



OFFICIAL NOTICE AND AMENDED AGENDA

of a Meeting of the
Nursing Home Operations Committee
to be held at by **Conference Call.**

Join the Meeting by Dialing 1-646-749-3122, Access Code 920-035-693
at **3:00 pm** on **Thursday, March 19th, 2020**

In light of the latest COVIC-19 development and the Centers for Disease Control and Prevention recommendations,
Board members and the public are invited to attend by telephone conference.

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 February 20, 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. Five Star Analysis and Nursing Home Operations Executive Report – K. Gochanour
7. Update on Nursing Home Renovation Project – J. Nickel
8. Vision for North Central Health Care – M. Loy
9. April Meeting Date
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: 03/17/20 TIME: 1:00 p.m. BY: K. Rantanen-Day

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD NURSING HOME OPERATIONS COMMITTEE

February 20, 2020

3:00 PM

Pine Crest Nursing Home

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

Staff: Brenda Glodowski, Kim Gochanour, Kristin Woller, Connie Gliniecki, Zach Ziesemer, Ryan Hanson

Guests: Jason Hake, Lincoln County Administrator
Kevin Stevenson
Grace Crass
Greg Galbraith, Agri-View

Call to Order

- Meeting was called to order at 3:00 p.m.

Public comment for Matters Appearing on the Agenda

- No public comment.

Approval of January 16, 2020 Nursing Home Operations Committee Meeting Minutes

- **Motion**/second, Metter/Weaver, to approve the January 16, 2020 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report – B. Glodowski

- Mount View showed a loss for the month in the amount of (\$102,571). Census was down in January averaging 175 per day. Census is also low in February; partly due to several cases of influenza in the nursing home which limits admissions for several days. We anticipate opening the Vent Unit for new admissions on 2/21 and on 2/26 for other admissions to the nursing home.
- Pine Crest showed a gain for January with just over \$28,000. Census averaged 141 which is lower than the target of 155 and is also seeing a decrease in census in February. Overall payer mix is favorable at Pine Crest.
- Case Mix Index (CMI) was discussed including how it affects admissions, what is being done to try to improve the CMI for better reimbursement, and that it takes several months before additional funds are able to be captured. Reviewing CMI criteria is done on a continual basis due to how often resident's conditions change. There needs to be a mix of residents with Medicare, private pay, and Medicaid for favorable financials.

Nursing Home Operations Reports

- Mount View Care Center – Kristen Woller and Connie Gliniecki
 - Open positions were reviewed i.e. departments struggling to fill open positions is in Nursing with CNA positions and Dietary. In addition, several staff are on FMLA in these departments which add to the struggle with vacancies.
 - We may need to consider modifying the size of units i.e. Vent and dementia.
 - We continue to look for opportunities to reduce call time, overtime, contract staff, etc. by repositioning/realigning staff.
 - Compensation Policy is being reviewed by Senior Management for recommendations.
 - Readmission rate declined in January and is within target.
 - Referrals for the month totaled 95 with 23 admissions. Reasons individuals cannot be admitted include no payer/poor payer source. This may be due to the individual refusing to complete the necessary paperwork for Medicaid which would help cover costs for their care.
 - Discussion occurred on what constitutes a resident to resident altercation. An algorithm is used to determine if an incident is reportable but it is up to interpretation by the surveyor. Documentation of an altercation is noted in the medical record even if the incident is not deemed reportable to the State.
- Pine Crest Nursing Home – Zach Ziesemer and Ryan Hanson
 - Safety Zone is a new reporting program/application which staff have been utilizing well. Another program being rolled out is a learning management tool.
 - The annual survey began this past Monday and concluded today. Results were reviewed in detail. Several lower level citations were received; we plan to contest 2-3 citations. Will be contacting the Area Administrator next week for review and consideration to lower the severity or be removed.
 - Kudos to the team for a great job this week!
 - Pine Crest is also working their action plan to improve CMI's which would positively impact financials.

Pine Crest Transition Updates – Kim Gochanour

- Working to make some changes to improve the laundry service.
- Should have mock-ups of new marketing materials soon. Will be reaching out to Aegis Therapy to help fill Welcome bags for new admissions.
- The server has arrived but unfortunately CCIT has indicated it may be March or April before they can commit to a transfer date.
- Information was distributed on an upcoming LeadingAge event in May. It would be good for Board members to attend and talk with our elected officials.
- A handout on The Long-Term Care Workforce Crisis was provided.

Update on Nursing Home Renovation Project – Kristen Woller and Connie Gliniecki

- Copy of a letter that was sent recently to Residents and Families was provided which also included a sample floor plan of the new nursing tower.
- Demolition of E wing (former Evergreen and MMT Units) has begun.
- Several staff, including front line staff, will be touring facilities to look at call light systems.
- A ‘mock room’ was set up previously to allow staff to view the new layout. As staff moved items in and around the rooms, a redesign was done to allow for a more functional set-up.
- Furniture, fixture and equipment selection will begin soon.

Potential for Local Food Procurement – Jen Gorman

- Yes, food can be purchased from local CSA producers.
- CMS regulations exist for items such as milk and juice, however, food from local CSA producers is allowed with ‘whole’ foods items such as tomatoes, etc. There cannot be home canned items purchased. Sysco Food, vendor, purchases from local food vendors. Will also need to know how the food is transported and received.
- Gorman is willing to meet with local food producers to explore the potential of purchasing locally.
- It was noted that there is a need for food for staff within our own facilities; MVCC has a food pantry for staff who are needing assistance with basic essentials, they also have a scrub closet for anyone wishing to donate scrubs they do not want any more; as well as a ‘Grab & Go’ area with snack type items. All items are donated.
- Gorman also mentioned that NCHC is participating in Marathon County’s Hunger Coalition which donates ‘extra/left over’ food items to local pantries; Pine Crest allows staff to take left over food that would have been thrown away.

Discussion of Future Agenda Items

- 5-Star Analysis
- Update on Pine Crest Survey

Adjourn Meeting

- **Motion**/second, Wagner/Rider, to adjourn the meeting at 4:11 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO+

MEMORANDUM

DATE: March 11, 2020
TO: Nursing Home Operations Committee
FROM: Brenda Glodowski, Chief Financial Officer
RE: Nursing Home Financial Highlights

The following items are financial highlights for February, 2020.

Mount View Care Center:

- MVCC shows a gain for the month of \$9,996 compared to a targeted gain of \$14,985 resulting in a negative variance of (\$4,988). This is an improvement over the prior month.
- Year to Date MVCC shows a loss of (\$92,575) compared to the budgeted gain of \$36,310 resulting in a negative variance of (\$128,885).
- Overall census in February averaged 169 per day compared to target of 183 per day. This is a decrease from January, which averaged 175 per day.
- There was a shift in payer mix in February. While the Medicare census remained consistent with January at 16, this is still below the target of 20. The Medicaid Vent census decreased in February to 9, compared to the target of 13. Self-Pay remains better than target, which does help with the payer mix shifts. As was indicated last month, the Medicaid rates did decrease and are below budget targets, which contribute to the negative rate variance.
- Rehab revenue did improve in February and met budget targets.
- Overall expenses are below target. This is mainly due to employee benefits coming in under target. Salaries are still over budget targets but did improve compared to January. This area continues to be reviewed to come more in line with the declining census. Other expense items are remaining at or below target.
- Expenses for Rehab Services and Ancillary Services are below targets.

Pine Crest:

- Pine Crest shows a loss for February of (\$59,693) compared to a target loss of (\$2,178), resulting in a negative variance of (\$57,515). This is a shift from the prior month, which was a gain.
- Year to Date Pine Crest shows a loss of (\$31,393) compared to the budgeted loss of (\$1,395) resulting in a negative variance of (\$29,998).
- Overall census averaged 135 per day compared to target of 155 per day. This is a decrease from January, which averaged 141.
- Medicare census averaged 15 per day compared to target of 13/day. This is a decrease from the prior month, which averaged 20. Self-Pay also decreased compared to January. These changes contribute to a shift in payer mix, which will impact the rate variance. The rate variance is still positive, but did decrease from January. The favorable Medicaid rates continue to contribute to this being favorable.

- Overall expenses for the month do remain below target. Employee benefits overall are coming in below targets. Salaries in the direct areas are running below target, but agency staff is running higher than the prior month. When combining salaries and agency staff, salaries are over budget by almost \$42,000. Salaries in the support areas are running below target.
- Other expense items overall are running at or below targets.

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING FEBRUARY 29, 2020

NURSING HOME - MOUNT VIEW	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	<u>\$1,487,600</u>	<u>\$1,621,893</u>	<u>(\$134,293)</u>	<u>\$3,099,364</u>	<u>\$3,330,265</u>	<u>(\$230,901)</u>
Other Revenue:						
County Appropriations - Net	<u>\$125,000</u>	<u>\$125,000</u>	<u>\$0</u>	<u>\$250,000</u>	<u>\$250,000</u>	<u>\$0</u>
Departmental and Other Revenue	<u>\$124,002</u>	<u>\$124,091</u>	<u>(\$89)</u>	<u>\$261,382</u>	<u>\$248,181</u>	<u>\$13,201</u>
Total Other Revenue	<u>\$249,002</u>	<u>\$249,091</u>	<u>(\$89)</u>	<u>\$511,382</u>	<u>\$498,181</u>	<u>\$13,201</u>
Total Revenue	<u>\$1,736,603</u>	<u>\$1,870,984</u>	<u>(\$134,381)</u>	<u>\$3,610,746</u>	<u>\$3,828,446</u>	<u>(\$217,701)</u>
Expenses:						
Direct Expenses	<u>\$1,170,861</u>	<u>\$1,214,114</u>	<u>(\$43,253)</u>	<u>\$2,554,975</u>	<u>\$2,496,800</u>	<u>\$58,175</u>
Indirect Expenses	<u>\$555,992</u>	<u>\$641,885</u>	<u>(\$85,893)</u>	<u>\$1,148,801</u>	<u>\$1,295,336</u>	<u>(\$146,535)</u>
Total Expenses	<u>\$1,726,853</u>	<u>\$1,855,999</u>	<u>(\$129,146)</u>	<u>\$3,703,775</u>	<u>\$3,792,136</u>	<u>(\$88,361)</u>
Operating Income (Loss)	<u>\$9,750</u>	<u>\$14,985</u>	<u>(\$5,235)</u>	<u>(\$93,029)</u>	<u>\$36,310</u>	<u>(\$129,340)</u>
Nonoperating Gains(Losses):						
Interest Income	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Donations and Gifts	<u>\$247</u>	<u>\$0</u>	<u>\$247</u>	<u>\$454</u>	<u>\$0</u>	<u>\$454</u>
Gain / (Loss) on Disposal of Assets	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Nonoperating Gains / (Losses)	<u>\$247</u>	<u>\$0</u>	<u>\$247</u>	<u>\$454</u>	<u>\$0</u>	<u>\$454</u>
Income / (Loss)	<u>\$9,996</u>	<u>\$14,985</u>	<u>(\$4,988)</u>	<u>(\$92,575)</u>	<u>\$36,310</u>	<u>(\$128,885)</u>

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING FEBRUARY 29, 2020

NURSING HOME - PINE CREST	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$1,041,812</u>	<u>\$1,143,874</u>	<u>(\$102,062)</u>	<u>\$2,249,321</u>	<u>\$2,346,916</u>	<u>(\$97,595)</u>
Other Revenue:						
County Appropriations - Net	<u>\$36,735</u>	<u>\$36,735</u>	<u>\$0</u>	<u>\$73,469</u>	<u>\$73,469</u>	<u>\$0</u>
Departmental and Other Revenue	<u>\$31,715</u>	<u>\$16,750</u>	<u>\$14,965</u>	<u>\$34,223</u>	<u>\$33,500</u>	<u>\$723</u>
Total Other Revenue	<u>\$68,450</u>	<u>\$53,485</u>	<u>\$14,965</u>	<u>\$107,692</u>	<u>\$106,969</u>	<u>\$723</u>
Total Revenue	<u>\$1,110,261</u>	<u>\$1,197,358</u>	<u>(\$87,097)</u>	<u>\$2,357,013</u>	<u>\$2,453,885</u>	<u>(\$96,872)</u>
Expenses:						
Direct Expenses	<u>\$1,129,548</u>	<u>\$1,161,776</u>	<u>(\$32,228)</u>	<u>\$2,311,711</u>	<u>\$2,379,080</u>	<u>(\$67,369)</u>
Indirect Expenses	<u>\$40,979</u>	<u>\$37,760</u>	<u>\$3,218</u>	<u>\$77,305</u>	<u>\$76,201</u>	<u>\$1,104</u>
Total Expenses	<u>\$1,170,526</u>	<u>\$1,199,536</u>	<u>(\$29,010)</u>	<u>\$2,389,015</u>	<u>\$2,455,281</u>	<u>(\$66,265)</u>
Operating Income (Loss)	<u>(\$60,265)</u>	<u>(\$2,178)</u>	<u>(\$58,087)</u>	<u>(\$32,002)</u>	<u>(\$1,395)</u>	<u>(\$30,607)</u>
Nonoperating Gains(Losses):						
Interest Income	<u>\$46</u>	<u>\$0</u>	<u>\$46</u>	<u>\$84</u>	<u>\$0</u>	<u>\$84</u>
Donations and Gifts	<u>\$526</u>	<u>\$0</u>	<u>\$526</u>	<u>\$526</u>	<u>\$0</u>	<u>\$526</u>
Gain / (Loss) on Disposal of Assets	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Nonoperating Gains / (Losses)	<u>\$572</u>	<u>\$0</u>	<u>\$572</u>	<u>\$610</u>	<u>\$0</u>	<u>\$610</u>
Income / (Loss)	<u>(\$59,693)</u>	<u>(\$2,178)</u>	<u>(\$57,515)</u>	<u>(\$31,393)</u>	<u>(\$1,395)</u>	<u>(\$29,998)</u>

Mount View Care Center
Nursing Home Revenue Analysis
February, 2020

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	865			32	928						
	MA Bedhold	0	9				0						
	Medicare	0	12			1	29						
	Self Pay	5	150			2	58						
	Insurance/VA	1	29			1	29						
	SUBTOTAL-LTC	37	1065	\$204,654	\$192	36	1044	\$203,159	\$195	21	\$1,495	\$4,087	(\$2,592)
Post Acute Care	Medicaid	8	233			8	232						
	MA Bedhold	0	2				0						
	Medicare	9	267			12	348						
	Self Pay	1	34			1	29						
	Insurance/VA	4	105			2	58						
	SUBTOTAL-PAC	22	641	\$144,771	\$226	23	667	\$162,193	\$243	(26)	(\$17,422)	(\$6,322)	(\$11,100)
Vent Services	Medicaid	5	154			5	145						
	MA-Bedhold	1	19				0						
	Medicaid-Vent	9	264			13	377						
	MA-Vent Bedhold	0	0				0						
	Medicare	3	96			4	116						
	Self Pay	2	58			0	0						
	Insurance/VA	3	82			3	87						
	SUBTOTAL-Vent	23	673	\$264,340	\$393	25	725	\$301,093	\$415	(52)	(\$36,753)	(\$21,596)	(\$15,157)
Legacies	Medicaid	71	2045			81	2,349						
	MA Bedhold	0	6				0						
	Private	13	365			15	435						
	Medicare	3	79			3	87						
	Insurance/VA	1	29				0						
	SUBTOTAL-Legacie	87	2524	\$502,919	\$199	99	2871	\$587,448	\$205	(347)	(\$84,529)	(\$71,001)	(\$13,528)
	Total	169	4,903	\$1,116,684	\$228	183	5,307	\$1,253,893	\$236	(404)	(\$137,209)	(\$95,454)	(\$41,755)
Summary:													
Residents per Day		Per Day	%			Per Day	%						
Medicaid		115	67.98%			126	68.85%						
Medicaid Vent		9	5.38%			13	7.10%						
Medicare		16	9.26%			20	10.93%						
Self		21	12.38%			18	9.84%						
Insurance		8	5.00%			6	3.28%						
Total		169	100.00%			183	100.00%						

Mount View Care Center
Nursing Home Revenue Analysis
February, 2020

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	Medicaid	31	1833			32	1,920							
	MA Bedhold	0	11				0							
	Medicare	0	12			1	60							
	Self Pay	4	262			2	120							
	Insurance/VA	1	60			1	60							
	SUBTOTAL-LTC	36	2178	\$420,745	\$193	36	2160	\$420,330	\$195	18	\$415	\$3,503	(\$3,088)	
Post Acute Care	Medicaid	8	480			8	480							
	MA Bedhold	0	17				0							
	Medicare	10	588			12	720							
	Self Pay	2	94			1	60							
	Insurance/VA	3	191			2	120							
	SUBTOTAL-PAC	23	1370	\$311,128	\$227	23	1380	\$335,573	\$243	(10)	(\$24,445)	(\$2,432)	(\$22,013)	
Vent Services	Medicaid	5	324			5	300							
	MA-Bedhold	0	26				0							
	Medicaid-Vent	10	605			13	780							
	MA-Vent Bedhold	0	0				0							
	Medicare	3	199			4	240							
	Self Pay	2	120			0	0							
	Insurance/VA	3	205			3	180							
	SUBTOTAL-Vent	25	1479	\$584,931	\$395	25	1500	\$622,852	\$415	(21)	(\$38,021)	(\$8,721)	(\$29,300)	
Legacies	Medicaid	72	4325			81	4,880							
	MA Bedhold	0	8				0							
	Private	12	735			15	900							
	Medicare	3	161			3	180							
	Insurance/VA	1	60				0							
	SUBTOTAL-Legacie	88	5289	\$1,050,809	\$199	99	5940	\$1,215,410	\$205	(651)	(\$164,601)	(\$133,204)	(\$31,397)	
	Total	172	10,316	\$2,367,613	\$230	183	10,980	\$2,594,265	\$236	(664)	(\$226,652)	(\$156,885)	(\$69,767)	
Summary: Residents per Day		Per Day %				Per Day %								
Medicaid		117	68.09%			126	68.85%							
Medicaid Vent		10	5.86%			13	7.10%							
Medicare		16	9.31%			20	10.93%							
Self		20	11.74%			18	9.84%							
Insurance		9	5.00%			6	3.28%							
Total		172	100.00%			183	100.00%							

Pine Crest
Nursing Home Revenue Analysis
February, 2020

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	80	2309			91	2,639						
	MA Bedhold	1	40				0						
	Medicare	4	106			1	29						
	Self Pay	10	291			16	464						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-LTC	95	2746	\$623,551	\$191	108	3132	\$584,755	\$187	(386)	(\$61,204)	(\$72,068)	\$10,864
Post Acute Care	Medicaid	2	71			7	203						
	MA Bedhold	0	0				0						
	Medicare	11	332			12	348						
	Self Pay	0	4			0	0						
	Insurance/VA	0	11			0	0						
	SUBTOTAL-PAC	14	418	\$110,486	\$264	19	551	\$193,273	\$242	(133)	(\$22,787)	(\$32,169)	\$9,382
Special Care	Medicaid	18	532			19	551						
	MA-Bedhold	0	3				0						
	Medicaid-Vent	0	0			0	0						
	MA-Vant Bedhold	0	0				0						
	Medicare	0	6			0	0						
	Self Pay	1	29			0	0						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-Vent	20	570	\$104,458	\$183	19	551	\$92,626	\$168	19	\$11,832	\$3,194	\$8,638
Hospice	Medicaid	6	168			8	232						
	MA Bedhold	0	0				0						
	Private	1	24			1	29						
	Medicare	0	0			0	0						
	Insurance/VA	0	0				0						
	SUBTOTAL-Legacie	7	192	\$36,706	\$191	9	261	\$47,303	\$181	(69)	(\$10,597)	(\$12,505)	\$1,908
Total		135	3,926	\$775,201	\$197	155	4,495	\$657,957	\$191	(569)	(\$82,756)	(\$108,605)	\$25,849
Summary: Residents per Day		Per Day %				Per Day %							
Medicaid		108	79.55%			125	80.65%						
Medicaid Vent		0	0.00%			0	0.00%						
Medicare		15	11.31%			13	8.39%						
Self		12	8.86%			17	10.97%						
Insurance		0	0.28%			0	0.00%						
Total		135	100.00%			155	100.00%						

Pine Crest
Nursing Home Revenue Analysis
February, 2020

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	Medicaid	78	4706			91	5,460							
	MA Bedhold	1	65				0							
	Medicare	5	283			1	60							
	Self Pay	12	714			16	960							
	Insurance/VA	0	0			0	0							
	SUBTOTAL-LTC	96	5768	\$1,120,841	\$194	108	6480	\$1,209,836	\$187	(712)	(\$88,995)	(\$132,933)	\$43,938	
Post Acute Care	Medicaid	2	137			7	420							
	MA Bedhold	0	0				0							
	Medicare	13	785			12	720							
	Self Pay	0	25			0	0							
	Insurance/VA	1	50			0	0							
	SUBTOTAL-PAC	17	997	\$264,833	\$266	19	1140	\$275,738	\$242	(143)	(\$10,905)	(\$34,588)	\$23,683	
Special Care	Medicaid	18	1100			19	1,140							
	MA-Bedhold	0	3				0							
	Medicaid-Vent	0	0			0	0							
	MA-Vent Bedhold	0	0			0	0							
	Medicare	0	8			0	0							
	Self Pay	1	60			0	0							
Hospice	Insurance/VA	0	0			0	0							
	SUBTOTAL-Vent	20	1171	\$214,739	\$183	19	1140	\$191,640	\$168	31	\$23,099	\$5,211	\$17,888	
	Medicaid	5	329			8	480							
	MA Bedhold	0	0				0							
	Private	1	33			1	60							
	Medicare	0	0			0	0							
Summary: Residents per Day	Insurance/VA	0	0				0							
	SUBTOTAL-Legacie	6	362	\$67,865	\$187	9	540	\$97,869	\$181	(178)	(\$30,004)	(\$32,261)	\$2,257	
	Total	138	8,298	\$1,668,278	\$201	155	9,300	\$1,775,083	\$191	(1,002)	(\$106,805)	(\$191,251)	\$84,446	
	Medicaid	106	76.40%			125	80.65%							
	Medicaid Vent	0	0.00%			0	0.00%							
	Medicare	18	12.97%			13	8.39%							
Self	14	10.03%			17	10.97%								
Insurance	1	0.60%			0	0.00%								
Total	138	100.00%			155	100.00%								

North Central Health Care
Review of RUGS to PDPM

MVCC:

Pine Crest:

	Revenue	Days	Average Revenue Per Day	Average Census Per/Day	Change from RUGS	Revenue	Days	Average Revenue Per Day	Average Census Per/Day	Change from RUGS
January-September, 2019 (RUGS)	\$2,520,737	4956	\$509	18		\$1,751,121	3531	\$496	13	
October, 2019 (PDPM)	\$312,193	569	\$549	18	7.87%	\$249,988	462	\$541	15	9.11%
November, 2019 (PDPM)	\$310,187	610	\$509	20	-0.02%	\$241,040	428	\$563	14	13.56%
December, 2019 (PDPM)	\$282,497	545	\$518	18	1.91%	\$229,695	444	\$517	14	4.32%
January, 2020 (PDPM)	\$271,946	506	\$537	16	5.67%	\$341,289	632	\$540	20	8.89%
February, 2020 (PDPM)	\$243,970	454	\$537	16	5.65%	\$242,681	444	\$547	15	10.21%

Nursing Home Report - Month of February

Mount View Care Center

Employee Engagement:

	DEPARTMENT OPENINGS						
Department	December # of Openings	January # of Openings	February # of Openings	Specific Position	Hired in February	Discharges	Employees out on FMLA/LOA
Nursing	23 FTE (1 RN and 22 CNA)	22 FTE (CNA)	22 FTE	41 positions	2 CNA 1 RN	2 CNA and 1 Nurse	10 intermittent 6 continuous 1 leave of absence
Life Enrichment	0	0	0		0	0	
Social Services	0	0	0		0	0	1 intermittent
Respiratory Therapy	.4 FTE	.4 FTE	0		1 part time	0	1 continuous
Environmental Services	1	1	0		1	0	1 intermittent
Dietary	9.5 FTE	8.3 FTE	8.5 FTE	8 (.8) FTE open 7 (.3) FTE open	1 (.8) 2 (.3) students	3 (.8) term	2 intermittent
Laundry	1	1	1	Full time	0	0	1 intermittent
Administrative	0	0	0		0	0	1 intermittent

Patient Experience:

This score reflects responses to the question "likelihood of those to recommend"

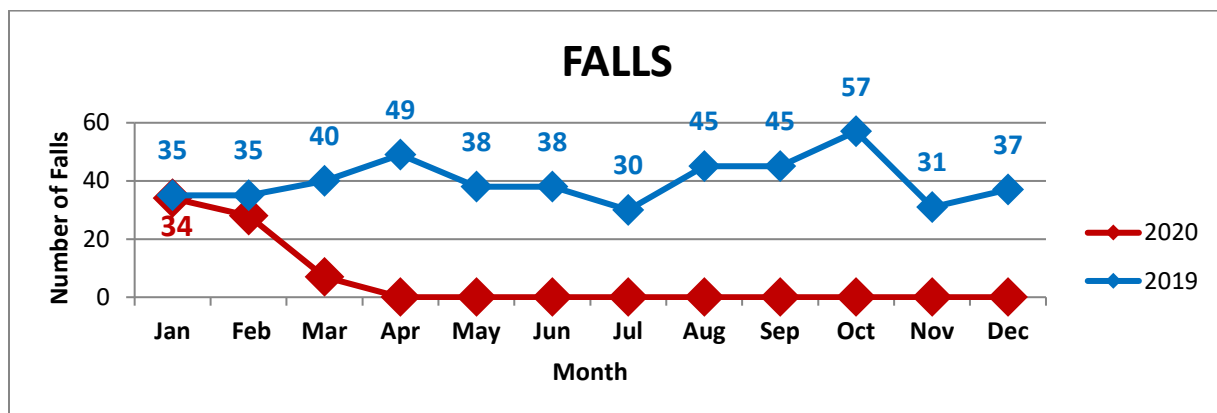
PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	2020 YTD
MVCC Patient Experience	↗	81-83%	84.6%	95.8%	90.0%

PAC = 95.8%

LTC = 100%

Legacies = 94.4%

Quality:



Total = 28

Vent= 0

South Shore= 3

LTC= 3

LBL= 22

CURRENT OVERALL STAR RATING:	3	QUALITY:	5
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PRIMARY OUTCOME GOAL	↕	TARGET	JAN	FEB	2020 YTD
MVCC Readmission Rate	↘	10-12%	12.0%	4.8%	8.7%

Sixteen residents were sent out to the hospital in February

- 1 within 30 days of admission
 - Resident transferred from MD apt to AWH – never returned to MVCC (transferred to ALF)
- 10 long term unplanned hospital admissions
 - 2 – falls that resulted in fracture
 - 1 – influenza A with acute respiratory symptoms
 - 1 – transfer from dialysis, positive blood culture
 - 1 – pulmonary emboli
 - 1 – acute colonic pseudo-obstruction
 - 1 – pain associated with kidney stone
 - 1 – sepsis
 - 1 – anxiety related to respiratory symptoms
 - 1 – aspiration pneumonia
- 2 Emergency Department only (both unavoidable)
- 2 observation
- 1 planned

Regulatory:

State Survey visits – We had a visit from the state on 2/05/20 on a resident complaint on the vent unit. It was unsubstantiated and no citations issued.

Self-Reports: No self-reports in February

Date	Unit	Reason	Follow Up

Referral trends:

In January had 68 referrals with 16 admitted. There were 5 referrals vent unit specific, with no admission.

We did not admit 52 referrals due to:

- Expired (2)
- No LTC Beds Available (1)
- No PAC Beds Available (6)

- No LBL Beds Available (2)
- No Payer/Poor Payer Source (4)
- No skilled need (2)
- Out of County (12)
- Staffing (8)
- Ventilator Weaned (2)
- Went to Competition (12)
- Went Home (1)

Financial:

Overall variance year to date for February is \$92,576. The loss is related to revenue due to the inability to admit related to respiratory illnesses. Expense was in better control for February. Senior Managers are working on the compensation policy for NCHC to look at further cost strategies for savings.

PINE CREST FEBRUARY SUMMARY

Hospitalization Rate = 4.0% YTD = 10.8%

Total Acute Care Transfers = 15

- 1-Planned (R. Harbath)
- 4- ED Only
- 1 –Observation (A. Olkives from MD appt for syncope/hypotension)
- 1 – 30-Day hospitalization – Unresponsive – wife gave extra medication (A. Olkives)
- 8 Unplanned hospitalizations
 - 1 - unresponsive, apnea
 - 3 - CHF (1-refusing Lasix, no updates to MD – Avoidable)
 - 1 pneumonia
 - 3 fever – 1 sepsis

Resident Experience

Pine Crest Overall = 81.9 (18 Responses)

Special Care Unit = 100 (1 Response)

Rehab Unit= 93.8 (4 Responses)

Long Term Care = 76.9 (13 Responses)

Hospice = no responses

63 total surveys were sent in early February Response Rate 28.6%

PINE CREST		4374	3926
		Jan-20	Feb-20
Falls	PINE CREST	28	24
	RATE	6.40	6.11
	REHAB		1
	LTC		17
	HOSPICE		1
	SPECIAL		5
Med Errors	PINE CREST	9	0
	REHAB		0
	LTC		0
	HOSPICE		0
	SPECIAL		0
	Nursing	9	0
	RATE	2.06	0.00
	Pharmacy		0
Minor Injury	PINE CREST	9	4
	RATE		1.02
	REHAB		0
	LTC		4
	HOSPICE		0
	SPECIAL		0
Significant Injury	PINE CREST	0	0
	Rate	0.00	0.00
Resident to Resident	PINE CREST		
Complaint	Cares	1	1
	Missing	2	1
	Damage		
OTHER	PINE CREST		
			Resident fearful of peer in room
			Near Fall
BEHAVIORS			
		3 - wandering	1 Elopement
Self-Reports - DQA			
Employee	PINE CREST		1
RATE		0.00	

Five Star Rating Analysis

This analysis was done using the following information:

- The Five Star Quality Rating System Technical User Guide updated October 2019 and the Five Star Quality Rating System State –Level Cut Point Table updated October 2019.
- The most recent January 5 Star Nursing Home Compare through 12/31/19
- Health Inspections for the last three annual surveys and complaint surveys

Current Ratings

	Mount View	Pine Crest
Overall	3	3
Health Inspection	2	2
Quality Measures	4	4
Staffing	4	5

Health Inspections

Health Inspection rating is based on the three most recent annual surveys as well as 36 months of complaint survey results. Points are assigned to each deficiency. From the overall inspection score the first year is 50% of the score, 2nd cycle is 1/3 of the score and the 3rd cycle is at 1/6 of the score to get your overall composite score.

	Mount View	Pine Crest
Cycle 1	4/22/19 4 cites 87 points/2 = 43.5 points	Feb 2020 survey 7 cites 40 points/2 = 20
Cycle 2	1/25/18 5 cites, 20 pts/1/3 = 6.67	2/8/19 & 8/27/19, Jan 2020 6 cites 68 pts/1/3 = 21.33 pts/
Cycle 3	10/24/16 4 cites 28 pts/1/6 = 4.67	12/19/17 1 cite 16 points/1/6 = 2.66
Total Points	54.8 points – 2 stars	43.99 points – 2 Stars**** Due to Abuse tag, will remain at 2 star until 02/21 change
	<ul style="list-style-type: none"> To move to 3 stars – our next survey we can receive 13 points which equates to 3 d level citations. 	<ul style="list-style-type: none"> We will remain a 2 star in survey until at least August 2020 when the complaint survey is removed. To remain at a 3 star – we need to remain our staffing at 5 star and quality at 4 to 5 star.

Staffing

RN staffing and total staffing is higher than expected staffing. The expected staffing was based on quarterly case mix adjusted values for all residents in the facility using the RUGs IV 48 group mix values.

	Mount View expected	Mount View adjusted	Pine Crest expected	Pine Crest Adjusted
RN	.470	.756	..284	1.300
Total Staffing	3.345696	4.072	2.941	4.530
	To remain 4 star need to maintain 3.3456 ppd	4 star	5 star	5 star need to maintain 4.155 ppd

Quality Measures

Long stay measures	Mt View %	Mt View Points	Pine Crest %	Pine Crest Points	Key opportunities MV /PC
% help with adls	18.20	30/150	17.3	60/150	MV/PC
% High risk pressure ulcers	4.9	40/100	4.7	80/150	MV/PC
% catheters inserted/left in	4.1	20/100	2	60/100	MV
% UTIs	3.0	40/100	1.30	80/100	MV
% 1+ falls with major injury	4.0	40/100	4	40/100	MV/PC
% antipsychotic drug usage	19.7	45/150	14.5	75/150	MV/PC
% of long stay residents whose ability to move independently worsened	20.4	60/150	16.2	90/150	MV/PC
# of hospitalizations per 1,000 resident days	.70	150/150	1.41	135/150	PC
# of outpatient emergency dept. visits per 1000 res days	.40	135/150	1.09	45/150	PC
TOTAL Points		560		665	

Short Stay Measures	Mt View %	Mt View Points	Pine Crest %	Pine Crest Points	Key opportunities MV/PC
% st who improved in their ability to move around on their own.	84.1	150/150	70.9	105/150	PC
% who were re-hospitalized after a NH admission	18.4	120/150	16.5	135/150	
% who had an outpatient er visit	5.9	135/150	13.6	45/150	PC
% who successfully discharged to the community	Same	90/150	46.4	75/150	PC
% pressure ulcers new or worsened	3.6	20/100	No rating	100/100	MV/
% who antipsychotic med for first time	1.7	40/100	.3	80/100	MV
Total st stay		776	776		
Total lt and st stay		1357 4 star	1441 4 star		

Action Plan

For both facilities we have opportunities in two areas to increase our overall star rating.

1. Health Inspections
 - a. Mt View will need to focus on minimal citations in their annual survey and no citations from complaint surveys. Team will create audits and create action plans based on the top 10 citations in the state and northern region.
 - b. Pine Crest- to move the health inspection rating in 2021, will need to focus on accepted plan of correction from annual survey and no further citations from complaint surveys.
2. Staffing - Both facilities will need to focus on keeping the direct care ppd at a minimum of 4.42 to remain at a 4 star or higher. This will be monitored through daily review of PPD and adjusting accordingly.
3. Quality Indicators – Both facilities are identifying the top 5 common quality indicators that they have and are developing an action plan on these to include policy review, staff competency training and auditing to improve these scores. The intent is to create to move overall quality ratings in both facilities to a 5 star by 3 quarter 2020.



MEMORANDUM

DATE: March 11, 2020
TO: Nursing Home Operations Committee
FROM: Kim Gochanour, Nursing Home Operations Executive
RE: Nursing Home Operations report

The following items are general updates and communication to inform the committee on key activities and/or updates in regards to the Pine Crest transition and overall skilled nursing home updates.

- 1) **Marketing**: First drafts of combined brochures have been given to Nursing home operations group for editing and review. Goal is to have first drafts available for April meeting.
- 2) **Pine Crest Transition** - Some areas that have been a focus has been conversion of uniform consistent, hand sanitizers, paper towel holders and toilet paper holders at Pine Crest to create consistent ordering for both facilities. Pharmacy meetings are being held to review next steps and developing an action plan for implementation in July 2020. Still awaiting IT transition and working with CCIT to finalize a date.
- 3) **Declining occupancy in both facilities** – the Nursing Home Operation team is working on a strategic plan on the declining occupancy trends we are currently seeing and the workforce challenges we are seeing in both facilities. We are creating a plan for moving forward and will have a draft for the April committee meeting.

As we continue the regionalization, I will continue to update on regulatory, reimbursement and quality updates in my reports moving forward.