**Board of Trustees**

**Meeting Minutes**

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| **Meeting Information** | |
| Meeting date & time | June 24, 2025 / 1:00pm – 2:02pm |
| Location | Long Term Care Facility  Trustees’ Conference Room  1st Floor Room N1106 |
| Attendance: In Person: | Tommy Lyons  Ira Novoselsky  Christine Baldini  Jessica Rogers  Louise Ford  John Couillard  Scott Consaul  Jill West  Jody Ryan  Janelle Howard  Hope Nappi  Brett Zografos  Nikolas Beshere  Jed Barash  Marc Silvestri |
| Attendance:  Via Microsoft Teams | Janet Hale  Robert Engell  Mark Yankopoulos  Dawn Slaven  Chad Morin  Patrick  Beth Hill |

**Meeting Details**

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| **Description** | **Presenter** |
| Call to Order/Role Call | Thomas Lyons |
| Approval of Minutes  *Board of Trustees Meeting – May 20. 2025*  First motion made for approval by Mr. Lyons and seconded by Ms. Hale – then verbally accepted by all Board of Trustee members. | Thomas Lyons |
| Executive Director’s Report   1. Introduction    1. Janelle Howard – Director of Communications    2. Hope Nappi – Executive Assistant 2. May Service Report    1. Broken down per request to include the number of women in our numbers    2. 12 females, 8 in DOM, 4 SNF (5% of population on campus) 3. Implementation of Electronic Medical Record    1. Care Plan implementation completed    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 completed, continue to run checks       4. Dietary secure printer remains in progress, experiencing some challenges 4. CMS Five Star Rating:    1. Overall Quality – May 3 stars no change    2. Health Inspection – May 3 stars no change    3. Quality Measures – May 3 stars no change    4. Staffing – May 4 stars no change    5. CMS changes to take effect July 30, 2025, decision made to use a two-year lookback to calculate the provider star rating instead of three years    6. Completed a PBJ audit could be a change in star rating for staffing levels due to an error in reporting 5. Pinnacle Report April 2025    1. 98% favorable rating    2. Average score 4.84/5    3. Focus Area – Communication       1. We have hired a Director of Communications and anticipate an increase in satisfaction scores in this focus area 6. Executive Team goals 2025    1. Stabilization of workforce by filling open positions with industry talent       1. Responsible practices for labor management       2. Reduce agency utilization by 25% each quarter    2. Open two vacant neighborhoods by the end of the calendar year 7. Open neighborhood with organic staff    1. DPH annual recertification survey goal to be below HDI (Health Deficiency Index)    2. Obtain licensure for outpatient rehabilitation services in progress    3. Establish infrastructure for billing Medicare Part A and commercial insurance    4. Customer service program implementation for Q-3    5. The date of the annual barbecue is Saturday, September 13, 2025, sponsored by the Middlesex County Sherriff’s Department   Mr. Lyons recommends bringing in agency staff to be able to open offline units and work on lowering waitlist numbers. Ms. Baldini suggested coming up with a list of benefits and opportunities to that scenario. Ms. Baldini offered that in a long-term care neighborhood we could be successful with that approach, but caring for populations with a tendency who have dementia, could be a challenge to use agency staffing. Ms. Hale agreed with Ms. Baldini and brought up financial implications for using agency staff. Ms. Hale added it is hard to find qualified staff for the challenging work environment. Ms. Baldini said staffing agencies are challenged to fulfill contractual needs. Shortage of licensed staff and CNAs are exacerbated due to the competitive landscape with multiple LTC facilities, assisted living facilities and acute care hospitals within a ten-mile radius to campus.  Chairman Lyons asked if the board members had any questions Ms. Hale asked if the staff get federal or state benefits. She recommends promoting state benefits and our successful portfolio in the recruitment process.  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. | Christine Baldini |
| **Department Report:** | **Presenter** |
| Deputy Executive Director:   1. Census and Admissions Report 2. May 2025 3. Admissions 4. LTC – 3   ii. Domiciliary – 2   1. Discharges 2. LTC – 2   ii. Domiciliary – 1   1. Current Waitlist 2. LTC – 109   ii. Domiciliary – 12   1. ADC 2. LTC – 125   ii. Domiciliary – 106   1. Census as of June 18, 2025 2. LTC   i. Census – 123  ii. Open Rooms – 29  iii. New Applications - 7   1. Domiciliary   i. Census – 109  ii. Open Rooms – 19  iii. New Applications - 8  Chairman Lyons asked if the board members had any questions Ms. Hale asked how many people in the current facility would be eligible to be moved to a dementia unit, and how many applicants on the waiting list would have dementia and be eligible.  Ms. Baldini said she did not have an exact number but that there would be enough residents who would benefit from a program with increased staffing. | Jessica Rogers |
| Nursing Department Report   1. Nursing Department Updates – May 2025    1. EMR documentation audits.       1. Began using medical charting system WellSky in November 2025       2. Care Plans went live in January 2026       3. Staff are becoming more proficient       4. Audits help to track and review progress 2. MDS Compliance (Minimum Data Set)    * 1. Federally mandated assessments Medicare/Medicaid      2. look at the functional status of residents and code appropriately      3. worked with disciplines to create a process which was communicated to MDS coordinators, showing improvement 3. Survey Readiness 4. EMR audits will prepare for survey readiness 5. Monitoring of coding and MDS compliance 6. HPPD management   Chairman Lyons asked if the board members had any questions. There were no questions. | Louise Ford |
| Medical Director Report   * + - 1. There are currently two primary areas of focus, accomplishment, and goals:  1. making significant progress in collaboration with Holyoke and WellSky to better coordinate the electronic medical record with our workflow 2. successfully integrated the laboratory portal into WellSky to order and see results in the EMR 3. Continue to work on recruitment: 4. full-time nurse practitioner starting June 30, 2025. 5. In the Rehab Department, a physical therapy assistant started early June 2025 6. COVID boosters offered to a few residents who were not eligible to receive at the time of the clinic   Chairman Lyons asked if the board members had any questions. There were no questions. | Dr. Barash |
| Director of Facilities Management Report   1. VA Life Safety Survey (12/2 -12/6/2024)    * + - 1. Life Safety Code- plan of correction submitted as well as three months of data at 100% to QAPI (Quality Assurance Performance Improvement) committee for the POC progress          2. Our application with the Board of Elevator Regulators for a variance, installing sprinklers in the elevator machine room and hoist ways has been granted, working with John’s team to bid 2. Annual OPSI Inspections    * + - 1. Annual Office of Public Safety Inspections, new Building Inspector signed off on everything June 20, 2025. 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 on the design is 90% completed, will go to bid when design is 100%          2. Incinerator Building work begins in July or August 2025. Bids were higher than anticipated, D CAMM budget was adjusted to reflect the higher amount. 4. Chelsea Project Updates: 5. SNF deck is now open with supervision in the afternoons. 6. SNF bathroom doors: Working with D CAMM and Consigli to replace all bathroom doors in the SNF with metal doors, with a “baked on” finish. Will not meet fiscal year deadlines, approximately 40% complete 7. Sullivan patio exit emergency discharge anticipated completion June 27, 2025 8. HQ and JA roof repairs anticipated completion June 30, 2025 9. Schedule Anywhere - Dietary and EVS Departments had a successful, seamless transition in May 2025 | Scott Consaul |
| Ombudsperson Report   1. Grievance Update:    * + - 1. May 2025 2. Eleven total grievances campus wide 3. Long-Term Care Facility nine grievances 4. Domiciliary two grievances 5. Grievances have been reviewed, addressed and closed. Trends identified: lost hearing aids and dentures 6. New Group forming after July 4, 2025    * + - 1. Will offer de-escalation techniques, breathing techniques 7. Challenge Coins will be distributed at Town Hall June 26, 2025   Chairman Lyons asked if the grievances are picking up or remaining consistent. Mr. Silvestri replied he feels the process has been well received by the residents. Mr. Lyons stated he feels the open dialogue between the residents and Mr. Silvestri resonates with the residents. Ms. Baldini added that all grievances are documented with follow-up and if there is a trend identified, it may be taken to QAPI. | Marc Silvestri |
| Human Resources Report   1. May 2025 – New Hires 2. 1 Environmental Service Specialist I -evening shift 3. 1 Occupational Therapy Assistant 4. 2 Communication Dispatcher I- evening shift 5. 2 VCC- RN IV 6. 1 CNA 7. 1 Recreational Therapist I 8. June 2025 New Hires Month to Date 9. 3 CNA 10. 1 Physical Therapist Assistant 11. 1 RN I 12. 1 RN II 13. 1 Nursing Scheduler \*internal promotion 14. 1 Executive Assistant 15. 1 Kitchen Service Worker I 16. 1 Security Specialist I-night shift 17. 1 Communication Dispatcher I- evening shift 18. 1 Director of Communications 19. June 30, 2025, Orientation     * + - 1. 1 Nurse Practitioner           2. 1 RN I           3. 1 Food Service Director           4. 1 Recreational Therapist I 20. Confirming Anticipated Start Dates     * + - 1. 1 CNA – night shift (PT)           2. 1 CNA – evening shift (PT)           3. 1 CNA-evening shift (FT)           4. 2 RN II           5. 2 Kitchen Service Worker I 21. Current Job Postings 22. Cook III-evening shift 23. Reviewing Applications   Environmental Service Specialist I  5 Kitchen Service Worker I   1. Veteran Status percentages of current employees   a. adds information on converting military service to recruitment flyers  b. wage survey established to check for competitiveness  8. Survey Readiness  a. Making sure appropriate CORI information on file to assist with reporting  b. Scanning project old HR documents into digital filing system | Brett Zografos |
| Quality Nurse Update   1. Improve EMR system to ensure consistency and complete documentation 2. Review CMS definitions for inclusion/exclusion for CMS measures 3. Ongoing education related to CMS definitions 4. Conduct audits of documentation   Chairman Lyons asked if the board members had any questions. There were no questions. | Jill West |
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| Financial Report   1. Donation Fund – May 2025 2. Contributions of $2,525.00 3. $1,500.00 from USI Alliance 4. $250.00 In Memory of a resident who passed 5. $325 American Legion Post 6 6. $450 in Memory of resident who passed 7. Disbursements of $4,254.80 on petty cash for outings, game prizes, and refreshments 8. Donation Fund Balance at end of March 2025 - $71,393.30 9. Legacy Fund – May 2025: 10. No contributions to Legacy Fund in May 2025 11. Disbursements: 12. There were $22,710.00 in disbursements from the Legacy Fund for March 2025 13. 8,500.00 to Resident holiday parties 14. $2,915.00 to Resounding Joy for the resident music therapy program 15. $3,000.00 to Sommer & Associates for resident guardianship 16. $320.00 to Sharlene Flores for barber services 17. $6,900.00 to Paul Revere Transportation for resident outings 18. $1075.00 for various entertainers   Fund investment in Massachusetts Neutral Deposit Trust 856,000 since last July. John will begin working on a budget for expenses next year and plans to send out before the next meeting. | 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. Novoselsky, verbally accepted by all Board of Trustees members.  Chairman Lyons asked if there was any special funding request for this month. There are no requests for this month. | Thomas Lyons |
| Other Business:  Mr. Engell will reach out to Henry Clay with the Treasures Office to see if he will be able to present to the Board of Trustees. Chairman Lyons would like to see if the presentation could happen in September or October. |  |
| Adjournment:  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.  Next meeting date: September 23, 2025, at 1:00pm | Thomas Lyons |