



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF VETERANS SERVICES
Massachusetts Veterans Home at Chelsea
100 Summit Avenue, Chelsea, MA 02150
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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 Agenda

Meeting Information	
Meeting date & time	February 25, 2025 / 1:00pm – 2:00pm
Location	Long Term Care Facility Trustees' Conference Room 1 st Floor Room N1106

Meeting Details

Description	Presenter
Call to Order	Thomas Lyons
Approval of Minutes Board of Trustees Meeting – January 28, 2025	Thomas Lyons
Domiciliary Construction Update	DCAMM/Pennrose Development Team
Executive Director's Report	Christine Baldini
Department Reports: <ul style="list-style-type: none">○ Deputy Executive Director○ Director of Nursing○ Medical Director○ Director of Facilities Management○ Communication/Admissions○ Ombudsperson○ Director of Social Services	Jessica Rogers Louis Ford Dr. Jed Barash Scott Consaul Jessica Rogers Marc Silvestri Valerie Brathwaite
Financial Report <ul style="list-style-type: none">○ Donation Fund○ Legacy Fund○ Special Funding Requests	John Couillard
Other Business	Thomas Lyons
Adjournment: Next meeting date: March 25, 2025 @ 1:00pm	Thomas Lyons

If you wish to attend the meeting via phone call, please call 857-327-9245
and use Phone Conference ID 933 749 304#.

Thank you.



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Board of Trustees Meeting Minutes

Meeting Information	
Meeting date & time	January 28, 2025 / 1:00pm – 2:00pm
Location	Long Term Care Facility Trustees' Conference Room 1 st Floor Room N1106
Attendance: In Person:	Tommy Lyons Ira Novoselsky Christine Baldini Jessica Rogers Louise Ford John Couillard Scott Consaul Valerie Brathwaite Kristine Smith Marc Silvestri Chad Morin Jill West Christine Nakazzi
Attendance: Via Microsoft Teams	Kurt Power Dawn Slaven Janet Hale Robert Engell Mark Yankopoulos Beth Hill

Meeting Details

Description	Presenter
Call to Order/Role Call	Thomas Lyons
Approval of Minutes <i>Board of Trustees Meeting – December 23, 2024</i> Approved by Mr. Novoselsky and seconded by Ms. Hale – then verbally accepted by all Board of Trustee members.	Thomas Lyons
Executive Director's Report 1. Introductions of New Team Members: a. Louise Ford, Director of Nursing b. Jill West, Quality Nurse Manager	Christine Baldini

- c. Christine Nakazzi, Veteran Care Coordinator
- d. Kristen Moore, Therapeutic Recreation Supervisor

2. VA Recertification Survey for the SNF and Domiciliary (Dec 2-6, 2024)

- a. Six deficient practices identified in SNF:
 - 1. Resident activities
 - 2. Drug regimen review
 - 3. Infection Control
 - 4. Life Safety
 - 5. Emergency Power
 - 6. Use of Outside Resources
- b. Four deficient practices in the Domiciliary:
 - 1. Drug/medication for specific Veterans x2
 - 2. Use of outside resources
 - 3. Life Safety

Executive Director Baldini provided an update on the status of the corrective action plan for the identified deficient practices and expects to be in compliance by the end of next month.

Valerie Brathwaite provided an update regarding the 10-0460's related to domiciliary drug/mediation deficient practice.

3. Department of Public Health Survey Compliance:

- a. The following deficient practices reported to QAPI three consecutive months of compliance and are now concluded:
 - 1. Medication Observation
 - 2. Follow-up Consultations Recommendation
 - 3. Follow-up Lab Results Post Hospital Visit
 - 4. PTSD Care Plans
 - 5. Pacemaker/Heel Protector Care Plan
- b. The following deficient practices will continue to be monitored through the QAPI process until 100% compliance is maintained for six months:
 - 1. Resident Badge Access Process
 - 2. Staff Understanding of Elopement
 - 3. Behavioral Management

Valerie Brathwaite provided an update on the Behavioral Management process. The Interdisciplinary Team (IDT) developed a list of Veterans who were identified as potential high-risk for changes in behavior due to the history of suicidal idealizations and/or psychiatric diagnosis. This list will be reviewed weekly at the Behavioral Management Committee meeting to ensure that appropriate interventions are put into place.

Chairman Lyons asked Valerie what the PTSD care plan consisted of. Valerie explained the process includes screening tools that are completed with residents who have a history of trauma, not necessarily just PTSD, to identify their triggers, and to put proactive interventions in place.

4. Implementation of EMR action items:

- a. Focus on collaborative care plan process for implementation in the EMR began 1/23/2025.
Executive Director Baldini explained this process will take approximately six months to complete.

- b. 802 Matrix – acuity report, still in process with WellSky – this report is needed for both DPH and VA annual survey. This process has been manual to date but will be rectified with full integration of the EMR.
- c. EOTSS/WellSky interface implementation in process for:
 - 1. Pharmacy
 - 2. Dietary
 - 3. HealthDrive
 - 4. Radiology
 - 5. Laboratory
- d. WellSky/CHE working on backup system for downtime.

5. Pinnacle Quality Insight Report December 2024:

- a. 98% favorable rating
- b. 4.83 rating, recommend to others
- c. Focus areas: Communication

Executive Director Baldini highlighted that it was discovered that the Pinnacle contract is for five resident satisfaction surveys per month. This contract will be reviewed to expand the number of surveys being solicited in efforts to seek quality data in identifying areas of opportunity for improvement.

6. Recruitment

- a. Continue working in partnership with EOVS for streamlining recruitment process.
- b. New hire status updates will be provided by Jessica Rogers Deputy Executive Director.

7. Focus areas/goals 2025

- a. Labor management
- b. Employee engagement
- c. Stabilization of workforce
- d. Increased compliance and confidence with EMR utilization
- e. Compliance with DPH, CMS, Life Safety and VA regulations
- f. Customer service

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 Ms. Slaven, and verbally accepted by all Board of Trustees.

Department Report:

Presenter

Deputy Executive Director:

- 1. 2024- HR Updates:
 - a. December 2024- Hired (5) new employees
 - 1. RN II
 - 2. CNA
 - 3. Environmental Service Worker
 - 4. Speech Language Pathologist
 - 5. Director of Nursing

Jessica Rogers

2. 2024-Hired a total of 40 employees
3. 2025-January HR Updates:
 - a. 01/13/2025-Hired (4) new employees
 1. RN V - Quality Nurse
 2. Recreation Therapy Supervisor
 3. RN II
 4. RN I
 - b. 01/27/2025
 1. RN I-waiting on salary review
4. Candidates identified, working on extending offers:
 - a. Informatics
 - b. Technology & Systems Project Management
 - c. Physician II
 - d. (2) Security Specialist I
 - e. Treasurer's Office Supervisor
 - f. (3) Environmental Services Workers
 - g. Human Resource Assistant
 - h. Recreation Therapist
 - i. RN II
 - j. Recruitment and Retention Coordinator
 - k. Human Resource Manager

Deputy Executive Director Rogers indicated that it is anticipated to have a full complement for the HR Department by March 2025.

5. Interviews in progress:
 - a. (2) Clerk III
 - b. Scheduler
 - c. (4) Communication Dispatchers
 - d. (8) Recreation Therapist I
 - e. Certified Nursing Assistants
 - f. Register Nurse/Licensed Practical Nurse
 - g. Retention and Recruitment
 - h. Registered Dietician
 - i. Executive Assistant
6. Positions Posted
 - a. Physical Therapy Assistant
 - b. Occupational Therapy Assistant
 - c. RN V-Quality Improvement
 - d. (3) RN IV- Veteran Care Coordinator
 - e. Chauffer
 - f. Director of Communications
 - g. (10) Kitchen Service Worker I
 - h. (2) Steam Firemen
 - i. HVAC Refrigerator Mechanic II
 - j. (2) Registered Nurse II-Evening Supervisors
 - k. CNA-Pipeline

- l. RN/LPN-Pipeline
- m. Recreation Therapist I- Pipeline

Chairman Lyons inquired to see if any of the positions discussed were telework positions?
Deputy Executive Director Rogers confirmed all positions in person.

7. GOALS FOR HR 2025:

- a. Stabilize workforce by filling open positions
- b. Reduce agency utilization in the Nursing Department and Security Department
- c. Fully functional HR Department by April 2025

Ms. Slaven asked a question regarding the positions that need to be reposted, inquiring why they just don't remain open, instead of having to take them down and repost them again.

Deputy Executive Director Rogers explained after 14 days of a position being posted, the hiring manager can proceed with the hiring process. Positions within the Commonwealth only remain posted for a total of 30 consecutive days. After 30 days, the position must be reposted. Only the pipeline positions (RN, LPN, CNA, Recreation Therapists) remain posted.

Nursing Department Report

1. DPH Survey Corrective Action Plan updates:

- a. 100% compliance for the 3 months for the following deficient practices.
 1. Medication observations.
 2. Obtaining laboratory values post hospitalization.
 3. Applying heel protectors as ordered.
 4. Pacemaker/heel protector care plans.
- b. The new process implemented for resident badge access has supported resident safety.
 1. Granting badge access – two months at 100% compliance – Executive Director Baldini indicated that the team would continue to monitor beyond the 30 days of compliance to ensure continued understanding.
 2. Compliance with staff knowledge of the definition of elopement and understanding leaving campus with badge access is considered elopement without completion of a separate consent.
 - Re-education was completed for appropriate staff.
- c. Nursing Hours Per Veteran Day 5.89 for December 2024 vs budget 5.30.
 1. One-to-one support and transport to appointments are not represented in this number consistently.

Christine Baldini
on behalf of
Louise Ford

Medical Director Update:

1. There are currently two primary areas of focus, accomplishment, and goals:
 - a. We continue to work in collaboration with Holyoke and WellSky to identify improvements and adjustments to better coordinate the system with our workflow.
 - b. We continue to work on staffing to care for the growing census.
 1. In medicine, we interviewed an additional physician at the end of December and working with Human Resources on advancing in the hiring process.
 2. In therapy, the new speech-language pathologist (SLP I), started on December 16, 2024.
 3. Continued recruitment for an occupational therapy assistant (OTA) and a physical therapy assistant (PTA). A rehabilitation aide is pending posting. The OTA, PTA, and rehabilitation aides are new positions.

Christine Baldini
on behalf of
Dr. Barash

Director of Facilities Update:

Scott Consaul

1. VA Life Safety Survey

- a. Life Safety Code- worked in collaboration with the EOC Director to draft Corrective Action Plan for submittal to the VA.
- b. LSC documentation issues (primarily with vendors – worked in partnership with vendors to correct documentation and add in contract language. Going back out to bid on one of the contracts, drafted SOW, etc.)
- c. Drafted a new Electrical Testing form for in-house Electricians to accurately reflect compliance with the code.
- d. Applying to the Board of Elevator Regulators for a variance, to install sprinklers in the Elevator Machine Room.

Chairman Lyons asked Mr. Consaul, what the reason would be that the state building code would prohibit the sprinkler installation.

Mr. Consaul opined that it has to do with the electrical components and the safety of the firefighters and other personnel responding to emergencies.

2. Focus areas 2025 - Emergency Preparedness (EOC and Public Safety):

- a. Emergency Management Training, Incident Command (HICS, etc.); Code Reds, Code Yellows, etc.
- b. The facility has a contract with Jensen & Hughes Consulting, to support emergency management training for staff.

3. HQ Kitchen updates:

- a. A new stainless steel grease interceptor has been installed and is fully functioning.
- b. HQ Kitchen staff will use the dishwasher in Quigley Memorial Hospital on the dates of installation.

4. Pennrose updates:

- a. Walkthrough on January 10th with DCAMM Project Manager and representatives from HDR Architects regarding Keville and Sullivan Buildings, relocating DCCU, Gym, Computer Room, etc.

5. Project updates:

- a. Smoking Hut has been relocated. The door is to be changed to a sliding barn door. Residents expressed appreciation for making this accommodation.
- b. SNF “Rear” Doors: Met with NE Schools and manufacturer’s representative, regarding new Extra Heavy-Duty Closers with flat scan laser safety sensors on both sides of the doors. Goal to install by February 2025.
- c. SNF Deck: ISA issued to “flip” handrail to outside.

6. Personnel Updates:

- a. 3 Environmental Service Worker’s (EVS) hired.
- b. 4 Switchboard Operator Interviews scheduled.
- c. 2 Security Specialists in the pipeline.

Mr. Novoselsky posed the question regarding evacuation drills and asked if the team was conducting these types of drills.

<p>Mr. Consaul indicated that we work with Mass Map’s mutual assistance program to conduct emergency drills. We recently had a drill in coordination with Mass Map in September 2024.</p> <p>Mr. Novoselsky asked about the status on “stair-chairs”.</p> <p>Mr. Consaul explained the stair chairs are on order and the Director of Public Safety will coordinate the necessary training with the Chelsea fire department.</p> <p>Executive Director Baldini highlighted we are required to do two drills per year, one tabletop and one with community participation. We use these opportunities to highlight areas improvement. The after-action results will be reported to the Quality Assurance Performance Improvement Committee and monitored for compliance.</p>	
<p>Ombudsperson Update</p> <p>1. December 2024 Grievances</p> <p>a. Five Grievances in the month of December</p> <ol style="list-style-type: none">1 regarding customer service1 regarding person centered care needs1 regarding bed size, key card and medication administration1 regarding follow-up to surgical procedure1 regarding nutrition status and person-centered care <p>Chairman Lyons asked if we had already addressed on the above grievances? Mr. Silvestri explained that most are resolved, a few require additional follow-up and monitoring to ensure resolution of the grievance is sustainable.</p> <p>Chairman Lyons expressed the important of the role of the Ombudsperson, and how appreciative he is of the trusting relationships Mr. Silvestri has built with the residents and staff at the home.</p> <p>Executive Director Baldini highlighted that staff are feeling more confident with the grievance process and are advocating on behalf of the residents by supporting the residents in completion of the grievances form.</p> <p>2. Keville House Health and Wellness Center Project was shared by Mr. Silvestri. The Rehabilitation Team was tasked to put together a questionnaire regarding equipment and services of interest in support of creating the new center. Mr. Silvestri shared some of the equipment that will be purchased per resident request, include an interactive treadmill, interactive recumbent bike, free weights, and punching bags. Mr. Silvestri also shared the services to be considered: equipment orientation, stretch clinic, personal training programs, yoga, tai chi, and meditation.</p> <p>Mr. Novoselsky asked if there would be a clock and TV available. Executive Director Baldini replied that both would be available.</p> <p>Chairman Lyons asked if anyone else had questions.</p> <p>Ms. Slaven asked, do residents have knowledge that the program will be developed by medical professionals.</p> <p>Mr. Silvestri responded yes, residents are aware they would be working with a representative from the Rehabilitation Department to develop a program that would meet their unique needs, strengths, capabilities and conditions.</p>	<p>Marc Silvestri</p>

<p>Executive Director Baldini explained we will research software options to incorporate into the health and wellness program that can used to determine a resident's baseline assessment. This software can be utilized to measure a persons progress in meeting their health and wellness goals.</p>	
<p>Communications/Admissions Update</p> <ol style="list-style-type: none"> Census ~ December 2024: <p>Admissions:</p> <ol style="list-style-type: none"> LTC: 2 Domiciliary: 0 <p>Discharges:</p> <ol style="list-style-type: none"> LTC: 3 Domiciliary: 2 <p>Current Waitlist:</p> <ol style="list-style-type: none"> LTC: 93 Domiciliary: 23 <p>ADC:</p> <ol style="list-style-type: none"> LTC: 125 Domiciliary: 107 Month to Date Census as of January 28, 2025: <p>LTC:</p> <ol style="list-style-type: none"> Census: 125 Open Rooms: 29 <p>Domiciliary:</p> <ol style="list-style-type: none"> Census: 106 Open Rooms: 19 Admission Goals For 2025: <ol style="list-style-type: none"> Open two north for occupancy by July 2025 (fourteen beds) Open first floor dementia neighborhood by April 2025 (fourteen beds) Maintain 95% occupancy for 2025 Increase DOM census to 125, for capacity to accommodate construction and renovation project. <p>Chairman Lyons asked if there was a big wait list for the Long-Term Care facility. Deputy Executive Director Rogers responded there are currently 93 residents on the wait list.</p> <p>Ms. Hale asked if the cost has been increased from the \$30.00 per day charge. Executive Director Baldini responded there has been no cost increase to the private daily rate in 2024; however, shared we have been in conversation with the Secretary to discuss goals for 2025 in establishing a foundation for billing of services rendered that qualify for Medicare Part A and private insurance reimbursement.</p> <p>A work group has been established to discuss the infrastructure needed to support these initiatives. Additional positions will need to be created to support the infrastructure in billing for services in a Level 2 skilled nursing facility.</p> 	<p>Jessica Rogers</p>

<p>Director of Quality Management</p> <ol style="list-style-type: none"> 1. Executive Office of Veterans Services (EOVS) Dashboard <ol style="list-style-type: none"> a. CMS 5 Star Rating metrics b. Census data c. HPPD data d. Likelihood to recommend satisfaction score e. Vaccination data f. Regulatory updates <ol style="list-style-type: none"> i. Survey information ii. Annual and complaint iii. Both VA and DPH <p>Ms. Smith shared the details of the dashboard.</p> <p>Executive Director Baldini opined that benchmark data will be shared at the Board of Trustees meetings to demonstrate improvements on areas of focus and to share transparency with our partners on areas requiring improvement based on national and industry averages.</p> <ol style="list-style-type: none"> 2. Pinnacle Report <ol style="list-style-type: none"> a. The Pinnacle report was presented and accepted as is. 	<p>Kristine Smith</p>
<p>Policy Development & Implementation</p> <ol style="list-style-type: none"> 1. EOVS is working in collaboration with consultants from Health Management Associates (HMA). 2. The project is focused on continuity of policies across both homes. 3. Chelsea - development of calendar for the Policy Committee review. 4. Identifying the policy cycle - initiation, updates, approval, and adoption of policies. 5. Approximately 200 policies will be reviewed. <p>Chairman Lyons asked if there was currently a policy committee for the home? Mr. Morin replied, there was a committee that met bi-weekly and is now replaced with the above process.</p> <p>Chairman Lyons asked if there could be variances between both homes. Executive Director Baldini responded yes, there could be variances between homes and provided an example.</p>	<p>Chad Morin</p>
<p>Social Services Update</p> <ol style="list-style-type: none"> 1. Goals for first quarter 2025: <ol style="list-style-type: none"> a. Support residents with tax preparation. b. Successful implementation and utilization of EMR. c. Identify residents in need of support for mental health services. <p>Chairman Lyons asked if there are volunteers who assist residents with tax preparation. Ms. Brathwaite indicated they are looking into having a resource on site; however, there are several locations identified that will support residents with completion of their taxes.</p> <p>Chairman Lyons replied it is a wonderful service to provide to the residents.</p>	<p>Valerie Brathwaite</p>
<p>Staff Holiday Party / Holiday Decorating – Photos Shared</p> <ol style="list-style-type: none"> 1. Staff Holiday Breakfast/Lunch/Dinner. <ol style="list-style-type: none"> a. The leadership team served meals to all staff on each shift. 2. Team Building Tree Decorating. 	<p>Christine Baldini</p>

<p>Financial Report</p> <ol style="list-style-type: none"> 1. Donation Fund Update: <ol style="list-style-type: none"> a. We received two contributions in December for the Donation Fund from: <ol style="list-style-type: none"> i. Kearsage Lodge ii. Massachusetts Elks Charitable Trust b. Disbursements for December were for musical entertainment 2. Legacy Fund Update: <ol style="list-style-type: none"> a. There were no contributions to the Legacy Fund in December. b. There were three disbursements from the Legacy Fund for December: <ol style="list-style-type: none"> i. Resounding Joy – resident music therapy program. ii. Paul Revere Transportation – resident outings. iii. Lavalley Brensinger for HQ kitchen renovations. 3. Special Funding Requests: <ol style="list-style-type: none"> a. Request for funds to complete the HQ kitchen renovations. <p>Mr. Couillard, CFO, presented the final bill for the HQ kitchen renovations. Several board members had questions regarding the final bill and the refund for the replacement part for the kitchen project. Mr. Couillard will provide a detailed list of expenses for this project and will present at the next board meeting.</p> <p>Chairman Lyons asked for a motion to approve the special funding request as presented. Motion approved by Ms. Hale, then seconded by Mr. Novoselsky; verbally accepted by all Board of Trustee members.</p> 	<p>John Couillard</p>
<p>Other Business</p> <p>Chairman Lyons asked if there were additional questions. Mr. Novoselsky asked questions regarding the budget. The CFO is going to research and get back to the board at the next meeting.</p>	<p>Thomas Lyons</p>
<p>Adjournment:</p> <p>Chairman Lyons asked for a motion to adjourn. Motion approved by Mr. Novoselsky then seconded by Ms. Slaven and Ms. Hale – then verbally accepted by all Board of Trustee members.</p> <p>Next meeting date: February 25, 2025 at 1:00pm</p>	<p>Thomas Lyons</p>