



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF VETERANS SERVICES  
Massachusetts Veterans Home at Chelsea  
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**MAURA T. HEALEY**  
GOVERNOR

**JON SANTIAGO, MD, MPH**  
SECRETARY, EOVS

**KIMBERLEY DRISCOLL**  
LIEUTENANT GOVERNOR

**CHRISTINE BALDINI**  
EXECUTIVE DIRECTOR

**Board of Trustees  
Meeting Minutes**

Meeting Information	
Meeting date & time	May 20, 2025 / 1:00pm – 2:10pm
Location	Long Term Care Facility
Attendance: In Person:	Tommy Lyons Ira Novoselsky Dawn Slaven Christine Baldini Jessica Rogers Louise Ford John Couillard Scott Consaul Valerie Brathwaite Jill West Jody Ryan Eve Elliott (OVA)
Attendance: Via Microsoft Teams	Janet Hale Kurt Power (not present) Robert Engell Dawn Slaven Mark Yankopoulos Beth Hill

**Meeting Details**

Description	Presenter
Call to Order/Role Call	Thomas Lyons
Approval of Minutes 1. Board of Trustees Meeting – April 22, 2025 2. The first motion for approval granted by Mr. Novoselsky and seconded by Ms. Slaven, verbally accepted by all Board of Trustee members.	Thomas Lyons
Executive Director's Report: 1. Review of the April 2025 Branch of Service report. 2. Ms. Hale inquired if the number of women in each branch can be presented. John Couillard and Jody Ryan will work to create a report with the new EMR.	Christine Baldini

3. December 2024 VA SNF/Dorm Corrective Action Plan Update:
  - a. POC progress reviewed at QAPI Committee monthly.
4. Implementation of Electronic Medical Record:
  - a. Care Plan implementation in progress, full implementation expected by 5/2025.
  - b. 802 matrix acuity report remains in progress with WellSky.
  - c. Laboratory integration testing remains in progress. Estimated go live end of May 2025.
  - d. Dietary secure printer in testing phase remain in progress.
5. Pinnacle Report April 2025:
  - a. 98% favorable rating.
  - b. Average score 4.84/5.
  - c. Focus area – Communication.
6. Focus areas/goals 2025:
  - a. Labor Management, to budget.
  - b. Stabilization of workforce.
  - c. Employee engagement.
  - d. Regulatory compliance DPH, CMS, Life Safety, VA.
  - e. Compliance and confidence with EMR utilization.
  - f. Customer service program
7. CMS Five Star Rating April 2025:
  - a. Overall Quality: \*\*\*
  - b. Health Inspection: \*\*\*
  - c. Quality Measures: \*\*\*
  - d. Staffing Measure: \*\*\*\*

Chairman Lyons inquired about the location for the Memorial Day Ceremony given the expected increment weather forecast. Chairman Lyons and Executive Director Baldini agreed to change the location to be hosted inside the Veterans Home at Chelsea's SNF.

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. Novoselsky and verbally accepted by all Board of Trustees members.

## Department Report:

## Presenter

### Deputy Executive Director:

1. Census and Admissions Report:
  - a. April 2025
    1. Admissions
      - i. LTC – 4
      - ii. Domiciliary – 6
    2. Discharges
      - i. LTC – 3
      - ii. Domiciliary – 2
    3. Current Waitlist
      - i. LTC – 109
      - ii. Domiciliary – 9

Jessica  
Rogers

<ul style="list-style-type: none"> <li>4. ADC <ul style="list-style-type: none"> <li>i. LTC – 125</li> <li>ii. Domiciliary – 108</li> </ul> </li> <li>b. Census as of April 30, 2025 <ul style="list-style-type: none"> <li>1. LTC: <ul style="list-style-type: none"> <li>i. Census – 124</li> <li>ii. Open Rooms – 30</li> </ul> </li> <li>2. Domiciliary: <ul style="list-style-type: none"> <li>i. Census – 108</li> <li>ii. Open Rooms – 17</li> </ul> </li> </ul> </li> </ul>	
<p>Nursing Department Report:</p> <ul style="list-style-type: none"> <li>1. DPH Survey completed 10.9.2024 – One corrective action plan monitoring continues per the Executive Director request for an additional 6 months. <ul style="list-style-type: none"> <li>a. Compliance with staff knowledge related to: <ul style="list-style-type: none"> <li>i. The definition of elopement and</li> <li>ii. Understanding leaving campus with badge access is considered elopement without completion of a separate consent.</li> </ul> <p>The April results continue to improve from the previous months, and 100% compliance was noted in April 2025.</p> </li> <li>b. VA Survey completed 12.5.2024: <ul style="list-style-type: none"> <li>i. Infection Control – 100% Compliance met administration of vaccines as ordered.</li> </ul> </li> <li>c. Nursing Hours Per Veterans Day: <ul style="list-style-type: none"> <li>i. 5.53 for April 2025 vs budget of 5.30</li> <li>ii. The national average is 3.5</li> </ul> </li> </ul> <p>Ms. Hale requested clarification regarding the two levels of consent when leaving campus. Ms. Ford responded the second consent asks for information such as destination location, responsible party, phone numbers to contact and time of expected return.</p> </li></ul>	<p>Louise Ford</p>
<p>Medical Director Report:</p> <p>Primary areas of focus, accomplishments and goals:</p> <ul style="list-style-type: none"> <li>1. Making significant progress in collaboration with Holyoke and WellSky to coordinate the electronic medical record (EMR) with our workflow.</li> <li>2. The next major goal is to integrate our laboratory portal into WellSky by the end of June.</li> <li>3. Continue to work on recruitment to care for the growing census: <ul style="list-style-type: none"> <li>a. In Medicine, we have a new full-time nurse practitioner starting the end of June.</li> <li>b. In the Rehab Department, an occupational therapy assistant started earlier in the month, and a physical therapy assistant is scheduled to start at the end of May.</li> </ul> </li> <li>4. We are continuing to administer COVID boosters for residents eligible and consented for the vaccination.</li> </ul>	<p>Dr. Barash</p>
<p>Director of Facilities Management Report:</p> <ul style="list-style-type: none"> <li>1. VA Life Safety Survey (12/2 -12/6/2024): <ul style="list-style-type: none"> <li>a. Life Safety Code- EOC Director reports to QAPI monthly on progress.</li> <li>b. Filed an application with the Board of Elevator Regulators for a variance, to install sprinklers in the Elevator Machine Room and Hoist ways. United Elevator and Encore Sprinkler Service have been preparing quotations on the proposed work.</li> </ul> </li> </ul>	<p>Scott Consaul</p>

<p>2. Annual OPSI Inspections:</p> <ul style="list-style-type: none"> <li>a. Annual Office of Public Safety Inspections were conducted for the outside buildings in the month of April. Keville Building Certificate of Occupancy has been re-issued. Other identified issues are being addressed, and a follow-up visit will be scheduled.</li> </ul> <p>3. Pennrose Updates:</p> <ul style="list-style-type: none"> <li>a. Continuing to work in partnership with DCAMM Project Manager 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.</li> <li>b. Incinerator building work begins in June. Three companies attended walk-throughs. Bids came in slightly higher than expected but the DCAMM budget has been adjusted accordingly.</li> </ul> <p>4. Project Updates:</p> <ul style="list-style-type: none"> <li>a. <u>SNF Deck</u>: New heavy-duty closers were installed on entry doors in the great room and 1 south.</li> <li>b. <u>SNF Bathroom Doors</u>: Working with DCAMM and Consigli to replace all bathroom doors in the SNF with metal doors, with a “baked on” finish. Door delivery is expected on May 19, 2025. Working with door vendor and manufacturer to meet fiscal year deadlines.</li> <li>c. <u>Sullivan Patio Exit Discharge</u>: Requested and received approval for DCAMM deferred maintenance funds to make these repairs by the end of fiscal year.</li> <li>a. <u>HQ and JA Roof Repairs</u>: Requested and received approval for DCAMM deferred maintenance funds to make these repairs by the end of fiscal year.</li> <li>b. <u>Schedule Anywhere</u>: Both the Dietary (on 5/4) and EVS (on 5/12) Departments have gone “live” for utilization of Schedule Anywhere software for scheduling and time tracking.</li> </ul> <p>5. Personnel Updates:</p> <ul style="list-style-type: none"> <li>a. 3 new ESW’s (EVS) staff in onboarding pipeline – looking to start in June.</li> <li>b. Interviews in process for KSW’s.</li> <li>c. 1 Security Specialist re-posted.</li> <li>d. 3 new Communication Dispatchers are in the onboarding pipeline.</li> <li>e. Candidate selected for HVAC 1.</li> <li>f. Interviewing for HVAC 2.</li> <li>g. Completed interviews for Director of Dietary.</li> <li>h. Interviewing for Steam Fireman.</li> </ul> <p>Ms. Slavin inquired if a meeting with Penrose and Soldier On would take place in the Domiciliary to update residents on the project. Ms. Baldini confirmed the meeting was held on May 15, 2025.</p> <p>Dawn Slavin suggests a FAQ communication be developed for the veteran residents at the Domiciliary. Ms. Baldini stated this was a good idea and would reach out to DCAMM.</p> <p>Chairman Lyons asked for clarification regarding the Quigley closing timeframe. Mr. Console, Director of Facilities, stated the plan is to close the Quigley building this summer.</p>	
<p>Ombudsperson Report:</p> <p>1. Grievances April 2025:</p> <ul style="list-style-type: none"> <li>a. There was a total of 12 grievances in April 2025.</li> <li>b. 9 grievances in the Long-term Care Facility.</li> <li>c. 3 grievances in the Domiciliary.</li> <li>d. All grievances resolved.</li> <li>e. No trends were identified.</li> </ul> <p>2. Developing a new Domiciliary Handbook:</p> <ul style="list-style-type: none"> <li>a. Working in partnership with EOVS and CHE team members.</li> </ul>	<p>Christine Baldini on behalf of Marc Silvestri</p>

<p>Human Resources Report:</p> <p>Recruitment Updates:</p> <ol style="list-style-type: none"> <li>1. Communication dispatcher 1 – Evening Shift, Environmental Service Specialist &amp; Occupational Therapy Assistant started on May 5, 2025.</li> <li>2. May 19<sup>th</sup> Orientation: <ul style="list-style-type: none"> <li>2 Environmental Service Specialist 1.</li> <li>1 Communication Dispatcher 1 – Evening Shift.</li> <li>2 VCC – RN IV.</li> <li>3 Nursing Assistant 1.</li> <li>1 Recreational Therapist 1.</li> <li>1 Physical Therapist Assistant.</li> </ul> </li> <li>3. June 2, 2025, Orientation: <ul style="list-style-type: none"> <li>2 Nursing Schedulers.</li> <li>1 Registered Nurse I.</li> <li>1 Registered Nurse II.</li> <li>1 Licensed Practical Nurse I.</li> <li>1 HVAC Refrigeration Mechanic I.</li> <li>3 Kitchen Service Workers.</li> <li>1 Executive Assistant.</li> </ul> <p>June 16, 2025, Orientation:</p> <ul style="list-style-type: none"> <li>1 Security Specialist I.</li> </ul> <p>June 30, 2025, Orientation:</p> <ul style="list-style-type: none"> <li>1 Nurse Practitioner.</li> <li>1 Registered Nurse I.</li> </ul> </li> <li>4. Confirming Start Date: <ul style="list-style-type: none"> <li>1 Food Service Director.</li> <li>2 Registered Nurse II.</li> <li>1 Nursing Assistant I.</li> </ul> <p>Currently Reviewing Applications:</p> <ul style="list-style-type: none"> <li>1 Technology &amp; Systems Project Manager.</li> <li>5 Kitchen Services Worker I.</li> <li>1 HVAC Refrigeration Mechanic II.</li> <li>1 VCC – RN IV.</li> <li>1 Security Specialist I – Day Shift.</li> <li>1 Communication Dispatcher I Night Shift.</li> </ul> <p>Currently Interviewing:</p> <ul style="list-style-type: none"> <li>Registered Dietitian.</li> <li>2 Registered Nurse III – Evening Supervisor.</li> <li>1 Chauffeur.</li> <li>1 Director of Communications.</li> <li>2 Clerk III.</li> </ul> <p>Chairman Lyons requested information regarding veterans hired. Mr. Zografos stated he would add this information to his next presentation.</p> </li> </ol>	<p>Brett Zografos</p>
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<p>Quality Department:</p> <ol style="list-style-type: none"> <li>1. Plan to align Facility Dashboard Data with CMS Quality Measures.</li> <li>2. Review CMS definition for inclusion/exclusion for CMS measures.</li> <li>3. Provide ongoing education related to the CMS definitions to the appropriate staff.</li> <li>4. Provide audit tools and conduct ongoing audits of documentation.</li> </ol>	Jill West
<p>Social Services Report:</p> <ol style="list-style-type: none"> <li>1. Facilitated tours: 6 SNF, 1 Domiciliary</li> <li>2. 4 new admissions to the Domiciliary</li> <li>3. 1 Domiciliary resident transferred to the SNF</li> <li>4. 1 Domiciliary resident purchased a home and moved into the community</li> <li>5. Continuing to connect residents with Veterans Legal Service and VA benefits liaison</li> <li>6. The garden club is up and running. Social work and Domiciliary residents are busy planting fruits and vegetables.</li> </ol>	Valerie Brathwaite
<p>Financial Report:</p> <ol style="list-style-type: none"> <li>1. Donation Fund – April 2025 = \$73,020.38 <ol style="list-style-type: none"> <li>a. Contributions of \$5,740.00 <ol style="list-style-type: none"> <li>i. \$4,250.00 from Kearsage Lodge</li> <li>ii. \$15.00 In memory of a resident who passed</li> <li>iii. \$425.00 Women of the Moose, Maden #1505</li> <li>iv. \$1,000.00 D.A.V. Chapter 10</li> <li>v. \$50.00 from Virginia Snow</li> </ol> </li> <li>b. Disbursements of \$6,060.52 <ol style="list-style-type: none"> <li>i. \$4,560.52 petty cash for game prizes, refreshments, outings</li> <li>ii. \$1,500.00 to Paul Revere Transportation for outings</li> </ol> </li> </ol> </li> <li>2. Legacy Fund – April 2025: \$19,064,231.89 <ol style="list-style-type: none"> <li>a. No contributions to Legacy Fund in March 2025</li> <li>b. Income Reinvestment of \$71,212.50</li> <li>c. Disbursements: \$5,925.00 <ol style="list-style-type: none"> <li>i. \$150.00 to various entertainers for resident music programs</li> <li>ii. \$5,775.00 to Paul Revere Transportation for resident outings</li> </ol> </li> </ol> <p>Chairman Lyons inquired if a representative from the Treasurer's office was scheduled to present information to the Board of Trustees on the oversight of the investment account. This was a request made at the April 2025 board meeting. Mr. Couillard indicated he reached out to the representative, with no return call, but will try again for the next meeting.</p> </li></ol>	John Couillard
<p>Financial Report Motion to accept:</p> <p>Chairman Lyons requested a motion to accept the financial report as given. Motion approved by Ms. Hale and then seconded by Ms. Slaven, verbally accepted by all Board of Trustees members.</p>	Thomas Lyons
<p>Other Business:</p> <p>We are trying to secure a date for the annual cookout typically scheduled in August. We are awaiting confirmation and will share with the board once received.</p>	
<p>Adjournment:</p> <p>Chairman Lyons asked for a motion to adjourn. Motion approved by Mr. Novoselsky then seconded by Ms. Hale, then verbally accepted by all Board of Trustee members.</p> <p>Next meeting date: June 24, 2025, at 1:00pm</p>	Thomas Lyons