**Board of Trustees**

**Meeting Minutes**

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| **Meeting Information** |
| Meeting date & time | April 22, 2025 / 1:00pm – 1:51pm |
| Location | Long Term Care FacilityTrustees’ Conference Room1st Floor Room N1106 |
| Attendance: In Person: | Tommy LyonsIra NovoselskyKurt PowerDawn SlavenChristine BaldiniJessica RogersLouise FordJohn CouillardKristine Smith Scott ConsaulValerie BrathwaiteJill WestEve Elliott (OVA) |
| Attendance: Via Microsoft Teams | Janet HaleRobert EngellMark YankopoulosBeth Hill |

**Meeting Details**

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| **Description** | **Presenter** |
| Call to Order/Role Call | Thomas Lyons |
| Approval of Minutes *Board of Trustees Meeting – March 27, 2025*First motion made for approval by Mr. Novoselsky and seconded by Ms. Slaven – then verbally accepted by all Board of Trustee members. | Thomas Lyons |
| Executive Director’s Report1. Introductions
	1. Brett Zografos – Human Resources Manager
	2. Nikolas Beshere – Human Resources Assistant Manager
	3. Frailin Medrano – Recruitment and Retention Coordinator
2. December 2024 VA SNF/Dorm Corrective Action Plan Update:
	1. POC submitted and accepted by the VA
	2. POC progress reviewed at QAPI Committee monthly
	3. Sharing Agreement is last item remaining and is pending with legal team
3. Implementation of Electronic Medical Record
	1. Care Plan implementation in progress, full implementation expected by May 2025
	2. 802 Matrix – acuity report remains in progress with WellSky
	3. EOTSS/WellSky interface:
		1. Pharmacy integration completed
		2. Radiology integration completed
		3. Laboratory integration testing in progress

Chairman Lyons inquired if Holyoke will be online at the same time as Chelsea. Ms. Baldini indicated Holyoke and Chelsea are working in collaboration for the completion of the EMR integration. 1. Pinnacle Report April 2025
	1. 98% favorable rating
	2. Average score 4.84/5
	3. Focus Area – Communication
		1. We are currently working in partnership with EOVS to recruit IT personnel and a Director of Communications to support both internal and external communications.
2. Focus areas/goals 2025
	1. Labor Management
		1. Managing labor to budget and responsible overtime utilization.
	2. Stabilization of workforce
	3. Employee engagement
		1. Quarterly staff meetings
		2. Employee appreciation events
	4. Regulatory compliance DPH, CMS, LS, VA
	5. Compliance/confidence with EMR utilization
	6. Customer Service with residents, families, contracted vendors and affiliates
	7. Foundation - billing for Medicare part A services and expanded part B services

Ms. Slaven inquired if the Home has a Shine Counselor on staff in-house to help establish and navigate Medicare. Ms. Baldini explained the goal is to hire a clinical documentation and reimbursement specialist to provide guidance for compliance for Medicare Part A and private insurance requirements. 1. CMS Five Star Rating:
	1. Overall Quality – March 3 stars no change
	2. Health Inspection – March 3 stars no change
	3. Quality Measures – March 4 stars no change
	4. Staffing – March 4 stars no change

Chairman Lyons asked if the board members had any questions. There were no questions presented. Chairman Lyons asked for a motion to approve the Executive Director’s report as presented. Motion approved by Ms. Hale, then seconded by Mr. Power, and verbally accepted by all Board of Trustees members. | Christine Baldini |
| **Department Report:** | **Presenter** |
| Deputy Executive Director:1. Census and Admissions Report
2. March 2025
3. Admissions
4. LTC – 1

ii. Domiciliary – 11. Discharges
2. LTC – 1

ii. Domiciliary – 11. Current Waitlist
2. LTC – 108

ii. Domiciliary – 101. ADC
2. LTC – 125

ii. Domiciliary – 1061. Census as of April 21st 2025
2. LTC

i. Census – 125ii. Open Rooms – 291. Domiciliary

i. Census – 106ii. Open Rooms – 19Chairman Lyons inquired if the one admission was a result of the discharge. Ms. Rogers responded that in the LTC there was a resident who passed and for the domiciliary a resident self-discharged to reside in the community.  | Jessica Rogers |
| Nursing Department Report 1. Nursing Department Updates – March 2025
	1. Initiated department staff meetings to communicate updates and to seek feedback.
	2. DPH survey completed 10.9.2024 – Corrective Action Plan in compliance. Continued monitoring:
		1. The process of granting resident badge access continues to meet 100% compliance for March 2025.
2. Compliance with staff knowledge related to:
	* 1. The definition of elopement and
		2. Understanding leaving campus with badge access is considered elopement without completion of a separate consent. (See charts)
3. The March results continue to improve from the previous months. One staff member did not answer correctly and was re-educated.
4. Elopement training for staff is ongoing. Teaching methods such as scenario-based case studies will be incorporated to engage the staff and meet learning outcomes.
	1. VA survey completed 12.5.2024 – 100% compliance:
		1. Compliance with recommended vaccines administered as ordered – Infection Control:

January – 8 vaccines ordered; 100% administeredFebruary – 5 vaccines ordered; 100% administered March – 2 vaccines ordered; 100% administered* 1. Nursing Hours Per Veterans Day
		1. 5.57 for March 2025 vs budget of 5.30
		2. National average is 3.5

Chairman Lyons inquired about success in managing elopement. Ms. Ford responded through education and the assessment tools developed, we are able to achieve compliance ensuring the understanding of the definition of elopement and the process for signing off the neighborhood. Ms. Slaven inquired if residents are scanning on and off the neighborhood. Ms. Baldini responded there is a mechanism for tracking time in and time out, when a resident scans their badge and clarified the process for residents’ responsibility. | Louise Ford |
| Medical Director Report* + - 1. There are currently two primary areas of focus, accomplishment, and goals:
1. Continue to meet multiple times per week and making significant progress in collaboration with Holyoke and WellSky to better coordinate the electronic medical record with our workflow.
2. Radiology successfully transitioned to the EMR in early April, and we are now working to integrate the laboratory portal into WellSky.
3. Continue to work on recruitment:
4. We completed interviews for a full-time nurse practitioner candidate starting June 30, 2025.
5. In the Rehab Department, completed interviews for an occupational therapy assistant starting May 5, 2025, and physical therapy assistant starting May 19, 2025.
6. We have begun COVID boosters for residents eligible and consented for the vaccination.

Chairman Lyons inquired the status of COVID at the home. Ms. Baldini reported there are three current cases, one employee and two residents on campus.  | Christine Baldini on behalf of Dr. Barash |
| Director of Facilities Management Report1. VA Life Safety Survey (12/2 -12/6/2024)
	* + - 1. Life Safety Code- continue to work with the EOC Director in reporting to the monthly QAPI (Quality Assurance Performance Improvement) committee for the POC progress.
				2. We have filed the application with the Board of Elevator Regulators for a variance, installing sprinklers in elevator machine room and hoist ways.
2. Annual OPSI Inspections
	* + - 1. Annual Office of Public Safety Inspections are due for the “Outside Buildings” in the month of April. Applications have been submitted.
3. Pennrose Updates:
	* + - 1. Continue to work with DCAMM Project Management and representatives from HDR Architects re: Keville and Sullivan Buildings, relocating DCCU, Gym, Computer Room, etc. This work is scheduled to begin in July 2025. The Study was recently certified by DCAMM.
				2. Incinerator Building work to begin in June 2025. Three companies attended the walk-through. Bids are due soon.
4. Chelsea Project Updates:
5. SNF Deck: New “L” Shaped Glass Panel was installed and railing moved to outside, during the week of March 17, 2025. New Heavy-Duty Closers, similar to the main entrance, are being installed on Entry Doors in the Great Room and one South.
6. SNF Bathroom Doors: Working with DCAMM and Consigli to replace all bathroom doors in the SNF with metal doors, with a “baked on” finish. Mockup of door was reviewed on March 21, 2025. Working with door vendor and manufacturer to meet fiscal year deadlines.
7. Personnel Updates:
8. Three new ESW staff in the onboarding pipeline looking to start soon
9. Interviews in process for KSW’s in Dietary
10. One Security Specialist – position reposted
11. Three new Communication Dispatchers are in the onboarding pipeline
12. Interviewing for HVAC 1 and 2
13. Interviewing for Steam Fireman

Chairman Lyons inquired when the next meeting presentation is scheduled with Pennrose. Ms. Baldini responded the next meeting is scheduled for May 15, 2025.  | Scott Consaul |
| Ombudsperson Report1. Grievance Update:
	* + - 1. March 2025
2. Fifteen total grievances campus wide
3. Long-Term Care Facility eight grievances
4. Domiciliary seven grievances
5. Grievances have been reviewed, addressed and closed. No identified trends.

Chairman Lyons inquired if the grievances are submitted from the veterans or their family members. Ms. Baldini responded a grievance can be submitted by a staff member on behalf of a resident, a resident can fill them out independently, and if a family member calls to report a concern, it is to be documented on a grievance for follow up and tracking.  | Christine Baldini on behalf of Marc Silvestri |
| Human Resources Report1. April 22, 2025 - Orientation
2. Four Certified Nursing Assistants, agency staffing.
3. One Chauffeur is scheduled to start May 5, 2025.
4. May 5, 2025- Orientation
5. Two VCC – RN IV
6. One Recreation Therapist I
7. One Registered Nurse III – Evening Supervisor
8. Two Communication Dispatcher I – Evening Shift
9. One Physical Therapy Assistant
10. One Occupational Therapy Assistant
11. Recruitment Updates
	* + - 1. One Technology & Systems Project Manager
				2. One Executive Assistant
				3. Two Communication Dispatcher I – Evening Shift
				4. Five Kitchen Services Worker I
				5. One HVAC Refrigeration Mechanic I
				6. One HVAC Refrigeration Mechanic II
				7. One Registered Nurse I
				8. One Registered Nurse II
				9. One Nursing Assistant I
				10. One Steam Fireman
				11. One Food Service Director
				12. One Nursing Scheduler
12. Current Requisitions
	* + - 1. One Registered Nurse V
				2. One Director of Communications
				3. One Nurse Practitioner (starting June 30, 2025)
				4. One Security Specialist I
				5. One Communication Dispatcher I – Night Shift
				6. One Nursing Assistant I
				7. One Environmental Services Supervisor
				8. One Environmental Services Specialists I
				9. One Registered Nurse I
				10. One Registered Nurse II
				11. One Director of Quality of Life
				12. One Registered Dietitian
				13. One Clerk III
 | Brett Zografos |
| Quality Nurse Update 1. Care Compare Five-Star Ratings of Nursing Homes – Provider Rating Report and factors that affect those measures. Areas where the home is currently above the national average:
2. Long-Stay residents with a UTI
3. Long-Stay residents experiencing one or more falls with major injury
4. Long-Stay residents whose need for help with daily activities has increased
5. Long-Stay residents whose ability to move independently worsened
 | Jill West |
| Social Services Report 1. March 2025 – Five tours, Three SNF and Two Domiciliary
2. Admitted two new residents to the Domiciliary
3. Interviewed two prospective residents for the Domiciliary
4. Investigated seven grievances in the Domiciliary
5. Coordinated meetings with Veterans Legal Services and VA Service-Connected Disability
6. EOVS/CHE Committee to review and update the Domiciliary Handbook

Chairman Lyons inquired if the home had volunteers to support residents with legal service matters. Ms. Brathwaite responded that some residents seek support from local community centers. At present time, there are no legal support service volunteers on campus.  | Valerie Brathwaite |
| Financial Report 1. Donation Fund – March 2025
2. Contributions of $2,575.00
3. $2,125.00 from Kearsage Lodge
4. $350.00 In memory of a resident who passed
5. $100 anonymous for pizza for the residents
6. Disbursements of $4,709.60 on petty cash for outings, game prizes, and donations
7. Donation Fund Balance at end of March 2025 - $73,241.45
8. Legacy Fund – March 2025:
9. No contributions to Legacy Fund in March 2025
10. Disbursements:
11. There were $69,272.24 in disbursements from the Legacy Fund for March 2025
12. 54,541.12 to Precision Fitness Equipment, Inc. for the new gym equipment
13. $4,795.75 to Resounding Joy for the resident music therapy program
14. $4,385.37 to Lavallee/Brensinger for HQ kitchen renovation project
15. $300.00 to various entertainers for resident music programs
16. $5,250.00 to Paul Revere Transportation for resident outings
17. Income investment of $73,222.94 leaving the balance in the legacy fund at $18,999,994.39

Chairman Lyons inquired if a representative from the Treasurer’s office could present information to the Board of Trustees on the oversight of the investment account. Mr. Couillard will reach out to the treasurer’s office to request their presence at the next Board of Trustees Meeting. 1. Trustee Funding Request
2. There is a request to spend $20,000.00 on rental tables and chairs for the Annual Cookout sponsored by the Middlesex Deputy Sheriff’s Department
3. The total cost last year was $18,494.86, the request will cover any increases in coverage

Chairman Lyons inquired if there was a date set yet for the cookout. Mr. Couillard will check on the date and report back. The cookout is generally scheduled toward the end of August.  | John Couillard |
| Financial Report Motion to accept Chairman Lyons requested a motion to accept the financial report as given. Motion approved by Ms. Hale and then seconded by Mr. Power, verbally accepted by all Board of Trustees members. The second motion request is on the special funding request for $20,000.00 for the annual cookout. Motion approved by Ms. Hale and then seconded by Mr. Power, verbally accepted by all Board of Trustees members.  | Thomas Lyons |
| Other Business:Ms. Hale inquired about the status of hiring an Executive Assistant to the Executive Director. Ms. Baldini responded there are currently interviews in progress for the Executive Assistant position. Ms. Slaven inquired about the status of the policy project and if there are similarities with the policies and procedures. Ms. Baldini provided a review of the current process in place in partnership with Holyoke and HMA. Once the policies and procedures are approved, they will be housed in Policy Manager for both homes. Ms. Smith further explained the functioning capabilities of the Policy Manager platform for the project.  |  |
| Adjournment: Chairman Lyons asked for a motion to adjourn. Motion approved by Mr. Power then seconded by Ms. Hale – then verbally accepted by all Board of Trustee members. Next meeting date: May 20, 2025 at 1:00pm | Thomas Lyons |