 5645 **Password:** 1234

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405. For TDD telephone service call 715-845-4928.

AGENDA

1. CALL TO ORDER
2. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA
(Limited to 15 Minutes)
3. ACTION: APPROVAL OF AUGUST 24, 2021 NURSING HOME OPERATIONS COMMITTEE MINUTES
4. FINANCIAL REPORT – J. Meschke
5. COMMITTEE EDUCATION
 - A. At a Glance Update – J. Bracken
6. NURSING HOME OPERATIONS REPORTS
 - A. Mount View Care Center – K. Woller and C. Gliniecki
 - B. Pine Crest Nursing Home – Z. Ziesemer and R. Hanson
7. MVCC & PC CONSTRUCTION UPDATE – J. Nickel
8. NURSING HOME OPERATIONS COMMITTEE CHARTER – J. Nickel

9. BOARD DISCUSSION

A. Expectations of North Central Health Care and Nursing Home Operations Committee

10. FUTURE AGENDA ITEMS AND MEETING SCHEDULE

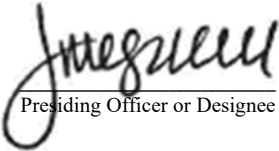
11. ADJOURN

NOTICE POSTED AT: North Central Health Care

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Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader,
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DATE: 10/21/2021 TIME: 1:00 PM BY: D. Osowski



Presiding Officer or Designee

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD NURSING HOME OPERATIONS COMMITTEE

August 24, 2021

3:00 PM

NCHC Wausau Board Room

Present: X Kurt Gibbs X Paul Gilk ABS Cindy Rider
X Pat Voermans X_(WebEx) Bob Weaver X_(WebEx) Cate Wylie

Staff: Jill Meschke, Jaime Bracken, Jarret Nickel, Zach Ziesemer, Ryan Hanson, Kristin Woller

Others: Dejan Adzic

Call to Order

- Meeting was called to order at 3:05 p.m. by Chair Gibbs.

Public Comment for Matters Appearing on the Agenda

- None

Approval of March 23, 2021 Nursing Home Operations Committee Minutes

- **Motion**/second, Voermans/Gilk, to approve March 23, 2021 Nursing Home Operations Committee Minutes. Motion carried.

Financial Report – J. Meschke

- For the month of July there was a loss of \$126,000 compared to budget. Loss of budget was \$186,000. From net revenue we are \$1.3 million short of what we had anticipated at this time of year partly due to census not fully recovering. However, we received two other sources of revenue in the form of supplemental payments, which were budgeted for, but significantly higher than estimated. Also received was the Certified Public Expenditure (CPE) payment, which is not budgeted for. With those two payments, it brings us close to the budget forecast.
- MVCC census was around 125 per day. Medicare census has been consistently staying around 10 and the Vent census at 9. Shortage relates to the mix of volume and rate.
- Drug expense has shown a significant increase and we are working on how we account for pharmacy revenues. Traditionally, they have stayed within Marathon County, however, over the last few months we have right sized to account for pharmacy in the counties where services are being provided. Financial statements will be refined to reflect this change.
- Vacancy rate is favorable over the last couple of months.
- Pine Crest losses are slightly higher than anticipated but have plans to improve those numbers. There is a good payer mix so far but still short from net patient revenue perspective. Pine Crest also received the two payments that Mount View received. Census is holding consistent around 92/day with Medicare census consistent at 8. Pine Crest is currently experiencing challenges to retain staff to operate effectively.
- Question was asked about where each county's reserves are at as reserves have had to be used to cover operating losses. Currently NCHC has about 56 days cash available in total investments and cash. Additional detail will be provided to the full board including reserves for each county and a reliable forecast for the 2022 budget.

- The federal government, possibly through CMS, may impose a requirement of vaccinations for all employees in the nursing home. Currently NCHC does not mandate vaccinations but requires all employees to participating in the vaccination program by either receiving the vaccination or signing a declination. Should the mandate be imposed, there is speculation that some staff will refuse the vaccination and leave. NCHC is implementing an incentive program for employees who voluntarily receive the vaccination prior to the potential mandate. If it is a choice of parting ways with staff who refuse the vaccination or engaging with CMS, NCHC has no option but to side with CMS. Currently about 40% of staff at Pine Crest and 56-60% of staff at Mount View are vaccinated. Residents have higher percentage of vaccination rates. With positivity rates increasing in both counties NCHC is preparing to implement restrictions when necessary.

Committee Education

- Wisconsin State Budget Impact – J. Nickel & J. Meschke
 - Highlights of presentation included:
 - Nursing Home Reimbursement Rates
 - Nursing Home & CBRF Rate Methodology
 - Direct Care Workforce Funding
- Wisconsin Skilled Nursing Bed Licensing – J. Nickel
 - Highlights of presentation included:
 - Wisconsin Licensed Bed Fee
 - \$170/month per bed
 - MVCC – 188 licensed beds / current census 126
 - Pine Crest – 160 licensed beds / current census 92
 - Fee Credit & Use
 - Selling and removal of licensed beds, and requesting new licensed beds
 - Next Steps
 - Review options with NCHC Executive Committee
 - Present proposal(s) to appropriate Boards and Counties
 - New Assessments in 2022 Budget
- Leading Age Overview & Board Involvement Opportunities – Z. Ziesemer
 - Conference currently scheduled for Oct. 6-8 in Green Bay with Wednesday tailored to Board topics. More information will be provided as it becomes available.
 - Leading Age also works with us at the State level, as does the Wisconsin Health Care Association, on increasing the Medicaid rate. An increase was 12% overall but varies nursing home to nursing home. Hopefully we will see 15% but will want to forecast as 12%. Should know more in a few weeks. Also working at the state and national levels to see if vaccine mandates include others, beyond nursing homes, who also take Medicare and Medicaid reimbursement. Will need to adhere to ADA compliance or medical reasons with some staff who have exemptions to vaccinations i.e., religious, etc.
- Mount View Care Center Survey Results & Survey Process – K. Woller
 - Every year the nursing home has an annual State survey which is broken into three parts 1) resident sample of 70% (completed off site), 2) quality of care investigation i.e., interviews with families, residents, and employees, and 3) observation of cares and reviewing medical records.
 - Our survey was conducted in March, and we received just two recommendations (average for nursing homes is eight). The recommendations identified pertained to non-pressure related skin injury and nutrition. All recommendations have been fixed, plans of corrections completed, and are in compliance.
 - Committee members complimented staff for their great work.

- Nursing Home Reporting Change – J. Nickel & J. Bracken
 - Oversight of nursing operations of Mount View and Pine Crest have moved from J. Nickel to J. Bracken. In the past there was combined oversight between them, and it is felt there will be greater efficiency with this move.

Nursing Home Operations Reports

- Mount View Care Center – K. Woller
 - Overview of the report provided in the meeting packet was provided.
 - Committee asked for additional information i.e., percent of falls to number of patients and how it compares to last year.
 - As of July 23, the Nursing Tower is in substantial compliance; continue to prepare for occupancy.
- Pine Crest Nursing Home – Z. Zieseemer
 - Overview of the report provided in the meeting packet was provided.
 - CNA class will continue as a recruitment tool.
 - Star rating will have potential to improve after the next annual survey.
 - Lincoln County Board gave the approval for Pine Crest to work with ANI; beginning to work with that process and anticipate converting 3-5 referrals because of it.

MVCC and PC Construction Update – J. Nickel

- Move in date for Tower is being pushed out as there have been completion delays due to Covid i.e., CCIT has not received switches to install for the Wi-Fi which affects the electronic medical record system. Larger delay is due to the structural issue on D & F Wing with egress from Tower. Issue must be mitigated prior to occupancy. Meeting with Facilities Maintenance and Miron Construction have occurred; the time constraint should not have a financial impact.

Board Discussion

- Right sizing Pine Crest will not be without costs associated with it; will present to Lincoln County for final approval.
- The Board agenda includes a discussion of having two Nursing Home Operations Committees. Two counties each run a nursing home, but NCHC is the Management Company that all agreed will run the operations.
 - Would like NCHC staff to bring forward options and recommendations for right sizing Pine Crest and utilizing vacant areas of the building. Recommendations would be reviewed and approved by Lincoln County as the owner of the building.
 - K. Gibbs and P. Gilk felt there should not be two oversight committees; it is beneficial to compare what is occurring in each nursing home.
 - P. Voermans suggested Ad Hoc Committees could be established when appropriate.

Adjourn

- **Motion**/second, Gilk/Voermans, to adjourn the meeting at 4:28 p.m. Motion carried.



MEMORANDUM

DATE: October 20, 2021
TO: Nursing Home Operations Committee
FROM: Jill S. Meschke, Interim Chief Executive Officer, Chief Financial Officer
RE: Nursing Home Financial Highlights

The following items are financial highlights through September 2021.

Mount View Care Center Skilled Nursing

Mount View experienced a loss of (\$102,862) September and (\$859,278) year-to-date. 2021 Supplemental Payments received helped revenue reach year-to-date targets. Overages in personnel, contracted services, and drugs expenses contribute to losses.

Mount View started the month slow with 9 Medicare residents on September 1. Medicare part A grew to 17 by month's end. Census of 121 residents per day remained under target due to limiting admissions due to Covid-19 and tower transition plans. Medicare part B utilization was low at 24 percent. Therapy continues to run screens every other week on all units. Residents are doing well on their nursing functional maintenance programs reducing need for additional therapy.

Personnel expenses were high in September due to staff being out with Covid-related absences, the Labor Day holiday, vacations, and FMLA. Vacation days are higher than average with staff trying to use hours they could potentially lose at year end. Additionally, benefit costs have seen increases in September. There are 4 CNA FTE open and 3.5 nursing FTE open.

Provider contracted services were high due to Dr. Tange having 23 hours on call and Dr. Smith's rounding hours. Mount View used very little agency staff in September. Nursing supply costs are being closely managed by par levels. Supplies were over budget somewhat in September due to the need to purchase small items for the tower (carts, garbage cans, hampers, etc.) Drug costs per day are approximately 3 percent higher than prior years.

Pine Crest Nursing Home

Pine Crest has experienced a loss of (\$230,967) September and (\$1,404,454) year-to-date. 2021 Supplemental Payments received helped revenue reach year-to-date targets. Overages in personnel, contracted services, and drugs expenses contribute to losses.

Census fluctuated at Pine Crest from 88 residents per day to 94 residents per day in September. Medicare residents for the month started slow averaging 6 per day but grew to 12 per day by month end. Progress is being made to make ANI contract payers available to Pine Crest.

Personnel expenses were high in September due to staff being out with Covid-related absences, the Labor Day holiday, vacations, and FMLA. Additionally, benefit costs have increased in September, which is a plan expected to continue. Agency staff use was required to supplement employed staff to provide adequate care. Year-to-date, Pine Crest has incurred \$598,396 for agency staff expense. There are 5 CNA FTE open and 3.2 nursing FTEs open. Pine Crest is hosting open interviews October 27. Two hospitality aides are working to complete the CNA training program to transition into the CNA role.

Mount View Care Center
Nursing Home Revenue Analysis
August 2021

Current Month:

Location	Payer Source	Actual:				Budget:				Variances:		Reason for Variance:	
		Residents Per Day	Actual Patient Days	Actual Net Revenue	Average Actual Rate	Residents Per Day	Budgeted Patient Days	Budgeted Net Revenue	Average Budget Rate	Days	Revenue	Volume Variance	Rate Variance
Long Term Care													
	Medicaid	30	938			32	992						
	MA Bedhold	0	0				0						
	Medicare	0	10			1	31						
	Self Pay	2	62			2	62						
	Insurance/VA	3	93			1	31						
	SUBTOTAL-LTC	36	1103	\$187,507	\$170	36	1116	\$100,663	\$90	(13)	\$86,844	(\$1,173)	\$88,017
Post Acute Care													
	Medicaid	8	258			7	217						
	MA Bedhold	0	0				0						
	Medicare	7	220			12	372						
	Self Pay	1	20			1	31						
	Insurance/VA	2	62			3	93						
	SUBTOTAL-PAC	18	560	\$189,685	\$339	23	713	\$136,396	\$191	(153)	\$53,289	(\$29,269)	\$82,558
Vent Services													
	Medicaid	4	123			4	124						
	MA-Bedhold	0	0				0						
	Medicaid-Vent	8	257			12	372						
	MA-Vent Bedhold	0	0				0						
	Medicare	2	71			5	155						
	Self Pay	1	31			2	62						
	Insurance/VA	1	31			2	62						
	SUBTOTAL-Vent	17	513	\$238,476	\$465	25	775	\$354,261	\$457	(262)	(\$115,785)	(\$119,763)	\$3,978
Legacies													
	Medicaid	46	1436			51	1,581						
	MA Bedhold	0	0				0						
	Private	7	215			8	248						
	Medicare	0	11			1	31						
	Insurance/VA	1	31			1	31						
	SUBTOTAL-Legacies	55	1693	\$341,497	\$202	61	1891	\$429,057	\$227	(198)	(\$87,560)	(\$44,925)	(\$42,635)
	Total	125	3,869	\$957,165	\$247	145	4,495	\$1,020,377	\$227	(626)	(\$63,212)	(\$142,104)	\$78,892

Summary:

	Per Day	%	Per Day	%
Residents per Day Medicaid	89	71.21%	94	64.83%
Medicaid Vent	8	6.64%	12	8.28%
Medicare	10	8.06%	19	13.10%
Self	11	8.48%	13	8.97%
Insurance	7	5.61%	7	4.83%
Total	125	100.00%	145	100.00%

Mount View Care Center
Nursing Home Revenue Analysis
August 2021

Year To Date

Location	Payer Source	Actual:	Actual Patient Days	Actual Net Revenue	Average Actual Rate	Budget:	Budgeted Patient Days	Budgeted Net Revenue	Average Budget Rate	Variances:		Reason for Variance:	
		Residents Per Day				Residents Per Day				Days	Revenue	Volume Variance	Rate Variance
Long Term Care	Medicaid	26	6358			32	7,776						
	MA Bedhold	0	1				0						
YTD days done	Medicare	1	161			1	243						
	Self Pay	1	311			2	486						
	Insurance/VA	2	495			1	243						
	SUBTOTAL-LTC	30	7326	\$821,199	\$112	36	8748	\$1,414,391	\$162	(1422)	(\$593,192)	(\$229,911)	(\$363,281)
Post Acute Care	Medicaid	6	1392			7	1,701						
	MA Bedhold	0	3				0						
	Medicare	7	1783			12	2,916						
	Self Pay	1	203			1	243						
	Insurance/VA	2	570			3	729						
	SUBTOTAL-PAC	16	3951	\$1,145,575	\$290	23	5589	\$1,203,472	\$215	(1638)	(\$57,897)	(\$352,708)	\$294,811
Vent Services	Medicaid -No Vent	4	864			4	972						
	MA-Bedhold-No Vent	0	1				0						
	Medicaid-Vent	7	1642			12	2,916						
	MA-Vent Bedhold	0	1				0						
	Medicare	3	722			5	1,215						
	Self Pay	1	212			2	486						
	Insurance/VA	1	228			2	486						
	SUBTOTAL-Vent	15	3670	\$1,612,278	\$439	25	6075	\$2,059,058	\$339	(2405)	(\$446,780)	(\$815,150)	\$368,370
Legacies	Medicaid	44	10764			51	12,393						
	MA Bedhold	0	0				0						
	Private	4	913			8	1,944						
	Medicare	0	109			1	243						
	Insurance/VA	1	280			1	243						
	SUBTOTAL-Legacies	50	12066	\$2,763,693	\$229	61	14823	\$2,731,030	\$184	(2757)	\$32,663	(\$507,957)	\$540,620
Total		111	27,013	\$6,342,745	\$235	145	35,235	\$7,407,951	\$210	(8,222)	(\$1,065,206)	(\$1,728,627)	\$663,421

Summary:

	Per Day	%	Per Day	%
Residents per Day Medicaid	80	71.76%	94	64.83%
Medicaid Vent	7	6.08%	12	8.28%
Medicare	11	10.27%	19	13.10%
Self	7	6.07%	13	8.97%
Insurance	6	5.82%	7	4.83%
Total	111	100.00%	145	100.00%

Pine Crest Nursing Home
Nursing Home Revenue Analysis
August 2021

Current Month:		Actual:				Budget:				Variances:		Reason for Variance:	
Location	Payer Source	Residents Per Day	Actual Patient Days	Actual Net Revenue	Average Actual Rate	Residents Per Day	Budgeted Patient Days	Budgeted Net Revenue	Average Budget Rate	Days	Revenue	Volume Variance	Rate Variance
Long Term Care													
	Medicaid	55	1691			58	1,798						
	MA Bedhold	1	18			0	0						
	Medicare	1	44			0	0						
	Self Pay	6	174			6	186						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-LTC	62	1927	\$363,349	\$189	64	1984	\$399,188	\$201	(57)	(\$35,839)	(\$11,469)	(\$24,370)
Post Acute Care													
	Medicaid	3	81			0	0						
	MA Bedhold	0	2			0	0						
	Medicare	6	193			16	496						
	Self Pay	1	34			0	0						
	Insurance/VA	1	28			0	0						
	SUBTOTAL-PAC	11	338	\$76,794	\$227	16	496	\$142,352	\$287	(158)	(\$65,558)	(\$45,346)	(\$20,212)
Special Care													
	Medicaid	17	516			14	434						
	MA-Bedhold	0	0			0	0						
	Medicaid-Vent	0	0			0	0						
	MA-Vent Bedhold	0	0			0	0						
	Medicare	0	0			0	0						
	Self Pay	3	87			6	186						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-SPC	19	603	\$121,279	\$201	20	620	\$136,852	\$221	(17)	(\$15,573)	(\$3,752)	(\$11,821)
	Total	93	2,868	\$561,422	\$196	100	3,100	\$678,392	\$219	(232)	(\$116,970)	(\$50,770)	(\$66,200)
Summary:		Per Day	%			Per Day	%						
Residents per Day	Medicaid	74	80.47%			72	72.00%						
	Medicaid Vent	0	0.00%			0	0.00%						
	Medicare	8	8.26%			16	16.00%						
	Self	10	10.29%			12	12.00%						
	Insurance	1	0.98%			0	0.00%						
	Total	93	100.00%			100	100.00%						

Pine Crest Nursing Home
Nursing Home Revenue Analysis
August 2021

Year To Date:		Actual:				Budget:				Variances:		Reason for Variance:	
Location	Payer Source	Residents Per Day	Actual Patient Days	Actual Net Revenue	Average Actual Rate	Residents Per Day	Budgeted Patient Days	Budgeted Net Revenue	Average Budget Rate	Days	Revenue	Volume Variance	Rate Variance
Long Term Care													
YTD days done	Medicaid	49	11811			58	14,094						
	MA Bedhold	0	65				0						
	Medicare	2	418			0	0						
	Self Pay	3	785			6	1,458						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-LTC	54	13079	\$2,414,651	\$185	64	15552	\$2,719,561	\$175	(2473)	(\$304,910)	(\$432,451)	\$127,541
Post Acute Care													
	Medicaid	2	528			0	0						
	MA Bedhold	0	24				0						
	Medicare	7	1729			16	3,888						
	Self Pay	0	92			0	0						
	Insurance/VA	0	28			0	0						
	SUBTOTAL-PAC	10	2401	\$557,826	\$232	16	3888	\$973,504	\$250	(1487)	(\$415,678)	(\$372,325)	(\$43,353)
Special Care													
	Medicaid	15	3644			14	3,402						
	MA-Bedhold	0	22				0						
	Medicaid-Vent	0	0			0	0						
	MA-Vent Bedhold	0	0				0						
	Medicare	0	103			0	0						
	Self Pay	2	401			6	1,458						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-SPC	17	4170	\$797,579	\$191	20	4860	\$933,391	\$192	(690)	(\$135,812)	(\$132,518)	(\$3,294)
	Total	81	19,650	\$3,770,056	\$192	100	24,300	\$4,626,456	\$190	(4,650)	(\$856,400)	(\$885,309)	\$28,909
Summary:													
Residents per Day		Per Day	%			Per Day	%						
	Medicaid	66	81.90%			72	72.00%						
	Medicaid Vent	0	0.00%			0	0.00%						
	Medicare	9	11.45%			16	16.00%						
	Self	5	6.50%			12	12.00%						
	Insurance	0	0.14%			0	0.00%						
	Total	81	100.00%			100	100.00%						

North Central Health Care
Income Statement
For the Period Ending September 30, 2021
Mount View Care Center

	MTD Actual	MTD Budget	\$ Variance	% Variance	YTD Actual	YTD Budget	\$ Variance	% Variance
Direct Revenues								
Patient Gross Revenues	1,434,927	1,536,921	(101,993)	-6.6%	13,381,384	14,641,351	(1,259,966)	-8.6%
Patient Contractual Adjustments	(407,377)	(381,616)	(25,761)	6.8%	(3,992,472)	(3,698,242)	(294,231)	8.0%
Net Patient Revenue	1,027,550	1,155,305	(127,755)	-11.1%	9,388,912	10,943,109	(1,554,197)	-14.2%
County Revenue	-	-	-	0.0%	-	-	-	0.0%
Contracted Service Revenue	-	-	-	0.0%	-	-	-	0.0%
Grant Revenues and Contractuals	-	-	-	0.0%	-	-	-	0.0%
Appropriations	125,000	125,000	-	0.0%	1,125,000	1,125,000	-	0.0%
COVID-19 Relief Funding	-	-	-	0.0%	-	-	-	0.0%
Other Revenue	277,568	96,700	180,868	187.0%	2,557,370	870,298	1,687,072	193.8%
Total Direct Revenue	1,430,119	1,377,005	53,114	3.9%	13,071,282	12,938,407	132,875	1.0%
Indirect Revenues								
County Revenue	-	-	-	0.0%	-	-	-	0.0%
Contracted Service Revenue	-	-	-	0.0%	-	-	-	0.0%
Grant Revenues and Contractuals	-	-	-	0.0%	-	-	-	0.0%
Appropriations	-	-	-	0.0%	-	-	-	0.0%
Other Revenue	-	-	-	0.0%	-	-	-	0.0%
Allocated Revenue	70,315	122,612	(52,297)	-42.7%	1,022,316	1,112,433	(90,117)	-8.1%
Total Indirect Revenue	70,315	122,612	(52,297)	-42.7%	1,022,316	1,112,433	(90,117)	-8.1%
Total Operating Revenue	1,500,434	1,499,617	817	0.1%	14,093,598	14,050,840	42,758	0.3%
Direct Expenses								
Personnel Expenses	932,301	693,737	(238,564)	-34.4%	7,591,128	6,640,741	(950,387)	-14.3%
Contracted Services Expenses	53,782	70,675	16,893	23.9%	655,519	636,075	(19,444)	-3.1%
Supplies Expenses	26,054	26,425	371	1.4%	273,825	259,725	(14,100)	-5.4%
Drugs Expenses	39,150	5,500	(33,650)	-611.8%	460,583	61,500	(399,083)	-648.9%
Program Expenses	1,332	785	(547)	-69.7%	6,182	7,065	883	12.5%
Land & Facility Expenses	-	19,488	19,488	100.0%	-	176,386	176,386	100.0%
Equipment & Vehicle Expenses	15,034	22,865	7,831	34.2%	125,385	207,588	82,203	39.6%
Diversions Expenses	-	-	-	0.0%	-	-	-	0.0%
Other Operating Expenses	33,253	28,014	(5,239)	-18.7%	288,355	269,046	(19,309)	-7.2%
Total Direct Expenses	1,100,906	867,488	(233,417)	-26.9%	9,400,977	8,258,126	(1,142,851)	-13.8%
Indirect Expenses								
Personnel Expenses	-	-	-	0.0%	-	-	-	0.0%
Contracted Services Expenses	-	-	-	0.0%	-	-	-	0.0%
Supplies Expenses	-	-	-	0.0%	-	-	-	0.0%
Drugs Expenses	-	-	-	0.0%	-	-	-	0.0%
Program Expenses	-	-	-	0.0%	-	-	-	0.0%
Land & Facility Expenses	-	-	-	0.0%	-	-	-	0.0%
Equipment & Vehicle Expenses	-	-	-	0.0%	-	-	-	0.0%
Diversions Expenses	-	-	-	0.0%	-	-	-	0.0%
Other Operating Expenses	-	-	-	0.0%	-	-	-	0.0%
Allocated Expense	502,890	651,003	148,113	22.8%	5,552,399	5,464,914	(87,485)	-1.6%
Total Indirect Expenses	502,890	651,003	148,113	22.8%	5,552,399	5,464,914	(87,485)	-1.6%
Total Operating Expenses	1,603,796	1,518,491	(85,304)	-5.6%	14,953,376	13,723,040	(1,230,336)	-9.0%
Metrics								
Indirect Expenses/Direct Expenses	45.7%	75.0%			59.1%	66.2%		
Direct Expense/Gross Patient Revenue	76.7%	56.4%			70.3%	56.4%		
Non-Operating Income/Expense								
Interest Income/Expense	-	-	-	0.0%	-	-	-	0.0%
Donations Income	(500)	-	(500)	0.0%	(500)	-	(500)	0.0%
Other Non-Operating	-	-	-	0.0%	-	-	-	0.0%
Total Non-Operating	(500)	-	(500)	0.0%	(500)	-	(500)	0.0%
Net Income (Loss)	(102,862)	(18,874)	(83,988)	445.0%	(859,278)	327,800	(1,187,078)	-362.1%
Net Income	-6.9%	-1.3%			-6.1%	2.3%		

North Central Health Care
Income Statement
For the Period Ending September 30, 2021
Pine Crest Nursing Home

	MTD Actual	MTD Budget	\$ Variance	% Variance	YTD Actual	YTD Budget	\$ Variance	% Variance
Direct Revenues								
Patient Gross Revenues	901,920	944,333	(42,413)	-4.5%	8,710,112	8,585,100	125,012	1.5%
Patient Contractual Adjustments	(249,246)	(229,492)	(19,755)	8.6%	(2,577,006)	(2,098,743)	(478,263)	22.8%
Net Patient Revenue	652,674	714,842	(62,168)	-8.7%	6,133,106	6,486,357	(353,251)	-5.4%
County Revenue	-	-	-	0.0%	-	-	-	0.0%
Contracted Service Revenue	-	-	-	0.0%	-	-	-	0.0%
Grant Revenues and Contractuals	-	-	-	0.0%	-	-	-	0.0%
Appropriations	36,735	36,735	-	0.0%	330,611	330,611	-	0.0%
COVID-19 Relief Funding	-	-	-	0.0%	26,750	-	26,750	0.0%
Other Revenue	230,783	153,556	77,227	50.3%	2,077,043	1,382,002	695,040	50.3%
Total Direct Revenue	920,191	905,132	15,059	1.7%	8,567,509	8,198,970	368,539	4.5%
Indirect Revenues								
County Revenue	-	-	-	0.0%	-	-	-	0.0%
Contracted Service Revenue	-	-	-	0.0%	-	-	-	0.0%
Grant Revenues and Contractuals	-	-	-	0.0%	-	-	-	0.0%
Appropriations	-	-	-	0.0%	-	-	-	0.0%
Other Revenue	-	-	-	0.0%	-	-	-	0.0%
Allocated Revenue	19,177	21,741	(2,564)	-11.8%	184,568	199,647	(15,079)	-7.6%
Total Indirect Revenue	19,177	21,741	(2,564)	-11.8%	184,568	199,647	(15,079)	-7.6%
Total Operating Revenue	939,368	926,873	12,495	1.3%	8,752,077	8,398,617	353,460	4.2%
Direct Expenses								
Personnel Expenses	591,714	480,040	(111,674)	-23.3%	4,442,281	4,494,206	51,926	1.2%
Contracted Services Expenses	66,610	2,145	(64,465)	-3005.4%	943,722	19,305	(924,417)	-4788.5%
Supplies Expenses	15,889	12,698	(3,191)	-25.1%	141,829	114,285	(27,544)	-24.1%
Drugs Expenses	22,650	16,550	(6,100)	-36.9%	282,504	148,950	(133,554)	-89.7%
Program Expenses	692	600	(92)	-15.3%	8,842	5,400	(3,442)	-63.7%
Land & Facility Expenses	-	-	-	0.0%	-	-	-	0.0%
Equipment & Vehicle Expenses	568	2,900	2,332	80.4%	29,337	26,100	(3,237)	-12.4%
Diversions Expenses	-	-	-	0.0%	-	-	-	0.0%
Other Operating Expenses	24,190	20,565	(3,625)	-17.6%	244,162	185,085	(59,077)	-31.9%
Total Direct Expenses	722,313	535,498	(186,815)	-34.9%	6,092,677	4,993,331	(1,099,346)	-22.0%
Indirect Expenses								
Personnel Expenses	-	-	-	0.0%	-	-	-	0.0%
Contracted Services Expenses	-	-	-	0.0%	-	-	-	0.0%
Supplies Expenses	-	-	-	0.0%	-	-	-	0.0%
Drugs Expenses	-	-	-	0.0%	-	-	-	0.0%
Program Expenses	-	-	-	0.0%	-	-	-	0.0%
Land & Facility Expenses	-	-	-	0.0%	-	-	-	0.0%
Equipment & Vehicle Expenses	-	-	-	0.0%	-	-	-	0.0%
Diversions Expenses	-	-	-	0.0%	-	-	-	0.0%
Other Operating Expenses	-	-	-	0.0%	-	-	-	0.0%
Allocated Expense	448,022	465,236	17,214	3.7%	4,063,996	4,240,563	176,567	4.2%
Total Indirect Expenses	448,022	465,236	17,214	3.7%	4,063,996	4,240,563	176,567	4.2%
Total Operating Expenses	1,170,335	1,000,734	(169,601)	-16.9%	10,156,673	9,233,894	(922,779)	-10.0%
Metrics								
Indirect Expenses/Direct Expenses	62.0%	86.9%			66.7%	84.9%		
Direct Expense/Gross Patient Revenue	80.1%	56.7%			69.9%	58.2%		
Non-Operating Income/Expense								
Interest Income/Expense	-	-	-	0.0%	(142)	-	(142)	0.0%
Donations Income	-	-	-	0.0%	-	-	-	0.0%
Other Non-Operating	-	-	-	0.0%	-	-	-	0.0%
Total Non-Operating	-	-	-	0.0%	(142)	-	(142)	0.0%
Net Income (Loss)	(230,967)	(73,861)	(157,106)	212.7%	(1,404,454)	(835,277)	(569,177)	68.1%
Net Income	-24.6%	-8.0%			-16.0%	-9.9%		

MEMORANDUM

DATE: October 21, 2021
TO: Nursing Home Operations Committee
FROM: Jaime Bracken, Chief Nursing Officer
RE: Monthly Nursing Home Operations Report

Program Updates At-A-Glance

Mount View Care Center

The Open House event for Mount View and the Aquatic Therapy Center was on Oct 5th and was a huge success. The team did a tremendous job getting the building show ready for this event. We received many wonderful compliments and positive feedback.

The tower moves are in process which began on Oct 12th. The team started on the 3rd floor and will complete the rest of the floors by the end of this month. We expect the Gift Shop to open November 1st. Laural, our Volunteer Services Manager, is working hard to secure volunteers to help off-set staffing needs to offer regular hours of operation. Many are excited about the Bistro opening as we heard a lot of great feedback from the community tours and open house. The Bistro is still in the planning phase, and we anticipate opening early November as well.

As expected, the team has found some workflows that need to be addressed but the team is coming with great ideas to be able to maximize efficiencies.

It is so wonderful to drive to work in the morning and see the lights on and residents in the common areas!

Pine Crest Nursing Home

We now have a contract with Dr. Daniel Smith who will be our new Medical Director for Pine Crest. This change will provide more availability for the team and larger caseloads. Dr. Marshall was notified this week and the transition will be mid-November.

We continue to be creative in our recruitment and staffing to be able to reduce our agency use. Our CNA program had a strong start but has struggled in the last few months. We are working on increasing our efforts to get that program publicized and offer after-hour classes to be able to address any barriers for joining the program.

We continue to look for ways to align both Nursing Homes and look for efficiencies. We are currently looking into shared staff models and hope to be able to pilot soon. Positions we are considering are the Wound Nurse and Quality roles. We already have a combined QAPI and feel that the teams can better share best practices and provide consistency. We are also reviewing pharmacy costs and standardizing our admission agreements with the goal of standardization and cost savings opportunities.

The teams continue to do a great job navigating all the COVID-19 related requirements. Both facilities are testing staff multiple times a week depending on their status. We have been able to admit to unaffected areas of the facility which has been good for all!

Nursing Home Operations Committee Facility Report

Month(s): August/September

Mount View Care Center

Employment Status Update:

Department	# of Openings	Hired in August/September	Discharges in August/September
LPN/RN	3.5 FTE	1	0
CNA	4 FTE	6	4 (all occasional)
Hospitality Assistants	0	4 for the CNA class	1
Life Enrichment	0	0	0
Social Services	0	0	0
Respiratory Therapy	0	0	0
Administrative	0	0	1 (central supply clerk)

We had 3 new employees leave in August or September due to personal issues and the other 2 CNAs that left were occasional. We also had 1 employee that worked in central supply that left related to pay. Our challenge recently has been the number of open holes we have related to employees out with COVID symptoms, vacation time and FMLA.

Patient Experience:

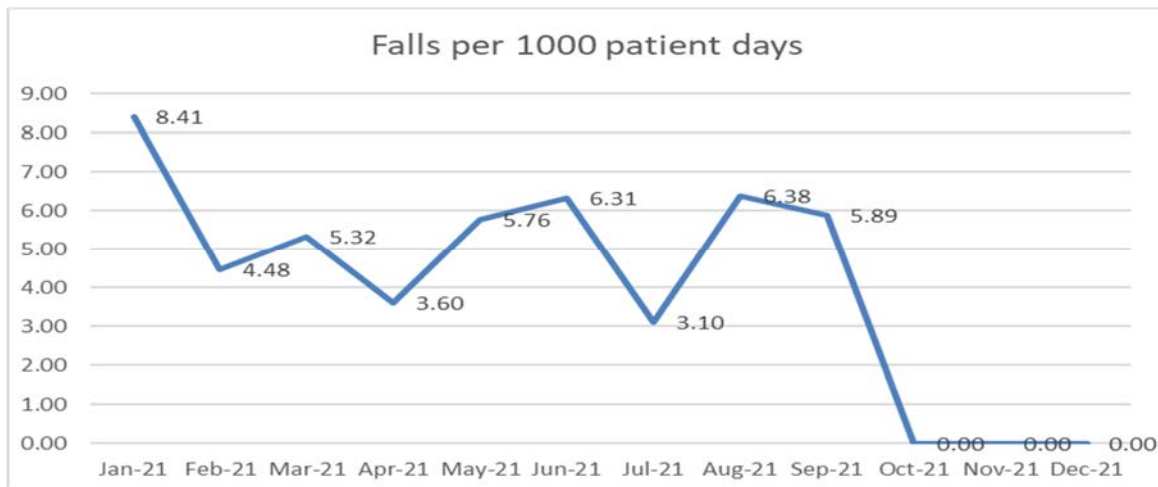
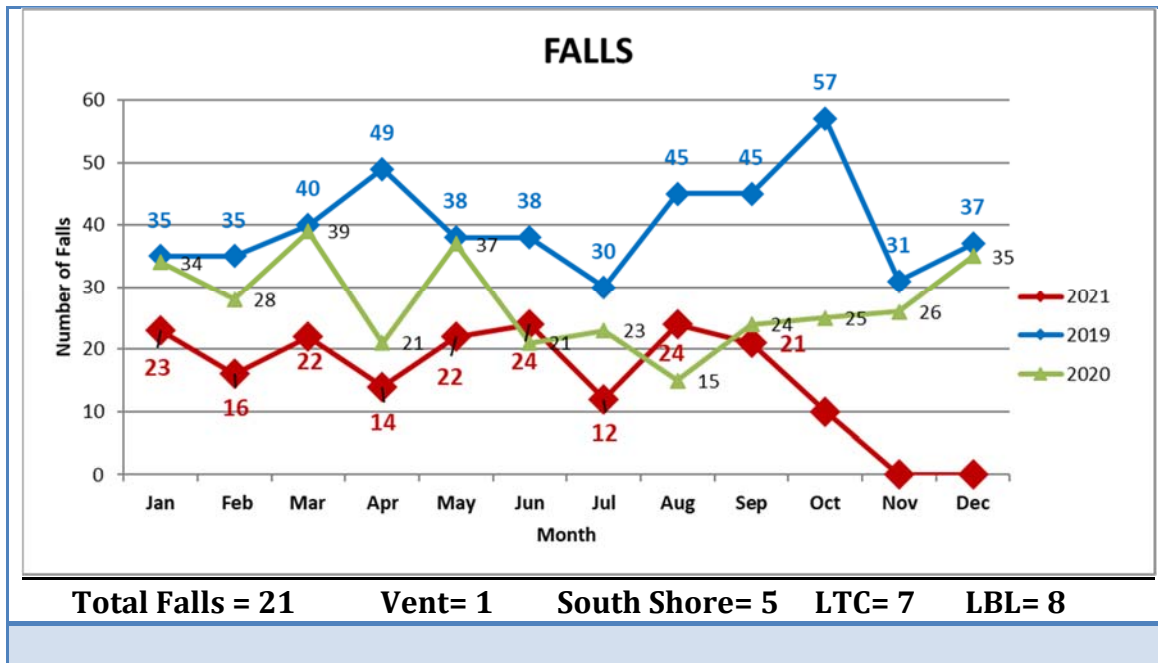
The scores below reflect responses to the question “likelihood of those to recommend”. A total of 5 completed surveys were received back in August and 5 in September. The unfavorable comments in September were related to residents that were on an enhanced precaution unit and activities and dining had to be put on hold.

DEPARTMENT: **Mount View Care Center**

FISCAL YEAR: **20**

	TARGET (Rating 2)	MAY	JUN	JUL	AUG	SEP
PATIENT EXPERIENCE - PRESS GANEY SURVEY						
Survey Distribution Response Rate		50.0%	37.0%	34.6%	17.9%	16.1%
MVCC Patient Experience:	81-83	86.8	82.5	83.3	90.0	75.0
PAC Patient Experience:	81-83	83.3	75.0	83.3	100.0	75.0
LTC Patient Experience:	81-83	85.0	75	75.0	75.0	50.0
Legacies Patient Experience:	81-83	100.0	90	91.6	91.67	87.5
Activities Patient Experience:	81-83	64.1	80.6	82.5	100.0	65.0
Dietary Patient Experience:	81-83	82.9	80.3	85.4	89.2	71.8
Housekeeping Patient Experience:	81-83	86.0	89.02	83.6	91.3	72.5
Laundry Patient Experience:	81-83	86.5	80.56	75.0	85.0	68.8

Quality:



CURRENT OVERALL STAR RATING (Out of 5): 3	CURRENT QUALITY STAR RATING (Out of 5): 4
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Our quality measure went from a 3 star to a 4 star. A few things that contributed to the improvement was our June 2020 survey with the IJ citation fell off. We also had improvements in residents being able to move about the unit more freely, going to small group activities and getting outside. We also saw improvements in falls with major injury, residents with urinary tract infections and the number of catheters we have in the building.

PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	2021 YTD	2020
PEOPLE													
Nursing Home Readmission Rate	↘	10-12%	5.9%	11.5%	5.0%	8.3%	15.4%	5.30%	15.0%	18.80%	4.20%	9.5%	13.5%

Readmission Summary: All hospitalizations in August and September were unavoidable. Between the two months we had 4 hospitalizations that were within 30 days.

Total Acute Care Transfers in August = 13

- 3 – 30-Day hospitalization
 - Low O2, chest pains, low hgb
 - Critical hgb, redo of hip surgery
 - Peg tube fell out (GD)
- 3 - Inpatient, Unplanned
 - Respiratory failure
 - Critical Kidney labs
 - Bleeding trach site
- 6 - Emergency Department Visits
- 1 - Observation Planned
 - Stent removal

Total Acute Care Transfers in September = 5

- 1 – 30-Day hospitalization
 - Low O2 sats
- 1- Inpatient, Unplanned
 - Fever, sepsis
- 2 - Emergency Department Visits
- 1- Inpatient Planned
 - Planned surgery

Regulatory:

State Survey visits – None

Self-Reports: None

Referrals:

Year	May	June	July	August	September
Acuity Too High	4	11	9	5	2
Expired	5	2	0	1	0
No LTC Beds Available	3	3	14	6	0
No PAC Beds Available	19	0	1	19	8
No NWV Beds Available	0	0	2	2	0
No LBL Beds Available	7	19	15	7	5
No Payor/Poor Payor Source	4	10	9	0	8
No Skilled Needs	3	0	0	0	0
Out of County	13	19	24	11	15
Out of Network	5	6	3	3	4
Outstanding A/R	0	0	0	0	0
Patient Non Compliance	0	2	3	0	0
Staffing	1	22	15	3	0
Ventilator Dialysis	2	3	0	0	1
Ventilator Weaned	1	1	0	0	0
Went to Competition	8	10	13	10	5
Went Home	3	4	2	6	6
Went to Inpatient Rehab	1	2	0	0	1
MONTHLY TOTAL	79	114	110	73	55

In August we had a total of 90 referrals and admitted 17. In September we had 80 referrals with 25 admitted.

Nursing Home Report - Month of September 2021

Pine Crest Nursing Home (PC)

EMPLOYEE ENGAGEMENT

Experienced turnover for the month was 3.8%, which is slightly over our target of 1.7%-1.9%. Six positions termed: one C.N.A. relocated to be closer to family, one C.N.A. termed for consecutive no-call-no-shows, one C.N.A. started school and couldn't meet the occasional hour requirement, one C.N.A. had change to homelife and was not able to fulfill occasional status requirement, one LPN who didn't provide rationale, and one Dietary Lead who expressed department supervisory concerns and pursued other opportunities.

Recruitment and Retention Committee continues to meet monthly orchestrating various means to support retention efforts. Program will be coordinating onsite interviews that will occur during the month of October. Another round of C.N.A. clinicals will also be starting during the month.

Department	Current # of Openings	Hired in September	Turnover in September
LPN/RN	3.2 FTE; 6 positions		1
CAN	7 FTE; 11 positions	2	4
Hospitality Assistants			
Life Enrichment			
Social Services			
Respiratory Therapy			
Administrative			
Dietary	0.4 FTE, 1 position	1	1
Environmental Services			
TOTAL	18 Positions	3 Positions	6 Positions

PATIENT EXPERIENCE

Nine survey responses were received during the month with a resulting net promoter score of 50, which is slightly under our target of 55-61. Areas that we continue to focus are meal service, laundry, and activities. Laundry services were brought onsite during the month of September, and we anticipate improvements in this scoring domain. Communal dining services will be reassessed once we see a decline in our community positivity rates. Activities continues to be flexible with their offerings and was adapting to the changes that had to occur during the month with units being on precautions.

	TARGET (Rating 2)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
PATIENT EXPERIENCE - PRESS GANEY SURVEY										
Survey Distribution Response Rate		16.7%	31.3%	26.9%	23.3%	22.2%	57.9%	24.4%	45.8%	
Pine Crest Patient Experience:	81-83%	66.7	90.0	78.6	85.7	87.5	81.8	72.5	81.8	87.5
Long Term Care (107)	81-83%	91.7%	89.2	81.3	91.7	83.3	87.5	65.6	88.9	85.7
Special Care Patient Experience: (105)	81-83%	25.0%	~	~	~	100.0	~	100.0	100.0	~
Rehab Patient Experience: (106)	81-83%	50.0%	91.7	75.0	81.3	~	75.0	100.0	0.0	100.0
Housekeeping Patient Experience:		77.1%	89.4	89.2	85.9	79.7	92.6	86.3	78.4	82.0
Activities Patient Experience:		70.4%	76.9	66.7	78.3	85.0	64.8	68.8	72.2	63.2
Dietary Patient Experience:		76.0%	80.0	68.2	81.3	87.5	78.3	73.3	75.2	77.1

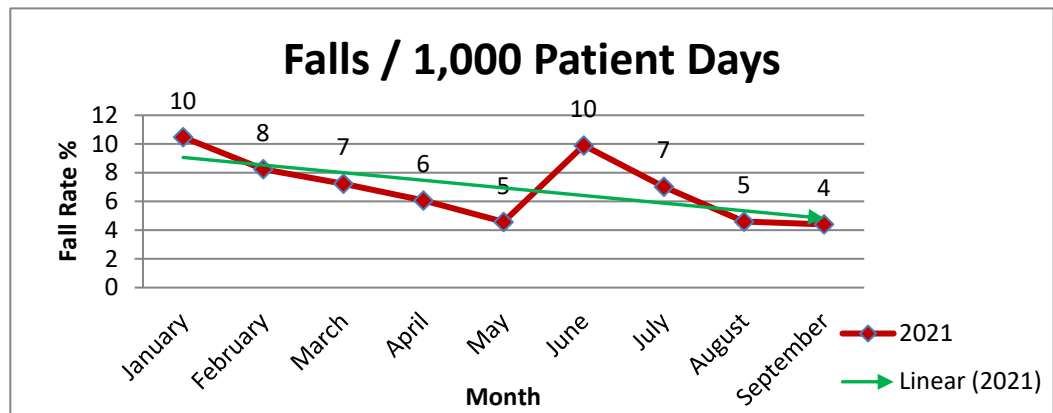
QUALITY

- **Star Rating**

CURRENT OVERALL STAR RATING (Out of 5): 4	CURRENT QUALITY STAR RATING (Out of 5): 3
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- **Observed Data**

- **Falls:** Please reference graph below.



- **Hospital Readmission** - Readmission Rate = 13.3%

Total Acute Care Transfers: 10

- 5- ED Only
- 1- 30 Day Re-Admit
 - Failed ostomy (YK)
- 3 – Unplanned Hospitalizations
 - Brain aneurysm ruptured
 - Urosepsis
 - CHF exacerbation, sent from cardiology appointment
- 1 - Planned Hospitalization
 - Planned procedure for kidney stone

- **RTH Summary:** None of the hospitalizations were identified as being avoidable.

REGULATORY

- **State Survey Visits:** No surveys occurred during the month.
- **Self-Reports:** No self-reports during the month.

REFERRAL TREND

- **Commentary:** During the month of September the program experienced 41 referrals. Of these referrals 28 did not admit for the below reasons:
 - Short Term Referrals:
 - No Discharge Plan / No LTC Bed (X5)
 - Out of Network Insurance (X6)
 - Unable to Meet Needs (X4)
 - Competitor (X3)
 - No Payer (X2)
 - Internal Outbreak (X1)
 - Non-Compliant (X1)
 - Not SNF Appropriate (X1)
 - Long Term Referrals:
 - No LTC Bed (X4)
 - No Special Care Unit Bed (X1)
- **Additional Commentary:** Reference Table A & B.

TABLE A				
Financial Impact of Lost Referrals Due to Out of Network Insurance				
Time Period	Lost Referrals	Average Daily Reimbursement	Average Length of Stay	Lost Revenue
January	6	\$500.00	21	\$63,000.00
February	5	\$500.00	21	\$52,500.00
March	5	\$500.00	21	\$52,500.00
April	6	\$500.00	21	\$63,000.00
May	3	\$500.00	21	\$31,500.00
June	4	\$500.00	21	\$42,000.00
July	3	\$500.00	21	\$31,500.00
August	5	\$500.00	21	\$52,500.00
September	3	\$500.00	21	\$31,500.00
2021 TOTAL				\$420,000.00
<p><i>*Average daily reimbursement and average length of stay are conservative estimates given a general patient's rehab stay. It can be expected that lost revenue would exceed the financial impacts that are presented.</i></p> <p><i>*Additional cost that would be experienced from the additional admissions would be minimal as the largest expense, labor, wouldn't have fluctuated based on the timing of when the referrals were received.</i></p>				

TABLE B		
Wait List for Long-Term Care & Dementia Care		
<i>*Numbers presented on this table would be in addition to the referrals that are presented above.</i>		
Category	September Wait List Additions	Total # on Wait List
Traditional Long-Term Care	9	20
Special Care Unit	3	13

FINANCIALS

Average occupancy during the month was 91 on a budget of 100, with an average Medicare census of 7 on a budget of 16. The program missed experienced a net income of (\$230,241.00) for the month and has a net income of (\$1,403,728.00) year to date. Accounts exceeding budget for the month are presented in the following table.

Agency cost reduction saw improvement during the month having incurred an expense of \$36,334.00. As a review, the true cost of this expense is a conservative **\$12,111.33**, which is 1/3 of the total. The other \$24,222.67 would have been spent in direct labor cost that would have been covered by our employees covering the vacant shifts. Year-to-date the conservative estimate for **true agency cost is \$199,465.33**, and the remaining \$398,930.67 of the \$598,396.00 would have been spent internally to cover the shifts that were open.

GL ACCOUNT VARIANCE REVIEW							
GL ACCOUNT	SUMMARY	MTD ACTUAL	MTD BUDGET	MTD VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
6340	Aegis Rehab Services- unbudgeted expense.	\$ 30,276.00	\$ -	\$ (30,276.00)	\$ 338,181.00	\$ -	\$ (338,181.00)
6890	Agency Staff- Reviewed above.	\$ 36,334.00	\$ -	\$ (36,334.00)	\$ 598,396.00	\$ -	\$ (598,396.00)
8160	Assessments- total bed tax expense was unbudgeted.	\$ 27,200.00	\$ 20,400.00	\$ (6,800.00)	\$ 241,400.00	\$ 183,600.00	\$ (57,800.00)
6270	Supplies- Supplies for therapy (\$700.00). Resident trust slips (\$190.00).	\$ 1,339.00	\$ 515.00	\$ (824.00)	\$ 6,854.00	\$ 4,635.00	\$ (2,219.00)
	Allocated Revenue	\$ 18,884.00	\$ 21,741.00	\$ (2,857.00)	\$ 177,776.00	\$ 199,647.00	\$ (21,871.00)
	Allocated Expense	\$ 271,086.00	\$ 287,206.00	\$ 16,120.00	\$ 2,445,174.00	\$ 2,615,457.00	\$ 170,283.00
6350	Other Contracted Services- Cable (\$2,00.00). OnShift (\$1,300.00). Copier lease and use (\$1,000.00). Rev cycle management (\$1,500.00). Recurring entry (\$1,300.00).	\$ 7,228.00	\$ 5,125.00	\$ (2,103.00)	\$ 62,915.00	\$ 46,125.00	\$ (16,790.00)
8170	Licensing - Wisnet from CCIT (\$1,500.00).	\$ 1,500.00	\$ 60.00	\$ (1,440.00)	\$ 3,033.00	\$ 540.00	\$ (2,493.00)
6500	Client Transport - Program continues to manage transportation costs and is cognizant of vendors used for patient admissions. Covering admission costs was not budgeted at the start of the year.	\$ 692.00	\$ 600.00	\$ (92.00)	\$ 8,819.00	\$ 5,400.00	\$ (3,419.00)
6300	Nursing Supplies - Multiple residents having IV medications during the month, which requires costly supplies. One resident with colostomy in rehab who was having challenges that required additional supplies. Medical supply costs continue to be high due to the pandemic and ongoing utilization.	\$ 11,902.00	\$ 8,958.00	\$ (2,944.00)	\$ 109,478.00	\$ 80,625.00	\$ (28,853.00)
6840	Equipment Repair -	\$ -	\$ 200.00	\$ 200.00	\$ 4,146.00	\$ 1,800.00	\$ (2,346.00)
6980	Stipend - Monthly UWEC allocation.	\$ 1,884.00	\$ -	\$ (1,884.00)	\$ 7,537.00	\$ -	\$ (7,537.00)
6280	Drugs- Accurate reflection of monthly expense.	\$ 22,650.00	\$ 16,550.00	\$ (6,100.00)	\$ 282,504.00	\$ 148,950.00	\$ (133,554.00)

**North Central Community Services Program Board
Nursing Home Operations Committee**

Charter

- Members:** The Nursing Home Operations Committee (NHOC) is a seven (7) member committee consisting of representatives from the North Central Community Services Program Board (51.42 Board) and the general public who are residents of Lincoln and Marathon County with knowledge and/or expertise in long term care, healthcare, and/or business and industry. Three (3) members will be Lincoln County residents with not less than one (1) of the three (3) members being a Lincoln County appointee to the NCCSP Board. Three (3) members will be Marathon County residents with not less than one (1) of the three (3) being a Marathon County appointee to the NCCSP Board. One (1) additional at-large member shall be a community member with expert knowledge and experience in the long term care service sector who shall be a resident of either Lincoln or Marathon County. The Committee shall be chaired only by a member of the NCCSP Board appointed to the Committee by the NCCSP Board Chair.
- Terms:** Members will be appointed annually by the NCCSP Board Chair.
- Resource:** Regional Nursing Home Operations Executive
- Team:** MVCC Administrator
MVCC Director of Nursing
Pine Crest Administrator
Pine Crest Director of Nursing
NCHC Chief Executive Officer
NCHC Chief Financial Officer
- Purpose:** The Nursing Home Operations Committee is appointed by the North Central Community Services Program Board to oversee the operations of the Lincoln County nursing home (Pine Crest), and the Marathon County nursing home (Mount View Care Center). Specifically, the Committee is charged with the successful regional operational integration of the two nursing homes while also monitoring and responding to local needs of each nursing home. The Committee works closely with NCHC staff, providing expertise, establishing expectations of operations and monitoring those expectations, including quality of care. The Committee provides consultation with regards to the broad strategic direction for the Nursing Home.

- Authority:** Reports to and makes recommendations to the NCCSP Board when policy changes are needed. Certain policy decision recommendations must be forwarded by the NCCSP Board to each respective county as stipulated in the Management Agreement with each county for consideration prior to implementation. The Committee will be involved in operational consultation, strategic planning and monitoring performance expectations.
- Outcomes:** Outcomes will be established on an annual basis for the following categories:
- Demonstrated quality
 - Fiscal responsibility
 - Strong human relations
 - Regulatory compliance
 - Resident/family expectations
- Meeting:** As scheduled by the Committee Chair, Regional Nursing Home Operations Executive or CEO; usually monthly.
- Reporting:** North Central Community Services Program Board
- Adopted:** By the Nursing Home Operations Committee, September 19, 2019