

**Board of Directors  
Champaign County Nursing Home (CCNH) –Minutes  
Urbana, Illinois  
October 6, 2014**

Directors Present: Banks, Lyn, Hartke, Hodson, Palinkas

Directors Absent/Excused: Emanuel, Maxwell

Also Present: Busey, Gima, Noffke, Nolan

**1. Call to Order**

In Chair Emanuel's absence, the meeting was called to order at 6:00 pm by Vice Chair Palinkas.

**2. Roll Call**

Nolan called the roll of Directors. A quorum was established.

**3. Agenda & Addendum**

Agenda was approved (motion by Banks, second by Hartke, unanimous).

**4. Approval of Minutes**

The open and closed minutes of September 8, 2014 were approved as submitted (motion by Hodson, second by Banks, unanimous).

**5. Public Participation**

Ms. Darlene Schweighart noted that her emails and phone calls were not returned when she contacted the nursing home administrator with problems she and her family were experiencing. Ms. Schweighart also commented about a lack of communication between nursing home staff members and the lack of cleanliness in the nursing home kitchenettes.

Mr. Dave Laker noted that understaffing on weekends is a problem that needs to be fixed. The biggest problems he noted were timeliness and temperatures of meals. He noted meals have become coarser and arrive sometimes up to 30 minutes late. Additionally, he saw a variance in weight in patients due to malfunctioning scales. He raised the concern that a variance in weight from month to month would skew dietary and medication requirements for patients who have specific needs. Additionally, he noted additional staffing is needed.

Mr. Douglas Goodwine noted that patients have not received proper meals on multiple occasions and wanted to see more food options on the menu. He also noted that wait times for service lights have increased to a half hour at times. Additionally, he noted that the chain of command at the nursing home does not fix problems in a timely fashion. He asked for improvements in respect for families and patients and improvements in communication between staff members.

**6. Progress Report from Healthcare Services Group (HCSG)**

Mr. Justin Schneider, Regional Manager of HCSG, introduced the new dietician and reported that the new full-time Food Services Director has moved to Champaign County from Indiana. Mr. Schneider noted that progress is being made by increasing staffing levels at the nursing home.

Mr. Palinkas asked if there is a routine practice to ensure patients are eating the correct amount of calories if a patient is unable to articulate their food choice. Mr. Schneider explained that staff members walk the cafeteria to ensure patients are eating their meals and ask if patients would like something different. Additionally, the dietician collects food preferences from each patient and their family. If a food item is not preferred by a patient, it is taken off of the patient's meal ticket and replaced with an item that the patient prefers.

Mr. Lyn noted that the quality of food has dropped since HCSG changed the nursing home's food vendor. Mr. Schneider explained that the food vendor was changed from Gordon's Food Service to U.S. Foods. Since there are 3 major food factories in the United States, Mr. Schneider explained that Gordon's Food Service and U.S. Foods deliver the same food products. Additionally, the process in which the food is made will also impact the quality of the food the patients receive.

Mr. Hartke encouraged Mr. Schneider to work on the quality of the food. The nursing home residents preferred to stay with Gordon's Food Service before the food vendor was changed. Mr. Hartke raised the concern that the quality of the ingredients will determine the quality of the meal. Mr. Schneider explained that he met with U.S. Foods and a new menu is prepared for the fall and winter seasons.

**7. Administrator's Report**

a. Quality – Psychotropics & Psychology Services

Ms. Karen Noffke introduced Nerissa Germain, the new Social Service Director. Ms. Germain has been working to improve the moods and behaviors of the residents at the nursing home. She has worked to develop an individualized care plan for each resident that focuses on the participating factors that lead to misbehavior and depressed moods. Non-pharmacological interventions are used before medications are administered. Psychotropic medication is used to provide service to the resident when non-pharmacological intervention does not work. Quarterly reviews are held to review each resident's psychotropic medication regimen. An outside clinical psychologist and licensed clinical social worker are utilized for further recommendations with difficult residents.

**8. Management Report**

a. August 2014 Financials

The average daily census rose to 207.1 in August, which is up from 203.7 in July. Medicare census declined to 13.8 patients. The preliminary census for September is 206 patients with 11 patients using Medicare. Medicaid pending conversion days declined to 367, down from 578 in July. The Medicaid conversion days decreased revenue by \$17,000. Net income in August increased to \$72,496 with net income for the year totaling \$455,276. Expenses fell to

\$1.3 million in August, a decrease of \$77,961 from July. Wages increased due to the payout of the 2% wage increase that was retroactive to 12/1/13. Agency expenses increased to \$78,000 due to the large number of CNA vacancies. Cash flow for August totaled \$133,093 with year-to-date cash flow totaling \$1,008,539. The cash position fell to \$781,417 due to a \$181,000 tax anticipation warrant payment to the county.

b. Strategic Objective Metrics

An update on meal delivery time was not included in the strategic objective metrics for this month. The Pinnacle food quality score increased from July and the dining score remained consistent. Medicare 30-day readmission rates were down to 20% in August. Pinnacle Survey Scores had one score out of sixteen that exceeded the national average. The turnover rate is based on 90 separations from December 2013 to August 2014, and there were 207 active employees as of 8/31/14. The average daily census for FY2014 is 203, which exceeds budget expectations.

Mr. Banks wondered if metrics could be measured against peer homes close to the size of the Champaign County Nursing Home or close in geographic proximity instead of measured against a national average. He stated it would be beneficial to evaluate our nursing home on a scope of nursing homes with similar size and environments. Mr. Gima explained he would need time to gather that information and will need to follow up at a later meeting.

c. Update

**IGT Reimbursement under Managed Care** - Mr. Gima attended a conference on Sept. 19<sup>th</sup> to provide an update on Intergovernmental Transfer Payments (IGT). Under the current IGT plan, the county is paid \$200 per day and is required to transfer \$11.25 per day back to the state. However, the state decided it will not require transfer payments in FY2014 because they are planning on filing a state plan amendment to CMS in October with a January 1, 2015 effective date. For the remainder of 2014, the nursing will receive the full \$200 per day.

**Managed Care MMAI Enrollment** – Approximately 48,000 dual eligible seniors will be enrolled in the Medicare-Medicaid Alignment Initiative by the end of year. The county nursing home will need to track the enrollment of residents that will occur over the next few months. The Health Alliance contract is still in place. Contract negotiations with Molina Healthcare are still in progress to determine they will pay the IGT rate. The biggest issue in the transition will be to keep track of resident's current health plans and retain their primary care providers. If resident's health plans are not tracked, they will be auto-assigned a new primary care provider that may not be their existing primary care provider.

**Medicaid Pending** – The nursing home currently has over 60 pending Medicaid residents. The Medicaid census averages 110 patients, which means the nursing home is not receiving payments from half of those patients. The state has implemented a new web-based application system called Application for Benefits Eligibility (ABE). ABE is total electronic system for application that will increase the number of applications processed and submitted.

Mr. Lyn asked for the date of the oldest pending application. Mr. Gima responded that it is over 2 years old, which is not out of the ordinary.

Ms. Hodson asked if older applications come from families that have complicating situations, such as owning a business or farm, which would make it difficult to establish eligibility. Mr. Gima explained that some applications fall into the category that Ms. Hodson described, and those applications are sent to the Illinois Office of the Inspector General (OIG) for review. However, the OIG is overwhelmed with pending applications and many families are left without answers as to the status of their application.

Mr. Lyn wanted to know about the application status if a resident were to pass away. Mr. Gima explained that the process would continue as normal and ensured that payments would need to be submitted.

## 11. Other Business

Mr. Hartke had a general question regarding the supervision and culture of the Champaign County Nursing Home. He readdressed the idea of hiring an Assistant Director of Nursing that would focus on training and quality and wanted to know if any progress has been made in that process. Additionally, he wanted to know if investments could be made in training and staffing given the appropriate resources. Mr. Gima explained that there are no applicants for the Assistant Director of Nursing; however, the supervisor position for units 1 and 3 has been filled. Ms. Noffke explained there are still 2 vacant supervisor positions with the addition of relief for the supervisor. Mr. Gima noted the Assistant Director of Nursing position has been expanded to include applicants with supervision experience and not solely nursing backgrounds. Mr. Lyn noted that supervision positions need to be filled in order to fix the lack of communication that residents and families are experiencing.

### a. Update on Establishment of Development of Committee

Mr. Hartke introduced the website Illinois Pioneer Coalition, which is a group that seeks to improve the quality of life in nursing homes and senior care. The committee is still growing and will consult with the Illinois Pioneer Coalition moving forward. It was suggested that the facility change its name from Champaign County Nursing Home to Champaign County Senior Living Center. Additionally, Mr. Hartke hopes to begin raising money in 2015 for the nursing home auxiliary with the goal of providing quality improvements that make the nursing home feel more like a home and less like a hospital.

### b. Chair Emanuel's Statement to the Champaign County Nursing Home

On September 19, 2014, The Illinois Department of Public Health (IDPH) surveyors completed the annual inspection to determine compliance with federal certification requirements for nursing homes that participate in the Medicare and Medicaid programs. The Statement of Deficiencies was received on September 25th and it includes 11 citations for dietary and nursing related issues. The highest scope and severity was a G. A "G" is defined as an isolated scope and a severity at actual harm that is not an immediate jeopardy. Immediate action was taken to reduce/eliminate the risk of future events. In July, IDPH conducted a complaint survey that resulted in three deficiencies. On this July survey, the highest scope and severity was a G.

CCNH has made consistent progress in the annual and complaint surveys in the past three years. Currently its ranking on quality measures is 5 Stars and is a data driven indicator of

improved care. The Board of Directors has taken great pride in the overall improvements at CCNH. The improved survey results over the past three years are the result of correcting systemic problems. While the results of these last two surveys are not at the same severity as the surveys in 2011 and earlier, they do provide an opportunity for improvement. Management has launched an investigation to identify any isolated or systemic issues. In either case, appropriate corrective measures will be taken. Earlier this year systemic issues in the dietary service were identified and progress is being made to resolve them.

The Board of Directors has worked diligently with management to improve the quality of care at CCNH. In 2008, CCNH was rated 2 Stars based on the Federal 5 Star rating system. In 2014, CCNH was up to 4 Stars, a significant measure of improvement. Providing the highest quality of care and safety to the residents at CCNH has been and will always be the number one priority.

**12. Next Meeting Date & Time**

The next meeting date and time for the Nursing Home Board of Directors is Monday, November 10, 2014 at 6:00 pm.

**12. Adjournment**

Vice Chair Palinkas declared meeting adjourned at 7:06 p.m.

Respectfully submitted

Brian Nolan  
Recording Secretary