



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, June 23, 2020 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 Committee members and 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: 126 599 5103 Meeting 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 MAY 21, 2020 NURSING HOME OPERATIONS COMMITTEE MINUTES
4. FINANCIAL REPORT – J. MESCHKE
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
 - C. Regional Nursing Home Operations Executive Report - K. Gochanour
6. DISCUSSION AND ACTION: HOSPICE UNIT PERFORMANCE AND POTENTIAL CLOSURE OF HOSPICE DEDICATED WING
7. FUTURE AGENDA ITEMS

8. ADJOURN

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

A handwritten signature in blue ink, appearing to read "Michael By", is written over a horizontal line.

Presiding Officer or Designee

DATE: 06/19/2020 TIME: 4:00 PM BY: D. Osowski

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD NURSING HOME OPERATIONS COMMITTEE

May 21, 2020

3:00 PM

Conference Call

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

Staff: Michael Loy, Jarret Nickel, Kim Gochanour, Jill Meschke, Connie Gliniecki,
Zach Ziesemer, Ryan Hanson

Guests: Kevin Stevenson

Call to Order

- Meeting was called to order at 3:01 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comment.

ACTION: Approval of April 14, 2020 Nursing Home Operations Committee Minutes

- **Motion**/second, Voermans/Rider, to approve the April 14, 2020 Nursing Home Operations Committee minutes. Motion carried.

Financial Report – J. Meschke

- Mount View Care Center (MVCC) showed a \$400,000 gain in April compared to target and YTD at \$245,000 compared to budgeted gain of \$27,000. MVCC received a CaresAct payment of \$486,000 otherwise there would be a loss of \$86,000 for the month and \$242,000 YTD. Overall census is 160 compared to target of 183; a decrease from first quarter average of 169. The Vent unit had an average census for April of 9 compared to target of 13. Overall expenses are slightly below budget.
- Pine Crest Nursing Home (PCNH) showed a loss of \$43,000 with target of about break even. YTD there is an approximate loss of \$37,000 compared to a budgeted loss of \$2,000. PCNH received a CaresAct payment of \$88,000 which would have increased the loss to \$131,000, however, we received notice that another \$125,000 in CaresAct will be recorded in May. PCNH census continues to be a challenge averaging 130. YTD direct expenses are favorable to budget of about \$209,000.
- Forecasting the budget month to month during the COVID pandemic will continue. Census continues to be the challenge.
- While CaresAct payments are being received automatically, we continue to look for other programs for assistance and are working to reclaim Personal Protective Equipment (PPE) expenses and COVID leave dollars. It is recognized that CaresAct funding is temporary and operations cannot continue on 'one-time' funding, rather, the challenge is bringing revenues in line and by developing additional financial plans to maintain costs.

Nursing Home Operations Reports

- Mount View Care Center – Connie Gliniecki
 - New certified nursing assistant program opportunity arose during the Covid pandemic provides a means to train and work in a much shorter timeframe. The first class has been completed with several more classes scheduled over the next few months. An extension of this program is expected to be approved soon.
 - The low Patient Experience score for post-acute care was due to one survey response and extenuating circumstances for the individual receiving care.
 - Number of falls continues to be a focus area with 15 of the 21 falls occurring in the dementia program. A QAPI process (Quality Assurance Performance Improvement) is in place examining all falls in an effort to reduce the number of falls.
 - We continue to have good collaborative practice with Aspirus to address and reduce the number of readmissions.
 - Most referrals were from out of county; of 60 referrals 16 were admitted
 - From a county perspective, out of county residents cared for within our facility would be subsidized by our county for those on Medicaid where there would be a loss of \$70-\$80/day.
 - There is the ability to establish consortiums, usually for specific types of care, in order to recoup costs from other counties but it's a break-even proposition at best.
 - Referrals are considered for placement at both Pine Crest and Mount View.
- Pine Crest Nursing Home – Z. Ziesemer
 - Several positions have been filled which will be reflected in May; taking part in CNA clinical rotations in coordination with MVCC and 3 hospitality aides will transition to CNA's at Pine Crest. Not seeing too many new CNA's apply.
 - Working to diversify the activity program due to inability for group activities; promote staff walking with residents, tracking steps, etc. in effort to reduce falls
 - Hospital readmissions increased in April and are working to educate staff.
 - Referrals were down along with a significant decrease in admissions over the last few months.
 - Several expense outliers included a buyout of a nurse taking a full-time night position (should pay off by November), and a resident with a newly prescribed high cost medication (will be receiving a credit in May).
 - Residents must have face to face contact with physician within 30 days of admission, and every 30 days through the first 90 days, then every 60 days. Physicians do not want to provide this type of care. Working with the Post-Acute Team from Aspirus on a solution.

Regional Nursing Home Operations Executive Report – K. Gochanour

- An extension of Nurse Aide Waiver for the accelerated training program has been received. First graduating class of 6 completed; next class of 6 begins June 2 and will continue through summer in both buildings.

- Continue to monitor and participate in ICAR practices. It was noted that we have one of the best supplies of PPE on hand – all thanks to Tom Boutain and Kelly Henke-Kaiser for searching for and obtaining supplies.
- Have seen an increase in fall risks and are diligently working to prevent falls.
- Continue to see a decline in occupancy.
- Monitoring state and federal funding during the pandemic. Anticipate more to report next month.
- Both Z. Ziesemer and K. Gochanour have been appointed to the LeadingAge Board. Ziesemer is in his second year; Gochanour is beginning year one.
- Pine Crest will be transitioned into the CCIT network in June and the pharmacy transition is on schedule for July.
- Admission Criteria Policy Consideration:
 - Create a policy that allows for transition of admissions between Pine Crest and Mount View. Policy would state that if a bed was not available or appropriate at the preferred facility, transitions/transfers could be made between facilities as necessary.
 - Committee agreed this is a good concept and asked that a policy statement be developed and brought back for further review and consideration.
- 2021 Budgeted Census Proposal
 - Census declined significantly over the past 5 years for a number of reasons i.e. most recently due to the COVID19 pandemic, increase in other available care facilities/options in market, increased caring for loved ones at home, etc.
 - Previous consulting reports from 2006, 2012, and 2017 predicted a decline in occupancy and the forecasts were accurate.
 - Staffing continues to be a challenge which leads to additional financial implications in overtime costs and agency labor costs.
 - 2020 will be continual monitoring and realigning month by month.
 - Planning for 2021 will consist of an in-depth review of occupancy and the potential consideration of placing beds in reserve and/or an actual reduction in licensed beds.
 - MVCC renovation plans may change based on the anticipated occupancy level and mix as it relates to market demand, etc.
 - Committee supports continued analysis and review.
- Vision for Skilled Nursing at North Central Health Care – M. Loy
 - Why are counties in the nursing home business and why is it important to have access to services in communities? The counties have an obligation to care for the protectively placed within their communities. There have been progressively fewer protectively placed individuals over the years as families have thought through and planned differently for this stage of life. If there is also sufficient access to long-term beds, then it decreases the need for protective placements. If counties do not have access to services for those protectively placed within their own counties, the individuals would be diverted to other counties but the responsibility remains that of their county. Cost of care to contract for this level of service would equal or exceed the current tax levy.
 - Medicare and Medicaid under fund programs forcing the market to orient towards lower cost community placed options, consolidating beds available in the

marketplace. Eventually supply will meet demand and then demand will exceed supply which counties will need to respond to as it may become a long-term care crisis. Government response would then likely be to improve reimbursement to incentivize the development of additional supply if demand is far outpacing the supply.

- The changing scope of nursing homes is long term care is largely getting carved out to a lower level of care (home health, assisted living) and entering a nursing home is more apt to be at end of life or for high level of care.
- We benefit in providing higher medical services to long term care and post-acute care along with being a specialty provider of care i.e. dementia care.
- Also, we need to pivot to be financially viable to new a normal and market reality.
- Don't feel county should move away from nursing home care; those who don't have it will be struggling.
- With new members on county boards, it was felt this presentation would be beneficial at an upcoming Lincoln County Board meeting this summer to see the importance of NCHC and the services provided as well as a better understanding of budget as issues and challenges face our nursing homes.

Future Agenda Items

- Food Procurement (when more information is available)

Note: Will be looking at a different meeting date/time due to conflict with LeadingAge Board meetings now that both Z. Ziesemer and K. Gochanour are members.

Adjourn

- **Motion**/second, Gilk/Weaver, to adjourn the Nursing Home Operations Committee meeting at 4:28 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

MEMORANDUM

DATE: June 15, 2020
TO: Nursing Home Operations Committee
FROM: Jill Meschke, Chief Financial Officer
RE: Nursing Home Financial Highlights

The following items are financial highlights for May, 2020.

Mount View Care Center:

- MVCC shows a gain for the month of \$528,008 compared to a targeted loss of (\$3,748) resulting in a favorable variance of \$531,756.
- Year-to-date MVCC shows a gain of \$772,661 compared to the budgeted gain of \$22,833 resulting in a favorable variance of \$749,828.
- During the month of May, MVCC received a CARES Act stimulus payment of \$520,000. Without receipt of that payment the results would have been a gain of \$8,008 for the month of May. Without the receipt of CARES Act funding in April and May MVCC would be at a loss of (\$234,367) year-to-date.
- Overall census in May averaged 161 per day compared to target of 183 per day.
- The Medicare census averaged 14 per day compared to a target of 20. The Medicaid Vent census increased to 10 per day, which is higher than April's average of 9, but still below the target of 13. Self-Pay remains better than target, which does help with the payer mix shifts. The rate variance for May has improved to an unfavorable (\$42,946) for the month and (\$208,748) year-to-date.
- Overall expenses are below plan. Favorability in employee benefits continues to be a leading factor. In May, salaries expenses were favorable to target \$30,091. Other expenses are generally favorable to plan, as in prior months.

Pine Crest:

- Pine Crest shows a gain for the month of \$297,165 compared to a targeted gain of \$602, resulting in a favorable variance of \$296,563. This is a shift from the prior month, which was a loss.
- Year-to-date Pine Crest shows a gain of \$260,530 compared to a budgeted loss of (\$1,059) resulting in a favorable variance of \$261,589.
- During the month of May, Pine Crest received a CARES Act stimulus payment of \$450,000. Without receipt of that payment, the May results would have been a loss of (\$152,835). Without the receipt of CARES Act funding in April and May Pine Crest would be at a loss of (\$289,533) year-to-date.
- Overall census averaged 125 per day compared to target of 155 per day. This is a decrease of 5 from April.

- Medicare census averaged 11 per day. Self-pay residents continue to decrease. The rate variance has improved to an unfavorable (\$2,010) for May and a favorable \$70,526 year-to-date.
- Direct expenses for April are favorable to budget with a positive variance of \$27,494. Year-to-date direct expenses are favorable to budget \$236,479. Salaries expense is favorable to plan \$69,101 in the month of May. Indirect expenses are slightly unfavorable to plan in May and year-to-date.

North Central Health Care
Mount View Care Center
Income Statement
For the Period Ending May 31, 2020

	<u>MTD Actual</u>	<u>MTD Budget</u>	<u>\$ Variance</u>	<u>% Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>\$ Variance</u>	<u>% Variance</u>
REVENUE								
Net Patient Service Revenue	1,478,095	1,708,372	(230,277)	-13.5%	7,567,394	8,412,139	(844,745)	-10.0%
Grant Revenue	520,751	-	520,751	0.0%	1,007,027	-	1,007,027	0.0%
County Appropriations - Net	125,000	125,000	-	0.0%	625,000	625,000	-	0.0%
Departmental and Other Revenue	115,326	124,091	(8,765)	-7.1%	608,594	620,453	(11,859)	-1.9%
Total Other Revenue	<u>761,078</u>	<u>249,091</u>	<u>511,987</u>	<u>205.5%</u>	<u>2,240,622</u>	<u>1,245,453</u>	<u>995,169</u>	<u>79.9%</u>
Total Revenue	2,239,173	1,957,463	281,710	14.4%	9,808,016	9,657,592	150,423	1.6%
EXPENSE								
Direct Expenses	1,154,572	1,304,681	150,109	11.5%	6,156,497	6,375,842	219,345	3.4%
Indirect Expenses	<u>556,637</u>	<u>656,530</u>	<u>99,892</u>	<u>15.2%</u>	<u>2,879,814</u>	<u>3,258,917</u>	<u>379,104</u>	<u>11.6%</u>
Total Expenses	1,711,209	1,961,211	250,002	12.7%	9,036,311	9,634,760	598,449	6.2%
Operating Income (Loss)	527,964	(3,748)	531,712	-14186.6%	771,705	22,833	748,872	3279.9%
Nonoperating Gains(Losses)								
Interest Income	-	-	-	0.0%	-	-	-	0.0%
Donations and Gifts	44	-	44	0.0%	956	-	956	0.0%
Gain / (Loss) on Disposal of Assets	<u>-</u>	<u>-</u>	<u>-</u>	<u>0.0%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>0.0%</u>
Total Nonoperating Gains / (Losses)	<u>44</u>	<u>-</u>	<u>44</u>	<u>0.0%</u>	<u>956</u>	<u>-</u>	<u>956</u>	<u>0.0%</u>
Income / (Loss)	<u><u>528,008</u></u>	<u><u>(3,748)</u></u>	<u><u>531,756</u></u>	<u><u>-14187.8%</u></u>	<u><u>772,661</u></u>	<u><u>22,833</u></u>	<u><u>749,828</u></u>	<u><u>3284.0%</u></u>

North Central Health Care
Pine Crest
Income Statement
For the Period Ending May 31, 2020

	<u>MTD Actual</u>	<u>MTD Budget</u>	<u>\$ Variance</u>	<u>% Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>\$ Variance</u>	<u>% Variance</u>
REVENUE								
Net Patient Service Revenue	1,011,529	1,203,043	(191,514)	-15.9%	5,407,279	5,926,460	(519,181)	-8.8%
Grant Revenue	461,903	-	461,903	0.0%	550,063	-	550,063	0.0%
County Appropriations - Net	36,735	36,735	-	0.0%	183,673	183,673	-	0.0%
Departmental and Other Revenue	18,354	16,750	1,604	9.6%	86,631	83,750	2,881	3.4%
Total Other Revenue	<u>516,991</u>	<u>53,485</u>	<u>463,507</u>	<u>866.6%</u>	<u>820,367</u>	<u>267,423</u>	<u>552,944</u>	<u>206.8%</u>
Total Revenue	1,528,520	1,256,527	271,993	21.6%	6,227,646	6,193,883	33,763	0.5%
EXPENSE								
Direct Expenses	1,189,810	1,217,304	27,494	2.3%	5,766,750	6,003,229	236,479	3.9%
Indirect Expenses	<u>41,689</u>	<u>38,622</u>	<u>(3,068)</u>	<u>-7.9%</u>	<u>201,248</u>	<u>191,712</u>	<u>(9,536)</u>	<u>-5.0%</u>
Total Expenses	1,231,500	1,255,926	24,426	1.9%	5,967,998	6,194,942	226,943	3.7%
Operating Income (Loss)	297,021	602	296,419	49264.0%	259,648	(1,059)	260,706	-24628.2%
Nonoperating Gains(Losses)								
Interest Income	118	-	118	0.0%	328	-	328	0.0%
Donations and Gifts	26	-	26	0.0%	554	-	554	0.0%
Gain / (Loss) on Disposal of Assets	<u>-</u>	<u>-</u>	<u>-</u>	<u>0.0%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>0.0%</u>
Total Nonoperating Gains / (Losses)	<u>144</u>	<u>-</u>	<u>144</u>	<u>0.0%</u>	<u>882</u>	<u>-</u>	<u>882</u>	<u>0.0%</u>
Income / (Loss)	<u><u>297,165</u></u>	<u><u>602</u></u>	<u><u>296,563</u></u>	<u><u>49288.0%</u></u>	<u><u>260,530</u></u>	<u><u>(1,059)</u></u>	<u><u>261,589</u></u>	<u><u>-24711.5%</u></u>

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	31	958			32	992						
	MA Bedhold	0	3				0						
	Medicare	1	41			1	31						
	Self Pay	3	108			2	62						
	Insurance/VA	1	31			1	31						
	SUBTOTAL-LTC	37	1141	\$224,170	\$196	36	1116	\$217,171	\$195	25	\$6,999	\$4,865	\$2,134
Post Acute Care	Medicaid	11	349			8	248						
	MA Bedhold	0	5				0						
	Medicare	7	229			12	372						
	Self Pay	1	35			1	31						
	Insurance/VA	3	96			2	62						
	SUBTOTAL-PAC	23	714	\$154,493	\$216	23	713	\$173,380	\$243	1	(\$18,887)	\$243	(\$19,130)
Vent Services	Medicaid	5	141			5	155						
	MA-Bedhold	0	0				0						
	Medicaid-Vent	10	320			13	403						
	MA-Vent Bedhold	0	0				0						
	Medicare	4	113			4	124						
	Self Pay	2	62			0	0						
	Insurance/VA	1	32			3	93						
	SUBTOTAL-Vent	22	668	\$282,546	\$423	25	775	\$321,859	\$415	(107)	(\$39,313)	(\$44,437)	\$5,124
Legacies	Medicaid	70	2174			81	2,511						
	MA Bedhold	0	3				0						
	Private	6	185			15	465						
	Medicare	1	34			3	93						
	Insurance/VA	2	67				0						
	SUBTOTAL-Lega	79	2463	\$473,898	\$192	99	3069	\$627,962	\$205	(606)	(\$154,064)	(\$123,996)	(\$30,068)
Total		161	4,986	\$1,135,107	\$228	183	5,673	\$1,340,372	\$236	(687)	(\$205,265)	(\$162,319)	(\$42,946)
Summary:		Per Day	%		Per Day	%							
Residents per Day	Medicaid	117	72.86%		126	68.85%							
	Medicaid Vent	10	6.42%		13	7.10%							
	Medicare	13	8.36%		20	10.93%							
	Self	13	7.82%		18	9.84%							
	Insurance	7	4.53%		6	3.28%							
	Total	161	100.00%		183	100.00%							

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	4723			32	4,864						
	MA Bedhold	0	24				0						
	Medicare	1	127			1	152						
	Self Pay	3	505			2	304						
	Insurance/VA	1	152			1	152						
	SUBTOTAL-LTC	36	5531	\$1,066,493	\$193	36	5472	\$1,064,835	\$195	59	\$1,658	\$11,481	(\$9,823)
Post Acute Care	Medicaid	10	1466			8	1,216						
	MA Bedhold	0	22				0						
	Medicare	8	1281			12	1,824						
	Self Pay	1	202			1	152						
	Insurance/VA	3	489			2	304						
	SUBTOTAL-PAC	23	3460	\$767,855	\$222	23	3496	\$850,121	\$243	(36)	(\$82,266)	(\$8,754)	(\$73,512)
Vent Services	Medicaid	4	665			5	760						
	MA-Bedhold	0	35				0						
	Medicaid-Vent	10	1536			13	1,976						
	MA-Vent Bedhold	0	0				0						
	Medicare	4	678			4	608						
	Self Pay	2	263			0	0						
	Insurance/VA	2	301			3	456						
	SUBTOTAL-Vent	23	3478	\$1,422,224	\$409	25	3800	\$1,578,145	\$415	(322)	(\$155,921)	(\$133,727)	(\$22,194)
Legacies	Medicaid	72	10882			81	12,312						
	MA Bedhold	0	14				0						
	Private	10	1445			15	2,280						
	Medicare	1	219			3	456						
	Insurance/VA	1	188				0						
	SUBTOTAL-Lega	84	12748	\$2,492,748	\$196	99	15048	\$3,079,038	\$205	(2300)	(\$586,290)	(\$470,613)	(\$115,677)
Total		166	25,217	\$5,749,320	\$228	183	27,816	\$6,572,139	\$236	(2,599)	(\$822,819)	(\$614,071)	(\$208,748)
Summary:		Per Day	%		Per Day	%							
Residents per Day	Medicaid	117	70.71%		126	68.85%							
	Medicaid Vent	10	6.09%		13	7.10%							
	Medicare	15	9.14%		20	10.93%							
	Self	16	9.58%		18	9.84%							
	Insurance	7	4.48%		6	3.28%							
	Total	166	100.00%		183	100.00%							

**Pine Crest
Nursing Home Revenue Analysis
May, 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	81	2503			91	2,821						
	MA Bedhold	0	6			0	0						
	Medicare	2	48			1	31						
	Self Pay	7	225			16	496						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-LTC	90	2782	\$512,701	\$184	108	3348	\$625,081	\$187	(566)	(\$112,380)	(\$105,674)	(\$6,706)
Post Acute Care	Medicaid	2	60			7	217						
	MA Bedhold	0	0			0	0						
	Medicare	7	218			12	372						
	Self Pay	0	0			0	0						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-PAC	9	278	\$72,544	\$261	19	589	\$142,465	\$242	(311)	(\$69,921)	(\$75,223)	\$5,302
Special Care	Medicaid	17	520			19	589						
	MA-Bedhold	0	2			0	0						
	Medicaid-Vent	0	0			0	0						
	MA-Vent Bedhold	0	0			0	0						
	Medicare	1	21			0	0						
	Self Pay	2	47			0	0						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-SPC	19	590	\$109,730	\$186	19	589	\$99,014	\$168	1	\$10,716	\$168	\$10,548
Hospice	Medicaid	7	207			8	248						
	MA Bedhold	0	0			0	0						
	Private	1	34			1	31						
	Medicare	0	0			0	0						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-Hosp	8	241	\$45,687	\$190	9	279	\$50,566	\$181	(38)	(\$4,879)	(\$6,887)	\$2,008
Total		126	3,891	\$740,662	\$190	155	4,805	\$917,126	\$191	(914)	(\$176,464)	(\$174,454)	(\$2,010)
Summary:		Per Day				Per Day							
Residents per Day	Medicaid	106	84.76%			125	80.65%						
	Medicaid Vent	0	0.00%			0	0.00%						
	Medicare	9	7.38%			13	8.39%						
	Self	10	7.86%			17	10.97%						
	Insurance	0	0.00%			0	0.00%						
	Total	126	100.00%			155	100.00%						

**Pine Crest
Nursing Home Revenue Analysis
May, 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	79	12082			91	13,832						
	MA Bedhold	1	99				0						
	Medicare	3	416			1	152						
	Self Pay	10	1510			16	2,432						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-LTC	93	14107	\$2,630,783	\$186	108	16416	\$3,064,917	\$187	(2309)	(\$434,134)	(\$431,097)	(\$3,037)
Post Acute Care	Medicaid	2	255			7	1,064						
	MA Bedhold	0	3				0						
	Medicare	11	1728			12	1,824						
	Self Pay	0	40			0	0						
	Insurance/VA	0	59			0	0						
	SUBTOTAL-PAC	14	2085	\$559,170	\$268	19	2888	\$698,537	\$242	(803)	(\$139,367)	(\$194,226)	\$54,859
Special Care	Medicaid	18	2678			19	2,888						
	MA-Bedhold	0	6				0						
	Medicaid-Vent	0	0			0	0						
	MA-Vent Bedhold	0	0				0						
	Medicare	0	29			0	0						
	Self Pay	1	205			0	0						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-SPC	19	2918	\$527,851	\$181	19	2888	\$485,488	\$168	30	\$42,363	\$5,043	\$37,320
Hospice	Medicaid	6	864			8	1,216						
	MA Bedhold	0	0				0						
	Private	1	126			1	152						
	Medicare	0	46			0	0						
	Insurance/VA	0	0				0						
	SUBTOTAL-Hosp	7	1036	\$197,972	\$191	9	1368	\$247,935	\$181	(332)	(\$49,963)	(\$60,171)	\$10,208
Total		133	20,146	\$3,915,776	\$194	155	23,560	\$4,496,877	\$191	(3,414)	(\$581,101)	(\$651,627)	\$70,526
Summary:		Per Day				Per Day							
Residents per Day	Medicaid	105	79.36%			125	80.65%						
	Medicaid Vent	0	0.00%			0	0.00%						
	Medicare	15	11.01%			13	8.39%						
	Self	12	9.34%			17	10.97%						
	Insurance	0	0.29%			0	0.00%						
	Total	133	100.00%			155	100.00%						

Nursing Home Report - Month of May

Mount View Care Center

Employee Engagement:

Department	May # of Openings	Specific Position	Hired in May	Discharges in May
Nursing	15 FTE (CNA) 2.8 FTE (HA)	CNA Hospitality Ass.	1 CNA 2 Hospitality Ass. in CNA class 1 transfer from dietary	1 CNA
Life Enrichment	0	0	0	0
Social Services	0	0	0	0
Respiratory Therapy	0	0	0	0
Administrative	0	0	0	0

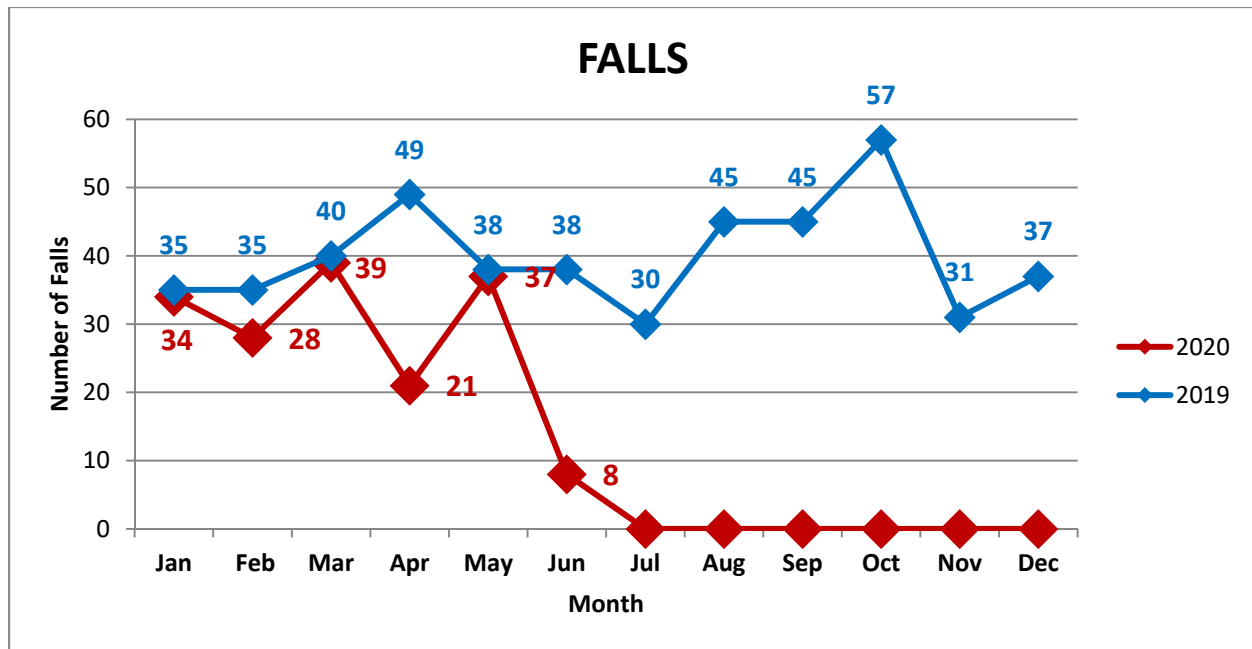
Patient Experience:

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

DEPARTMENT: Mount View Care Center

	TARGET (Rating 2)	JAN	FEB	MAR	APR	MAY	YTD	2019 YTD
PATIENT EXPERIENCE - PRESS GANEY SURVEY								
Survey Distribution Response Rate		28.9%	28.6%	51.4%	30.0%	27.5%	32.8%	0.0%
MVCC Patient Experience:	81-83	84.6	95.8	86.8	85.4	95.5	89.2	90.0
PAC Patient Experience:	81-83	62.5	100.0	71.9	25.0	100.0	73.5	85.2
LTC Patient Experience:	81-83	100.0	100.0	100.0	80.0	100.0	91.7	84.1
Legacies Patient Experience:	81-83	92.9	94.4	96.9	100.0	93.8	95.4	94.1

Quality:



Total Falls = 37 Vent= 5 South Shore= 4 LTC= 9 LBL= 19

CURRENT OVERALL STAR RATING: 3	QUALITY: 5

DEPARTMENT: MVCC								L YEAR:
PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	2020 YTD
MVCC Readmission Rate	↓	10-12%	12.0%	4.8%	10.0%	6.3%	11.8%	9.1%

Five residents were sent out to the hospital in May

- 2 within 30 days of admission
 - Fever, diminished lung sounds
 - Unresponsive, eyes moving backwards, twitching
- 3 inpatient, unplanned
 - Low BP, elevated heartrate, fall
 - 2 falls with hip fracture

Regulatory:

State Survey visits – No state visits in May

Self-Reports: Three self-reports in May

Date	Unit	Reason	Follow Up
5/21/20	LBL	Physical Therapy was working with resident and was using the iPad interpreter service to communicate during session. The interpreter reported to the PT staff that resident was stating that a young, dark haired Caucasian girl would leave her exposed during cares, and when she was unable to understand what resident wanted she would pound her on the back and knuckle her in the head. She told the interpreter that the staff member has not worked in some time now.	Resident was immediately assessed with no bruising or injury noted. Resident was interviewed by staff and stated "I have no problems. No problems at all." Resident's care plan was updated for two staff at all times and to reflect not to use short Hmong phrases with resident. Only to communicate with a Hmong speaking staff who can fully understand and respond to resident in Hmong or the iPad interpreter so not to mislead resident that staff are able to fully understand her causing frustration for resident. Picture board will be developed and added to plan of care and staff will be educated on this. Facility was unable to substantiate that caregiver misconduct occurred. The goal for this resident is to express comfort and security in her environment as well as for quality of life.
5/23/20	Vent Unit	At 2150 CNA answered resident call-light, was found unresponsive and pale. No pulse and unable to revive.	Self-report and investigation started. Still being reviewed by State and will share findings at July meeting.
5/29/20	LTC	At approximately 5:30pm resident stated he was missing \$5.	On 6/2/2020 resident went to Social Worker to apologize for the report of missing money. He stated he was wrong and no one had stolen his money. He shared he recalled today that he had given the money to a friend to buy him a birthday card. Investigation concluded that money was not missing and that resident had forgotten that he had used it for a purchase prior.

Referral trends:

In May we had 64 referrals with 17 admitted.

We did not admit 47 referrals due to:

- Expired (1)
- No LTC Beds Available (7)
- No LBL Beds Available (4)
- No Payer/Poor Payer Source (3)
- No skilled need (1)
- Out of network (2)
- Out of County (10)
 - Legacies (0)
 - PAC (9)
 - LTC (1)
- Went to Competition (10)
- Went Home (2)
- Patient Non Compliance (2)
- Ventilator Dialysis (1)
- Ventilator Weaned (4)

Financial:

We are at a positive variance year to date due to COVID CARES Act in April and May. We continue to work on expense control and open positions which reflects in our May vacancy numbers.

Nursing Home Report - Month of May

Pine Crest (PC)

EMPLOYEE ENGAGEMENT

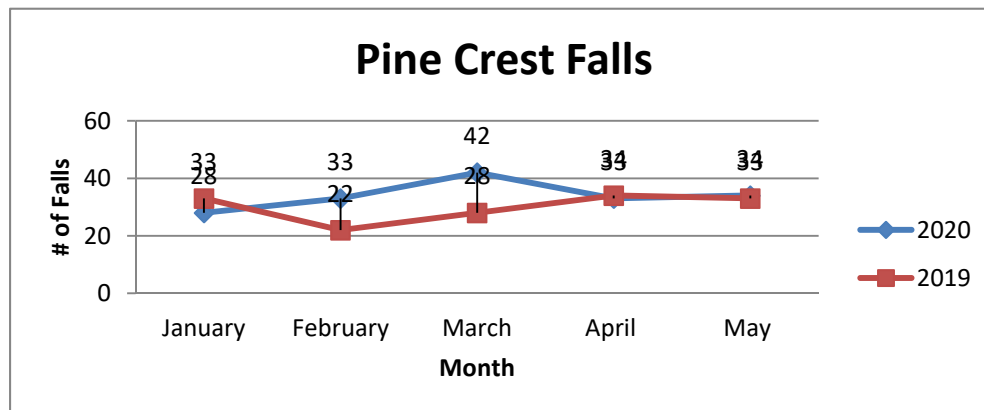
Department Openings				
Department	# of FTE's	# of Cumulative Positions	Hired in May	# on FMLA/LOA
Nursing	13.55	10 - RN/LPN 15 - C.N.A. 5.5 - Med Tech	2 - FT C.N.A. 1 - FT LPN 2 - FT Hospitality Assistants	1
Dietary	0.3	1- Student	-	
Life Enrichment	0		-	1
EVS	0		-	
Admin	0		-	
TOTAL- FTE & Position Needs	6.5	21.5		

PATIENT EXPERIENCE

DEPARTMENT: PINE CREST															
DEPARTMENT: PINE CREST								FISCAL YEAR: 2020							
PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2020 YTD
Pine Crest Patient Experience	↗	81-83%	/	81.9%	86.1%	85.0%	90.0%								85.1%
↗ Higher rates are positive															
↘ Lower rates are positive															

QUALITY

- **Star Rating**
 - Overall Star Rating: 3
 - Quality: 3
- **Observed Data**
 - **Falls:** Please reference graph below.



○ **Hospital Readmission:**

DEPARTMENT: PINE CREST															FISCAL YEAR: 2020				
PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2020 YTD				
Pine Crest Readmission Rate	↘	10-12%	16.7%	3.7%	14.8%	28.6%	0.0%								13.8%				
↗ Higher rates are positive																			
↘ Lower rates are positive																			

- Total Acute Care Transfers = 10
 - 4- ED Only
 - 1– 30-Day hospitalization (planned does not count as re-hospitalization)
 - Planned amputation
- 5 Unplanned hospitalizations
 - DX: left side flaccidity
 - Admit from wound appt
 - Fever 102, redness RLE
 - Blood in G-tube
 - Abnormal liver labs, delayed responses
- RTH Summary: Improvement was experienced in the overall 30-day readmission rate month over month. Of the hospital visits that did occur one was determined to have been preventable, which resulted in staff education being completed.

REGULATORY

- **State Survey Visits:** No visits during May
- **Self-Reports:** No Self-Reports in May

REFERRAL TREND

- **Commentary:** During the month of May we experienced 30 referrals. Of these referrals 17 did not admit for the below reasons:
 - Home (2)
 - Unable to Meet Behavioral Needs (7)
 - Death (1)
 - Out-Of-Network (2)
 - No Following MD (2)
 - Competitor (3)

FINANCIALS

Month over month Pine Crest experienced further census declines. However, short-term rehab referrals and stays had slightly improved. Supplemental funding had been received during the month from the federal government, which amounted to \$450,000.00. This payment assisted in the facility achieving a net income of \$297,166.00. Additional considerations that need to be known for the month include:

- Approximate expense of \$20,000.00 relating the buy-out of an agency staff that would support their onboarding as a NCHC employee occurred during the month.
- Re-allocation of NCHC from other programs accounted for \$7,648.04 for the month of May.
- COIV-19 related supply expense amounted to \$2,178.00 for the month and is \$19,876.00 year-to-date.
- COVID-19 employee non-working expense amounted to \$2,837.00 for the month and is \$12,275.00 year-to-date.



MEMORANDUM

DATE: June 17, 2020
TO: North Central 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 support the committee on key activities and/or updates of the Nursing Home Operations since our last meeting.

Covid 19: During May we continued to follow the recommendations and guidelines established for the Covid-19 pandemic. We continue to operate an incident command system and report out our Personal Protection Equipment (PPE) needs daily, develop policies and procedures throughout the ever changing guidelines, continue to limit visitation, screen all staff each shift, monitor resident vitals more frequently, and refrain from any group activities. In May we participated and tested all residents and staff in both facilities that consented and all were negative for any Covid-19. New guidelines from the federal government to the Wisconsin DQA stated that all nursing homes would have an infection control survey specific to Covid by July 31, 2020. Mount View had there's recently and Pine Crest is currently undergoing their survey.

Quality Measures: Joint Quality Assurance Performance Improvement workgroups (QAPI) started with a kickoff on May 28, 2020. The overall goal is to review quality measures and identify and start work groups made up of members in both buildings to discuss ideas and implement plans to incorporate action plans to improve in overall quality.

Monitoring of State and Federal Funding: Leading Age WI in participating on Governor Evers' taskforce on Medicaid reform. The task force has put forward a proposal to move nursing home and assisted living rates to a model similar to Minnesota which would reimburse up to 105% of direct care and support services. If this was accepted it would be a large win for the industry and reduce overall losses to long term care. Another area they are exploring is an increase in the bed tax – at this time many members are not in favor of this approach. As we move further into this area, Leading Age WI has asked for volunteers to work on the reimbursement subcommittee to make recommendations to the State for the next bi-annual budget.

Pine Crest Transition: Progress is being made on the final transitions. The scheduling software for nursing staff went live on June 14, we have ordered the med carts for the pharmacy transition, and are working on the computer access for mid-July to be complete.

Certified Nursing Assistant Course: We have seen some great success with our onsite nurse aide training program. Our first two classes have had a total of 12 individuals with only 2 not completing the course, 7 being offered or working as CNA's, and 3 continuing in their main role and assisting as backup. Moving forward in the next month we have an additional 16 registered with 4 being internal and 12 new hires.

Pine Crest

Hospice Unit Closure Proposal

Agenda

- ① Hospice Background
- ② Current Challenges
- ③ Hospice Unit Proposal
- ④ Anticipated Results
- ⑤ Communication Plan
- ⑥ Questions



Hospice Background

- **Dedicated Hospice Unit Opened in Spring 2019**

Hospice services have been provided throughout Pine Crest prior to this.

- **Hospice Providers & Hospitals Aware of Unit**

Ongoing communication has occurred without increased referrals to unit.

- **Annual Fixed Labor Costs exceed \$675,000.00**

Does not account for additional employer tax for employees.

Does not account for productivity cost of maintaining supplies of unit.

- **Revenue Must Exceed Annual Fixed Costs**

This needs to take into consideration ancillary cost that are needed to have the unit operational.



Challenges

- Unit's Average Monthly Occupancy is **63 Percent** (May 2019-May 2020)

Profitability is to be achieved at full-occupancy.

- Primary Payer is Medicaid (**81 percent**)

Private pay has been 17 percent and insurance amounting to 2 percent.

- Above Payer Mix Results in Approximate Revenue of **\$550,245.00**

Note the fixed cost of **\$675,000.00** on the previous slide.

- Losses Conservatively Exceed **\$145,000.00** for the Period



Proposal

- **Relocate Residents Off Hospice Unit**

Residents on hospice programs **already** reside in other areas of the building.



- **Close Hospice Unit to Address Staffing Challenges & Prevent Ongoing Monetary Losses**

Current nurse staffing need exceeds **30 positions!**

Current agency staff expense exceeds **\$400,000.00!**

Projected Results

- **Decreased Full-Time-Equivalent Staffing Need**

- RN/LPN coverage reduced by **2.8 FTE**.
- C.N.A. coverage reduced by **3.2 FTE**.
- Med Tech coverage reduced by **0.7 FTE**.
- Housekeeping coverage reduced by **0.5 FTE**.

- **Annual Labor Cost Reduced by Over \$675,000.00**

- Staff currently working on unit would be **relocated** within the building.
- **Reduced FTE's** would **offset agency covered shifts**, which is reflected in this estimate. No employees would lose their job.
- **No loss in hospice referrals** based on alternative bed availability.

- **No Adverse Impact to Operational Income**

- **Decrease in fixed cost** based on current staffing pool.

- **Improved Staff Efficiency**

- One less unit to stock supplies.
- **Less foot traffic** staff need to take in delivering and providing services.



Proposal Timeline



Questions

