

OFFICIAL NOTICE AND AGENDA

of a Meeting of the
Nursing Home Operations Committee
to be held at **Pine Crest Nursing Home, 2100 East Sixth Street, Merrill, WI 54452,**
Conference Room at **3:00 pm** on **Thursday, February 20th, 2020**

In addition to attendance in person at the location described above, Board members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Debbie Osowski at 715-848-4405 24 hours prior to the start time of the meeting for further instructions. 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.

A QUORUM OF THE PINE CREST BOARD OF TRUSTEES MAY BE PRESENT AT THE NURSING HOME OPERATIONS COMMITTEE MEETING; HOWEVER, NO VOTE OR ACTION WILL BE TAKEN BY THE PINE CREST BOARD OF TRUSTEES.

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda (15 minute limit)
3. ACTION: Approval of January 16, 2020 Nursing Home Operations Committee Meeting Minutes
4. Financial Report – B. Glodowski
5. Nursing Home Operations Reports:
 - a. Mount View Care Center – K. Woller and C. Gliniecki
 - b. Pine Crest Nursing Home – Z. Ziesemer and R. Hanson
6. Pine Crest Transition Updates
7. Update on Nursing Home Renovation Project – K. Woller and C. Gliniecki
8. Potential for Local Food Procurement – J. Gorman
9. Vision for North Central Health Care – M. Loy
10. Discussion of Future Agenda Items
11. Adjourn Meeting



Presiding Officer or Designee

NOTICE POSTED AT: North Central Health Care

COPY OF NOTICE DISTRIBUTED TO: Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader, Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices

DATE: 02/14/20 TIME: 3:00 p.m. BY: D. Osowski



NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD NURSING HOME OPERATIONS COMMITTEE

January 16, 2020

3:00 PM

NCHC Wausau Board Room

| | | | | | | |
|----------|---|--------------|-----|-------------|---|--------------|
| Present: | X | Jeff Zriny | X | Paul Gilk | X | Bob Weaver |
| | X | Bill Metter | EXC | Cindy Rider | X | Pat Voermans |
| | X | Romey Wagner | | | | |

Staff: Michael Loy, Brenda Glodowski, Kim Gochanour, Jarret Nickel, Kristin Woller, Connie Gliniecki, Zach Zieseemer, Ryan Hanson

Guests: Kevin Stevenson

Call to Order

Meeting was called to order at 3:02 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comments.

Approval of December 19, 2019 Nursing Home Operations Committee Meeting Minutes

- **Motion**/second, Voermans/Metter, to approve the December 19, 2019 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report

- Preliminary financial statements were distributed as staff are closing out the year and preparing the year end statements. Audits are scheduled in a few weeks for both locations.
- Mount View Care Center saw a small loss of just over \$30,000 with lower census driving the loss. Expenses were close to being on target. Year to date we show a small gain of \$141,058; the CPE funds of \$1.2 million helped both facilities. Analysis of patient days was completed. There was an average census of 174. Rates are on target for the month however we are still waiting on clarification of rates from June/July. Mount View rates are not as favorable being driven by a lower case mix index which directly impacts rates. We are at or above target but not as favorable as Pine Crest. Year to date we are almost 1,900 days below target which is driving the negative bottom line of \$432,766.
- Pine Crest financials are also preliminary. Have received information on sick accrual which had not been included in previous audit reports; the calculation comes in at \$386,000. Pine Crest staff began punching on NCHC system on 1/1/20. Human Resources staff have been at Pine Crest helping with the first payroll this week. Benefits are showing higher at year end. Also included are the CPE funds which was about \$805,000 which has made a positive difference in bottom line. Revenue analysis shows an average census of 136 with overall year to date average of 151. Variances are quite favorable going back to rates; though volumes down rates were favorable to bring up and more positive.

- Committee discussed differences in accounting practices. Also discussed was the unusually low census, lower referrals, and long term resident deaths. On a positive, Medicare numbers are doing well.

Nursing Home Operations Reports

- Mount View Care Center – Kristin Woller and Connie Gliniecki
 - Employee Engagement Committee continues to meet weekly with Human Resources to review applicant pool. The areas with the largest number of employee vacancies are nursing and dietary. Staff are working diligently on creative ways to increase the applicant base. Currently 42 staff openings (does not include staff on FMLA which is typically about 10-12 employees).
 - December showed the lowest number of falls in several years. Many of the residents who fell in November had terminal restlessness. Falls correlate to higher risk level of patient population. Definition of a fall includes any change/transfer of level of surface i.e. lowering resident to the floor, resident found on floor, etc.
 - One resident was hospitalized their average length of stay was 4-7 days which is significant.
 - Mount View has not been able to be a nurse aid training site for NTC due to a previous citation. We did not agree with the citation and submitted for an administrative law review. We recently learned that the State has agreed to allow us to be a clinical training site again through NTC which can be implemented immediately. With each class that trains at Mount View 2-3 CNAs generally want to work at Mount View.
 - Currently Dietary Aide vacancies are at 9.75 FTS's of 70 FTE's. Majority of vacancies are in student level vacancies.
- Pine Crest Nursing Home – Zach Zieseemer and Ryan Hanson
 - Made it through transition and finishing up loose ends. Staff are asking for more communication. Continue to print information for staff until email communication is in place for all staff. Currently only Managers have email; all Pine Crest staff should have email in February according to CCIT.
 - Number of open positions have reduced.
 - Finalized closure of 700 wing and all residents have been relocated. Hoping to eventually utilize that area of the building and better utilize staff throughout the building.
 - Working with Human Resources in setting up job fairs to offer job opportunities as there was a recent closing of an area business and people are out of work.
 - Working the process for patient survey implementation.
 - A self-report of an injury of unknown origin was submitted to the State. The State subsequently visited based on that self-report. Received one citation at level D and just received State of Deficiency. Had already been working on the Plan of Correction which must be submitted within 10 days. Have been completing a therapy assessment, reviewing criteria, etc. Completed formal questionnaire of all and sent report to State.

Pine Crest Transition Updates

- Therapy transition is complete; new equipment has arrived.
- UltiPro is in place and being tested; implementation will occur soon.
- Jan. 6 laundry services transitioned and is going well.

- Working with Communications and Marketing on a marketing plan. Working for a concise message for both organizations.
- SafetyZone training will occur soon.
- Dietary transitioned well; Food Service Director is spending time each week at Pine Crest to help enhance the dining experience.
- Pharmacy transition will occur in July. Meetings to prepare for the transition are occurring regularly.
- Admissions team is being established for a better streamlined process. Committee members expressed concern with reasons stated for not selecting the nursing home and asked for staff to continue tracking information.

Potential for Local Food Procurement

- Information is being gathered and will be presented in March by Jennifer Gorman, Food Services Director.

Update on the Governance Structure for NCCSP Board

- As Joint County Agreement is reviewed and revised, proposed modifications will affect the structure of the NCCSP Board by changing the number of representatives from the three counties i.e. Marathon County Board members will reduce from 10 to 9, Lincoln County increases from 2 to 3, and Laclede County remains with 2 representatives.
- The revisions propose to integrate the Joint County Committee into the NCCSP Board and takes one designated position from each county (total of 3) and becomes part of the NCCSP Board and Executive Committee. The President of the Medical Staff also takes one seat.
- NCHC is empowered to create sub-committees and enter into agreement with partners, etc. Management Agreement with Pine Crest dictates the current Nursing Home Operations Committee which will remain in place unless Marathon County feels differently, at which time we'd revisit the Agreement with Pine Crest.
- Election of officers and terms have been moved from December to May to coincide with County Board elections.
- The revised agreement will be presented to all three counties in January and February and will be effective May 1, 2020.

Discussion of Future Agenda Items

- Vision for NCHC by Loy as discussed recently on WPR.
- Monthly status update on nursing home project.
- Projected impact of MVCC as to how it would impact census, attract applicants.
- Next meeting will be Feb. 20 at 3:00 p.m. at Pine Crest. Gochanour and Ziesemer will be in Madison to meet with legislators; Woller, Gliniecki and Hanson will provide reports.

Motion/second, Gilk/Metter, to adjourn the meeting at 4:12 p.m. Motion carried.

dko

MEMORANDUM

DATE: February 14, 2020
TO: Nursing Home Operations Committee
FROM: Brenda Glodowski, Chief Financial Officer
RE: Nursing Home Financial Highlights

The following items are financial highlights for January, 2020

Mount View Care Center:

- MVCC shows a loss for the month of (\$102,571) compared to a targeted gain of \$21,326 resulting in a negative variance of (\$123,897).
- Overall census averaged 175 per day compared to target of 183 per day.
- Medicare census averaged 16 per day compared to target of 20 per day.
- January 1 Medicaid nursing home rates have been issued and did decrease again due to decrease in CMI (case mix index). The rates have dropped below budget.
- Rehab revenue and expenses are both below target. Overall, rehab services are ahead of target.
- Overall expenses exceed target. The overage in expenses is coming from salaries.

Pine Crest:

- Pine Crest shows a gain for the month of \$28,300 compared to the targeted gain of \$783, resulting in a positive variance of \$27,517.
- Overall census averaged 141 per day compared to target of 155 per day.
- Medicare census averaged 20 per day compared to target of 13/day.
- January 1 Medicaid nursing home rates have been issued and have increased. The CMI (case mix index) did increase again and the rates are higher than budgeted rates.
- Overall expenses for the month are below target. Salaries and contract staff combined are higher than budget by just over \$5,000. This is a significant improvement over the past months.

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING January 31, 2020

NURSING HOME-MVCC

| | CURRENT MONTH <u>ACTUAL</u> | CURRENT MONTH <u>BUDGET</u> | CURRENT MONTH <u>VARIANCE</u> | YTD <u>ACTUAL</u> | YTD <u>BUDGET</u> | YTD <u>VARIANCE</u> |
|---|-----------------------------------|-----------------------------------|-------------------------------------|----------------------|----------------------|------------------------|
| REVENUE | | | | | | |
| Net Patient Service Revenue | \$1,611,763 | \$1,708,372 | (\$96,609) | \$1,611,763 | \$1,708,372 | (\$96,609) |
| | <hr/> | | | | | |
| OTHER REVENUE | | | | | | |
| County Appropriation-net Departmental and Other Revenue | \$125,000 | \$125,000 | \$0 | \$125,000 | \$125,000 | \$0 |
| | \$137,380 | \$124,091 | \$13,289 | \$137,380 | \$124,091 | \$13,289 |
| | <hr/> | | | | | |
| Total Other revenue | \$262,380 | \$249,091 | \$13,289 | \$262,380 | \$249,091 | \$13,289 |
| | <hr/> | | | | | |
| TOTAL REVENUE | \$1,874,143 | \$1,957,463 | (\$83,319) | \$1,874,143 | \$1,957,463 | (\$83,319) |
| | <hr/> | | | | | |
| EXPENSES | | | | | | |
| Direct Expenses | \$1,384,113 | \$1,282,686 | \$101,427 | \$1,384,113 | \$1,282,686 | \$101,427 |
| Indirect Expenses | \$592,809 | \$653,451 | (\$60,642) | \$592,809 | \$653,451 | (\$60,642) |
| | <hr/> | | | | | |
| Total Expenses | \$1,976,922 | \$1,936,137 | \$40,785 | \$1,976,922 | \$1,936,137 | \$40,785 |
| | <hr/> | | | | | |
| Operating Income (Loss) | (\$102,779) | \$21,326 | (\$124,105) | (\$102,779) | \$21,326 | (\$124,105) |
| | <hr/> | | | | | |
| Nonoperating Gains(Losses): | | | | | | |
| Interest Income | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Donations and Gifts | \$208 | \$0 | \$208 | \$208 | \$0 | \$208 |
| Gain/(loss) Disposal of Assets | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | <hr/> | | | | | |
| Total Nonoperating Gains(Losses) | \$208 | \$0 | \$208 | \$208 | \$0 | \$208 |
| | <hr/> | | | | | |
| Operating Income (Loss) | (\$102,571) | \$21,326 | (\$123,897) | (\$102,571) | \$21,326 | (\$123,897) |
| | <hr/> | | | | | |

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING January 31, 2020

NURSING HOME-PINE CREST

| | CURRENT MONTH <u>ACTUAL</u> | CURRENT MONTH <u>BUDGET</u> | CURRENT MONTH <u>VARIANCE</u> | YTD <u>ACTUAL</u> | YTD <u>BUDGET</u> | YTD <u>VARIANCE</u> |
|---|-----------------------------------|-----------------------------------|-------------------------------------|----------------------|----------------------|------------------------|
| REVENUE | | | | | | |
| Net Patient Service Revenue | \$1,207,509 | \$1,203,043 | \$4,467 | \$1,207,509 | \$1,203,043 | \$4,467 |
| OTHER REVENUE | | | | | | |
| County Appropriation-net Departmental and Other Revenue | \$36,735 | \$36,735 | \$0 | \$36,735 | \$36,735 | \$0 |
| | \$2,508 | \$16,750 | (\$14,242) | \$2,508 | \$16,750 | (\$14,242) |
| Total Other revenue | \$39,243 | \$53,485 | (\$14,242) | \$39,243 | \$53,485 | (\$14,242) |
| TOTAL REVENUE | \$1,246,752 | \$1,256,527 | (\$9,775) | \$1,246,752 | \$1,256,527 | (\$9,775) |
| EXPENSES | | | | | | |
| Direct Expenses | \$1,182,163 | \$1,217,304 | (\$35,141) | \$1,182,163 | \$1,217,304 | (\$35,141) |
| Indirect Expenses | \$36,326 | \$38,441 | (\$2,115) | \$36,326 | \$38,441 | (\$2,115) |
| Total Expenses | \$1,218,489 | \$1,255,744 | (\$37,255) | \$1,218,489 | \$1,255,744 | (\$37,255) |
| Operating Income (Loss) | \$28,263 | \$783 | \$27,480 | \$28,263 | \$783 | \$27,480 |
| Nonoperating Gains(Losses): | | | | | | |
| Interest Income | \$37 | \$0 | \$37 | \$37 | \$0 | \$37 |
| Donations and Gifts | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Gain/(loss) Disposal of Assets | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Nonoperating Gains(Losses) | \$37 | \$0 | \$37 | \$37 | \$0 | \$37 |
| Operating Income (Loss) | \$28,300 | \$783 | \$27,517 | \$28,300 | \$783 | \$27,517 |

Mount View Care Center
Nursing Home Revenue Analysis
January, 2020

| 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 | 937 | | | 32 | 992 | | | | | | |
| | MA Bedhold | 0 | 2 | | | | 0 | | | | | | |
| | Medicare | 0 | 0 | | | 1 | 31 | | | | | | |
| | Self Pay | 5 | 143 | | | 2 | 62 | | | | | | |
| | Insurance/VA | 1 | 31 | | | 1 | 31 | | | | | | |
| | SUBTOTAL-LTC | 36 | 1113 | \$216,091 | \$194 | 36 | 1116 | \$217,171 | \$195 | (3) | (\$1,080) | (\$584) | (\$496) |
| Post Acute Care | | | | | | | | | | | | | |
| | Medicaid | 8 | 247 | | | 8 | 248 | | | | | | |
| | MA Bedhold | 0 | 15 | | | | 0 | | | | | | |
| | Medicare | 10 | 321 | | | 12 | 372 | | | | | | |
| | Self Pay | 2 | 60 | | | 1 | 31 | | | | | | |
| | Insurance/VA | 3 | 86 | | | 2 | 62 | | | | | | |
| | SUBTOTAL-PAC | 24 | 729 | \$166,357 | \$228 | 23 | 713 | \$173,380 | \$243 | 16 | (\$7,023) | \$3,891 | (\$10,914) |
| Vent Services | | | | | | | | | | | | | |
| | Medicaid | 5 | 170 | | | 5 | 155 | | | | | | |
| | MA-Bedhold | 0 | 7 | | | | 0 | | | | | | |
| | Medicaid-Vent | 11 | 341 | | | 13 | 403 | | | | | | |
| | MA-Vent Bedhold | 0 | 0 | | | | 0 | | | | | | |
| | Medicare | 3 | 103 | | | 4 | 124 | | | | | | |
| | Self Pay | 2 | 62 | | | 0 | 0 | | | | | | |
| | Insurance/VA | 4 | 123 | | | 3 | 93 | | | | | | |
| | SUBTOTAL-Vent | 26 | 806 | \$320,591 | \$398 | 25 | 775 | \$321,859 | \$415 | 31 | (\$1,268) | \$12,874 | (\$14,142) |
| Legacies | | | | | | | | | | | | | |
| | Medicaid | 74 | 2280 | | | 81 | 2,511 | | | | | | |
| | MA Bedhold | 0 | 2 | | | | 0 | | | | | | |
| | Private | 12 | 370 | | | 15 | 465 | | | | | | |
| | Medicare | 3 | 82 | | | 3 | 93 | | | | | | |
| | Insurance/VA | 1 | 31 | | | | 0 | | | | | | |
| | SUBTOTAL-Legacie | 89 | 2765 | \$547,890 | \$198 | 99 | 3069 | \$627,962 | \$205 | (304) | (\$80,072) | (\$62,203) | (\$17,869) |
| | Total | 175 | 5,413 | \$1,250,929 | \$231 | 183 | 5,673 | \$1,340,372 | \$236 | (260) | (\$89,443) | (\$61,431) | (\$28,012) |
| Summary: | | | | | | | | | | | | | |
| Residents per Day | | Per Day | % | | | Per Day | % | | | | | | |
| | Medicaid | 118 | 67.62% | | | 126 | 68.85% | | | | | | |
| | Medicaid Vent | 11 | 6.30% | | | 13 | 7.10% | | | | | | |
| | Medicare | 16 | 9.35% | | | 20 | 10.93% | | | | | | |
| | Self | 20 | 11.73% | | | 18 | 9.84% | | | | | | |
| | Insurance | 9 | 5.01% | | | 6 | 3.28% | | | | | | |
| | Total | 175 | 100.00% | | | 183 | 100.00% | | | | | | |

Pine Crest
Nursing Home Revenue Analysis
January, 2020

| 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 | 77 | 2397 | | | 91 | 2,821 | | | | | | |
| | MA Bedhold | 1 | 25 | | | | 0 | | | | | | |
| | Medicare | 6 | 177 | | | 1 | 31 | | | | | | |
| | Self Pay | 14 | 423 | | | 16 | 496 | | | | | | |
| | Insurance/VA | 0 | 0 | | | 0 | 0 | | | | | | |
| | SUBTOTAL-LTC | 97 | 3022 | \$597,290 | \$198 | 108 | 3348 | \$625,081 | \$187 | (326) | (\$27,791) | (\$60,865) | \$33,074 |
| Post Acute Care | | | | | | | | | | | | | |
| | Medicaid | 2 | 66 | | | 7 | 217 | | | | | | |
| | MA Bedhold | 0 | 0 | | | | 0 | | | | | | |
| | Medicare | 15 | 453 | | | 12 | 372 | | | | | | |
| | Self Pay | 1 | 21 | | | 0 | 0 | | | | | | |
| | Insurance/VA | 1 | 39 | | | 0 | 0 | | | | | | |
| | SUBTOTAL-PAC | 19 | 579 | \$154,348 | \$267 | 19 | 589 | \$142,465 | \$242 | (10) | \$11,883 | (\$2,419) | \$14,302 |
| Special Care | | | | | | | | | | | | | |
| | Medicaid | 18 | 568 | | | 19 | 589 | | | | | | |
| | MA-Bedhold | 0 | 0 | | | | 0 | | | | | | |
| | Medicaid-Vent | 0 | 0 | | | 0 | 0 | | | | | | |
| | MA-Vent Bedhold | 0 | 0 | | | | 0 | | | | | | |
| | Medicare | 0 | 2 | | | 0 | 2 | | | | | | |
| | Self Pay | 1 | 31 | | | 0 | 0 | | | | | | |
| | Insurance/VA | 0 | 0 | | | 0 | 0 | | | | | | |
| | SUBTOTAL-Vent | 19 | 601 | \$110,281 | \$183 | 19 | 589 | \$99,014 | \$168 | 12 | \$11,267 | \$2,017 | \$9,250 |
| Hospice | | | | | | | | | | | | | |
| | Medicaid | 5 | 161 | | | 8 | 248 | | | | | | |
| | MA Bedhold | 0 | 0 | | | | 0 | | | | | | |
| | Private | 0 | 9 | | | 1 | 31 | | | | | | |
| | Medicare | 0 | 0 | | | 0 | 0 | | | | | | |
| | Insurance/VA | 0 | 0 | | | | 0 | | | | | | |
| | SUBTOTAL-Legacie | 5 | 170 | \$31,159 | \$183 | 9 | 279 | \$50,566 | \$181 | (109) | (\$19,407) | (\$19,755) | \$348 |
| | Total | 141 | 4,372 | \$893,078 | \$204 | 155 | 4,805 | \$917,126 | \$191 | (433) | (\$24,048) | (\$82,646) | \$58,598 |

| Summary: | | Per Day | % | Per Day | % |
|-------------------|---------------|------------|----------------|------------|----------------|
| Residents per Day | Medicaid | 104 | 73.58% | 125 | 80.65% |
| | Medicaid Vent | 0 | 0.00% | 0 | 0.00% |
| | Medicare | 20 | 14.46% | 13 | 8.39% |
| | Self | 16 | 11.07% | 17 | 10.97% |
| | Insurance | 1 | 0.89% | 0 | 0.00% |
| | Total | 141 | 100.00% | 155 | 100.00% |

Nursing Home Report - Month of January

Mount View Care Center

Employee Engagement:

| DEPARTMENT OPENINGS | | | | | | |
|------------------------|--------------------------|-----------------------|-------------------------------------|------------------|-----------------------------------|---|
| Department | December # of Openings | January # of Openings | Specific Position | Hired in January | Discharges | Employees out on FMLA/LOA |
| Nursing | 23 FTE (1 RN and 22 CNA) | 22 FTE (CNA) | 41 positions | 2 CNA | 2 CNA and 1 hospitality assistant | 10 intermittent 6 continuous 1 leave of absence |
| Life Enrichment | 0 | 0 | | 0 | 0 | |
| Social Services | 0 | 0 | | 0 | 0 | 1 intermittent |
| Respiratory Therapy | .4 FTE | .4 FTE | Part time (held for emp. in school) | 0 | 0 | 1 continuous |
| Environmental Services | 1 | 1 | Full time | 0 | 0 | 1 intermittent |
| Dietary | 9.5 FTE | 8.3 FTE | 7 (.8) FTE open 9 (.3) FTE open | 4 (.3) students | 1 (.8) term | 2 intermittent |
| Laundry | 1 | 1 | Full time | 0 | 0 | 1 intermittent |
| Administrative | 0 | 0 | | 0 | 0 | 1 intermittent |

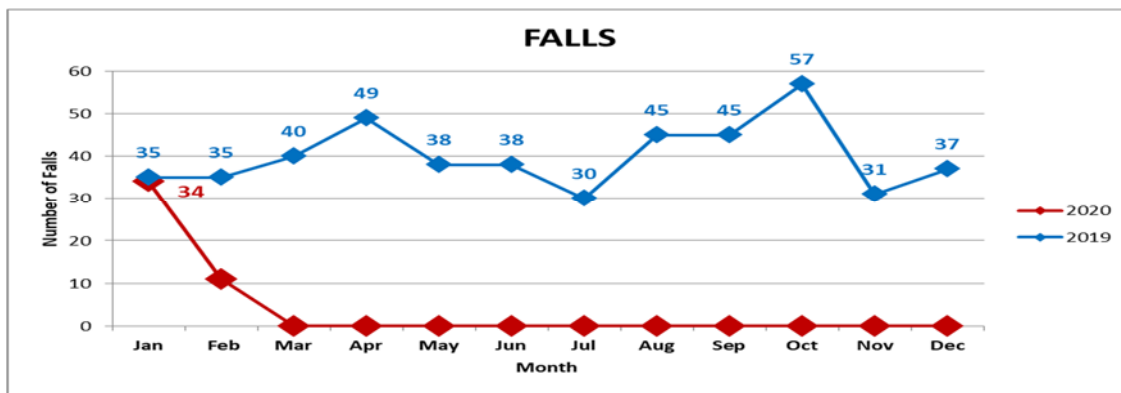
- In January we had 280 hours of FMLA. This has caused additional overtime hours and call time to cover.

Patient Experience:

This score reflects responses to the question “likelihood of those to recommend”

| PRIMARY OUTCOME GOAL | ↑↓ | TARGET | JAN |
|-------------------------|----|--------|-------|
| MVCC Patient Experience | ↗ | 81-83% | 84.6% |

Quality:



Vent= 1 PAC= 4 LTC= 5 LBL=23

| | |
|---------------------------------------|-------------------|
| CURRENT OVERALL STAR RATING: 3 | QUALITY: 5 |
|---------------------------------------|-------------------|

- We increased our star rating from 2 to 3 related to our staffing measure from our PBJ audit.

| PRIMARY OUTCOME GOAL | ↕ | TARGET | JAN |
|-----------------------|---|--------|-------|
| MVCC Readmission Rate | ↘ | 10-12% | 12.0% |

Nine resident were sent out to the hospital in January

- 3 within 30 days of admission to facility
 - 1 recurrent 30 day readmission (since has expired)
 - 1 non-responsive
 - 1 sent from orthopedic appointment needing to repair previous hip surgery
- 3 long term unplanned hospital admissions
 - Hematuria – bladder rupture
 - Pneumonia
 - Low blood pressure, dizzy
- 3 Emergency Department only
 - Hbg low
 - Nonresponsive, elevated blood pressure
 - Black red stool from colostomy

Regulatory:

State Survey visits – We had a visit from the state on 1/23/20 on a family complaint on South Shore. It was unsubstantiated and no citations issued.

Self-Reports:

| Date | Unit | Reason | Follow Up |
|---------|----------|--|---|
| 1/5/20 | Legacies | Resident to Resident Altercation | No injury to either resident. No further negative interactions. Likely related to pain. Addressed and monitoring. |
| 1/29/20 | Legacies | CNA was rude and rough with male resident. | Caregiver misconduct not suspected. Education provided to employee about slowing down with cares. Family shared resident has always had a negative disposition towards people of color. Care planned to only have Caucasian caregivers. |
| 1/31/20 | Legacies | Resident to Resident Altercation | No injuries resulted in occurrence. No negative interactions since. Related to residents delusional disorder and thinking residents are taking her things from her room. Handle with lock was installed on resident’s door. |

Referral trends:

In January had 95 referrals with 23 admitted. There were 5 referrals vent unit specific, with no admission.

We did not admit 75 referrals due to:

- Expired (3)
- No LTC Beds Available (7)
- No PAC Beds Available (15)
- No LBL Beds Available (4)
- No Payer/Poor Payer Source (8)
- Out of County (6)
- Out of Network (5)
- Staffing (5)
- Ventilator Dialysis (1)
- Ventilator Weaned (2)
- Went to Competition (13)
- Went Home (4)
- Went to Inpatient Rehab (2)

Financial:

A few things we are working on to get our financials back in line are:

- Initiated restorative programming for 6 residents in Jan. Reviewing weekly, assessing residents and educating employee's to increase caseload weekly.
- Reviewed eligible pool of residents that met criteria for behavior incentive for CMI. Meeting with MDS coordinators weekly to review progress and residents that qualify.
- Working with families to disenroll residents that are Inlusa and Lakeland Care that are long term to be able to capture RUG rates on CMI.
- Meeting with dialysis centers in Wausau to see how we can partner to take vent admissions that need dialysis.
- Meeting with Select Specialty Facilities next week in South WI to market.
- Looking to restructure vent unit staffing and do primary nursing to allow for more CNAs throughout other programs.
- Decreased RT hours by 8 hours/day related to census.
- Completing a review of rental equipment.
- Completing an analysis on what it would save us to reduce CNA shifts from 8 hours to 7.5 hours and stagger hours.
- Restructured the after hour's admission phone. Clinical on call taking calls which eliminates the SW from getting on call pay weekly.

Nursing Home Report - Month of January

Pine Crest (PC)

Employee Engagement: The all-staff meeting for the month of January revolved around the incident reporting application Safety Zone, in addition to general updates. All-Staff meetings will continue on a monthly basis for at least the next three months. This is to address upcoming programs and applications that need to be rolled out to coincide with NCHC business processes. Pine Crest has an existing employee relations based committee. Moving forward this committee will remain in place but will be working with an established committee of similar make-up at the Wausau campus. This will assist in allowing for joint recognition and celebration of activities.

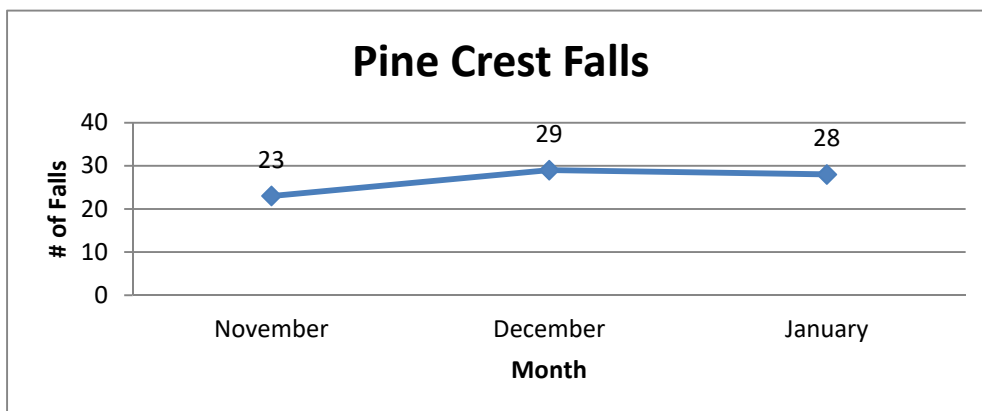
| Department Openings | | | | | |
|--|------------|---|-------------------|------------|---------------|
| Department | # of FTE's | # of Positions | Hired in January | Discharges | # on FMLA/LOA |
| Nursing | 7.4 | 9 - RN/LPN 21 – C.N.A. 4 – Med Tech | 1- RN 2- C.N.A | 1 | 1 |
| Dietary | 0.3 | 1 –Student | | 2 | |
| Life Enrichment | 0 | | | | |
| Environmental Services | 0.3 | Occasional Housekeeping | | | |
| Admin | 0 | | 1- HR Generalist | 1 | 1 |
| TOTAL- FTE & Position Needs | 8 | 36 | | | |

Patient Experience:

Patient satisfaction surveys will begin in February 2020.

Quality:

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



- **Hospital Readmission:** A total of 17 hospital visits occurred during the month of January, which are further described below:
 - 30 Day Readmission (4)
 - Other Hospital Readmission (4)
 - ED Visit Only (9)

**None of the readmissions were deemed to be avoidable.*

Reasons for the hospital readmissions are as follows:

- Planned Heart Cath
- Fever
- Uncontrolled Pain
- CHF
- Hypoglycemia
- Pneumonia

Regulatory: As was discussed at our prior meeting Pine Crest had a 'Complaint Survey' that occurred on January 3rd pertaining to a 'Self Report' that was done at the end of December for an 'Injury of Unknown Origin'. Despite the survey team drawing the same conclusion as to the likelihood of how the injury occurred they felt more employee questionnaires should have been completed to learn more information about what could have led to said injury. Therefore, citation 'F610' at a 'D' level as it relates to thoroughness of investigations. A plan of correction was formulated and a desk review was completed by the state indicating our compliance.

Referral trends: During the month of January we experienced 42 referrals. Of these referrals 19 did not admit for the below reasons:

- Heightened Dementia Behavior (3)
- Psych Related Behavior (3)
- Insurance Out of Network (4)
- No Payer Source (1)
- Discharged Home from Hospital (2)
- Lost to Competitor (5) (2- closer to family, 1- no private room, 1- Mount View, 1- Direct Competitor)

Financial: Despite occupancy averaging 140 for the month our favorable payer mix contributed to a positive operating income of \$28,300.00.



North Central Health Care

Person centered. Outcome focused.

DATE: February 13, 2020
TO: Nursing Home Operations Committee
FROM: Kim Gochanour, Nursing Home Operations Executive
RE: Pine Crest Transitions Update

The following items are general updates and communication to inform the committee on key activities and/or updates of the Pine Crest transition since our last meeting.

- 1) **Scheduling Software**: As we are still setting up the scheduling system with UltiPro at Mount View, we have not yet set a start date for OnShift at Pine Crest. Templates are being built to roll out by 2nd quarter.
- 2) **Laundry**: Currently we are looking at options to change the laundry delivery system as the increased volume is creating backup issues for all areas. Looking at delivery times, hours of operation and some equipment changes to assist.
- 3) **Marketing**: Marketing and communications continues to work on a mockup of new materials. We are also creating a welcome bag for new admissions.
- 4) **Finance**: First set of financials are in for January numbers. Still working on some set up of reports.
- 5) **Human Resources**: Human Resources worked in January on voluntary benefits and getting enrollment to those who wanted them. Payroll has done well with just minor tweaks.
- 6) **Information Technology**: The server for CCIT has arrived but have not committed to a transfer date. We are awaiting final dates from CCIT.
- 7) **Dietary**: Jen Gorman continues to spend one day a week putting in systems with the Dietary Manager. Positive results have been seen with the new changes. Food ordering continues to go well with the new vendor.

Focus continues on the transition and setting up of quality dashboards and review of clinical processes, admissions paperwork to make consistent between the two facilities.