



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, September 22, 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 146 693 6403 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 AUGUST 25, 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
6. NURSING HOME INDUSTRY UPDATES – K. Gochanour
7. COMPLETION OF THE PINE CREST TRANSFER - J. Nickel
8. FUTURE AGENDA ITEMS AND MEETING SCHEDULE

9. 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

DATE: 09/18/2020 TIME: 11:30 AM BY: D. Osowski



Presiding Officer or Designee

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD NURSING HOME OPERATIONS COMMITTEE

August 25, 2020

3:00 PM

Conference Call

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

Staff: Michael Loy, Jarret Nickel, Kim Gochanour, Jill Meschke, Zach Ziesemer, Ryan Hanson, Kristin Woller

Call to Order

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

Public Comment for Matters Appearing on the Agenda

- None

ACTION: Approval of July 28, 2020 Nursing Home Operations Committee Minutes

- **Motion**/second, Gibbs/Weaver, to approve the July 28, 2020 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report – J. Meschke

- July financial reports were reviewed for Mount View Care Center (MVCC) and Pine Crest Nursing Home.
- Pine Crest received Certified Public Expenditure (CPE) funds which will be included in the August financials.
- No additional questions/comments from the Committee.

Nursing Home Operations Reports

- Mount View Care Center Operations Report was reviewed by Kristin Woller; highlights include:
 - CNA and Hospitality Assistant vacancies are attributed to a number of students returning to school.
 - The dip in patient experience score for the Post-Acute Care Unit (South Shore) is directly related to limited social activities occurring during the recent enhanced precautions requirement.
 - Enhanced precautions were instituted due to COVID positive test results. To date 11 residents tested positive, of those 3 passed away, and 1 discharged home. We anticipate the results of the upcoming tests to return negative; at that time the unit will be taken off enhanced precautions and available to reopen i.e. admissions, visitation, activities, etc.

- Readmission rate of 15.4% this month is attributable to four residents who were in the hospital at least twice during July; all unavoidable.
- Of the 61 referrals not admitted most were out of county or chose competition.
- Pine Crest Nursing Home Operations Report was reviewed by Zach Ziesemer; highlights include:
 - Leading into and through July, employee engagement improved; retention continues to be favorable and turnover is below industry average.
 - Score of '0' for patient experience on Rehab unit in July is being verified.
 - Quality star rating improved to 4 stars.
 - Improvement in the number of falls can be directly related to one resident who had often had multiple falls during the month by a change with his bed.
 - Three hospital readmissions were preventable which are being reviewed.
 - Of 38 referrals 26 were not admitted; 5 were turned away due to the onset of Covid in the building at the end of July and initiating protocols and processes for the enhanced precautions.
 - An area of focus continues to be to decrease utilization of contract staff.

Census Management and Capital Planning for MVCC and Pine Crest Nursing Homes post-Covid-19 – M. Loy

2020 Past/Present/Future:

- COVID has accelerated the continuing census decline and census is expected to soften yet through the remainder of this year. Rehab patient flow is unknown even with hospital services/procedures increasing. Cares Act funding was received and there is talk about another package this year including some additional financial support for nursing homes. Certified Public Expenditure (CPE) funds were received for the third year in a row but there is no guarantee these funds will be received again. Depending on census and unanticipated expenses, with the funds received this year we should have a positive at year end.
- Given our COVID experience, further census management is needed going into 2021, rebalancing of nursing home operations to available revenue, and with a realistic projection people will be staying home longer before needing nursing home care. We will be needed for higher medical care, ventilator and specialty care. Also, we must anticipate an aging population with mental illness, addiction and complex needs. Hospitals are struggling with placing COVID positive patients upon discharge so we're exploring if/how we can assist them without exposing any of our current residents. COVID has and will fundamentally change nursing homes in a permanent and significant way and it will be important for us to be able to pivot to provide the services needed.
- In Marathon County we are addressing the physical building needs and through these renovation phases will be able to adjust census as needs change.
 - Current census at MVCC is 154 and we anticipate our census will continue to decrease. The original renovation plan included 96 beds in the new Tower and another 80 beds on the 2nd floor of MVCC. The ability to 'change course' during phases of the renovation project was part of the planning process. If the need for nursing home beds decreases there is an opportunity to utilize the space at MVCC for expanded behavioral health programming.

- Lincoln County is also faced with changes at Pine Crest Nursing Home:
 - Earlier in the year census was around 140, current census is around 120, with plans to decrease to 100 by January. These changes are market driven but also a result of a shrinking labor pool to effectively staff larger buildings.
 - Pine Crest maintains a strong quality rehab unit, is very marketable, has a specialty unit that is increasing in demand for dementia care, and has residents who are typically higher functioning in the long-term setting who could benefit from other long-term care settings as opposed to full skilled-nursing level of care.
 - Managed Care Organizations are working to keep people out of the nursing homes and in the community.
 - Current capital needs of Pine Crest include HVAC, roofing, and windows. A discussion on a plan to invest in the future of Pine Crest, address the physical needs, and how to best utilize the campus through thoughtful and cost efficient planning while keeping in focus the availability of the labor pool will need to occur.

Nursing Home Industry Updates – K. Gochanour

- According to State legislators no new Medicaid spending is anticipated.
- There is talk to redesign how the rates will be moving forward; our current system is outdated.
- CMS announced recently they will begin regular surveys activity. MVCC is anticipating surveyors in October and Pine Crest in November.
- An update on mandatory testing and prevention practices from CMS will be provided in September.
- An analysis of the Task Force on Caregiving Policy recommendations will be provided in September.

Future Agenda Items

- Regular updates on COVID

Adjourn

- **Motion**/second, Weaver/Voermans, to adjourn meeting at 3:53 p.m.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO



North Central Health Care
Person centered. Outcome focused.

MEMORANDUM

DATE: September 14, 2020
TO: Nursing Home Operations Committee
FROM: Jill Meschke, Chief Financial Officer
RE: Nursing Home Financial Highlights

The following items are financial highlights for August, 2020.

Mount View Care Center:

- MVCC shows a gain for the month of \$223,300 compared to a targeted loss of (\$3,748) resulting in a favorable variance of \$227,048. ①
- Year-to-date MVCC shows a gain of \$1,278,139 compared to the budgeted gain of \$15,288 resulting in a favorable variance of \$1,262,851. ①
- During the month of August, MVCC did receive additional CARES Act stimulus funding in the amount of \$282,600. Without the receipt of \$1,289,627 ② CARES Act funding year-to-date MVCC would be at a loss of (\$11,488) year-to-date.
- Overall census in August averaged 154 per day compared to target of 183 per day. This census is down six from the second quarter daily average of 160.
- The Medicare census averaged 17 per day compared to a target of 20. The Medicaid Vent census reduced from 9 to 8 the third week of August, which is below the target of 13. Self-Pay remains better than target, which does help with the payer mix shifts. The rate variance for August is an unfavorable (\$58,458) for the month and (\$384,965) year-to-date, which means that the majority of the revenue variance is the result of low volumes. ③
- Overall expenses are below plan. In August, direct salary expenses were \$16,727 favorable to target. Other direct and indirect expenses are generally favorable to plan, as in prior months. ④

Pine Crest:

- Pine Crest shows a gain for the month of \$762,223 compared to a targeted gain of \$602, resulting in a favorable variance of \$761,622. ①
- Year-to-date Pine Crest shows a gain of \$818,240 compared to a budgeted loss of (\$373) resulting in a favorable variance of \$818,613. ①
- During the month of August, Pine Crest did receive additional CARES Act stimulus funding in the amount of \$242,000. ② Without the receipt of \$917,063 ② CARES Act funding year-to-date Pine Crest would be at a loss of (\$98,824) year-to-date.

- During the month of July, Pine Crest received Certified Public Expenditures funding of \$566,540. This payment was initially applied incorrectly against accounts receivable, but was corrected in August to appear correctly on the income statement. ③
- Overall census averaged 117 per day compared to target of 155 per day. This census is down nine from the second quarter daily average of 126.
- Medicare census averaged seven per day. Self-pay residents continue to decrease. The rate variance has stayed fairly consistent at an unfavorable (\$123) for August and a favorable \$98,158 year-to-date, which means that the majority of the revenue variance is the result of low volumes. ③
- Direct expenses for August are favorable to budget by \$194,743. Year-to-date direct expenses are favorable to budget \$448,233. Salaries expense is favorable to plan \$69,531 in the month of August. Use of contracted providers and staff in August was less unfavorable than prior months at (\$12,698) versus plan. ④ Continuing the trend of prior months, indirect expenses are slightly unfavorable to budget (\$19,455) year-to-date.

North Central Health Care
Mount View Care Center
Income Statement
For the Period Ending August 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	1,412,671	1,708,372	(295,701) ③	-17.3%	12,368,688	13,494,013	(1,125,325)	-8.3%
Grant Revenue	-	-	-	0.0%	8,200	-	8,200	0.0%
COVID-19 Relief Funding	282,600	-	282,600 ②	0.0%	1,289,627	-	1,289,627 ②	0.0%
County Appropriations - Net	125,000	125,000	-	0.0%	1,000,000	1,000,000	-	0.0%
Departmental and Other Revenue	107,129	124,091	(16,962)	-13.7%	940,846	992,725	(51,879)	-5.2%
Total Other Revenue	<u>514,729</u>	<u>249,091</u>	<u>265,638</u>	<u>106.6%</u>	<u>3,238,674</u>	<u>1,992,725</u>	<u>1,245,949</u>	<u>62.5%</u>
Total Revenue	1,927,400	1,957,463	(30,062)	-1.5%	15,607,361	15,486,738	120,623	0.8%
EXPENSE								
Direct Expenses	1,156,629	1,304,681	148,052	11.3%	9,746,822	10,254,884	508,063	5.0%
Indirect Expenses	<u>547,572</u>	<u>656,530</u>	<u>108,957</u>	<u>16.6%</u>	<u>4,583,620</u>	<u>5,216,565</u>	<u>632,946</u>	<u>12.1%</u>
Total Expenses	1,704,201	1,961,211	257,010 ④	13.1%	14,330,442	15,471,450	1,141,008	7.4%
Operating Income (Loss)	223,199	(3,748)	226,947		1,276,920	15,288	1,261,632	
Nonoperating Gains(Losses)								
Interest Income	-	-	-	0.0%	-	-	-	0.0%
Donations and Gifts	101	-	101	0.0%	1,219	-	1,219	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>101</u>	<u>-</u>	<u>101</u>	<u>0.0%</u>	<u>1,219</u>	<u>-</u>	<u>1,219</u>	<u>0.0%</u>
Income / (Loss)	<u>223,300</u>	<u>(3,748)</u>	<u>227,048</u> ①		<u>1,278,139</u>	<u>15,288</u>	<u>1,262,851</u> ①	

North Central Health Care
Pine Crest
Income Statement
For the Period Ending August 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	1,524,861	1,203,043	321,819 ③	26.8%	8,970,008	9,506,004	(535,997)	-5.6%
Grant Revenue	2,999	-	2,999	0.0%	2,999	-	2,999	0.0%
COVID-19 Relief Funding	242,000	-	242,000 ②	0.0%	917,063	-	917,063 ②	0.0%
County Appropriations - Net	36,735	36,735	-	0.0%	293,877	293,877	-	0.0%
Departmental and Other Revenue	19,848	16,750	3,098	18.5%	138,753	134,000	4,753	3.5%
Total Other Revenue	<u>301,581</u>	<u>53,485</u>	<u>248,097</u>	<u>463.9%</u>	<u>1,352,692</u>	<u>427,877</u>	<u>924,815</u>	<u>216.1%</u>
Total Revenue	1,826,442	1,256,527	569,915	45.4%	10,322,700	9,933,881	388,819	3.9%
EXPENSE								
Direct Expenses	1,022,560	1,217,304	194,743	16.0%	9,179,146	9,627,379	448,233	4.7%
Indirect Expenses	<u>41,704</u>	<u>38,622</u>	<u>(3,083)</u>	<u>-8.0%</u>	<u>326,330</u>	<u>306,875</u>	<u>(19,455)</u>	<u>-6.3%</u>
Total Expenses	1,064,265	1,255,926	191,661 ④	15.3%	9,505,476	9,934,254	428,778	4.3%
Operating Income (Loss)	762,178	602	761,576		817,223	(373)	817,596	
Nonoperating Gains(Losses)								
Interest Income	44	-	44	0.0%	460	-	460	0.0%
Donations and Gifts	1	-	1	0.0%	557	-	557	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>45</u>	<u>-</u>	<u>45</u>	<u>0.0%</u>	<u>1,016</u>	<u>-</u>	<u>1,016</u>	<u>0.0%</u>
Income / (Loss)	<u><u>762,223</u></u>	<u><u>602</u></u>	<u><u>761,622</u></u> ①		<u><u>818,240</u></u>	<u><u>(373)</u></u>	<u><u>818,613</u></u> ①	

**Mount View Care Center
Nursing Home Revenue Analysis
August 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	31	970			32	992						
	MA Bedhold	0	7				0						
	Medicare	1	43			1	31						
	Self Pay	3	93			2	62						
	Insurance/VA	1	31			1	31						
	SUBTOTAL-LTC	37	1144	\$220,831	\$193	36	1116	\$217,171	\$195	28	\$3,660	\$5,449	(\$1,789)
Post Acute Care	Medicaid	6	175			8	248						
	MA Bedhold	1	23				0						
	Medicare	7	212			12	372						
	Self Pay	1	40			1	31						
	Insurance/VA	3	87			2	62						
	SUBTOTAL-PAC	17	537	\$117,710	\$219	23	713	\$173,380	\$243	(176)	(\$55,670)	(\$42,798)	(\$12,872)
Vent Services	Medicaid	4	136			5	155						
	MA-Bedhold	0	3				0						
	Medicaid-Vent	8	254			13	403						
	MA-Vent Bedhold	0	0				0						
	Medicare	7	209			4	124						
	Self Pay	2	66			0	0						
	Insurance/VA	2	62			3	93						
	SUBTOTAL-Vent	24	730	\$275,241	\$377	25	775	\$321,859	\$415	(45)	(\$46,618)	(\$18,689)	(\$27,929)
Legacies	Medicaid	68	2123			81	2,511						
	MA Bedhold	0	0				0						
	Private	5	159			15	465						
	Medicare	2	58			3	93						
	Insurance/VA	1	31				0						
	SUBTOTAL-Legacie	76	2371	\$457,613	\$193	99	3069	\$627,962	\$205	(698)	(\$170,349)	(\$142,821)	(\$27,528)
Total		154	4,782	\$1,071,395	\$224	183	5,673	\$1,340,372	\$236	(891)	(\$268,977)	(\$210,519)	(\$58,458)
Summary:		Per Day	%			Per Day	%						
Residents per Day	Medicaid	111	71.87%			126	68.85%						
	Medicaid Vent	8	5.31%			13	7.10%						
	Medicare	17	10.92%			20	10.93%						
	Self	12	7.49%			18	9.84%						
	Insurance	7	4.41%			6	3.28%						
	Total	154	100.00%			183	100.00%						

Mount View Care Center
Nursing Home Revenue Analysis
August 2020

Year To Date

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	32	7694			32	7,808						
	MA Bedhold	0	40				0						
	Medicare	1	188			1	244						
	Self Pay	3	766			2	488						
	Insurance/VA	1	244			1	244						
	SUBTOTAL-LTC	37	8932	\$1,717,330	\$192	36	8784	\$1,709,340	\$195	148	\$7,990	\$28,800	(\$20,810)
Post Acute Care	Medicaid	9	2089			8	1,952						
	MA Bedhold	0	77				0						
	Medicare	9	2104			12	2,928						
	Self Pay	1	333			1	244						
	Insurance/VA	3	786			2	488						
	SUBTOTAL-PAC	22	5389	\$1,201,490	\$223	23	5612	\$1,364,669	\$243	(223)	(\$163,179)	(\$54,227)	(\$108,952)
Vent Services	Medicaid	5	1129			5	1,220						
	MA-Bedhold	0	44				0						
	Medicaid-Vent	10	2366			13	3,172						
	MA-Vent Bedhold	0	0				0						
	Medicare	4	1021			4	976						
	Self Pay	2	452			0	0						
	Insurance/VA	2	530			3	732						
	SUBTOTAL-Vent	23	5542	\$2,215,800	\$400	25	6100	\$2,533,338	\$415	(558)	(\$317,538)	(\$231,738)	(\$85,800)
Legacies	Medicaid	70	17198			81	19,764						
	MA Bedhold	0	27				0						
	Private	8	1907			15	3,660						
	Medicare	2	453			3	732						
	Insurance/VA	1	295				0						
	SUBTOTAL-Legacie	81	19880	\$3,870,569	\$195	99	24156	\$4,942,666	\$205	(4276)	(\$1,072,097)	(\$874,931)	(\$197,166)
Total		163	39,743	\$9,005,189	\$227	183	44,652	\$10,550,013	\$236	(4,909)	(\$1,544,824)	(\$1,159,859)	(\$384,965)
Summary:		Per Day	%			Per Day	%						
Residents per Day	Medicaid	116	71.20%			126	68.85%						
	Medicaid Vent	10	5.95%			13	7.10%						
	Medicare	15	9.48%			20	10.93%						
	Self	14	8.70%			18	9.84%						
	Insurance	8	4.67%			6	3.28%						
	Total	163	100.00%			183	100.00%						

**Pine Crest
Nursing Home Revenue Analysis
August 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	2484			91	2,821						
	MA Bedhold	1	19			0	0						
	Medicare	1	38			1	31						
	Self Pay	8	246			16	496						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-LTC	90	2787	\$512,907	\$184	108	3348	\$625,081	\$187	(561)	(\$112,174)	(\$104,740)	(\$7,434)
Post Acute Care													
	Medicaid	1	31			7	217						
	MA Bedhold	0	0			0	0						
	Medicare	6	193			12	372						
	Self Pay	1	28			0	0						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-PAC	8	252	\$69,709	\$277	19	589	\$142,465	\$242	(337)	(\$72,756)	(\$81,512)	\$8,756
Special Care													
	Medicaid	18	552			19	589						
	MA-Bedhold	0	0			0	0						
	Medicaid-Vent	0	0			0	0						
	MA-Vent Bedhold	0	0			0	0						
	Medicare	0	0			0	0						
	Self Pay	2	62			0	0						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-SPC	20	614	\$114,506	\$186	19	589	\$99,014	\$168	25	\$15,492	\$4,203	\$11,289
Hospice													
	Medicaid	0	0			8	248						
	MA Bedhold	0	0			0	0						
	Private	0	0			1	31						
	Medicare	0	0			0	0						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-Hospice	0	0	\$0	\$0	9	279	\$50,566	\$181	(279)	(\$50,566)	(\$50,566)	\$0
	Total	118	3,653	\$697,122	\$191	155	4,805	\$917,126	\$191	(1,152)	(\$220,004)	(\$219,881)	(\$123)
Summary:													
Residents per Day		Per Day	%			Per Day	%						
	Medicaid	100	84.48%			125	80.65%						
	Medicaid Vent	0	0.00%			0	0.00%						
	Medicare	7	6.32%			13	8.39%						
	Self	11	9.20%			17	10.97%						
	Insurance	0	0.00%			0	0.00%						
	Total	118	100.00%			155	100.00%						

**Pine Crest
Nursing Home Revenue Analysis
August 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	19352			91	22,204						
	MA Bedhold	1	149				0						
	Medicare	2	576			1	244						
	Self Pay	9	2249			16	3,904						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-LTC	92	22326	\$4,155,290	\$186	108	26352	\$4,919,998	\$187	(4026)	(\$764,708)	(\$751,666)	(\$13,042)
Post Acute Care													
	Medicaid	2	385			7	1,708						
	MA Bedhold	0	3				0						
	Medicare	10	2370			12	2,928						
	Self Pay	1	165			0	0						
	Insurance/VA	0	89			0	0						
	SUBTOTAL-PAC	12	3012	\$819,562	\$272	19	4636	\$1,121,336	\$242	(1624)	(\$301,774)	(\$392,806)	\$91,032
Special Care													
	Medicaid	18	4319			19	4,636						
	MA-Bedhold	0	6				0						
	Medicaid-Vent	0	0			0	0						
	MA-Vent Bedhold	0	0				0						
	Medicare	0	48			0	0						
	Self Pay	1	364			0	0						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-SPC	19	4737	\$866,161	\$183	19	4636	\$779,336	\$168	101	\$86,825	\$16,979	\$69,846
Hospice													
	Medicaid	4	1081			8	1,952						
	MA Bedhold	0	0				0						
	Private	1	137			1	244						
	Medicare	0	46			0	0						
	Insurance/VA	0	0				0						
	SUBTOTAL-Hospice	5	1264	\$238,793	\$189	9	2196	\$398,001	\$181	(932)	(\$159,208)	(\$168,915)	\$9,707
	Total	128	31,339	\$6,079,806	\$194	155	37,820	\$7,218,671	\$191	(6,481)	(\$1,138,865)	(\$1,237,023)	\$98,158
Summary:													
Residents per Day		Per Day	%			Per Day	%						
	Medicaid	104	80.71%			125	80.65%						
	Medicaid Vent	0	0.00%			0	0.00%						
	Medicare	12	9.70%			13	8.39%						
	Self	12	9.30%			17	10.97%						
	Insurance	0	0.28%			0	0.00%						
	Total	128	100.00%			155	100.00%						

Nursing Home Report - Month of August

Mount View Care Center

Employee Engagement:

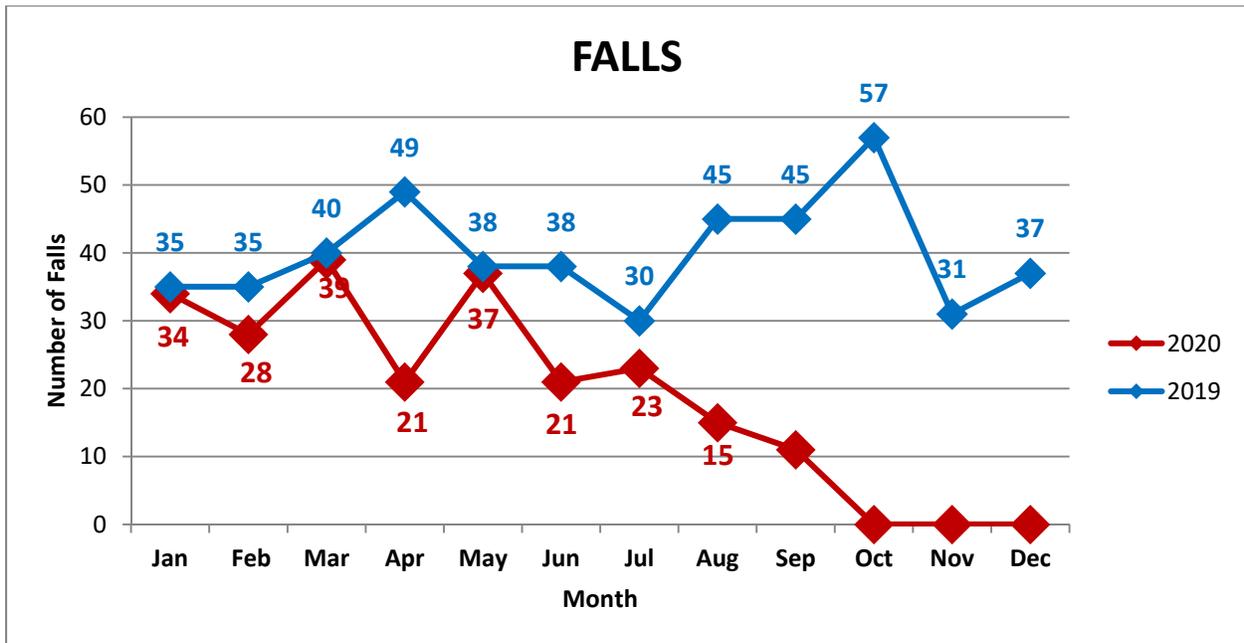
Department	August # of Openings	Hired in August	Discharges in August
LPN/RN	1 FTE	1 Full time	1 full time
CNA	12 FTE	4 full time	2 occasional, 1 part time and 2 full time
Hospitality Assistants	1 FTE	2 part time	0
Life Enrichment	0	0	0
Social Services	0	0	0
Respiratory Therapy	.3 FTE	.8 FTE	0
Administrative	.6 FTE	0	.6 FTE (central supply coordinator)

Patient Experience:

This score reflects responses to the question “likelihood of those to recommend”. In August we had a total of 8 responses out of 45.

	TARGET (Rating 2)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	YTD
PATIENT EXPERIENCE - PRESS GANEY SURVEY										
Survey Distribution Response Rate		28.9%	28.6%	51.4%	30.0%	27.5%	18.2%	33.3%	17.8%	26.8%
MVCC Patient Experience:	81-83	84.6	95.8	86.8	85.4	95.5	90.63	80.0	87.5	89.2
PAC Patient Experience:	81-83	62.5	100.0	71.9	25.0	100.0	~	66.7	75.0	73.5
LTC Patient Experience:	81-83	100.0	100.0	100.0	80.0	100.0	87.5	100.0	~	91.7
Legacies Patient Experience:	81-83	92.9	94.4	96.9	100.0	93.8	91.67	100.0	100	95.4

Quality:



Total Falls = 15 Vent= 1 South Shore= 2 LTC= 3 LBL= 9

CURRENT OVERALL STAR RATING: 3 QUALITY: 4

PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	2020 YTD
MVCC Readmission Rate	↓	10-12%	12.0%	4.8%	10.0%	6.3%	11.8%	0.0%	15.4%	50.0%	11.7%

Readmission Summary: Our percentage was high in August due to our rehab unit being on enhanced precautions related to COVID and not being able to admit to that unit. We had 12 admissions the entire month of August and 4 of the 6 residents that were sent out to the hospital within 30 days went out with COVID. We anticipate that the percentage will go down in September with an increase in admissions and no longer having COVID positive residents.

14 residents were sent out to the hospital in August

- 6 within 30 days of admission
 - Increased confusion, temp 101.4 COVID +
 - Temp of 104.4, low O2, COVID +
 - Low O2, COVID +
 - Low O2, COVID +
 - Admitted from chemo d/t reaction
 - Bleeding after EGD and Colonoscopy

- 4 inpatient, unplanned
 - Increased weakness
 - Sent to hospital from bone and joint apt.
 - Wound dehisced
 - Draining AV fistula, right shoulder pain
- 4 emergency department only
 - Shortness of breath, low blood sugar
 - PEG tube change
 - Complaint of headache, shortness of breathe
 - Fall

Regulatory:

State Survey visits – Two state visits in August.

- Visit on 8/12 was a focus infection control survey r/t COVID. No deficiencies found.
- Visit on 8/18 was a follow up visit related to our plan of correction from our significant event in May. We were found to be in compliance and denial of payment for new admissions did not go into effect.

Self-Reports: No self-reports in August

Referral trends:

In August we had 71 referrals with 12 admitted.

We did not admit 59 referrals due to:

- Acuity too high (3)
- No LTC Beds Available (5)
 - Related to being full
- No PAC Beds Available (6)
 - Related to COVID + and unit on enhanced precautions
- No Legacies Beds Available (8)
 - Related to downsizing for future moves
- No Payer/Poor Payer Source (4)
- No skilled need (1)
- Out of County (16)
- Went to Competition (6)
- Went Home (7)
- Patient non-compliance (1)
- Went to inpatient rehab (2)

COVID UPDATE

South Shore was on enhanced precautions throughout the month of August related to residents with positive COVID. COVID testing was completed on South Shore residents and around 35 identified employees two times a week throughout the month. Family was kept informed through a weekly Dial My Call phone call. Employees were kept informed with daily huddles. A runner position was implemented to assist with running supplies and laundry for South Shore and to answer the doorbell at the front of MVCC. Patio and window visits were put on hold for most of August. Compassionate care visits continued with imminently dying residents. Patio visits were restarted of 8/25 and window visits were restarted the beginning of September. South Shore officially came off of enhanced precautions on 9/4/20. We were able to keep the COVID isolated to one hallway on South Shore during the outbreak.

Nursing Home Report - Month of August

Pine Crest (PC)

EMPLOYEE ENGAGEMENT

For the month of August Pine Crest had experienced a 9.1% vacancy rate, which is a slight negative variance from the target of 7-9%. However, the YTD average is 8.1% which is in-line with target. Turnover for the month was slightly elevated but the annualized rate continues to trend around 20%. The increase in turnover can be attributed to having five “occasional” staff members being removed from the system. These staff in particular hadn’t worked at PC for over a month and weren’t intending to pick-up shifts in the near future.

Department	August # of Openings	Hired in August	Discharges in August
LPN/RN	0 FTE; 8 Positions	0	
CNA	12 FTE; 16 Positions	1-FT	7 (5-occasional)
Hospitality Assistants	0	1-FT	0
Life Enrichment	0	0	0
Social Services	0	0	0
Respiratory Therapy	0	0	0
Administrative	TBD FTE (Infection Preventionist)	0	1
Dietary	0.3 FTE	2- FT	1- Student
Environmental Services	0	1- FT	

PATIENT EXPERIENCE

* Experience scores continue to fall below target at 79.2% on a target of 81-83%. We identified our long-term-care population expressing lower scores during this period, which may be due to the limited visitation that occurred during the month. We are working with our Life Enrichment team to review their activity regiment and determining changes that should be considered to support enhanced resident engagement. We too feel that being able to provide on-site beautician services will certainly assist with increased satisfaction.

DEPARTMENT: PINECREST NURSING HOME

FISCAL YEAR: 2020

	TARGET (Rating 2)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	YTD
PATIENT EXPERIENCE - PRESS GANEY SURVEY										
Survey Distribution Response Rate		\	28.6%	18.4%	40.5%	22.2%		12.9%	16.1%	25.0%
Pine Crest Patient Experience:	81-83%	\	81.9	86.1	85.0	90.0	83.3	33.3	79.2	83.9
Long Term Care (107)	81-83%	\	76.9	~	79.2	89.3	87.5	50.0	75.0	77.6
Special Care Patient Experience: (105)	81-83%	\	100.0	100.0	~	~	~	~	~	100.0
Rehab Patient Experience: (106)	81-83%	\	93.8	84.4	90.6	91.7	75.0	0.0	83.3	88.8
Hospice Patient Experience: (108)	81-83%	\	~	~	75.0	~	~	75.0	~	75.0
Housekeeping Patient Experience:		\	79.6	95.3	85.6	97.5	81.3	77.1	~	84.9
Activities Patient Experience:		\	85.1	95.6	79.2	85.2	80.0	80.0	~	86.0
Dietary Patient Experience:		\	78.3	90.5	83.1	87.8	68.1	67.4	~	82.6

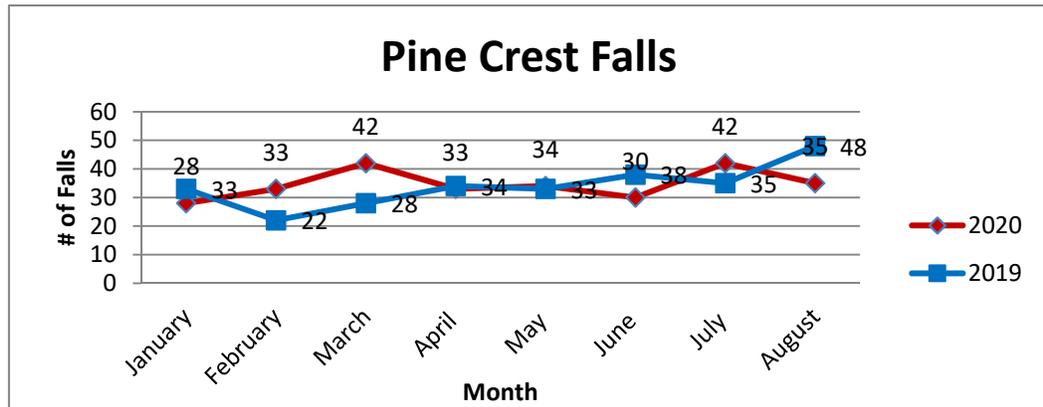
QUALITY

- Star Rating

CURRENT OVERALL STAR RATING: 3	QUALITY: 4
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- 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
QUALITY															
Pine Crest Readmission Rate	↘	10-12%	16.7%	3.7%	14.8%	28.6%	0.0%	9.1%	16.7%	7.7%					12.0%
<small> ↗ Higher rates are positive ↘ Lower rates are positive </small>															

Total Acute Care Transfers = 11

- 4- ED Only
 - MRSA infection to boil, MD insisted
 - Blood transfusion
 - CHF exacerbation
 - Syncope, daughter insisted
- 2- 30-Day Hospitalization
 - Extremities cold, eyes fixed
- 4 Unplanned Hospitalizations
 - Sepsis, pneumonia
 - Wound odor, deterioration of wound
 - Critical lab value of CO2
 - Hypotensive, elevated pulse, emesis
- 1 Observation unplanned
 - AMS, UTI

- RTH Summary: Two preventable hospitalizations were identified for the month of August, which are as follows:
 - Resident diagnosed with UTI: Family insisted on resident going out to the hospital. Family is an RN of the facility understands of our care capabilities.
 - Loss of consciousness: Resident has noted history of having a loss of consciousness while using the restroom. It was noted that there were not routine staff assigned to her care during this event and that the diagnosis relating to this wasn't present in the care plan.

REGULATORY

- **State Survey Visits**: One Focused-Infection-Control Survey follow-up from our two COVID positive employees for the month of July. No concerns noted during the visit.
- **Self-Reports**: One Self-Reports in July in regards to missing money. No process or long-standing concerns noted.

REFERRAL TREND

- **Commentary**: During the month of July we experienced 29 referrals. Of these referrals 21 did not admit for the below reasons:
 - Home (3)
 - No appropriate bed (2)
 - Out-Of-Network (5)
 - COVID Positive (1)
 - NAVI Denied (2)
 - No LTC Bed (7)

FINANCIALS

- Rehab census saw a slight increase for the month but still remains much lower than budget. This occupancy challenge alongside our ongoing agency expense continues to challenge our operations. Despite these difficulties we did experience a positive variance for the month of August due to the receiving of state CPE funds and an additional CARES act payment. Both disbursements amounted to \$808,000.00, and resulted in an experienced net income for the month of \$762,223.00; net income is \$818,240.00 year-to-date.



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: September 15, 2020
TO: North Central Nursing Home Operations Committee
FROM: Kim Gochanour, NHA
RE: Nursing Home Operations Report

The following items are general updates and communication to support the committee on Nursing Home Industry updates

Revenue:

Brief update on revenue changes we will see in 2021.

Medicaid – For the 7/1/2020 to 6/30/2021 timeframe, we have been informed that skilled nursing facilities will see a 2.2% increase to the average Medicaid rate. This rate is broken down to 1.6% from decrease in patient days and matching funds for public health emergency and the other .6% from department level changes in patient liability. We will learn more later this month on how this will directly impact Mount View and Pine Crest for our Medicaid rates.

Regulatory & COVID:

The most recent update from CMS and the state is in 2 areas:

1. Mandatory testing of employees in skilled nursing facilities based on county Covid positive percentages was put in place at the end of August. Currently this means that both Mount View and Pine Crest will need to test all employees and contracted staff monthly at this time based on the current county rates. Failure to do this will result in forfeitures and potential survey citations for noncompliance. We have reached out to our assigned lab and are working on a plan and timeframe to incorporate this mandatory testing within the next few weeks.
2. CMS also revised the COVID-19 Focused survey tool. Both facilities are reviewing this and determining any changes to our policy or process moving forward. Based on initial review, minimal changes are required to our processes currently.

Mount View Construction Update:

At this time the project is on track with all four floors poured. The parking lot in front of Mount View renovation was moved up in the timeline and we had to make changes to our parking for staff, visitors and deliveries with the intent of being finished by the first of October.

Team is currently working on the next transition of residents by November 1 to accommodate the upcoming inpatient hospital and MMT renovation. This team meets weekly to determine best placement of residents and other logistics as needed.