**Board of Trustees**

**Meeting Minutes**

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| **Meeting Information** |
| Meeting date & time | March 27, 2025 / 1:00pm – 2:34pm |
| Location | Long Term Care FacilityTrustees’ Conference Room1st Floor Room N1106 |
| Attendance: In Person: | Tommy LyonsIra NovoselskyKurt PowerChristine BaldiniJessica RogersLouise FordJed BarashJohn CouillardScott ConsaulValerie BrathwaiteMarc SilvestriChad MorinJill WestEve Elliott (OVA) |
| Attendance: Via Microsoft Teams | Dawn SlavenJanet HaleRobert EngellMark Yankopoulos |

**Meeting Details**

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| **Description** | **Presenter** |
| Call to Order/Role Call | Thomas Lyons |
| Approval of Minutes *Board of Trustees Meeting – February 25, 2025*First motion made for approval by Ms. Hale and seconded by Mr. Novoselsky – then verbally accepted by all Board of Trustee members. | Thomas Lyons |
| Executive Director’s Report1. VA Survey 1/2024 corrective action plan updates
	1. Domiciliary survey officially closed 3/13/2025
2. VA Survey 12/2024 corrective action plan submitted
	1. Dorm/SNF sharing agreement remains in process with Boston VA
	2. Dorm/SNF actively working on CAP
3. Department of Public Health Plan of Correction (October 2024) monitoring
	1. Reportables timely
	2. Behavioral Management
	3. Staff Understanding of Elopement
4. Implementation of Electronic Medical Record
	1. Care Plan implementation in process, full implementation expected by May 2025
	2. 802 Matrix – acuity report remains in process with WellSky
	3. EOTSS/WellSky interface:
		1. Pharmacy integration was completed March 4, 2025
		2. Radiology interface is currently in testing phase with anticipated go live date of April 1, 2025
		3. Dietary communication tunnel testing in process at Holyoke, anticipated go live in Chelsea is to be determined, IT currently working on printer testing
	4. WellSky/CHE continues to work on back-up system for downtime

Ms. Hale inquired what tunnel testing referred to? Ms. Baldini provided information related to the cadence and the ability to print documents from the EMR versus having to do manual data entry.Ms. Slaven provided suggestions for utilizing applications via cell phone for staff use. 1. Pinnacle Report February 2025
	1. 98% favorable rating
	2. Average score 4.85/5
	3. Focus Area – Communication
		1. Expanding broadcasting into residents’ rooms in future
		2. Recruitment for Director of Communications
2. Focus areas/goals 2025
	1. Labor Management
		1. Stabilization of the workforce with industry talent
		2. Bid process
			1. Tentatively scheduled for April 2025
3. Reduction of agency utilization by 25% per quarter
	* + 1. Continued focus on recruitment efforts
			2. Hired two Human Resource positions currently orienting
			3. Recruiter is scheduled to start April 7, 2025
			4. Goal to eliminate contracted labor for the nursing department by end of calendar year 2025
4. Responsible practice – staffing to budget/acuity
	1. Employee engagement
		1. Quarterly staff meetings
		2. Initiation of neighborhood chats by July 2025
	2. Regulatory compliance DPH, CMS, LS, VA:
		1. Survey management preparation, training and education
		2. DPH survey results under HDI
	3. Compliance/confidence with EMR utilization
	4. Customer Service:
		1. Establish customer service program for new admissions by quarter three
	5. Obtain licensure for outpatient rehabilitation services
	6. Establish infrastructure for billing for Medicare part A services and expanded programs for part B services
	7. Occupancy 100% in SNF and Domiciliary by end of quarter four

Chairman Lyons inquired if the home is utilizing the site developed by the state because of federal layoffs to assist recruitment efforts and with the current situation with the federal government. Ms. Baldini indicated there has been outreach with EOVS recruitment. Ms. Hale inquired about the retention rate with the move from Quigley to the CLC and satisfaction of employees and if they would recommend individuals for recruitment. Ms. Baldini explained the transition was positive and there were no employees lost in the transition. The EMR was challenging for some; however, there was education provided in group settings to prepare, and we hired an Informatics Coordinator to support staff who may require additional assistance. One of the vast differences and adjustments is the size of the building and identifying how that additional space can be best utilized. 1. CMS Five Star Rating
	1. Overall Quality: three
	2. Health Inspection: three
	3. Quality Measures: four
	4. Staffing: four
2. Employee Engagement
	1. Nursing management meetings
	2. 1:1 meetings with clinical leadership
	3. Feedback on OT management
	4. Stabilization of work schedule
	5. Quarterly all staff meetings

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 Trustee members. | Christine Baldini |
| **Department Report:** | **Presenter** |
| Deputy Executive Director:1. HR Updates:
	1. Recap February 2025- Hired (1) new employee; Promotions (2)
2. RNI - promotion
3. Treasurer’s Office Supervisor - promotion
4. Physician II – new hire
	1. Updates March 2025 – Hired (3) new employees; Promotion (1)
		* 1. HR Assistant – new hire
			2. Recreation Therapist I – new hire
			3. HR Manager – new hire
			4. Informatics Clinical Educator - promotion
	2. Offers Extended or Candidates Identified
		* 1. Technology & Systems Project Manager
			2. (1) Security Specialist I
			3. (3) Environmental Services Workers
			4. (3) RNs
			5. Recruitment and Retention Coordinator (target start 4/7)
			6. RN III – Evening Supervisor (target start 4/7)
			7. (3) Veteran Care Coordinators – RN IV
			8. (2) Certified Nursing Assistant
			9. (1) Clerk III
			10. Chauffer
			11. (3) Communication Dispatchers
	3. Interview in progress
		* 1. (5) Kitchen Service Worker
			2. RN V – Quality Improvement Nurse
			3. Nurse Practitioner
			4. Executive Assistant
			5. Director of Communications
			6. Certified Nursing Assistants
			7. Registered Nurses and Licensed Practical Nurses
	4. Active Postings or Positions to be posted
		* 1. Physical Therapy Assistant
			2. Occupational Therapy Assistant
			3. Registered Dietitian
			4. Steam Fireman
			5. Director of Quality of Life
			6. (2) Nursing Schedulers
			7. Environmental Services Supervisor
			8. (1) Clerk III
			9. (1) Communication Dispatcher
			10. (1) Security Specialist
			11. Registered Nurse III – Night Supervisor
			12. HVAC Refrigerator Mechanic II
			13. HVAC Refrigerator Mechanic I
			14. Food Service Director
			15. Pipeline postings

Registered Nurses I and IILicensed Practical Nurses I and IICertified Nursing Assistants* + - 1. Recreation Therapist I
 | Jessica Rogers |
| Nursing Department Report 1. Nursing Department Accomplishments – February 2025
	1. The process for insulin administration was streamlined to improve nursing efficiency and implementation of new medical equipment
	2. DPH survey completed 10.9.24 – corrective action plan monitoring
		1. The process of granting resident badge access continues to meet 100% compliance

Reportables submitted timely 1. 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
	1. VA survey completed 12.5.24 – Clinical areas of focus
		1. Drug Regimen Review
		2. Infection Control
	2. Nursing Hours Per Veterans Day
		1. 5.96 February 2025
		2. The national average is 3.5
		3. 1:1 support and transport to appointments are not resented in this number

Chairman Lyons had a question about vaccinations and if the data presented was for staff or residents. Ms. Baldini confirmed, resident data.  | Louise Ford |
| Medical Director Report* + - 1. There are currently two primary areas of focus, accomplishment, and goals:
1. Continue to meet multiple times weekly and make significant progress in collaboration with Holyoke and WellSky to better coordinate the electronic medical record with our workflow.
2. Pharmacy successfully transitioned to EMR in recent weeks.
3. Integration of the radiology portal into WellSky has an anticipated go-live in early April. Following completion, the goal is to utilize the same process for labs.
4. Continue to work on recruitment to care for the growing census:
5. A Physician joined the team in February
6. Currently interviewing for a full-time nurse practitioner position
7. Interviewing candidates in the Rehab Department
8. Occupational Therapy Assistant (OTA)
9. Physical Therapy Assistant (PTA) remains posted on Mass Careers
10. Agency staff currently covering the OTA and PTA roles at present time
11. A rehabilitation aide position is pending posting

  | Dr. Barash |
| Director of Facilities Management Report1. VA Life Safety Survey (12/2 -12/6/24)
	* + - 1. Plan of Correction submitted, pending VA approval.
2. Pennrose Updates
	* + - 1. We continue to work with DCAMM’s project manager and representatives from HDR Architects regarding pre-work in the Keville and Sullivan buildings.
				2. Relocating DCCU, gym, computer room, etc.
				3. Work is scheduled to begin in July 2025
				4. Incinerator work is scheduled to begin in June 2025
3. SNF Project Updates
	* + - 1. SNF “Rear” Doors: New England Schools installed new extra heavy-duty closers with flat scan laser safety sensors on both sides of the doors on February 20th, 2025. There has been positive feedback from staff and residents regarding the installation
				2. SNF Deck: New L-shaped glass panel installed the week of March 17th, 2025 (work continues into the week of the 24th)
				3. SNF Bathroom Doors: continue to work with DCAMM and Consigli to replace all bathroom doors in the SNF with metal doors, with a “baked” on finish. Mockup of door scheduled for March 21st, 2025.
4. Personnel Updates
	* + - 1. Three (3) new ESW’s (EVS) staff in the onboarding pipeline – projected start 4/2025
				2. Five (5) interviews in process for KSW’s in Dietary
				3. One (1) Security Specialist – position reposted
				4. Three (3) new Communication Dispatchers are on the onboarding pipeline

Chairman Lyons inquired about the roles of the Environmental staff. Mr. Consaul provided an overview of environmental staff formerly known as housekeepers and explained the importance of the department and contributions made to facilities even more since the pandemic.  | Scott Consaul |
| Ombudsperson Report1. Grievance Update
	* + - 1. February 2025
2. 15 total grievances campus wide
3. Long-Term Care Facility – 10 grievances
4. Domiciliary – 5 grievances
5. Efforts continue to promote the grievance process and encourage communication and engagement with residents for staff to best meet their needs
6. All grievances have been reviewed, addressed and are closed

Chairman Lyons complimented the efforts of the team to ensure residents feel comfortable voicing concerns and confident in the resolution process.1. Domiciliary Handbook
	* + - 1. Formulated working group to review and update
				2. Implementation of policy and procedure
				3. Roll out education, assistance, and benefits available during transition from dorm to new apartment
 | Marc Silvestri |
| Census and Admissions Report1. February 2025
2. Admissions
3. LTC – 4
4. Domiciliary – 0
5. Discharges
6. LTC – 5
7. Domiciliary – 0
8. Current Waitlist
9. LTC – 108
10. Domiciliary – 22
11. ADC
12. LTC – 125
13. Domiciliary – 108
14. Census as of March 23, 2025
15. LTC
16. Census – 128
17. Open rooms – 26
18. Domiciliary
19. Census – 106
20. Open rooms – 19
21. There is one pending admission for the dorm.
22. There has been ongoing discussion about capacity and the number of admissions possible as the project with Pennrose continues to develop. The goal is to be at capacity by the end of year.
 | Jessica Rogers |
| Quality & Standards Manager Report1. Domiciliary Room Inspection Initiative Updates
2. Overview and tools
3. Room inspection process review
4. Domiciliary handbook review
5. New room inspection checklist
6. Team establishment
7. Compiled questions for legal review and compliance guidance
8. New communication process with residents
9. Town Hall Q&A session
10. Work order tracking
11. Themes identified throughout the course of inspection
12. Unoccupied data building breakdown
13. Conduct inspection
14. Document findings
15. Complete work order
16. Develop a plan with facilities
17. Occupied data building breakdown
18. 99.7% of rooms inspected
19. 1 resident room remains
20. Total inspected
21. 106/107 rooms
22. Review of checklist updates
23. Work order breakdown

Chairman Lyons inquired if there were any residents who may have hoarding tendencies. Mr. Morin explained there were some inspections which revealed findings of hoarding tendencies and indicated that there are plans in place to assist those residents identified to navigate some difficulties they may be experiencing.Ms. Slaven inquired why there was a waitlist with unoccupied rooms. Ms. Brathwaite explained there is an application process in the domiciliary and indicated that incomplete applications result in process delays. Ms. Hale inquired what would happen in the event a resident doesn’t have a health record. Ms. Brathwaite indicated that veterans are referred to the VA and community health centers. | Chad Morin |
| Quality Nurse Manager Update 1. Incident and Reportable Breakdown – February 2025
2. 47 incidents received
3. All documented/reported as indicated
 | Jill West |
| Social Services Report 1. February 2025 – 6 tours
2. Accepted 2 Domiciliary applications in March 2025
3. 2 additional applications scheduled for interviews
4. Quarterly women’s unit meeting held in February 2025
5. Continue to work on securing mental health services
6. Working in collaboration with Home Base Program
7. Residential Services and Social Work department working in partnership to support residents who are identified as needing assistance and monitoring to maintain compliance with room inspections

Ms. Hale inquired how many women are residing in the domiciliary and CLC. Ms. Brathwaite indicated there are 11 women residents in the domiciliary and 3 residing in the CLC.  | Valerie Brathwaite |
| Financial Report 1. There were corrections on the January 2025 Donation and Legacy reports.
2. Donation Fund – January 2025 Revised
3. Contributions of $5925.00
4. Earned income from bank accounts $103.67
5. Disbursements of $7,475.06
6. Legacy Fund – January 2025 Revised
7. Contributions of $28,862.05 – remaining balance from the old UBS account. This amount was from stock investment.
8. The income reinvestment was $74,363.48
9. Disbursements of $18,316.88
10. Legacy Fund Balance at the end of January 2025 $19,223,521.38
11. Donation Fund – February 2025
12. Contributions of $2,220.00
13. Disbursements of $5,092.20
14. Donation Fund Balance at end of February 2025 - $75,273.40
15. Legacy Fund – February 2025
16. Contributions of $0.00
17. Income Reinvestment of $66,819.35
18. Disbursements of $294,348.04
19. Legacy Fund Balance at the end of February 2025 $18,995,992.69

Chairman Lyons inquired who oversees the investment accounts now with UBS closed out. Mr. Couillard responded the State Treasurer’s Office. Chairman Lyons inquired if a representative from the Treasurer’s Office could provide some information to the Board of Trustee members on the account. Mr. Couillard will coordinate with the State Treasurer’s Office. 1. Trustee Funding Request
2. There were no special funding requests
3. Budget development with recreation department is being explored and potentially utilizing the legacy fund
4. Kitchen project is closed
5. Open Projects
6. Approved transportation funds
7. Music Program
8. Dorm Gym – paid in March 2025
 | John Couillard |
| Financial Report Motion to accept Chairman Lyons requested a motion to accept the financial report as given. Motion approved by Mr. Novoselsky and then seconded by Ms. Hale, verbally accepted by all Board of Trustees members.  | Thomas Lyons |
| Other Business:Ms. Slaven indicated at the Veterans Home Council Meeting there was a presentation about policy alignment and standardization initiative. Ms. Slavin was inquiring about what information the Executive Director and Chelsea team may be receiving and to ensure that support is available. Ms. Baldini confirmed a focus project is in place to review policy and procedures and to ensure Holyoke and Chelsea are aligned. Ms. Slaven added she wanted to ensure the Executive Directors were involved in decision making, which Ms. Baldini confirmed. Ms. Hale inquired how the homes are managing any unique differences between the two facilities. Ms. Baldini indicated there will be areas which remain unique to both homes including dining and recreational activities, etc. Ms. Hale inquired about the domiciliary in Holyoke and if a new domiciliary was part of the plan. Mr. Engell replied the domiciliary closed a few years ago as part of the scope of the new building needing to utilize that space, and that the market analysis done at the time determined that the need in the marketplace was for adult day health with a focus on the veteran population opposed to the domiciliary.  |  |
| 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: April 22, 2025, at 1:00pm | Thomas Lyons |