

**GRAND TRAVERSE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES BOARD**

**REGULAR MEETING
January 25, 2023**

**Open to the public
9:00 AM Garfield Township Hall – Upstairs Main Hall
3848 Veterans Dr, Traverse City, MI 49684**

Persons with disabilities which the foregoing opportunities for participation will not address should contact Darcey Gratton at (231) 932-3010 or dgratton@gtpavilions.org with questions or concerns.

AGENDA

1. CALL TO ORDER

2. ROLL CALL

3. INTRODUCTION of CEO/ADMINISTRATOR – Gerard Bodalski

4. FIRST PUBLIC COMMENT

Any person shall be permitted to address a meeting of the Grand Traverse County Department of Health and Human Services Board which is required to be open to the public under the provisions of the Michigan Open Meetings Act, as amended. (MCLA 15.261, et seq.) Public comment shall be carried out in accordance with the following Board Rules and Procedures:

1. Any person wishing to address the Board shall state his or her name and address.
2. Persons may address the Board on matters which are relevant to Grand Traverse Pavilions issues.
3. No person shall be allowed to speak more than once on the same matter, excluding time needed to answer Board Members questions. The Chairperson shall control the amount of time each person shall be allowed to speak, which shall not exceed three (3) minutes.
 - a) Chairperson may, at his or her discretion, extend the amount of time any person is allowed to speak.
 - b) Whenever a group wishes to address the Board, the Chairperson may require that the group designate a spokesperson; the Chairperson shall control the amount of time the spokesperson shall be allowed to speak, which shall not exceed fifteen (15) minutes.

The Board shall not comment or respond to a person who is addressing the Board. Silence or non-response from the Board should not be interpreted as disinterest or disagreement by the Board.

Please be respectful and refrain from personal or political attacks.

5. COUNTY LIAISON REPORT

6. APPROVAL OF AGENDA

7. CONSENT CALENDAR

The purpose of the consent calendar is to expedite business by grouping items to be dealt with by one Board motion without discussion. Any member of the Board, or staff may ask that any item on the consent calendar be removed and placed elsewhere on the agenda for discussion. Such requests will be automatically respected.

If any item is not removed from the consent calendar, the item on the agenda is approved by a single Board action adopting the consent calendar.

A.	Review and File	<u>HANDOUT#</u>
(1)	Minutes of the 12/28/23 Board Meeting	1
(2)	Closed Minutes of the 12/28/23 Board Meeting	Handout
(3)	Resident Council Minutes	2
(4)	Food Committee Minutes	3

8. ITEMS REMOVED FROM CONSENT CALENDAR

9. CHAIRMAN REPORT

Verbal

10. SERVICE EXCELLANCE AWARDS

4

11. GRAND TRAVERSE MEDICAL CARE

A.	General Information	
(1)	Fourth Quarter Overtime Report	5
(2)	QAPI Quarterly Update	Verbal
(3)	Foundation Board Update – Haider Kazim	Verbal
(4)	Fourth Quarter Foundation Financials	6
(5)	Prepare for Annual Report to Grand Traverse County	Verbal
B.	Chief Executive Officer Board Report – Dave Hautamaki	7
C.	Business	
(1)	Financials	8
(2)	PACE North Board Update	Verbal
(3)	Request to Purchase – Fire Suppression Head Replacement	9
(4)	Authorized Representative Resolution 2024 – 1	10
D.	General Discussion	
(1)	Revisit Strategic Plan	Verbal
(2)	Policies	Verbal
(3)	Board Rules	11
(4)	Correspondence	12
(5)	Change of Board Meeting Dates for February and April	Verbal
E.	Medical Staff	
(1)	Charles Markle, DPM	13
(2)	Larence Rubin, DPM	14
(3)	Ann Marie Buchner	15

G.T.P. Announcements

- (1) Next Board Meeting TBD for February

12. SECOND PUBLIC COMMENT

Refer to Rules under First Public Comment above.

13. CLOSED SESSION

- (1)

14. ADJOURNMENT

**GRAND TRAVERSE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES BOARD**
1000 Pavilions Circle, Traverse City, MI 49684

MINUTES OF THE DECEMBER 28, 2023 MEETING

PRESENT: Cecil McNally, Haider Kazim, Mary Marois Board
David Hautamaki, Lindsey Dood, Diane Mallory Darcey Gratton Staff

ABESENT: TJ Andrews Commission

GUESTS: Clayton Wagatha – Community Relations and Volunteer Assistant
Susan Depky – Marketing Consultant with UpNorth Live
Kate Klaus of Maddin Hauser (virtual)

The regular meeting of the Grand Traverse County Department of Health and Human Services Board was called to order at 9:02am by Board Chair Mary Marois at the Garfield Township Hall.

First Public Comment

Robert Barnes
Bobby Hickman

County Liaison Report – None

Approval of Agenda – Chair Marois asked if there were additions, changes or corrections to the agenda. Motion was made by McNally to approve the agenda as presented, seconded by Kazim and carried unanimously.

The purpose of the **Consent Calendar** is to expedite business by grouping items to be dealt with by one Board motion without discussion. Any member of the Board or staff may ask that any item on the **Consent Calendar** be removed and placed elsewhere on the agenda for discussion. Such requests will be automatically respected.

REVIEW AND FILE

- (1) Minutes of the 11/30/23 Board Meeting
- (2) Minutes of the 12/5/23 Board Meeting
- (3) Closed Minutes of the 12/5/23 Board Meeting
- (4) Minutes of the 12/11/23 Board Meeting
- (5) Minutes of the 12/13/23 Board Meeting
- (6) Minutes of the 12/15/23 Board Meeting
- (7) Resident Council Minutes

Kazim requested to pull (1) Minutes of the 11/30/23 Board Meeting. Motion was made by McNally to approve the Consent Calendar with the removal of (1) Minutes of the 11/30/23 Board Meeting. Motion seconded by Kazim and carried unanimously.

Items Removed From Consent Calendar – Kazim pulled (1) Minutes of the 11/30/23 Board Meeting to revise the wording under Settlement Agreement. Kazim stated the wording listed under Settlement Agreement “knowing that the board was engaged in the conversation.” is confusing and requested for it to be stricken from the minutes. Kazim also requested to strike

the word “litigation” and stated he believed it to be pre-litigation. Kazim proposed for it to be replaced with the wording “the proposed settlement agreement”.

Motion was made by McNally to amend the minutes of the November 30, 2023 meeting to read “Marois requested to discuss a proposed settlement that the board was not involved in prior to reaching a settlement agreement. Kazim suggested scheduling a closed session for discussion on the proposed settlement agreement with written legal opinion by legal counsel.” Motion seconded by Kazim and carried unanimously.

Motion was made by McNally to approve the November 30, 2023 minutes as amended. Motion seconded by Kazim and carried unanimously.

Chairman Report – Marois reviewed her memo shared in the packet that thanked the staff for the hard work over the last few months and shared the boards goals on what they see for the future.

Staff Presentation – Marketing Plan – Clayton Wagatha, Community Relations/Volunteer Assistant and Susan Depky Marketing Consultant at UpNorth Live reviewed the 2024 marketing plan provided in the packet. Depky provided an updated handout on strategy increase with new hires and census for 2024. Both Depky provided an overview on UpNorth Live’s process and answered Board members questions. Wagatha requested for the Boards approval of a 12 month agreement to provide a multi-platform campaign of \$50,100 with a 30 day opt out. The Board discussed the need to review the 2024 budget first before approving a contract. Human Resources Director, Diane Mallory shared that a grant is available specifically for recruitment and retention and a portion of the marketing plan presented would qualify towards that grant. Depky offered to separate the recruitment and retention costs by the end of the meeting so the Board would have the amount needed for approval out of the budget.

Annual State Survey – Hautamaki shared the State conducted the Pavilions’ second revisit in early December regarding their November 8, 2023 visit and verified that the Pavilions was in substantial compliance with the State and federal regulations as of our date of compliance.

Foundation Board Update – Kazim shared recent discussions with the Grand Traverse Pavilions Foundation regarding updates on finances, fund development and the Administrator search. Kazim shared the next Foundation Board meeting is scheduled for January 2024.

Chief Executive Officer Report – Hautamaki reviewed the monthly report for November and answered board members’ questions. Hautamaki shared that Resident Council Meetings will be grouped together instead of separate meetings as well as a monthly food committee to respond on food concerns. Marois requested for the minutes of the food committee to be reviewed by the board.

Depky out 10:31am

Financial Report – Dood presented the financial operations and social accountability reports for October and November 2023 and answered board member’s questions. Dood provided and reviewed updated reports with more detail per the boards direction. Motion made by McNally to accept the financial operations report as presented. Motion seconded by Kazim and carried unanimously.

2024 Proposed Operational Budget - Dood presented the proposed operating budget. Board members discussed the budget and Dood answered members questions.

The Board reviewed the marketing budget of 95,000. Wagatha gave an updated amount of \$23,120 that is for recruitment and retention and can be used with grant money. Wagatha and the Board discussed the need for approving the remaining marketing plan balance of \$26,980 and \$15,000 for radio ads used from the marketing budget as shared in the packet. The board reviewed the need for radio ads. The Board recommended waiting to spend \$15,000 on radio ads but can be revisited at a later time. The Board agreed that the remaining amount of \$68,000 in the marketing budget can be used toward a Fund Developer.

Motion made by McNally to accept the proposed 2024 Operating Budget for Grand Traverse Pavilions as presented. Seconded by Kazim and carried unanimously.

Wagatha out 11:17am

Request to Purchase – Kitchen Tile Grout Repair – Hautamaki and Dood reviewed the request to repair the kitchen grout. Three bids were received and the recommended bid was for Floor Covering Brokers based on it being the lowest bid. Motion made by Kazim to approve the bid from Floor Covering Brokers for \$14,973.36 to repair the kitchen tile grout as presented. Motion was seconded by McNally and carried unanimously. Roll call Marois – yes, McNally – yes, Kazim – yes.

Request to Purchase – Fire Suppression Head Replacement – Dood reviewed the need to replace a fire suppression head. The Board tabled approval for this request in order to review the policy on soliciting at least three bids. The request to replace the fire suppression will be brought back to the January 25th meeting.

Administrator/CEO Update

Administrator Hiring Process – Marios shared Gerard Boldaski has been offered the CEO/Administrator position.

Decision/Discussion on Administrator Contract – Marois shared a CEO/Administrator contract has been created for Boldaski and has been shared with the Pavilions legal attorney for his opinion and revisions. A final copy will be sent to Boldaski for his review after the first of the year for his review. The Board will schedule a special meeting if needed to approve the final contract.

Authorization to Extend Interim Contract – Marois requested authorization to negotiate to extend the Interim contract by 30 days with an increase for David Hautamaki through LeaderStat. Marois shared the current cost to LeaderStat is \$95 an hour and will be increased to \$133 an hour during Hautamaki’s extended time. Marois will work with LeaderStat on the provisions of the contract. Motion made by McNally to authorize Board Chair Mary Marois to negotiate a 30 day extension with LeaderStat. Seconded by Kazim and carried unanimously.

General Discussion – Kazim requested for the correspondence that was recently received from staff members, to be added to the January board meeting for discussion. Kazim also requested for the agenda to be set in collaboration with the Board Chair and asked for the Board Chair to be involved in those discussions. Motion made by Kazim to have the Board

Chair be involved in the agenda setting discussions. Seconded by McNally and carried unanimously.

Approval of Marketing Plan - Motion made by Kazim to approve the agreement with UpNorth Live in the amount of \$50,100 out of which \$23,120 will be received from a recruitment and retention grant and the remaining balance of \$26,980 would be used out of the marketing budget. Seconded by McNally and carried unanimously.

Grand Traverse Pavilions Announcements

- (1) Next Board Meeting January 25, 2024
- (2) November Service Excellence Award

Second Public Comment

Kelly Hickman
Linda Pepper
Bobby Hickman

Recess at 11:50am

Klaus in at 12:00pm
Hautamaki, Dood, Mallory and Gratton out 12:00pm

Motion was made by Kazim seconded by McNally to go into Closed Session at 12:00pm for the purpose of Closed session pursuant to section 8(e) of the Open Meetings Act, to consult with our attorney regarding trial or settlement strategy in connection with pending litigation, Mary John Williams v Grand Traverse Pavilions and the Grand Traverse County Health and Human Services Board.

Roll Call - Marois – yes McNally - yes, Kazim - yes

Motion was made by Kazim to come out of Closed Session at 12:15pm, seconded by McNally. Motion carried.

Roll Call - Marois – yes McNally - yes, Kazim – yes

Motion made by Kazim to approve a settlement agreement in the case of Mary John Williams v Grand Traverse Pavilions and the Grand Traverse County Health and Human Services Board at all as discussed with attorney during closed session.

Meeting adjourned at 12:15pm

Signatures:

Mary Marois – Chair
Grand Traverse County Department of Health and Human Services Board

Date: _____ Approved
 _____ Corrected and Approved

**BIRCH RESIDENT COUNCIL MEETING
December 29, 2023**

The Birch December 2023 meeting of the Grand Traverse Pavilions Resident Council was called to order at 11:15am in the Birch Activity Room by Kari Belanger, CTRS.

All residents were welcomed.

The residents waived their right to a closed meeting.

The Lord's Prayer and the Pledge of Allegiance were recited.

7 Members present were introduced:

Residents are marked X throughout the minutes.

Staff members were introduced:

Kari Belanger, CTRS, Life Enrichment

Sarah Pleva, LLBSW – Birch Social Work

Melanie Farmer, RN – ADON Birch Pavilion

Christian Anderson, General Manager – Forefront Dining Services

The November 2023 minutes were distributed to all in attendance on 12/28/2023, per prior resident suggestion and request; the minutes were also offered to everyone in attendance at the meeting held this day.

Old Business:

No old business from the November 2023 meeting to follow up on at this time.

New Business:

Kari made the following announcements:

Special Event Activities for January 2024:

- Friday January 5: Catholic Mass with Father Joe – 11:00am – Multi-Purpose Room
- Tuesday January 9: Music Performance – Billy McAllister – 11:00am – Multi-Purpose Room
- Tuesday January 9: Let's Talk Food Committee Meeting – 3:00pm – Birch Main Dining Room
- Wednesday January 10: Prayers & Message with Pastor Kent – 11:00am – Multi-Purpose Room
- Thursday January 11: Bingo Store – 3:00pm-4:30pm – Multi-Purpose Room
- Friday January 12: Root Beer Floats – 3:00pm – Dogwood Main Dining Room
(*suggested by resident, X*)
- Thursday January 25: Music Performance: Grand Traverse Musicale – 11:00am – Multi-Purpose Room

Outings to sign-up for:

Wednesday January 10: Lunch at China Fair – board bus at 11:00am, return approximately 2:00pm (*suggested by resident, X*)

Wednesday January 17: Shopping at Dollar Tree – board bus at 10:30am, return approximately 12:30pm (*suggested by resident, X*)

Residents present at the meeting signed up for the outing of their choosing as well as an alternate outing if they desired.

Suggestions/ideas for future activities given by residents present:

- X: go out for banana splits.
- X: lunch at La Senorita
- X: lunch at Flap Jack Shack
- Sarah, social work, brought up on behalf of X & X who were not able to attend the meeting: gambling at Leelanau Sands Casino

Kari also discussed with everyone present of moving towards having one resident council meeting per month for all residents that would like to attend instead of having one meeting per each pavilion. X said, "That makes more sense to me. Having people together from all pavilions talking about the same things at one time instead of multiple times." Kari said that she & Linda from Life Enrichment/Activities would be present at the meeting, along with Sarah and other social workers, Melanie and the other nurse managers, and someone from Environmental Services and someone from Dining Services; then after everyone is familiar and comfortable with the new large group meeting, the nurse managers and social workers may start rotating who is going to attend the meeting and provide follow up. Kari also said that she would continue taking the minutes/notes and typing them up. X thanked Kari for doing this; X asked, "Can a reminder for the next meeting could continue to come out a day or two before the meeting like you do now for us, that has the time and location?" and Kari replied, "yes."

Resident Group Interview Questions:

Kari discussed with the attending residents that are 12 resident rights that are reviewed during the group interview with the State Surveyors during our annual survey, and today we will be reviewing Grievances.

Grievances:

- Have any of you ever voiced a complaint/grievance to the facility? How did the staff react to this? Did they resolve the problem?
All residents present said either yes or no to all three questions; those that said yes did not elaborate.
- Do you feel free to make complaints to staff? If not, why not?
One resident said, "Yes. I make complaints and ask questions all the time and the CNA will say 'I'll be back' and then they never come back. If I ask a question or have a

complaint, I should get an answer in return even if they don't have the answer right away. Just tell me."

- Is there anything else about life here in the facility that you would like to discuss? Residents present either said or nodded their heads no.

1. Discussion regarding food temperature and receiving HS snacks.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X:

- I had an omelet this morning and it was wonderful! And I was told that I can have one every morning for breakfast. Could we have eggs benedict for breakfast sometime.
 - Christian thanked X for her comments on the omelets and would share it with the staff. Christian also thanked X for her suggestion of having eggs benedict.
- My roommate and I did not get dinner last night, and I think it was because we were both laying down and staff assumed that we were sleeping. When I pushed my call light and asked staff what time dinner was going to be served, they told me that dinner was already served and all they could offer me was a peanut butter and jelly sandwich because the kitchen was closed.
 - Melanie told X that she would follow up with the staff who were working last evening and those that work at night to not assume someone is sleeping if they are laying down. Melanie apologized to X that this happened to her.

X:

- I think the temperature of the food is perfect.

X:

- I know that the mealtimes have changed, but I would like an earlier dinner meal service time. It's too late to eat right before I go to bed.
 - Melanie said that she and Sarah will talk with Christian about the meal service times.
- All the desserts are terrible, they are not desserts. I don't know what they are. I have stopped ordering them.
 - Christian told everyone that the dietary team is working on the desserts and thanked X for her honest feedback. Christian also shared that a new chef started on December 11, and he will be coming with Christian to the next Let's Talk Food Committee Meeting that will be held on Tuesday January 9 at 3:00pm in the Birch Main Dining Room.
- The oatmeal is finally better and to my liking as I eat it every day for breakfast. This change is good and nice to see, finally. Especially the change in the bacon – it is terrific! It is sliced thinner and tastes better, crispier.
- Could we have cream of wheat once in a while for an option at breakfast?
- I have suggested this before, but it would be nice to have a donut, croissant, bagel or sweet roll at breakfast once in a while to have with our coffee. And the

dinner rolls are the best ever, but they need to be wrapped or served separately as they get too soggy on the plate with the other food items.

X:

- I would like to have grits for breakfast. I could eat grits every day, but I know not everyone likes them, so once in a while or once a week would be great.
 - o Christian thanked X and X both for their feedback and breakfast suggestions.

2. Discussion regarding the cleanliness of the facility and laundry being returned promptly.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

All residents present commented that their rooms, bathrooms, hallways and other areas of the building are very clean, and their laundry is being returned to them nice and clean, and promptly. Kari reminded everyone that with any clothing items, blankets, slippers, hats, anything that can be laundered, needs to be labeled so that things do not turn up missing.

3. Discussion regarding room temperature.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X:

- My room is excellent.

X:

- My room is great.

X:

- My room is all good and just right for me. It's the people who come and visit me who have a hard time with my room being too warm, but oh well!

4. Discussion regarding nursing care.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X:

- I would like to see the eye doctor, as I was told one comes here.
- Seeing the foot doctor, that is a beautiful program. The doctor is just wonderful!
 - o X agreed with X and said, "I have nothing but good things to say about Dr. Sheldon. He is wonderful and takes his time with each of us."
 - o X also agreed and said, "They do a wonderful job with seeing all of us."

X:

- The nurses are great. They are good to me; they are good to all of us.

X:

- I do have a suggestion for the nurses. When someone is going to have a new roommate, please let us know before they arrive that they are coming and then

when the new roommate arrives, please introduce them to us so we don't have to wonder who the person on the other side of the wall is.

- Melanie thanked X for her suggestion and said that she would talk with the nursing staff about doing this.

5. Discussion regarding call lights being answered in a timely manner.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

All residents present said, "good."

6. Discussion regarding receiving showers as needed/as requested.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

All residents present said, "good."

7. Discussion regarding the nighttime noise level on Birch Pavilion.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X:

- The rule of 10:00pm and the reminder in the newsletter is working. Everyone understands.

X:

- I hear the staff talking at night. Sometimes they get pretty loud at times.
 - Melanie thanked X and X for their feedback and said that she would talk with the nursing staff about this and keep their voices down at night while everyone is sleeping.

The floor was opened for additional comments:

Nothing was brought up for additional discussion.

The next Resident Council meeting will be held on Thursday January 18, 2024, at 11:00am in the Multi-Purpose Room with residents from all pavilions. Kari asked for a volunteer to read over and sign the December 2023 minutes, and no one volunteered or said they would like to do this. The Birch Resident Council Meeting was adjourned at 12:15pm by X, seconded by X.

Respectfully Submitted,

Kari Belanger, CTRS
Recreational Therapist

Sarah Pleva, LLMSW
Birch Pavilion Social Work

Melanie Farmer, RN
Birch Pavilion Assistant Director of Nursing

CHERRY RESIDENT COUNCIL MEETING December 29, 2023

The Cherry December 2023 meeting of the Grand Traverse Pavilions Resident Council was called to order at 3:00pm in the Cherry Activity Room by Kari Belanger, CTRS.

All residents were welcomed.

The residents waived their right to a closed meeting.

The Lord's Prayer and the Pledge of Allegiance were recited.

5 Members present were introduced:

Residents are marked X throughout the minutes.

Staff members were introduced:

Kari Belanger, CTRS, Life Enrichment

Marta Pratt, RN, ADON – Cherry Pavilion

Christian Anderson, General Manager – Forefront Dining Services

The November 2023 minutes were distributed to all in attendance on 12/28/2023, per prior resident suggestion and request; the minutes were also offered to everyone in attendance at the meeting held this day. X made a motion to accept the November 2023 minutes as written; X seconded the motion.

Old Business:

No old business brought forward for discussion.

New Business:

Kari made the following announcements:

Special Event Activities for January 2024:

- Friday January 5: Catholic Mass with Father Joe – 11:00am – Multi-Purpose Room
- Tuesday January 9: Music Performance – Billy McAllister – 11:00am – Multi-Purpose Room
- Tuesday January 9: Let's Talk Food Committee Meeting – 3:00pm – Birch Main Dining Room
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- Thursday January 11: Bingo Store – 3:00pm-4:30pm – Multi-Purpose Room
- Friday January 12: Root Beer Floats – 3:00pm – Dogwood Main Dining Room
(*suggested by resident, X*)
- Thursday January 25: Music Performance: Grand Traverse Musicale – 11:00am – Multi-Purpose Room

Outings to sign-up for:

Wednesday January 10: Lunch at China Fair – board bus at 11:00am, return approximately 2:00pm (*suggested by resident, X*)

Wednesday January 17: Shopping at Dollar Tree – board bus at 10:30am, return approximately 12:30pm (*suggested by resident, X*)

Residents present at the meeting signed up for the outing of their choosing as well as an alternate outing if they desired.

Suggestions/ideas for future activities given by residents present:

- X: watching an afternoon baseball game.
- X: go to a beach and look for rocks.
 - o Marta said that she had heard that Clinch Park Beach as it has a wheelchair accessible walkway along the shoreline.
- X: go to a farm and see all the animals and harvesting.

Kari also discussed with everyone present of moving towards having one resident council meeting per month for all residents that would like to attend instead of having one meeting per each pavilion. X said, “Sounds good to me;” X said, “Makes more sense to have one big meeting than 3 smaller ones where the same things are being discussed.” Kari said that she & Linda from Life Enrichment/Activities would be present at the meeting, along with Emily and other social workers, Marta and the other nurse managers, and someone from Environmental Services and someone from Dining Services; then after everyone is familiar and comfortable with the new large group meeting, the nurse managers and social workers may start rotating who is going to attend the meeting and provide follow up. Kari also said that she would continue taking the minutes/notes and typing them up; X “thank you for doing this for everyone.”

Resident Group Interview Questions:

Kari discussed with the attending residents that are 12 resident rights that are reviewed during the group interview with the State Surveyors during our annual survey, and today we will be reviewing Grievances.

Grievances:

- Have any of you ever voiced a complaint/grievance to the facility? How did the staff react to this? Did they resolve the problem?
One resident said, “The staff reacted great, and it has been resolved every time. It was and has always been taken care of.”
One resident said, “The staff were fine, but it couldn’t be worked out and we had to abide by the rules.”
- Do you feel free to make complaints to staff? If not, why not?
All residents present said, “Yes.”
- Is there anything else about life here in the facility that you would like to discuss?

Residents present either nodded their heads no or said “no.”

1. Discussion regarding food temperature and receiving HS snacks.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X:

- The meal service time has improved greatly, it is much better.
- I feel that lately I am getting the same thing for lunch and dinner. I know my diet has changed, but it looks and tastes the same at both meals.
- Don't have too many beans in the soups. Sometimes all I see are beans in the soups.

X:

- The scrambled eggs at breakfast are not cooked thoroughly enough.

X:

- Is there or can there be any changes to have the lunch and dinner meals switched? To have a lighter lunch with sandwiches would be nice once in a while.
- The soup is still very brothy and I am a soup person. I would love to see having soup available at lunchtime as an option too.

Christian shared with everyone present that a new executive chef was hired, Chef Gregory, and he started on December 11. Christian and Chef Gregory will be looking at implementing new menus/new rotation of menus. Christian said, “I don't set the menus as they are set by the corporate office, but we do have some influence and the ability to make changes to it. So, I do appreciate everyone's comments and suggestions. With that being said, we had received numerous complaints about the turkey lunch meat we were offering – we changed the product and are now serving Jenny-O turkey lunch meat which is lower in sodium and an all-around better product.”

X:

- I would like to have chicken legs, the dark meat, once in a while. I would like to have goulash and chop suey too.
- The corn chowder needs to be corn chowder. It doesn't need to be loaded with or have potatoes in it; I would just assume skip the potatoes all together.
- I would like to have a ½ of a chef salad. I've asked for that before and all I got was lettuce, nothing else in it. A chef salad has all the good stuff in it, but I just want a ½ as I can't eat a full salad.
- I don't understand some of the words or names of things on the menu. Can't it be simpler for all of us?
 - o *Kari asked X if she would like to sit together and go over the menu and the words or names, she is having trouble with; X said “yes”, and Kari will follow up with X and then with Christian if needed.*

Kari & Christian reminded all residents present of the next Let's Talk Food Committee Meeting which will be held on Tuesday, January 9, 2024, at 3:00pm in the Birch Main Dining Room and invited all to come.

2. Discussion regarding the cleanliness of the facility and laundry being returned promptly.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X:

- Michelle is great. Every Wednesday, she washes my bed, but the staff do not come back too late in the day or at night to make it. Many times, I have to ask someone to make my bed back up for me before I go to bed on these nights.

X:

- I spend a lot of time in the hallway outside of my room painting during the day. The staff don't empty the smelly carts often enough and I think they need to be emptied all the time.
 - o *Marta told X and all present that she would follow up with the nursing staff on this concern of X's. X thanked Marta for doing this.*

3. Discussion regarding room temperature.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X:

- I am always cold, but I'm okay. I wrap up in my blankets or my shawls at night when I watch TV and I'm okay.

X:

- I would like to have my window covered in plastic.
 - o *Kari and/or Marta will send this request of X's to Environmental Services to follow up on for her.*

4. Discussion regarding nursing care.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X:

- I had a nurse the other day that I didn't quite know. I asked the nurse what the medicine was for that they were giving me, and the nurse said, "I don't know."
 - o *Marta explained to X and to all residents present that a nurse telling them "I don't know" for a medicine is not good practice. The nurse should have gone back to the medicine cart and computer and looked up the medication and provided X with a concrete answer of what the medicine was and what it was for. Marta said that she will talk with all the nurses about this concern. X said, "thank you."*
- The CNAs are overworked and overwhelmed. They need more help.
 - o X said, "I agree X. The CNAs and nurses are respectful and helpful."

5. Discussion regarding call lights being answered in a timely manner.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X:

- The staff still don't look my way down to the hall to see if my call light is on or not when they come out of the office.

6. Discussion regarding receiving showers as needed/as requested.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

All residents present said their showers are "good" and they are receiving them as needed and/or as requested.

7. Discussion regarding the nighttime noise level on Cherry Pavilion.

The floor was opened for residents to make comments, suggestions, concerns, and or ask questions:

X:

- Craig, who is a CNA, and he is good, but he can be a little loud at times during the evening and nighttime hours. His voice can carry.

The floor was opened for additional comments:

Nothing was brought up by anyone present for additional discussion.

The next Resident Council meeting will be held on Thursday January 18, 2024, at 11:00am in the Multi-Purpose Room. Kari asked for a volunteer to read over and sign the December 2023 minutes, and X said that she would do this. The Cherry Resident Council Meeting was adjourned at 4:04pm by X, seconded by X.

Respectfully Submitted,

Kari Belanger, CTRS
Recreational Therapist

X, Cherry Pavilion Resident

Marta Pratt, RN
Cherry Pavilion Assistant Director of Nursing

DOGWOOD RESIDENT COUNCIL MEETING
December 27, 2023

The Dogwood December 2023 meeting of the Grand Traverse Pavilions Resident Council was called to order at 10:45am in the Dogwood Sunroom by Cindi Pobuda.

All residents were welcomed.

The residents waived their right to a closed meeting.

The Lord's Prayer and the Pledge of Allegiance were recited.

6 Members present were introduced:

Residents are marked X throughout the minutes.

Staff members were introduced:

Linda Burton, CTRS, Life Enrichment

Naomi Rode, RN, ADON – Dogwood Pavilion

Cindi Pobuda, LBSW – Dogwood Pavilion Social Work

Melissa Morey RD- Registered Dietician

The November 2023 minutes were distributed to all in attendance and reviewed. X made a motion to accept the November 2023 minutes as written; X seconded the motion.

Old Business:

None.

New Business:

Melissa announced that the changes requested at the Food Committee meeting with take place in January. She asked residents if they had any new concerns about their meals:

- X asked, "What kind of hamburger meat do they use?" Melissa stated she would find out.
- X commented, "Velveeta cheese, the orange cheese and the white cheese do not taste good and are not healthy. They chop up yesterday's beef and have chili stuff in a bun, which is bilious- bad."
- X stated, "The food is bad. The soup was terrible last night. No one could eat it."
- X stated, "The meat in the soup was bad, like sausage or ground meat, not ham."
- X stated, "The mostaccioli was bad."
- X said, "You cannot reheat pasta, it gets tough and leathery. The ravioli was bad, sauces not properly cooked, from a can." He added that the time and temperature are okay now.
- X stated, "I cannot have seconds when I ask."
- X said, "Food is lousy. Temps are not that much better."
- X stated, "I love broccoli, cauliflower, green beans, and carrots but they are overcooked and mushy. Sometimes it is done perfectly."
- X said, "Sometimes the soup was good but not anymore."

- X said, “Black bean, chicken noodle soup, potato soup are good. It should not be a crap shoot.”
- X said, “Desserts used to be cake, now just fruit with whipped cream. I don’t know how they can call them cooks. I knocked on the door in the kitchen and they said they don’t have time to talk.”
- X said, “Dressings for the salad are too salty and strong.”
- X said, “Dressing is good for salad. Lettuce is brown on salad.”
- X said, “Lettuce is questionable.”
- X said, “I order pizza outside of here.”
- Melissa announced that the new executive chef from the Iroquois Restaurant on Mackinac Island started last month. “Would you like to see him at the next Resident Council meeting?” X replied, “Yes.”
- Melissa noted, “The new chef will be ordering the food.”
- X said, “Lunchmeat is lousy, tough.”
- Melissa said, “Chris changed it to “Jennie O”.”
- X noted, “The cheese is bad, not a real cheese, “Velveeta”.”
- X said, “Some dishes are good. Ravioli was tough last night. Could not cut it with a fork, not enough sauce.”
- Melissa stated, “I will take this information to Chef Chris and Chef Greg.”

Resident Group Interview Questions:

There are 12 resident rights that are reviewed during the group interview with the State Surveyors during our annual survey, and today we will be reviewing Grievances.

Grievances:

- Have any of you ever voiced a complaint/grievance to the facility? How did the staff react to this? Did they resolve the problem? X and X both said, “No”, they have never voiced a complaint/grievance.
- Do you feel free to make complaints to staff? If not, why not? X and X both said, “Yes.”
- Is there anything else about life here in the facility that you would like to discuss? X said, “No. I’m happy with everything. The nurses and aids are great.”

1. Discussion regarding food temperature and receiving HS snacks.

The floor was opened for residents to respond:

- Regarding bedtime snacks: X responded, “Yes, when Rhonda is here and other staff.” X said, “Yes.”

2. Discussion regarding the cleanliness of the facility and laundry being returned promptly.

The floor was opened for residents to respond:

- Regarding the cleanliness of the facility: All residents said, "Great." X noted, "Staff are personable." X noted, "I lost an earring and the housekeeper found it in my slipper."
- There are no concerns about the laundry being returned promptly.

3. Discussion regarding room temperature.

The floor was opened for residents to respond:

- X said, "Yes."

4. Discussion regarding nursing care.

The floor was opened for residents to respond:

- X said, "Great."

5. Discussion regarding call lights being answered in a timely manner.

The floor was opened for residents to respond:

- X said, "Okay."

6. Discussion regarding receiving showers as needed/as requested.

The floor was opened for residents to respond:

- Residents said, "Yes."

7. Discussion regarding the nighttime noise level on Dogwood Pavilion.

The floor was opened for residents to respond:

- X said, "I don't hear anything."
- X said, "Quiet. I'm up until 1:30am."

The floor was opened for additional comments:

- There were none.

Linda made the following announcements:

Special Event Activities for January 2024:

- Friday January 5: Catholic Mass with Father Joe – 11:00am – Multi-Purpose Room
- Tuesday January 9: Music Performance – Billy McAllister – 11:00am – Multi-Purpose Room
- Tuesday January 9: Let's Talk Food Committee Meeting – 3:00pm – Birch Main Dining Room
- Wednesday January 10: Prayers & Message with Pastor Kent – 11:00am – Multi-Purpose Room
- Thursday January 11: Bingo Store – 3:00pm-4:30pm – Multi-Purpose Room
- Friday January 12: Root Beer Floats – 3:00pm – Dogwood Main Dining Room
(*suggested by resident, X*)

- Thursday January 18: Bingo Store – 10:30am-12:00pm – Multi-Purpose Room
- Thursday January 25: Music Performance: Grand Traverse Musicale – 11:00am – Multi-Purpose Room

Outings to sign-up for:

Wednesday January 10: Lunch at China Fair – board bus at 11:00am, return approximately 2:00pm (*suggested by resident, X*)

Wednesday January 17: Shopping at Dollar Tree – board bus at 10:30am, return approximately 12:30pm (*suggested by resident, X*)

Residents present at the meeting signed up for the outing of their choosing as well as an alternate outing if they desired.

**Also there was discussion about having resident council meetings move to one meeting per month for all pavilions, all residents who want to attend are welcome to attend.

- Meeting would be held in the Multi-Purpose Room.

- For January, meeting would be held on either Thursday January 18 at 11:00am OR Thursday January 25 at 3:00pm (as a music group is already on the schedule)

- Then starting in February and for the months following, it would be held in the morning at 11:00am. Residents had no preference on the dates.

Linda asked residents if there were any ideas for activities they would like to see in February.

- X suggested a pizza party, order in, from Jets.
- X suggested making pierogies with sauerkraut inside.
- X noted, “The Christmas music was great. Bob and Tally were great. They did military songs at the beginning. The Sunshine Girls and the carolers were good, too.”

Cindi asked for a volunteer to read over and sign the December 2023 minutes, and X said that she would do this. The Dogwood Resident Council Meeting was adjourned at 11:32am by X, seconded by X.

Respectfully Submitted,

Linda Burton , CTRS
Recreational Therapist

Cindi Pobuda, LBSW
Dogwood Pavilion Social Work

Naomi Rode, RN

Dogwood Pavilion Resident

**ELM RESIDENT COUNCIL MEETING
December 28, 2023**

The Elm December 2023 meeting of the Grand Traverse Pavilions Resident Council was called to order at 10:30am in the Elm Activity Room by Linda Burton.

12 Members present were:

Residents are marked X throughout the minutes.

Staff members were introduced:

Linda Burton, CTRS, Life Enrichment
Cindi Pobuda, LBSW – Elm Pavilion Social Work

New Business:

Linda made the following announcements:

Special Event Activities for January 2024:

- Friday January 5: Catholic Mass with Father Joe – 11:00am – Multi-Purpose Room
- Tuesday January 9: Music Performance – Billy McAllister – 11:00am – Multi-Purpose Room
- Tuesday January 9: Let's Talk Food Committee Meeting – 3:00pm – Birch Main Dining Room
- Wednesday January 10: Prayers & Message with Pastor Kent – 11:00am – Multi-Purpose Room
- Thursday January 11: Bingo Store – 3:00pm-4:30pm – Multi-Purpose Room

- Friday January 12: Root Beer Floats – 3:00pm – Dogwood Main Dining Room (*suggested by resident, X*)
- Thursday January 18: Bingo Store – 10:30am-12:00pm – Multi-Purpose Room
- Thursday January 25: Music Performance: Grand Traverse Musicale – 11:00am – Multi-Purpose Room

Outings to sign-up for:

Wednesday January 10: Lunch at China Fair – board bus at 11:00am, return approximately 2:00pm (*suggested by resident, X*)

Wednesday January 17: Shopping at Dollar Tree – board bus at 10:30am, return approximately 12:30pm (*suggested by resident, X*)

Residents present at the meeting signed up for the outing of their choosing as well as an alternate outing if they desired.

Residents were asked for ideas for future activities:

- Cindi and Linda suggested having hot chocolate and making Valentines with the daycare.

Resident Group Interview Questions:

1. Asked the residents, "If you need help, do the staff come to help you?" X stated, "I have seen one person- she was bustling."
2. Asked the residents if they were being offered an evening snack. X and X both said, "No."
3. Asked the residents if the staff treat them with respect. X and X said, "Yes."
4. Asked the residents if the food is good here. X said, "It's good." X said, "I don't think so yet." X said, "I would say so." X said, "75%."
5. Asked the residents if their rooms are clean. X said, "Oh yeah."
6. Asked the residents if their clothes came back from the laundry clean. X said, "Yes."
7. Asked the residents if the temperature in their rooms was comfortable. X and X said, "Okay."
8. Asked the residents if they had enough to do. X said, "Always." X said, "Not sure."
9. Asked the residents if there is anything we could do to make things better. There were no suggestions.

The floor was opened for additional comments:

No other concerns or complaints were noted. The meeting adjourned at 10:50am.

Respectfully Submitted,

Linda Burton , CTRS
Recreational Therapist

Cindi Pobuda, LBSW
Elm Pavilion Social Work

Let's Talk Food with the Forefront Dining Services Team: Tuesday December 5, 2023 – 3:00pm

Purpose of meeting:

To openly discuss food – meal service, meal ideas & suggestions to further enhance the overall dining experience at the Grand Traverse Pavilions.

Dietary Staff present and introduced:

Christian Anderson, General Manager, Forefront Dining Services
Melissa Morey, Registered Dietician, Forefront Dining Services

Other Staff present:

Kristen Packard, RN, DON
Kari Belanger, CTRS/Life Enrichment

Residents present:

Birch Pavilion: X, X
Cherry Pavilion: X, X, X, X, X,
X
Dogwood Pavilion: X, X, X, X,
X

Discussion items, Meal Ideas & Suggestions

X:

- We need better food; it's been lousy lately.
- I would like to see spaghetti, and you can't throw hamburger into it and call it spaghetti. Spaghetti needs to have tomatoes and seasonings in it. I like alfredo and marinara sauces too. I would also like to have stroganoff and goulash.
- The broccoli in the broccoli cheese soup needs to be cut up smaller – we can't eat those big chunks of broccoli.
- The soups do not have any flavor to them. The chicken noodle soup hardly has any noodles in it.

X:

- It could be better.

X:

- No one ever asks me what I would like for breakfast. Sometimes I would like to have 2 eggs, but all I get is one egg; same for the sausage and bacon – I would like more than just one piece of each.
 - o Melissa explained to X and to all that residents that if they would like to have more than one piece of bacon or sausage, or more than one egg, to just ask the staff to write down "eggs 2x" or "sausage 2x" and this will alert the staff that you would like more than just one.
- It is hard to eat the square chunks of meat that are in some of the dishes, especially since I don't have any teeth. The chunks need to be smaller.
- I would also like to have real mashed potatoes.

X:

- They need to go back to the old days when we had good hearty casseroles and really good soups. Casseroles like chicken noodle and turkey noodle casserole.
- We get a lot of green beans, and you can only have green beans so many ways, same with potatoes and rice.
- I am a big soup eater, and I would like to have the option of getting soup at lunch and at dinner if possible.
- And the dinner options, those would be good see and have offered at lunch as well.
- The pantries need to be stocked better. We want potato chips, cookies, and fresh fruit.

X:

- I like green beans but having them pulverized is awful.
- Does anyone get fresh fruit like watermelon or cantaloupe – I have never seen it, never had it and I have never seen anyone having it. (Many residents nodded their heads “yes” and said they have had it, and just recently had watermelon; side note, X also has all of her meals in her room so she wouldn’t necessarily see what other residents are or are not having).
- I would like to see a donut, croissant or sweet roll at breakfast 2-3x/wk. How does anyone else open up the butter cups – they are too hard to open and I can’t open them.
 - o Kari said to X to ask the staff to open up the cups when they bring her the meal, that they can do this for her before leaving the room; Kristen said she would also convey this reminder to all the nursing staff.
- The soups are not good. The Clam Chowder was not good – it was warmed up water with salt & pepper in it.
- The macaroni & cheese needs to be creamy, have a cream sauce with it. It is too dry and sticks to the teeth.
- I have never had cheesecake. (Many residents nodded their heads “yes” and said they have had it, and just recently had cheesecake and said it was good.)
- Having blueberries in a dessert is awful – it was a big glob of whatever and the blueberries still had the little stems in it.
- The dinner rolls are the best, but they put them on the plate and get all soggy on the bottom. The need to be put on a little plate or baggie on the side so they stay fresh and not get mushy.

X:

- We need to have beef stew, a good beef stew.
- The vegetable soup needs to have vegetables in it. One piece of green bean or carrot does not make it vegetable soup.
- The apples were not cooked for the apple crisp – they were hard when they are supposed to be soft.
- The staff can’t read. They keep sending me milk and I can’t drink milk.

- I have not gotten a tray 4 times over the last 10 days. Why is that? That shouldn't happen. And I don't always get what I ordered, I should get what I ordered and they bring me things I didn't order.

X:

- I used to make soups all the time at home, and the soups here have taken a serious hit. The potato soup and vegetable soup are not what they should be, so I have quit ordering it. They are tasteless and don't have anything in them. The cream soups are not any better.

X:

- The corn chowder soup was nothing but broth and did not have any corn in it.
- The soups are not good at all. They just skim off the top and don't go down into the pot to get a good serving of it.
- All the food is tasteless. I know that some people cannot have seasonings, but does it have to be that way for all of us?
 - o Kristen asked Xif she has ever used Mrs. Dash to season food items, X said yes but it still doesn't help.
- We used to have dark meat chicken and chicken on the bone. I would like to see it on the menu.
- The staff give me things that I don't order too.

X:

- I don't like anything here. So, I order out pizza and have it delivered.

X:

- It is okay. I like the coffee, pudding and ice cream.

X:

- I think it's okay. I have no complaints.

Common Themes or Take-aways:

1. Sauces – need to be more saucy. Have alfredo, marinara, a good spaghetti sauce with hamburger in it. The macaroni and cheese sauce needs to be creamy, not dry.
2. Soups – need more of everything – vegetables, thickness, creaminess, flavor, meat, noodles if its a noodle soup
3. Hearty meals/casseroles – chicken noodle casseroles, goulash

Notes typed: Kari Belanger, CTRS

Next meeting – Date/Time: Tuesday January 9, 2024, at 3:00pm

Let's Talk Food with the Forefront Dining Services Team: Tuesday January 9, 2024 – 3:00pm

Purpose of meeting:

To openly discuss food – meal service, meal ideas & suggestions to further enhance the overall dining experience at the Grand Traverse Pavilions.

Dietary Staff present and introduced:

Christian Anderson, General Manager, Forefront Dining Services

Gregory Murphy, Executive Chef, Forefront Dining Services

Other Staff present:

Kari Belanger, CTRS/Life Enrichment

Residents present:

Birch Pavilion: X

Cherry Pavilion: X, X, X

Dogwood Pavilion: X, X, X, X

Discussion items, Meal Ideas & Suggestions

X:

- Breakfast is my best meal of the day. The sausage gravy and biscuits have improved, but the gravy could still be a little thicker and have more sausage in it. Could we have sausage patties at breakfast instead of always having the links? What about sliced fried potatoes? The little potato squares are always too hard.
- Could we have southern fried chicken once in a while?
- Is the potato salad homemade or brought in from a supplier? It's not bad, but there needs to be more mustard added to the sauce to give it a little more flavor.
 - o X – we make our potato salad, actually make 8 gallons of it at a time.

X:

- The eggs are better, but I would like to have bacon, crisp bacon more often. We get a lot of sausage at breakfast and it would be nice to have bacon too.
- Tuna noodle casserole would be good to have this winter.
- We would like to have an actual slice a pie, not the little things we have been getting. Chocolate pie would be great.
 - o X: I agree with X – a REAL slice of pie, not a sliver and not a scoop. Lemon meringue, pecan, banana cream pies would be wonderful.

X:

- What type of eggs do you use for breakfast? Are you using powdered eggs?
 - o **Christian** – we do not use powdered eggs. We use only whole, pasteurized eggs as those are the only eggs we can use.
- The flavor of the soups are too thin. I would say that 2 out of 7 soups that are served a week are not good.
- Need to use seasonings like thyme, basil and oregano together. Don't ever add cumin in with those seasonings as it would completely ruin the flavor.
- The oven baked chicken was good, but sometimes the chicken is a little dry.

- With spaghetti, it is all about the sauce – the sauce here is too acidic and the worse thing you can do is add sugar to it. You have to let it cook, slow and even. You don't want the sauce to be bright red, you want it more brown colored so that the tomatoes are caramelized and then it is not acidic.
- Lasagna would be great to have as we haven't had it in a long time. Use good Romano, ricotta and mozzarella cheeses – layer them in to get the flavors.
- You need to use good bread. The bread you use for sandwiches is too soggy and floppy; it is fine for toast at breakfast but not for a sandwich. Same with the dinner rolls – they get too soggy and then there is nothing to them.
- The croissants are really good. I know where you get those, and I used to purchase them too at Gordon's.

X:

- The ribs are very good. The flavor of the ribs is very good.
- Lunch and dinner meals taste the same – it's like having the same meal. The gravy that is used tastes all the same.
- The vegetable soup last week is better, it actually had vegetables in it.
- Whatever you are using for the hamburger patties, they are not good.
- Goulash would be good to have on the menu.
- The waffle fries aren't working, they are too hard. The regular French fries are great and I order these in place of the waffle fries.
 - o X: I agree with X on the waffle fries and regular fries.

X:

- I really like the broccoli cheddar soup you have.
- I would like to have a big sweet roll or big cinnamon roll. Doesn't have to be at breakfast, it can be any time, but it needs to be big.

X:

- I'm not a fussy eater. If I like it, I eat it and if I don't like it, I leave it.

Common Themes or Take-aways:

1. Soups – are slowly starting to get better, but still need work on the flavor
2. Breakfast ideas – crispy bacon; more sausage in the biscuits & gravy; sweet rolls or big cinnamon rolls
3. Hearty meals/casseroles – tuna noodle casserole, goulash
4. Desserts – a real, actual slice of pie like chocolate, banana cream,

Christian asked for the next meeting to be held in March so that he and Gregory have time to take the ideas/suggestions and implement them into the menus, as they are working on new menus.

Next meeting – Date/Time: Tuesday March 12, 2024, at 3:00pm

Notes typed: Kari Belanger, CTRS

GRAND TRAVERSE PAVILIONS
Service Excellence Award Program
December 2023

Date:	12/04/2023
Employee:	Arlette Moreno
Awarded for:	Provided excellent care for and went above and beyond all weekend for a heavy assignment. Thanks for your positive attitude
Position:	CAN Cottages
Nominated by:	Dan N.

Date:	12/04/2023
Employee:	Arlene Glazier
Awarded for:	Arlene had 100% of her documentation completed 2 nights in a row. Great job!
Position:	CNA
Nominated by:	Jamie Wilson

Date:	12/11/2023
Employee:	Lhara Zywicki
Awarded for:	Lhara made my day much easier by jumping in and helping me with sending one of my residents out to MMC ED. It got done quick and efficiently!
Position:	LPN
Nominated by:	Michelle Godin

Date:	12/11/2023
Employee:	Sara Brown
Awarded for:	Seeing that there was a need for door coverage and offering up her time so nursing didn't have to be pulled from the floor.
Position:	Administrative Assistant
Nominated by:	Darcey Gratton

Date:	12/18/2023
Employee:	Kim Fazenbaker
Awarded for:	Always going above and beyond. It is always noticed and appreciated!
Position:	UW Cottages
Nominated by:	Sam Gordon

Date: 12/18/2023
Employee: Nicole Eason
Awarded for: Being a go-getter. Making beds and keeping busy on rehab. Thanks for your help!
Position: CNA
Nominated by: Sam Stinson

Date: 12/26/2023
Employee: Angela Monte de Ramos
Awarded for: Thank you for jumping in and helping out a float with a discharge! You are so helpful and rehab is so happy to have you.
Position: RN
Nominated by: Chrissy Wagatha

Date: 12/26/2023
Employee: Colleen Tomczak
Awarded for: Colleen came in to assist with delivering physical therapy on her day off due to a colleague being out sick. Colleen is always a team player and willing to help whenever and wherever she is needed. Thank you Colleen! We appreciate you!
Position: PTA
Nominated by: Amy Coneset

Grand Traverse Pavilions								
Quarterly Overtime Rolling Calendar Lookback								
	Pay Dates In:							
Department	4th Qtr 2023		3rd Qtr 2023		2nd Qtr 2023		1st Qtr 2023	
Administration	\$ 463.98	0.23%	\$ 126.77	0.07%	\$ 306.35	0.16%	\$ 95.07	0.04%
Adult Day Services	\$ -	-	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Child Day Care	\$ 538.04	1.24%	\$ 598.66	1.30%	\$ 886.06	1.92%	\$ 223.27	0.41%
CNA	\$ 52,222.11	5.29%	\$ 37,997.32	3.69%	\$ 25,398.55	2.47%	\$ 43,405.40	3.85%
CNA Training	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Marketing/Foundation	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Cottages	\$ 14,005.90	3.12%	\$ 11,916.94	2.42%	\$ 12,238.84	2.48%	\$ 17,866.28	4.35%
Diversional Therapy	\$ 2,048.81	2.30%	\$ 1,359.08	1.60%	\$ 817.12	0.96%	\$ 1,407.89	1.45%
Financial Mgt.	\$ 7,472.44	9.92%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
Housekeeping	\$ 3,143.61	1.93%	\$ 9,874.17	6.14%	\$ 7,873.76	4.89%	\$ 12,371.27	6.87%
Human Resources	\$ 61.20	0.13%	\$ 35.27	0.06%	\$ 44.08	0.07%	\$ 57.57	0%
Human Services	\$ 661.71	1.52%	\$ 547.41	1.13%	\$ 22.88	0.05%	\$ -	0.00%
Laundry	\$ 1,652.34	2.03%	\$ 2,060.82	2.76%	\$ 2,164.39	2.90%	\$ 4,699.24	6.42%
LPN	\$ 16,691.57	5.82%	\$ 16,240.14	6.63%	\$ 7,077.04	2.89%	\$ 9,053.98	3.33%
Maintenance	\$ 4,141.46	2.84%	\$ 5,703.83	3.65%	\$ 6,187.72	3.96%	\$ 6,704.67	3.41%

Nursing Administration	\$ 7,237.00	2.24%	\$ 2,846.26	0.67%	\$ 3,596.28	0.85%	\$ 3,667.34	0.74%
RN	\$ 23,761.10	4.79%	\$ 26,888.34	5.70%	\$ 18,934.60	4.01%	\$ 15,749.31	2.98%
Therapies - PT, OT	\$ 3,408.40	1.11%	\$ 5,475.91	2.08%	\$ 746.26	0.28%	\$ 983.87	0.35%
Totals	\$137,509.67		\$121,670.92		\$ 86,293.93		\$116,285.16	
% of payroll		3.67%		2.78%		1.96%		3.23%

Grand Traverse Pavilions Foundation
BALANCE SHEET
DECEMBER 31, 2023

6

Assets

Unrestricted Assets-Cash		
General Cash	56,064.74	
Grand Event	32,720.34	
Concert On The Lawn	51,976.14	
Board Advised Fund	6,801.00	
Activities	3,949.34	
Adult Day Unit	1,136.72	
Memorials	21,146.79	
	<hr/>	
Total Unrestricted Cash		173,795.07
Restricted Assets-Cash		
Lights of Love	6,575.00	
Campus Beautification	37,498.68	
Caregiver Conference	2,541.10	
Grants	10,008.08	
Gwen Rauch Memorial Emp Cancer	14,232.29	
Benevolent Fund	2,668.02	
Adult Day Services Fund	1,764.58	
Cottages	1,500.00	
Wellness Center Fund	4,958.98	
	<hr/>	
Total Restricted Cash		81,746.73
Total Cash-Restricted and Unrestricted		<hr/> 255,541.80
Restricted Assets-Investments		
Employee Education Endowment F	60,808.20	
Pet Care Endowment Fund	54,824.11	
Benevolent Endowment Fund	1,754,533.55	
	<hr/>	
Total Restricted Assets-Investments		1,870,165.86
		<hr/>
Total Assets		<hr/> <hr/> 2,125,707.66

Liabilities and Equity

Liabilities		
Accounts Payable	3,346.10	
Unearned Revenue	1,875.00	
	<hr/>	
Total Liabilities		5,221.10
Equity		
Retained Earnings	2,118,121.38	
Retained Earnings-Current Year	2,365.18	
	<hr/>	
Total Equity		2,120,486.56
		<hr/>
Total Liabilities and Equity		<hr/> <hr/> 2,125,707.66

Grand Traverse Pavilions Foundation
INCOME STATEMENT

FOR THE TWELVE PERIODS ENDED DECEMBER 31, 2023

	PERIOD TO DATE ACTUAL	YEAR TO DATE ACTUAL
Revenue		
Donation Inc - Annual Campaign	5,531.00	120,165.22
Donation Inc - Concert On The	.00	11,924.41
Donation Inc - Gwen Rauch Mem	.00	630.00
Donation Inc - Activities	.00	1,480.00
Donation Inc - Benevolent	.00	19,130.00
Donation Inc - Cottages	1,000.00	1,500.00
Donation Inc - Wellness Center	.00	131.31
Donation Inc - (Unrestricted)	.00	2,381.75
Sponsorship Inc - Concert On T	.00	21,099.00
Concession Sales - Concert On	.00	11,153.80
Grant Income	.00	4,000.00
TOTAL Revenue	6,531.00	193,595.49
Gross Profit	6,531.00	193,595.49
Operating Expense		
Programming Exp.-Television	.00	4,992.37
Programming Exp-Employee Cance	.00	750.00
Programming Exp - Tobertoval M	.00	12,800.00
Programming Exp.-Campus Beauti	.00	8,233.88
Programming Exp - Emp Edu	.00	9,457.08
Programming Exp. - Pet Care Fu	.00	5,670.00
Programming Exp.-Sr. Housing S	.00	221,745.54
Food/Tent Rental-Concert on La	.00	5,476.10
Advertising - Concert On The L	649.00	1,594.00
Financial Statement Audit	950.00	7,700.00
Investment Advisory Fees	.00	9,274.80
Bank and Credit Card Fees	68.75	1,198.12
Meeting Expense - Annual Campa	264.93	264.93
Entertainment - Concert On The	.00	7,750.00
Sound - Concert On The Lawn	.00	3,400.00
Misc Expense - Concert on the	500.00	2,176.28
TOTAL Operating Expense	2,432.68	302,483.10
Net Income from Operations	4,098.32	(108,887.61)
Other Income and Expense		
Investment Income (Loss)		
Unrealized Gains (Losses)	.00	45,007.18
Interest and Dividend Income	.00	66,245.61
TOTAL Investment Income (Loss)	.00	111,252.79
TOTAL Other Income and Expense	.00	111,252.79
Earnings before Income Tax	4,098.32	2,365.18
Net Income (Loss)	4,098.32	2,365.18

**Grand Traverse Pavilions Foundation
Bank Reconciliation
December 2023**

BANK NAME	Bank Balance
PNC Bank - Business Checking	255,541.80
Petty Cash	0.00
PNC Bank Investment Accounts	1,866,157.27
Huntington National Bank Investment-waiting for Stmt	4,008.59
Total Cash and Investments	<u>2,125,707.66</u>
Outstanding Deposits	0.00
Outstanding Credit Card Payments	0.00
Outstanding Checks	0.00
Adjusted Bank Balance	2,125,707.66
Balance per Books	<u>2,125,707.66</u>
Difference	<u>0.00</u>



Grand Traverse Pavilions

A COMMUNITY CARING FOR GENERATIONS

TO: Grand Traverse County Department of Health and Human Services Board

FROM: David Hautamaki 
Interim Administrator

RE: December Administrator/CEO Report

Census

The monthly average as of January 15, 2023 is at 148.26. Past census trends include December 2023 at 144.45, November 2023 at 148.37 and October 2023 at 143.68.

Throughout the month of December we had 49 admissions/re-admissions and 50 discharges. Four Rehab residents transferred upstairs for long term care. Forty of these admissions were admitted from MMC (re-admissions included).

For the Cottages, in the month of December for Residential Services there were 2 admissions, 2 respite stays, and 2 discharges and 1 death.

Nursing

There were six facility reported incidents in December and all have been cleared.

Staffing

Recruitment is underway for the following open positions: CNAs; Universal Workers; Environmental Services; Licensed Nurses; Social Services and Recreational Therapist.

Nine employees were hired in December: 1 Environmental Services; 2 Licensed Nurses; 2 CNA; and 4 Universal Worker We received 35 applications in December.

In December, there were 2 resignations, 1 of which was a direct care employee.

In December, 2 employee referrals were received.

As of January 17, we have 303 employees.

Dietary

In December, a dietary task force met weekly to discuss food tray delivery, updated dietary needs and refine the food tray deliver processes.

Accounts Receivable

Our Days Revenue Outstanding ("DRO") (before allowances) is 54 days as of 12/31/2023. This is the same as of 11/30/23. Our goal for 2024 is reduce that number to 45 days.

The total receivables were up \$27,901 during December due to the ongoing issue of the software transition for both the new therapy software and PCC resulting in only 10% of the Outpatient revenue being collected (a shortfall of \$31,000). In addition, Four residents who are private pay are in the process of applying for Medicaid. Three of them hope to be effective retroactive to December. No payment was received for or from them in December.

We collected 102% of the prior month revenue in December which is an important benchmark.

A third of our staff was off for half of the month of December resulting in less problem resolution than usual.

The son of our significant non-paying customer filed a Medicaid application for his mother in November. He has needed several reminders to complete the process including providing required supporting documentation and filing the correct application.

Our Medicaid Outstation worker was off for vacation for a couple of weeks in December but remains a valuable resource for GTP and responsible parties and their attorneys who file and follow up on Medicaid applications.

Environmental Services

On December 1, Tim Coggins, Environmental Services Director, and Dan Butler, Information Systems Director, met with Tom Walsh of Navigate360, to go over training for Active Shooter incidents.

On December 5, Coggins attended an emergency preparedness drill through regions 5,6,7 & 8 Healthcare Coalitions. The focus of the drill was a chemical response.

On December 6, Melissa Bethea from Stericycle conducted bloodborne pathogen and SDS training for the Environmental services team. She also went on a facility tour and prepared a report for OSHA issues to be aware of.

On December 7, Summit Fire Protection performed the 6-month inspection and testing of the Kitchen Ansul systems.

On December 8, Coggins and Cati Kujawski, Environmental Services Manager, met with Jim Ross of Ross Design and Build regarding completion of the courtyard upgrades. Jim will be presenting a proposal to complete the courtyards in spring 2024.

On December 13, Coggins and Rick Harner, Maintenance Tech, repaired the Hi-Lo table used in the Beech Gym. The motor and controller were not working, and part numbers had changed. We were able to get cross referenced part numbers and order

the correct parts.

On December 13, Bay Area Hoods cleaned the kitchen hood system. We also have them scheduled to complete this every quarter as opposed to every 6 months, as we have in the past.

On December 14, Coggins received a copy of the updated transfer agreements for the local, non-county owned health care facilities. We had worked with Dale Chilcote, Administrator at Orchard Creek Health Care on this.

On December 19, Coggins received a quote for the fire suppression head replacements. The total cost is \$59,605. These heads are 20 years old, and according to NFPA 25, paragraph 5.3.1.1.3, sprinklers that have been manufactured using fast-response elements that have been in service for 20 years, shall be replaced or representative samples shall be tested and then retested at 10-year intervals. According to NFPA 25, paragraph 5.3.1.3, where one sprinkler within a representative sample fails to meet the test requirement, all sprinklers within the area represented by that sample shall be replaced. The heads that were sent out for testing did not pass the test, and are therefore, all heads represented by this sample are required to be replaced.

Wellness Center

The Wellness Center saw the following patients this month: Medicare A: 22; Medicare Advantage Skilled: 39; Medicare B: Outpatient: 26; Medicare B: Inpatient: 37; Medicare B Advantage: Outpatient 33; Inpatient 9; Private Insurance: Outpatient: 15; Private Insurance: Inpatient:2; Work compensation: Outpatient: 0; Private pay: Outpatient: 0; Private pay: Inpatient: 1. Auto: Outpatient: 2; Auto: Inpatient:1.

Activities

Kari Belanger and Linda Burton, Recreational Therapists, completed a total of 45 video chats over FaceTime or Google Duo.

Activities, special events and outings that occurred in December included: Catholic Mass, Rosary and live streaming various local church services; outings/evening drives to see Christmas lights and decorations around Traverse City and shopping at Meijer; making & enjoying homemade Christmas spritz cookies, Grinch green brownies and sugar cookie cutouts; enjoying fruit cake & coffee, eggnog & hot chocolate; decorating Christmas trees around the building; bird care; playing various card games, table games and Bingo; Bingo Store; pavilion resident council meetings; watching various holiday movies such as *A Boy Called Christmas*, *Elf*, and *The Grinch*. We also held a Holiday Sweets & Treats on December 14 with many family members coming in to enjoy various sweets prepared by our dietary department, having family pictures taken by our own Kelsea Robinson who is a COTA with our therapy department, and being serenaded with holiday music by the ladies of the Grand Traverse Show Chorus. Other groups that visited over the holidays to sing and perform for the residents included: The Cherry Capital Men's Chorus, The Children's House, The Sunshine String Band, The Salvation Army, John Denner, Traverse Bay Mennonite Church, Watershed Church, The Locals, Glen Lake Middle & High School, Archangel Gabriel Orthodox Church, Tally & Bob Green, and a ballet recital by Company Dance Traverse. The month of December finished out with a Build Your Own Taco Bar luncheon for residents to create their own

tacos or taco salad to enjoy.

Resident Council meetings were held on December 28 and 29 respectively.

GRAND TRAVERSE PAVILIONS MEMORANDUM

Financial Operations Report
December 2023

Grand Traverse Pavilions Combined

General note—three income statements are included from the new general ledger system—One at a summary level for the combined programs with the current month, prior month and year to date results. There is also one each for the Medical Care Facility (including per resident day amounts and year to date amounts) and the Cottages (includes the prior month and year to date amounts).

A combined balance sheet is also included as of 12/31/2023, 11/30/2023 and as of 12/31/2022. A Cash Flow Statement is also included showing current month, prior month and year to date changes in assets and liabilities impacting cash flow for those periods.

REVENUE:

The overall revenue for the Pavilions in December was \$2,503,107 resulting in an unfavorable budget variance of \$96,298. Revenue for December included a true up in the Medicaid settlement for the 10/1/21 to 9/30/22 period for the Medical Care facility of \$42,609. Interest income of \$135,197 related to the Employee retention credit was also recorded in December to match the IRS calculation. No other unusual revenue entries.

EXPENSES:

The total overall operating expenses for the Pavilions in December were \$2,604,433 resulting in an unfavorable variance to budget of \$13,067. Key variances included estimated interest expense to the County for covering the 2023 deficits of \$60,000, laptop computer purchases of \$20,000, updates to external lighting fixtures of \$10,000 and updates to magnetic locking systems of \$9,000.

NET INCOME/LOSS:

There was a net loss of \$101,326 from the combined programs of the Pavilions in December resulting in an unfavorable budget variance of \$109,365. Year to date net income is \$202,317, a favorable variance of \$202,317.

OPERATING CASH:

Total unassigned operating cash on hand at month-end was negative \$5,602,686. This is a net increase (more brought in than was spent) of \$516,453

for the month. The Pace North payment of their rent of \$235,425 was a significant factor as was the deferral of the dietary payment of \$276,000 until January.

The State of Michigan defers the billing of provider taxes for the fourth quarter until January of the following year. This favorably impacted our cash position in December by \$76,622.

The payment of longevity pay on December 1 of \$90,000 and the payment of the Unidine settlement of \$114,000 also impacted December cash.

Other cash inflows and outlays were typical and can be seen on the Cash Flow Statement.

VOUCHERS:

Purchase orders, invoices, checks written, and supporting documentation reviewed for voucher numbers 5501-5507 for the month of December and were in order without exception.

Grand Traverse Medical Care

REVENUE:

The census for December averaged 144 residents which was eleven below the budgeted census and four less than the prior month. Private pay census was eleven below budget, Medicare was fifteen above, Medicaid was fourteen below and Hospice was one below the budgeted census. Total resident revenue was \$1,915,974 resulting in a \$324,499 favorable budget variance. The occupancy for December was 60% of licensed beds and 91% of available beds. Year to date occupancy is 87% of available beds.

Other revenue was \$366,537 on a budget of \$794,882 for an unfavorable variance of \$428,345 for the month. On a year- to- date basis the variance is an unfavorable \$1,104,561. There will adjustments made to this amount after the cost report for the year is prepared and future settlements can better estimated.

Total revenue was \$103,846 less than budget for the month and \$1,147,354 less than budget for the year.

EXPENSES:

Operating Expenses were \$45,469 less than budget for the month and \$1,587,993 less than budget for the year.

NET INCOME/LOSS:

Grand Traverse Medical Care produced a net loss of \$25,542 for the month, which was \$58,239 under budget. For the year net income was \$772,947 which was \$442,292 over budget.

RECEIVABLES:

Our Days Revenue Outstanding (“DRO”) (before allowances) is 54 days as of 12/31/2023. This is the same as of 11/30/23. Our goal for 2024 is reduce that number to 45 days.

The total receivables were up \$27,901 during December due to the ongoing issue of the software transition for both the new therapy software and PCC resulting in only 10% of the Outpatient revenue being collected (a shortfall of \$31,000). In addition, four residents who are private pay are in the process of applying for Medicaid. Three of them hope to be effective retroactive to December. No payment was received for or from them in December.

We collected 102% of the prior month revenue in December, which is an important benchmark.

A third of our staff was off for half of the month of December resulting in less problem resolution than usual.

The son of our significant non-paying customer filed a Medicaid application for his mother in November. He has needed several reminders to complete the process including providing required supporting documentation and filing the correct application.

Our Medicaid Outstation worker was off for vacation for a couple of weeks in December but remains a valuable resource for GTP and responsible parties and their attorneys who file and follow up on Medicaid applications.

The Cottages

REVENUE:

Total revenue of \$241,576 generated a \$8,028 favorable variance to the budget. The average census for the Cottages-Assisted Living was 48.9 residents during the month (thirteen below budget and .6 less than the prior month), representing 65% occupancy. There were six days of overnight respite provided during the month (same as the prior month). Hawthorn Lofts-Independent Living average census was 1 resident per day for 33% occupancy.

EXPENSES:

Expenses for December (before depreciation) were \$294,458, which was above the budgeted amount by \$58,802 for an unfavorable variance. Dietary costs represented \$49,359 of the variance, CNA and UW staffing remain significantly over budget.

NET INCOME/LOSS:

The program had a net loss for the month of \$75,784 resulting in an favorable variance of \$51,127. This was \$1,786 less than the prior month. On a year to date basis the cottages lost \$570,630.

Unassigned Fund Balance

Approved 2023 Operating Budget	\$ 30.8M
Unassigned Fund Balance Target Percentage	20%
Unassigned Fund Balance Target Amount	\$6.2M
Current Unassigned Fund Balance*	(\$5.6M)
Current Fund Balance as a percentage of Operating Budget	(18%)
Amount Available Above/ (Below) Target	(\$11.8) M

*Fund balance is different from a cash balance as it includes other assets and is net of current liabilities. Those items do not generally change significantly so we are reporting here on the cash balance amount. The policy requires a review of the actual fund balance annually.

Amounts due from the IRS and MDHHS total \$13.7M as of December 31, 2023. \$10,734,088 of that amount has been received as of January 19, 2024.

Date: Jan 22, 2024
 Time: 14:17:00 EST
 User: Lindsey Dood

**Grand Traverse Pavilions
 Combined Income Statement
 12/1/2023 to 12/31/2023**

Include Adjustment Periods: NO Include Closing Periods: NO
 Included: Grand Traverse Pavilions - AL, Grand Traverse Pavilions - Outpatient, Grand Traverse Pavilions - SNF

	CURRENT PERIOD			PRIOR PERIOD			YEAR TO DATE		
	Actual \$	Budget \$	Var \$	Actual \$	Budget \$	Var \$	Actual \$	Budget \$	Var \$
Service Revenue	2,163,867	1,832,774	331,094	2,107,178	1,778,884	328,293	21,569,550	21,616,061	(46,511)
Other Revenue	339,240	766,632	(427,392)	131,610	760,284	(628,674)	8,262,217	9,155,149	(892,932)
Total Revenue	2,503,107	2,599,406	(96,298)	2,238,788	2,539,169	(300,381)	29,831,768	30,771,210	(939,442)
Salaries & Wages	1,410,607	1,502,649	92,042	1,321,375	1,454,310	132,935	16,355,289	17,693,413	1,338,124
Benefits	305,154	388,712	83,558	318,932	378,550	59,618	4,005,798	4,584,946	579,148
Other Operating Expenses	702,572	569,985	(132,587)	610,902	582,885	(28,017)	7,689,825	6,932,610	(757,215)
Interest Expense	90,159	32,500	57,659	30,159	32,500	(2,341)	427,252	390,000	37,252
Depreciation	95,941	97,520	1,579	95,941	97,520	1,579	1,151,287	1,170,240	18,953
Total Operating Expenses	2,604,433	2,591,366	(13,067)	2,377,309	2,545,765	168,456	29,629,450	30,771,209	1,141,759
Net Operating Income	(101,326)	8,039	(109,365)	(138,521)	(6,596)	(131,925)	202,317	1	202,317

Grand Traverse Pavilions
 SNF Income Statement
 12/1/2023 to 12/31/2023

Include Adjustment Periods: NO Include Closing Periods: NO
 Included: Grand Traverse Pavilions - AL, Grand Traverse Pavilions - Outpatient, Grand Traverse Pavilions - SNF

	CURRENT PERIOD						YEAR TO DATE					
	Actual \$	Budget \$	Var \$	Actual / Day	Budget / Day	Var / Day	Actual \$	Budget \$	Var \$	Actual / Day	Budget / Day	Var / Day
	0	0	0	-	-	-	0	0	0	-	-	-
	0	0	0	-	-	-	0	0	0	-	-	-
	0	0	0	-	-	-	0	0	0	-	-	-
SNF Resident Revenue												
Inpatient Revenue												
Medicare Part A	133,287	146,510	(13,223)	572.05	590.77	(18.72)	2,381,481	1,737,400	644,081	545.84	595.00	(49.16)
Medicare Advantage	229,824	0	229,824	595.40	-	-	790,039	0	790,039	505.79	-	-
Medicaid	1,087,795	1,032,594	55,201	379.68	294.77	84.91	10,051,388	12,160,443	(2,109,055)	313.19	294.83	18.35
Hospice	165,031	59,962	105,069	436.59	322.37	114.22	1,820,074	706,000	1,114,074	367.25	322.37	44.87
Private Pay	240,220	306,160	(65,940)	397.71	352.72	45.00	2,856,615	3,605,250	(748,635)	387.86	352.76	35.10
Medicare Part B	14,016	(11,250)	25,266	3.14	(2.34)	5.48	80,737	(135,000)	215,737	1.60	(2.39)	3.99
TOTAL Inpatient Revenue	1,870,173	1,533,976	336,198	418.76	319.25	99.51	17,980,334	18,074,093	(93,759)	357.18	319.47	37.71
Outpatient												
Physical Therapy	27,796	50,500	(22,704)	6.22	10.51	(4.29)	601,049	606,000	(4,951)	11.94	10.71	1.23
Occupational Therapy	5,210	1,500	3,710	1.17	0.31	0.85	40,446	18,000	22,446	0.80	0.32	0.49
Speech Therapy	9,045	3,000	6,045	2.03	0.62	1.40	54,090	36,000	18,090	1.07	0.64	0.44
Wellness	3,750	2,500	1,250	0.84	0.52	0.32	45,381	30,000	15,381	0.90	0.53	0.37
TOTAL Outpatient	45,801	57,500	(11,699)	10.26	11.97	(1.71)	740,966	690,000	50,966	14.72	12.20	2.52
TOTAL SNF Resident Revenue	1,915,974	1,591,476	324,499	429.01	331.21	97.80	18,721,300	18,764,093	(42,793)	371.90	331.67	40.23
SNF Other Revenue												
Revenue - Child Day Care	6,061	7,500	(1,439)	1.36	1.56	(0.20)	104,258	90,000	14,258	2.07	1.59	0.48
Childcare Lunches	256	250	6	0.06	0.05	0.01	3,994	3,000	994	0.08	0.05	0.03
Vending Machine Sales	238	0	238	0.05	0.00	0.05	2,963	0	2,963	0.06	0.00	0.06
Rental Income	0	250	(250)	0.00	0.05	(0.05)	2,345	3,000	(655)	0.05	0.05	(0.01)
Interest Income	135,197	1,000	134,197	30.27	0.21	30.06	850,695	12,000	838,695	16.90	0.21	16.69
DCW Wage Reimbursement	64,561	0	64,561	14.46	0.00	14.46	549,301	0	549,301	10.91	0.00	10.91
Copy Revenue	81	0	81	0.02	0.00	0.02	333	0	333	0.01	0.00	0.01
Pace North Management Fees	0	7,500	(7,500)	0.00	1.56	(1.56)	67,500	90,000	(22,500)	1.34	1.59	(0.25)
Insurance Proceeds and Refunds	567	0	567	0.13	0.00	0.13	1,038	0	1,038	0.02	0.00	0.02
Product Sales	0	0	0	0.00	0.00	0.00	20	0	20	0.00	0.00	0.00
Exp Reimbursements	0	0	0	0.00	0.00	0.00	280	0	280	0.01	0.00	0.01
Medicaid Settlement Revenue	42,609	0	42,609	9.54	0.00	9.54	5,490,166	0	5,490,166	109.06	0.00	109.06
Misc Income	1,377	640,879	(639,502)	0.31	133.38	(133.07)	146,660	7,690,548	(7,543,888)	2.91	135.94	(133.02)
Donation Income	0	20,833	(20,833)	0.00	4.34	(4.34)	0	250,000	(250,000)	0.00	4.42	(4.42)
QAS Income	149,369	196,769	(47,400)	33.45	40.95	(7.51)	1,663,541	2,316,801	(653,260)	33.05	40.95	(7.90)
QMI Income	28,943	31,000	(2,057)	6.48	6.45	0.03	405,493	372,000	33,493	8.06	6.58	1.48
Inter-Company Charges	21,400	21,400	0	4.79	4.45	0.34	256,800	256,800	0	5.10	4.54	0.56
Bad Debt Expenses	(7,500)	(7,500)	0	(1.68)	(1.56)	(0.12)	(90,000)	(90,000)	0	(1.79)	(1.59)	(0.20)
Provider Tax Expenses-QAS	(67,941)	(125,000)	57,059	(15.21)	(26.01)	10.80	(1,029,360)	(1,500,000)	470,640	(20.45)	(26.51)	6.07
Provider Tax Expenses-QMI	(8,681)	0	(8,681)	(1.94)	0.00	(1.94)	(36,438)	0	(36,438)	(0.72)	0.00	(0.72)
TOTAL SNF Other Revenue	366,537	794,882	(428,345)	82.07	165.43	(83.36)	8,389,588	9,494,149	(1,104,561)	166.66	167.82	(1.16)
Total Revenue	2,282,511	2,386,357	(103,846)	511.09	496.64	(21.61)	27,110,888	28,258,242	(1,147,354)	538.56	499.48	(20.28)
SNF Operating Expenses												

Grand Traverse Pavilions
 SNF Income Statement
 12/1/2023 to 12/31/2023

	CURRENT PERIOD						YEAR TO DATE					
	Actual \$	Budget \$	Var \$	Actual / Day	Budget / Day	Var / Day	Actual \$	Budget \$	Var \$	Actual / Day	Budget / Day	Var / Day
SNF Operating Expenses (con't)												
Nursing												
Nursing												
Salary & Wages - RN	198,476	204,768	6,292	44.44	42.62	(1.83)	2,105,253	2,410,977	305,724	41.82	42.62	0.79
Salary & Wages - LPN	110,883	61,764	(49,119)	24.83	12.85	(11.97)	1,152,567	727,225	(425,342)	22.90	12.85	(10.04)
Salary & Wages - CNA	382,057	464,637	82,580	85.55	96.70	11.15	4,286,722	5,470,727	1,184,005	85.16	96.70	11.54
Salary & Wages - UW SNF	15,485	11,532	(3,953)	3.47	2.40	(1.07)	198,505	135,777	(62,728)	3.94	2.40	(1.54)
Longevity - RN	(658)	2,916	3,574	(0.15)	0.61	0.75	7,317	34,330	27,013	0.15	0.61	0.46
Longevity - LPN	(176)	1,177	1,353	(0.04)	0.24	0.28	4,774	13,853	9,079	0.09	0.24	0.15
Longevity - CNA	1,957	7,735	5,778	0.44	1.61	1.17	19,832	91,075	71,242	0.39	1.61	1.22
FICA - Nursing	50,236	57,281	7,044	11.25	11.92	0.67	533,473	674,433	140,960	10.60	11.92	1.32
Workers Comp - Nursing	(13,467)	8,519	21,986	(3.02)	1.77	4.79	80,179	100,301	20,122	1.59	1.77	0.18
Unemployment Expenses	0	250	250	0.00	0.05	0.05	0	3,000	3,000	0.00	0.05	0.05
MERS DB - Nursing	25,760	35,533	9,773	5.77	7.40	1.63	310,343	426,395	116,052	6.16	7.54	1.37
MERS DC:Nursing	9,327	9,673	346	2.09	2.01	(0.08)	134,208	116,073	(18,135)	2.67	2.05	(0.61)
Health Ins - Nursing	65,133	73,274	8,140	14.58	15.25	0.67	775,902	862,739	86,837	15.41	15.25	(0.16)
Health Ins - Retirees Nursing	5,391	5,800	409	1.21	1.21	0.00	69,907	69,600	(307)	1.39	1.23	(0.16)
Dental Ins - Nursing	3,796	5,071	1,275	0.85	1.06	0.21	50,136	59,712	9,576	1.00	1.06	0.06
Uniforms - Nursing	0	500	500	0.00	0.10	0.10	7,867	6,000	(1,867)	0.16	0.11	(0.05)
Small Equipment	28,577	5,000	(23,577)	6.40	1.04	(5.36)	72,217	60,000	(12,217)	1.43	1.06	(0.37)
Nursing Supplies	27,507	18,750	(8,757)	6.16	3.90	(2.26)	208,848	225,000	16,152	4.15	3.98	(0.17)
Briefs	5,203	7,083	1,881	1.16	1.47	0.31	60,655	85,000	24,345	1.20	1.50	0.30
Stock Meds	1,277	2,250	973	0.29	0.47	0.18	19,087	27,000	7,913	0.38	0.48	0.10
Hep B Vaccine	0	500	500	0.00	0.10	0.10	0	6,000	6,000	0.00	0.11	0.11
Flu Vaccine	0	0	0	0.00	0.00	0.00	9,902	12,000	2,098	0.20	0.21	0.02
IV Supplies	3,347	2,500	(847)	0.75	0.52	(0.23)	40,305	30,000	(10,305)	0.80	0.53	(0.27)
Special Equipment Rental	0	0	0	0.00	0.00	0.00	1,575	0	(1,575)	0.03	0.00	(0.03)
Non-Legend Drugs	893	500	(393)	0.20	0.10	(0.10)	7,349	6,000	(1,349)	0.15	0.11	(0.04)
Professional Services - Medic	3,890	3,600	(290)	0.87	0.75	(0.12)	42,610	43,200	590	0.85	0.76	(0.08)
Agency Nurse Staffing	26,497	32,500	6,003	5.93	6.76	0.83	430,354	390,000	(40,354)	8.55	6.89	(1.66)
Building Repairs-Resident Roo	4,693	0	(4,693)	1.05	0.00	(1.05)	29,447	0	(29,447)	0.58	0.00	(0.58)
Equipment Repairs	1,816	1,500	(316)	0.41	0.31	(0.09)	25,156	18,000	(7,156)	0.50	0.32	(0.18)
Education & Training - Nursing	650	1,000	350	0.15	0.21	0.06	926	12,000	11,074	0.02	0.21	0.19
Med Waste:Nursing-Medical Care	1,863	3,000	1,137	0.42	0.62	0.21	20,497	36,000	15,503	0.41	0.64	0.23
Resident Loss Replacement	0	100	100	0.00	0.02	0.02	109	1,200	1,091	0.00	0.02	0.02
TOTAL Nursing	960,415	1,028,712	68,297	215.05	214.09	(0.96)	10,706,022	12,153,617	1,447,595	212.67	214.82	2.15
Nurse Administration												
Salary & Wages - Nursing Admin	123,970	143,548	19,578	27.76	29.87	2.12	1,656,224	1,690,166	33,942	32.90	29.87	(3.03)
Longevity-Nursing Admin	(2,558)	2,672	5,229	(0.57)	0.56	1.13	9,707	31,455	21,747	0.19	0.56	0.36
FICA - Nursing Admin	9,483	11,186	1,703	2.12	2.33	0.20	157,906	131,704	(26,202)	3.14	2.33	(0.81)
Workers Comp - Nurse Admin	60	0	(60)	0.01	0.00	(0.01)	720	0	(720)	0.01	0.00	(0.01)
MERS DB - Nursing Admin	11,643	11,705	62	2.61	2.44	(0.17)	139,716	140,456	739	2.78	2.48	(0.29)
MERS DC: Nurse Administration	0	288	288	0.00	0.06	0.06	5,588	3,460	(2,128)	0.11	0.06	(0.05)
Nurse Admin Consulting	6,997	0	(6,997)	1.57	0.00	(1.57)	19,982	0	(19,982)	0.40	0.00	(0.40)
TOTAL Nurse Administration	149,596	169,399	19,803	33.50	35.25	1.76	1,989,844	1,997,240	7,396	39.53	35.30	(4.23)
TOTAL Nursing	1,110,011	1,198,111	88,100	248.55	249.35	0.80	12,695,866	14,150,857	1,454,991	252.20	250.13	(2.08)
Administrative												
Salary & Wages - Admin	67,603	71,994	4,391	15.14	14.98	(0.15)	806,350	847,667	41,317	16.02	14.98	(1.04)

Grand Traverse Pavilions
 SNF Income Statement
 12/1/2023 to 12/31/2023

	CURRENT PERIOD						YEAR TO DATE					
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Maintenance (con't)												
Health Ins - Env Serv	4,813	7,324	2,511	1.08	1.52	0.45	69,373	86,239	16,866	1.38	1.52	0.15
Health Ins - Retirees - EVS	2,486	2,000	(486)	0.56	0.42	(0.14)	26,254	24,000	(2,254)	0.52	0.42	(0.10)
Dental Ins - Env Serv	262	424	162	0.06	0.09	0.03	3,342	4,996	1,654	0.07	0.09	0.02
Uniforms - Plant Ops	258	167	(91)	0.06	0.03	(0.02)	2,894	2,000	(894)	0.06	0.04	(0.02)
Supplies - Plant Ops	5,617	5,500	(117)	1.26	1.14	(0.11)	57,366	66,000	8,634	1.14	1.17	0.03
Small Equipment	8,254	3,750	(4,504)	1.85	0.78	(1.07)	50,037	45,000	(5,037)	0.99	0.80	(0.20)
Building Repairs	29,727	15,000	(14,727)	6.66	3.12	(3.53)	176,996	180,000	3,004	3.52	3.18	(0.33)
Equipment Repairs	6,477	5,000	(1,477)	1.45	1.04	(0.41)	49,016	60,000	10,984	0.97	1.06	0.09
Vehicle Repair	3,643	750	(2,893)	0.82	0.16	(0.66)	5,420	9,000	3,580	0.11	0.16	0.05
Elevator	0	0	0	0.00	0.00	0.00	1,785	11,000	9,215	0.04	0.19	0.16
Lawn, Tree and Brush Services	105	1,000	895	0.02	0.21	0.18	15,453	17,000	1,547	0.31	0.30	(0.01)
Snow Removal - Contract	1,149	1,000	(149)	0.26	0.21	(0.05)	18,979	12,500	(6,479)	0.38	0.22	(0.16)
Education & Training - ES	50	250	200	0.01	0.05	0.04	345	3,000	2,655	0.01	0.05	0.05
Vehicle Fuel	827	1,000	173	0.19	0.21	0.02	10,855	12,000	1,145	0.22	0.21	0.00
Parking Garage Expenses	1,413	1,700	287	0.32	0.35	0.04	19,131	20,400	1,269	0.38	0.36	(0.02)
Water	2,259	3,750	1,491	0.51	0.78	0.27	46,100	45,000	(1,100)	0.92	0.80	(0.12)
Sewer	5,590	750	(4,840)	1.25	0.16	(1.10)	75,765	9,000	(66,765)	1.51	0.16	(1.35)
Electric	18,946	18,500	(446)	4.24	3.85	(0.39)	291,005	222,000	(69,005)	5.78	3.92	(1.86)
Natural Gas	9,090	9,000	(90)	2.04	1.87	(0.16)	101,448	111,000	9,552	2.02	1.96	(0.05)
Refuse Disposal	2,733	2,750	17	0.61	0.57	(0.04)	34,285	34,000	(285)	0.68	0.60	(0.08)
TOTAL Maintenance	170,167	149,037	(21,130)	38.10	31.02	(7.09)	1,871,212	1,792,614	(78,598)	37.17	31.69	(5.49)
Housekeeping												
Salary & Wages - Housekeeping	58,850	63,398	4,548	13.18	13.19	0.02	696,691	746,463	49,772	13.84	13.19	(0.65)
Longevity - Housekeeping	(7,039)	1,475	8,514	(1.58)	0.31	1.88	2,586	17,367	14,780	0.05	0.31	0.26
FICA - Housekeeping	4,533	4,963	429	1.02	1.03	0.02	50,619	58,433	7,814	1.01	1.03	0.03
Workers Comp - Houskeeping	650	454	(196)	0.15	0.09	(0.05)	7,800	5,350	(2,450)	0.15	0.09	(0.06)
MERS DB - Housekeeping	1,137	2,998	1,861	0.25	0.62	0.37	14,292	35,973	21,681	0.28	0.64	0.35
MERS DC:Housekeeping	2,000	1,550	(450)	0.45	0.32	(0.13)	19,908	18,598	(1,310)	0.40	0.33	(0.07)
Health Ins - Housekeeping	11,320	7,743	(3,577)	2.53	1.61	(0.92)	74,608	91,165	16,556	1.48	1.61	0.13
Dental Ins - Housekeeping	688	514	(174)	0.15	0.11	(0.05)	4,796	6,053	1,257	0.10	0.11	0.01
Uniforms - Housekeeping	0	167	167	0.00	0.03	0.03	1,008	2,000	992	0.02	0.04	0.02
Supplies - Housekeeping	6,613	8,000	1,387	1.48	1.66	0.18	92,720	96,000	3,280	1.84	1.70	(0.15)
Contract Services-Hskpg	713	500	(213)	0.16	0.10	(0.06)	19,212	6,000	(13,211)	0.38	0.11	(0.28)
TOTAL Housekeeping	79,466	91,762	12,296	17.79	19.10	1.30	984,240	1,083,402	99,161	19.55	19.15	(0.40)
Laundry												
Salary & Wages - Laundry	26,823	28,450	1,627	6.01	5.92	(0.09)	322,559	334,981	12,422	6.41	5.92	(0.49)
Longevity - Laundry	34	791	757	0.01	0.16	0.16	2,234	9,308	7,074	0.04	0.16	0.12
FICA - Laundry	2,177	2,237	60	0.49	0.47	(0.02)	24,517	26,338	1,821	0.49	0.47	(0.02)
Workers Comp - Laundry	250	170	(80)	0.06	0.04	(0.02)	3,000	2,000	(1,000)	0.06	0.04	(0.02)
MERS DB - Laundry	1,310	2,028	718	0.29	0.42	0.13	15,721	24,336	8,615	0.31	0.43	0.12
MERS DC:Laundry	498	141	(357)	0.11	0.03	(0.08)	3,858	1,688	(2,169)	0.08	0.03	(0.05)
Health Ins - Laundry	3,243	3,856	613	0.73	0.80	0.08	35,583	45,399	9,816	0.71	0.80	0.10
Dental Ins - Laundry	216	257	41	0.05	0.05	0.01	2,234	3,027	793	0.04	0.05	0.01
Supplies - Laundry	4,271	4,100	(171)	0.96	0.85	(0.10)	52,421	50,000	(2,421)	1.04	0.88	(0.16)
Linen Replacements - Laundry	3,043	2,500	(543)	0.68	0.52	(0.16)	23,498	30,000	6,502	0.47	0.53	0.06
TOTAL Laundry	41,866	44,529	2,664	9.37	9.27	(0.11)	485,625	527,078	41,453	9.65	9.32	(0.33)
Dietary												

Grand Traverse Pavilions
 SNF Income Statement
 12/1/2023 to 12/31/2023

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Dietary (con't)												
Small Equipment - Dietary	0	0	0	0.00	0.00	0.00	42,773	0	(42,773)	0.85	0.00	(0.85)
Contract Svcs-Dining	222,780	250,000	27,220	49.88	52.03	2.15	2,641,093	3,000,000	358,907	52.47	53.03	0.56
TOTAL Dietary	222,780	250,000	27,220	49.88	52.03	2.15	2,683,865	3,000,000	316,135	53.31	53.03	(0.29)
Therapy												
Salary & Wages - Therapy	116,630	96,890	(19,740)	26.11	20.16	(5.95)	1,210,329	1,140,797	(69,532)	24.04	20.16	(3.88)
Longevity-Therapy	512	1,441	929	0.11	0.30	0.19	4,912	16,968	12,056	0.10	0.30	0.20
FICA - Therapy	8,005	7,522	(483)	1.79	1.57	(0.23)	89,182	88,569	(613)	1.77	1.57	(0.21)
Workers Comp - Therapy	500	972	472	0.11	0.20	0.09	6,000	11,450	5,450	0.12	0.20	0.08
MERS DB - Therapy	6,848	5,675	(1,173)	1.53	1.18	(0.35)	82,179	68,103	(14,076)	1.63	1.20	(0.43)
MERS DC:Therapy	554	592	38	0.12	0.12	0.00	5,890	7,105	1,216	0.12	0.13	0.01
Health Ins - Therapy Services	3,836	5,590	1,754	0.86	1.16	0.30	57,569	65,819	8,250	1.14	1.16	0.02
Dental Ins - Therapy	261	402	141	0.06	0.08	0.03	3,492	4,731	1,239	0.07	0.08	0.01
Supplies - Therapy	155	500	345	0.03	0.10	0.07	4,199	6,000	1,801	0.08	0.11	0.02
Small Equipment - Therapy	0	500	500	0.00	0.10	0.10	734	6,000	5,266	0.01	0.11	0.09
Professional Service - Medica	0	500	500	0.00	0.10	0.10	2,507	6,000	3,493	0.05	0.11	0.06
Consultant - Therapy	4,736	2,500	(2,236)	1.06	0.52	(0.54)	53,330	30,000	(23,330)	1.06	0.53	(0.53)
Publications-Health & Wellness	0	50	50	0.00	0.01	0.01	209	600	391	0.00	0.01	0.01
Pool Maintenance	1,490	400	(1,090)	0.33	0.08	(0.25)	5,710	4,800	(910)	0.11	0.08	(0.03)
Dues & Memberships - Therapy	0	0	0	0.00	0.00	0.00	475	1,000	525	0.01	0.02	0.01
Education & Training - Therapy	0	750	750	0.00	0.16	0.16	2,295	9,000	6,705	0.05	0.16	0.11
Travel - Therapy	0	25	25	0.00	0.01	0.01	0	300	300	0.00	0.01	0.01
TOTAL Therapy	143,526	124,310	(19,216)	32.14	25.87	(6.27)	1,529,012	1,467,242	(61,770)	30.37	25.93	(4.44)
Ancillary												
Medical Supplies	3,222	4,000	778	0.72	0.83	0.11	32,583	48,000	15,417	0.65	0.85	0.20
Oxygen	3,392	2,500	(892)	0.76	0.52	(0.24)	36,663	30,000	(6,663)	0.73	0.53	(0.20)
Legend Drugs	24,465	10,000	(14,465)	5.48	2.08	(3.40)	265,646	120,000	(145,646)	5.28	2.12	(3.16)
Lab Services	1,051	700	(351)	0.24	0.15	(0.09)	7,633	8,400	767	0.15	0.15	0.00
Radiology Services	786	600	(186)	0.18	0.12	(0.05)	4,897	7,200	2,303	0.10	0.13	0.03
Misc Medical Services	0	1,000	1,000	0.00	0.21	0.21	1,550	12,000	10,450	0.03	0.21	0.18
TOTAL Ancillary	32,916	18,800	(14,116)	7.37	3.91	(3.46)	348,972	225,600	(123,372)	6.93	3.99	(2.94)
Diversional Therapy												
Salary & Wages - Life Enrichm	19,639	30,540	10,901	4.40	6.36	1.96	260,684	359,588	98,904	5.18	6.36	1.18
Longevity - Life Enrichment	(336)	948	1,284	(0.08)	0.20	0.27	5,329	11,164	5,835	0.11	0.20	0.09
FICA - Life Enrichment	2,610	2,409	(201)	0.58	0.50	(0.08)	27,459	28,363	903	0.55	0.50	(0.04)
Workers Comp - Life Enrichme	100	187	87	0.02	0.04	0.02	1,200	2,200	1,000	0.02	0.04	0.02
MERS DB - Life Enrichment	512	2,728	2,216	0.11	0.57	0.45	6,146	32,734	26,587	0.12	0.58	0.46
MERS DC:Life Enrichment	464	0	(464)	0.10	0.00	(0.10)	1,763	0	(1,763)	0.04	0.00	(0.04)
Health Ins - Life Enrichment	3,243	3,243	0	0.73	0.67	(0.05)	38,914	38,914	0	0.77	0.69	(0.09)
Dental Ins - Life Enrichment	216	216	0	0.05	0.04	0.00	2,378	2,594	216	0.05	0.05	0.00
Supplies - Diversional Therapy	350	750	400	0.08	0.16	0.08	4,145	9,000	4,855	0.08	0.16	0.08
Activity Supplies - Eden	615	1,000	385	0.14	0.21	0.07	4,729	12,000	7,271	0.09	0.21	0.12
Educ. & Training- Activities	0	100	100	0.00	0.02	0.02	498	1,200	702	0.01	0.02	0.01
Special Functions	3,753	1,317	(2,436)	0.84	0.27	(0.57)	13,879	15,800	1,921	0.28	0.28	0.00
Activity Expenses	0	0	0	0.00	0.00	0.00	14	0	(14)	0.00	0.00	0.00
Activity Expenses	0	0	0	0.00	0.00	0.00	31	0	(31)	0.00	0.00	0.00
TOTAL Diversional Therapy	31,166	43,438	12,272	6.98	9.04	2.06	367,170	513,556	146,386	7.29	9.08	1.78
Human Services												

Grand Traverse Pavilions
 SNF Income Statement
 12/1/2023 to 12/31/2023

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Human Services (con't)												
Salary & Wages - Human Serv	15,860	22,655	6,796	3.55	4.71	1.16	200,053	266,746	66,693	3.97	4.71	0.74
Longevity - Human Services	(329)	433	762	(0.07)	0.09	0.16	936	5,096	4,160	0.02	0.09	0.07
FICA - Human Serv	889	1,766	877	0.20	0.37	0.17	13,865	20,796	6,931	0.28	0.37	0.09
Workers Comp - Human Serv	20	17	(3)	0.00	0.00	0.00	240	200	(40)	0.00	0.00	0.00
MERS DB - Human Services	909	1,010	100	0.20	0.21	0.01	10,911	12,115	1,203	0.22	0.21	0.00
MERS DC:Human Services	415	539	124	0.09	0.11	0.02	4,458	6,466	2,008	0.09	0.11	0.03
Health Ins - Human Services	653	2,479	1,827	0.15	0.52	0.37	21,468	29,194	7,725	0.43	0.52	0.09
Dental Ins - Human Services	82	157	75	0.02	0.03	0.01	1,191	1,849	659	0.02	0.03	0.01
Consultant Services-Psych.	(1,500)	1,500	3,000	(0.34)	0.31	0.65	13,500	18,000	4,500	0.27	0.32	0.05
Education & Training - Hum Ser	0	250	250	0.00	0.05	0.05	0	3,000	3,000	0.00	0.05	0.05
TOTAL Human Services	16,998	30,806	13,808	3.81	6.41	2.61	266,623	363,462	96,839	5.30	6.42	1.13
Child Care												
CDC Wages-Supervisor	0	0	0	0.00	0.00	0.00	1,483	0	(1,483)	0.03	0.00	(0.03)
Salary & Wages - CC Asst. CDC	13,569	15,186	1,617	3.04	3.16	0.12	155,835	178,802	22,967	3.10	3.16	0.06
Salary & Wages - Facilitator	4,220	4,161	(59)	0.94	0.87	(0.08)	48,221	48,994	774	0.96	0.87	(0.09)
Longevity - Child Day Care	0	459	459	0.00	0.10	0.10	0	5,408	5,408	0.00	0.10	0.10
FICA - CDC	1,294	1,515	221	0.29	0.32	0.03	15,140	17,840	2,700	0.30	0.32	0.01
Workers Comp - CDC	0	34	34	0.00	0.01	0.01	187	400	213	0.00	0.01	0.00
MERS DB - CDC	445	678	233	0.10	0.14	0.04	5,339	8,130	2,790	0.11	0.14	0.04
MERS DC-Child Care	322	356	34	0.07	0.07	0.00	2,840	4,271	1,431	0.06	0.08	0.02
Health Ins - CDC	1,081	1,652	572	0.24	0.34	0.10	15,045	19,457	4,412	0.30	0.34	0.05
Dental Ins - CDC	72	110	38	0.02	0.02	0.01	937	1,297	360	0.02	0.02	0.00
Uniforms - CDC	0	50	50	0.00	0.01	0.01	876	600	(276)	0.02	0.01	(0.01)
Teaching/Educational Supplies	0	0	0	0.00	0.00	0.00	76	400	324	0.00	0.01	0.01
Small Equipment - CDC	1,225	50	(1,175)	0.27	0.01	(0.26)	1,500	600	(900)	0.03	0.01	(0.02)
Meals - CDC	995	300	(694)	0.22	0.06	(0.16)	9,126	3,600	(5,526)	0.18	0.06	(0.12)
Dietary Snacks - CDC	145	250	105	0.03	0.05	0.02	2,555	3,000	445	0.05	0.05	0.00
Special Functions - CDC	0	0	0	0.00	0.00	0.00	39	0	(39)	0.00	0.00	0.00
Indirect Costs-Childcare	1,400	1,400	0	0.31	0.29	(0.02)	16,800	16,800	0	0.33	0.30	(0.04)
Miscellaneous Exp-Childcare	0	35	35	0.00	0.01	0.01	187	420	233	0.00	0.01	0.00
TOTAL Child Care	24,767	26,237	1,469	5.55	5.46	(0.09)	276,185	310,019	33,834	5.49	5.48	(0.01)
Equipment Depreciation												
Depreciation - Office	2,304	2,500	196	0.52	0.52	0.00	27,644	30,000	2,356	0.55	0.53	(0.02)
Depreciation Exp - Nursing	4,138	5,000	862	0.93	1.04	0.11	49,651	60,000	10,349	0.99	1.06	0.07
Depreciation - Dietary	1,375	1,250	(125)	0.31	0.26	(0.05)	16,498	15,000	(1,498)	0.33	0.27	(0.06)
Depreciation - Furniture	662	750	88	0.15	0.16	0.01	7,943	9,000	1,057	0.16	0.16	0.00
Depreciation - Maintenance	1,634	1,500	(134)	0.37	0.31	(0.05)	19,611	18,000	(1,611)	0.39	0.32	(0.07)
Depreciation - Vehicle	877	1,250	373	0.20	0.26	0.06	10,524	15,000	4,476	0.21	0.27	0.06
Depreciation-Equip Well. Ctr	200	250	50	0.04	0.05	0.01	2,400	3,000	600	0.05	0.05	0.01
TOTAL Equipment Depreciation	11,189	12,500	1,311	2.51	2.60	0.10	134,271	150,000	15,729	2.67	2.65	(0.02)
TOTAL SNF Operating Expenses	2,247,542	2,293,011	45,469	503.26	477.21	(26.04)	25,611,793	27,199,787	1,587,993	508.78	480.77	(28.00)
Net Operating Income	34,970	93,346	(58,376)	7.83	19.43	(12.15)	1,499,095	1,058,455	440,640	29.78	18.71	7.79
SNF Building Depreciation												
Depreciation - Land Improv	1,594	1,600	6	0.36	0.33	(0.02)	19,128	19,200	72	0.38	0.34	(0.04)
Depreciation - Building	38,499	38,500	1	8.62	8.01	(0.61)	461,991	462,000	9	9.18	8.17	(1.01)

Date: Jan 22, 2024
 Time: 14:20:55 EST
 User: Lindsey Dood

**Grand Traverse Pavilions
 SNF Income Statement
 12/1/2023 to 12/31/2023**

	CURRENT PERIOD						YEAR TO DATE					
	Actual \$	Budget \$	Var \$	Actual / Day	Budget / Day	Var / Day	Actual \$	Budget \$	Var \$	Actual / Day	Budget / Day	Var / Day
SNF Building Depreciation (con't)												
Depreciation - Parking Structr	5,437	5,500	63	1.22	1.14	(0.07)	65,245	66,000	755	1.30	1.17	(0.13)
Depreciation - Bldg Improv	12,328	12,350	22	2.76	2.57	(0.19)	147,940	148,200	260	2.94	2.62	(0.32)
Depreciation-Bldg Imp WellCtr	2,654	2,700	46	0.59	0.56	(0.03)	31,844	32,400	556	0.63	0.57	(0.06)
TOTAL SNF Building Depreciation	60,512	60,650	138	13.55	12.62	(0.93)	726,148	727,800	1,652	14.42	12.86	(1.56)
Net Income	(25,542)	32,696	(58,239)	(5.72)	6.80	(12.12)	772,947	330,655	442,292	15.35	5.84	7.82

Date: Jan 22, 2024
 Time: 14:20:21 EST
 User: Lindsey Dood

**Grand Traverse Pavilions
 Cottage Income Statement
 12/1/2023 to 12/31/2023**

Include Adjustment Periods: NO **Include Closing Periods:** NO
Included: Grand Traverse Pavilions - AL, Grand Traverse Pavilions - Outpatient, Grand Traverse Pavilions - SNF

	CURRENT PERIOD			PRIOR PERIOD			YEAR TO DATE		
	Actual \$	Budget \$	Var \$	Actual \$	Budget \$	Var \$	Actual \$	Budget \$	Var \$
Cottage Revenue									
Room Rental-Cottage-Private	180,075	193,131	(13,057)	169,772	186,901	(17,129)	2,232,990	2,273,964	(40,974)
Room Rental-Cottage-MA Waiver	31,160	0	31,160	31,160	0	31,160	123,088	0	123,088
Room Rental-Cottage-Priv Insur	20,618	0	20,618	20,768	0	20,768	92,578	0	92,578
Respite-Cottages	8,245	1,187	7,058	4,475	1,187	3,288	27,870	14,244	13,626
Scholarships Private Pay	(6,450)	16,000	(22,450)	(7,392)	16,000	(23,392)	82,907	192,000	(109,093)
Registration Fee - Cottages	0	580	(580)	0	580	(580)	2,250	6,960	(4,710)
Ancillary Rev - Cottages	415	650	(235)	678	650	28	7,297	7,800	(503)
Meal Plan	25,125	18,000	7,125	25,526	18,000	7,526	198,705	216,000	(17,295)
Personal Care Services- Privat	3,618	20,000	(16,382)	2,826	20,000	(17,174)	192,554	240,000	(47,446)
Contractual-Charity Care	(3,629)	(16,000)	12,371	(8,710)	(16,000)	7,290	(141,985)	(192,000)	50,015
Contractual Allow MA Waiver	(13,478)	0	(13,478)	(14,049)	0	(14,049)	(68,413)	0	(68,413)
Contractual Allowance PACE	(4,123)	0	(4,123)	(4,025)	0	(4,025)	(9,842)	0	(9,842)
TOTAL Cottage Revenue	241,576	233,548	8,028	221,030	227,318	(6,288)	2,739,999	2,758,968	(18,969)
Cottage Other Revenue									
Beauty Shop Income	420	900	(480)	734	900	(166)	8,576	10,800	(2,224)
Misc Income-Cottage DCW Wage R	0	0	0	0	0	0	7,359	0	7,359
Donation Income - Cottages	0	0	0	0	0	0	221,746	0	221,746
TOTAL Cottage Other Revenue	420	900	(480)	734	900	(166)	237,681	10,800	226,881
Total Income	241,996	234,448	7,548	221,764	228,218	(6,454)	2,977,679	2,769,768	207,911
Cottage Operating Expenses									
Salary & Wages - Admin - Cott	11,644	20,117	8,473	10,243	19,468	9,225	197,673	236,860	39,187
Salary & Wages - ES Cottages	4,925	4,627	(298)	4,450	4,478	28	57,199	54,481	(2,718)
Salary & Wages - Hskpg Cottage	3,855	7,679	3,825	3,682	7,431	3,750	48,060	90,416	42,356
Salary & Wages - RN Cottages	7,287	9,345	2,058	7,105	9,044	1,939	103,880	110,032	6,151
Salary & Wages - LPN Cottages	1,770	4,933	3,163	1,609	4,774	3,165	50,664	58,084	7,420
Salary & Wages - CNA Cottages	61,211	49,663	(11,548)	51,311	48,061	(3,250)	700,194	584,739	(115,455)
Salary & Wages - UW Cottages	55,546	40,863	(14,683)	58,496	39,545	(18,951)	635,178	481,127	(154,051)
Longevity - Cottages	7,870	3,523	(4,347)	0	3,523	3,523	7,870	42,279	34,409
Longevity - Cottages Admin	247	511	264	250	511	261	2,997	6,136	3,139
FICA Admin Cottages	811	1,523	712	706	1,523	817	14,260	18,271	4,011
FICA - Env Serv Cottages	433	353	(80)	329	353	24	4,310	4,239	(71)
FICA - Cottage Housekeeping	349	289	(59)	269	289	20	3,604	3,471	(133)
FICA - RN LPN CNA and UW - Co	9,610	8,665	(944)	9,027	8,665	(362)	109,454	103,985	(5,469)
Workers Comp - Cottages	672	1,363	691	672	1,363	691	12,104	16,350	4,246
Workers Comp - Cottage Admin	6	6	0	6	6	0	72	72	0
MERS DB - Cottages	4,854	8,712	3,858	4,854	8,712	3,858	58,683	104,548	45,865
MERS DB - Cottages Admin	1,794	1,434	(360)	1,794	1,434	(360)	21,532	17,212	(4,320)
MERS DC-Cottage	2,125	1,150	(975)	2,162	1,150	(1,012)	17,481	13,795	(3,686)
MERS DC:Admin Cottages	0	0	0	0	0	0	3,159	0	(3,159)
Health Ins - Cottages	14,470	14,803	333	13,656	14,803	1,147	140,904	177,636	36,732
Dental Ins - Cottages	983	1,000	17	936	1,000	64	8,408	12,000	3,592
Supplies - Cottages	0	200	200	0	200	200	0	2,400	2,400

**Grand Traverse Pavilions
 Cottage Income Statement
 12/1/2023 to 12/31/2023**

	CURRENT PERIOD			PRIOR PERIOD			YEAR TO DATE		
	Actual \$	Budget \$	Var \$	Actual \$	Budget \$	Var \$	Actual \$	Budget \$	Var \$
Cottage Operating Expenses (con't)									
Supplies Laundry - Cottages	206	0	(206)	0	0	0	844	0	(844)
Activity Supplies - Cottages	486	250	(236)	167	250	83	4,296	3,000	(1,296)
Nursing Supplies - Cottages	647	400	(247)	642	400	(242)	5,348	4,800	(548)
Contract Services-Dining	60,359	12,000	(48,359)	60,083	12,000	(48,083)	547,532	144,000	(403,532)
Contract Svcs:Security-Cottag	0	0	0	643	0	(643)	2,574	2,000	(574)
Advertising - Cottages	3,165	3,000	(165)	1,704	3,000	1,296	27,783	36,000	8,217
Referral Fees	0	1,500	1,500	2,232	1,500	(732)	5,907	18,000	12,093
Printing & Binding - Comm Rel	0	0	0	450	0	(450)	1,420	0	(1,420)
Elevator-Cottages	0	0	0	0	0	0	0	9,250	9,250
Dues & Memberships - Cottages	0	0	0	0	0	0	0	700	700
Telephone - Cottages	760	325	(435)	0	325	325	3,319	3,900	581
Water - Cottages	628	500	(128)	864	500	(364)	15,041	6,000	(9,041)
Sewer - Cottages	1,096	850	(245)	1,705	850	(855)	29,130	10,200	(18,930)
Electric - Cottages	5,221	5,000	(221)	5,207	5,000	(207)	57,548	62,000	4,452
Natural Gas - Cottages	3,104	2,000	(1,104)	2,490	2,000	(490)	29,119	32,200	3,081
Refuse Disposal - Cottages	599	500	(99)	548	500	(48)	6,622	6,000	(622)
Television - Cottages	1,443	1,500	57	1,438	1,500	63	17,310	18,000	690
Special Functions - Cottages	207	300	93	31	300	269	1,567	3,600	2,033
Beauty Shop Services	340	750	410	592	750	158	6,239	9,000	2,761
Indirect Costs-Cottages	20,000	20,000	0	20,000	20,000	0	240,000	240,000	0
Bond Interest Expense	4,743	5,000	257	4,743	5,000	257	56,916	60,000	3,084
Miscellaneous Exp - Cottages	78	100	22	0	100	100	1,241	1,200	(41)
Depreciation - Equip Cottages	917	920	3	917	920	3	11,005	11,040	35
TOTAL Cottage Operating Expenses	294,458	235,655	(58,802)	276,012	231,228	(44,784)	3,268,447	2,819,023	(449,424)
Net Operating Income	(52,462)	(1,207)	(51,255)	(54,248)	(3,010)	(51,238)	(290,767)	(49,255)	(241,512)
Cottage Building Depreciation									
Depreciation Bldg - Cottages	19,018	19,100	82	19,018	19,100	82	228,220	229,200	980
Depreciation-Cottage Bldg Impr	4,304	4,350	46	4,304	4,350	46	51,643	52,200	557
TOTAL Cottage Building Depreciation	23,322	23,450	128	23,322	23,450	128	279,863	281,400	1,537
Net Income	(75,784)	(24,657)	(51,127)	(77,570)	(26,460)	(51,110)	(570,630)	(330,655)	(239,975)

Date: Jan 22, 2024
 Time: 14:15:26 EST
 User: Lindsey Dood

**Grand Traverse Pavilions
 Balance Sheet
 As Of 12/31/2023**

Include Adjustment Periods: NO Include Closing Periods: NO
 Included: Grand Traverse Pavilions - AL, Grand Traverse Pavilions - Outpatient, Grand Traverse Pavilions - SNF

	CURRENT PERIOD	PRIOR PERIOD	PREVIOUS YEAR
	Actual \$	Actual \$	Actual \$
Assets			
Current Assets			
Cash			
County Held Cash			
Cash - General	(5,605,998)	(6,122,451)	2,066,169
Cash - Deposits (Cottages)	0	0	124,360
Cash - Capital Improvements F	0	0	1,000,000
Cash - PACE Reserve	0	0	518,573
Cash - M.O.E.	3,312	2,803	16,452
TOTAL County Held Cash	(5,602,686)	(6,119,649)	3,725,554
Other Cash			
A/P Cash Clearing Account	7,568	7,634	6,493
Credit Card Bank	26,481	24,022	0
Cash - Resident Trust	27,014	14,676	14,676
Cash-Payroll	6,705	5,336	6,529
Cash - Advance Pay Funding Ac	31,090	31,058	21,327
TOTAL Other Cash	98,858	82,726	49,025
TOTAL Cash	(5,503,827)	(6,036,923)	3,774,579
Accounts Receivable	3,783,199	3,773,673	3,149,898
Allowance for Doubtful Accounts	(300,207)	(293,516)	(1,250,000)
Other Receivables			
A/R QMI Assessment	78,943	50,000	(109,162)
Due from PACE North	1,262,802	1,498,227	1,189,349
Interest Receivable	0	3,000	0
Retention Credit Receivable	6,970,430	6,832,232	6,100,000
Due from Foundation	13,383	13,383	0
Medicaid Cost Settlement Rec.	3,827,605	3,782,327	1,293,488
TOTAL Other Receivables	12,153,163	12,179,170	8,473,675
Inventory	170,630	164,011	122,931
Prepaid Expenses	0	0	0
Other Current Assets			
Prepaid Expenses	31,500	303,215	32,194
Prepaid Insurance - General	6,090	28,163	5,880
Prepaid Insurance - Work Comp.	0	(2,939)	0
TOTAL Other Current Assets	37,590	328,439	38,074
TOTAL Current Assets	10,340,548	10,114,854	14,309,157
Non-Current Assets			
Property & Equipment	15,834,361	15,945,302	16,673,292
Other Non Current Assets			
Medicaid Settlements Rec	2,957,863	2,957,863	0
Deferred Outflows-Pension Plan	6,011,169	6,243,789	6,243,789
Deferred Outflows-OPEB	232,620	0	0
TOTAL Other Non Current Assets	9,201,652	9,201,652	6,243,789
TOTAL Non-Current Assets	25,036,013	25,146,954	22,917,081

Grand Traverse Pavilions
 Balance Sheet
 As Of 12/31/2023

	CURRENT PERIOD	PRIOR PERIOD	PREVIOUS YEAR
	Actual \$	Actual \$	Actual \$
TOTAL Assets	35,376,561	35,261,808	37,226,238
Liabilities & Equity			
Liabilities			
Current Liabilities			
Accounts Payable	389,529	313,128	641,642
Accrued Expenses	1,916,818	1,937,961	2,015,233
Other Current Liabilities			
Current Portion of Bonds Paya	720,000	700,000	700,000
Interest Payable	185,444	95,827	129,115
Medicare Cost Settle. Payable	0	(38)	397,510
Medicaid Cost Settle. Payable	870,249	860,249	1,667,636
QAS Payable	194,371	195,370	0
Provider Tax Liabilities:MA	229,867	153,245	278,644
Deferred Revenue - SNF	0	15,000	15,000
TOTAL Other Current Liabilities	2,199,931	2,019,653	3,187,905
TOTAL Current Liabilities	4,506,278	4,270,742	5,844,780
Non-Current Liabilities			
Long-Term Liabilities			
Net Pension Liabilities	5,814,318	5,814,318	5,814,318
Pension Bonds (Non-Union) Iss	4,695,000	4,715,000	9,595,000
Pension Bonds (Union) Issued	4,410,000	4,410,000	0
Bonds Payable-Series 2017 Haw	1,610,000	1,610,000	1,840,000
Def Los on Adv Refund-'17	(45,551)	(46,093)	(52,058)
TOTAL Long-Term Liabilities	16,483,767	16,503,225	17,197,260
Other Non-Current Liabilities			
Deferred Inflows-Pension Plan	140,016	140,016	140,016
Deferred Inflow-OPEB	1,015,658	1,015,658	1,015,658
TOTAL Other Non-Current Liabilities	1,155,674	1,155,674	1,155,674
TOTAL Non-Current Liabilities	17,639,441	17,658,899	18,352,934
TOTAL Liabilities	22,145,719	21,929,640	24,197,714
Equity			
Equity			
RETAINED EARNINGS - PRIOR	12,901,984	12,901,984	12,901,984
Contributed Capital	126,540	126,540	126,540
TOTAL Equity	13,028,524	13,028,524	13,028,524
Net Income (Loss)	202,317	303,643	0
TOTAL Equity	13,230,841	13,332,167	13,028,524
TOTAL Liabilities & Equity	35,376,561	35,261,808	37,226,238

Date: Jan 22, 2024
 Time: 14:17:33 EST
 User: Lindsey Dood

Grand Traverse Pavilions
Cash Flow Statement
12/1/2023 to 12/31/2023

Page # 1

Include Adjustment Periods: NO Include Closing Periods: NO
 Included: Grand Traverse Pavilions - AL, Grand Traverse Pavilions - Outpatient, Grand Traverse Pavilions - SNF

	CURRENT PERIOD	PRIOR PERIOD	YEAR TO DATE
	Actual \$	Actual \$	Actual \$
Cash from Operating Activity			
Net Income	(101,326)	(138,521)	202,317
Net Cash provided by Operating Activities			
Depreciation and Amortization	96,483	96,483	1,157,794
Changes in Working Capital Items			
Accounts Receivable	(31,778)	(370,465)	(1,771,199)
Prepaid Expenses	290,849	31,392	484
Due to/from	3,000	3,000	0
Inventory	(6,620)	0	(47,699)
Accounts Payable	76,401	(286,410)	(252,114)
Other Assets			
Medicaid Settlement Receivable	(45,278)	(247)	(5,491,980)
Employee Retention Credit Receivable	(138,197)	0	(870,430)
Due From Foundation	0	(649)	(13,383)
Medicare Settlements Receivable	0	0	0
Due From Pace North	235,425	(31,536)	(73,453)
TOTAL Other Assets	51,950	(32,433)	(6,449,246)
Accrued Payroll & Other Expenses	41,136	253,913	(69,804)
Other Liabilities			
TOTAL Other Liabilities	0	0	0
Other Accrued Liabilities			
Medicare Advanced Payment	38	(38)	(397,510)
Provider Taxes Payable	76,622	96,064	(48,777)
Medicaid Audit Reserve	10,000	10,000	(797,387)
QAS Payable	(999)	(1,833)	194,371
Net Pension Liability	0	0	0
TOTAL Other Accrued Liabilities	85,662	104,193	(1,049,303)
TOTAL Changes in Working Capital Items	510,600	(296,810)	(9,638,880)
TOTAL Net Cash provided by Operating Activities	607,083	(200,328)	(8,481,086)
Cash from Investing Activity	505,757	(338,849)	(8,278,769)
Fixed Asset Purchase	15,000	(6,890)	(312,356)
TOTAL Cash from Investing Activity	15,000	(6,890)	(312,356)
Cash from Financing Activities	0	0	(700,000)
Long Term Debt	0	0	(700,000)
Short Term Debt/Notes Payable	0	0	0
TOTAL Cash from Financing Activities	0	0	(700,000)
Net Cash Activity	520,757	(345,738)	(9,291,125)
CASH BEG OF PERIOD	(6,051,599)	(5,706,120)	3,759,903
Cash Beginning Balances as of 11/30/2023	(6,051,599)	(5,706,120)	3,759,903
Net Cash Activity	520,757	(345,738)	(9,291,125)
Cash Ending Balance	(5,530,841)	(6,051,859)	(5,531,222)

GRAND TRAVERSE PAVILIONS
Grand Traverse Medical Care

PURCHASE OF EQUIPMENT AND SERVICES REQUEST FORM

Following is a request for your approval to purchase the detailed equipment or services, with supporting documentation.

- A. Requesting Grand Traverse Pavilions Department: Environmental Services
- B. Item: Fire Suppression Head Replacement
- C. Specifications: Replace all rapid-response fire suppression heads facility wide.
- D. Bids Solicited From:

1.	<u>AFP Specialties</u>	City	<u>Traverse City</u>	Date	<u>11/15/23</u>
2.	<u>Summit Fire Protection</u>	City	<u>Traverse City</u>	Date	<u>12/28/23</u>
3.	<u>Total Fire Protection</u>	City	<u>Traverse City</u>	Date	<u>12/28/23</u>
4.	_____	City	_____	Date	_____

E. Bids Received:

1.	<u>AFP Specialties</u>	Date	<u>1/23/24</u>	\$	<u>44,000.00</u>
2.	<u>Summit Fire Protection</u>	Date	<u>1/22/24</u>	\$	<u>38,850.00</u>
3.	<u>Total Fire Protection</u>	Date	<u>1/17/24</u>	\$	<u>25,922.74</u>
4.	_____	Date	_____	\$	_____

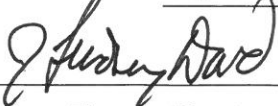

F. Variances in Bidder's Equipment or Services Being Offered:

G. Recommendation: AFP Specialties

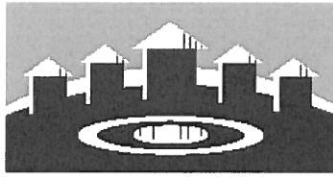
H. Justification for Recommendation: Preferred contractor, familiarity with our fire suppression system

I. Purchase Budgeted: Yes No

How Funded: Capital Budget

	<u>1-23-24</u>		<u>1/23/24</u>
Finance Director	Date	Administrator/CEO	Date
(Purchase up to \$1,500.00)		(Purchase up to \$5000.00)	

Mary Marois, Chair Date
Grand Traverse County Department of Health & Human Services Board
(Purchase over \$5000.00)



Grand Traverse Pavilions

A COMMUNITY CARING FOR GENERATIONS

MEMORANDUM

January 23, 2023

TO: Lindsey Dood

FROM: Tim Coggins
Environmental Services Director

RE: Fire Suppression Head Replacement Request Update

Lindsey,

At Cecil McNally's request, I reached out to AFP Specialties to see if they could give a better price on the fire suppression head replacement project. My contact checked with his boss, and they came back with a new price of \$44,000.00.

To summarize, AFP Specialties bid \$44,000.00, Summit Fire Protection bid \$38,850.00, and Total Fire Protection bid \$25,922.74.

While Summit Fire Protection's pricing is lower than AFP Specialties, I am recommending AFP Specialties perform this work, as they have been working on our system since they installed it when the facility was built and know it better than any other contractor. AFP is very responsive when issues arise.

Thank you.

A handwritten signature in black ink, appearing to read 'Tim Coggins'.

Tim Coggins
Environmental Services Director

AFP Specialties, Inc

Office Phone: (231) 267- 5947

Address: P.O. Box 146 Rapid City, MI 49676

Prepared for: Tim Coggins Date: 1/23/2024

Prepared by: Tony carson Date: 1/23/2024

Grand traverse pavilions

Thank you for the opportunity to provide you with this proposal. We hereby propose to furnish the material and to provide the labor necessary for the servicing/repair of the Fire Sprinkler system at the above-mentioned location. All work shall be performed in accordance with NFPA Standards. All material shall be UL listed or FM Approved.

Description of work to be done:

Change 917 out of date quick response sprinkler heads.

Proposal total not to exceed (Labor & Material) \$ 44,000.00

We hope you find this proposal satisfactory. Please call or email for any questions or concerns.

Sincerely, AFP Specialties.

GRAND TRAVERSE PAVILIONS

Grand Traverse Medical Care

PURCHASE OF EQUIPMENT AND SERVICES REQUEST FORM

Following is a request for your approval to purchase the detailed equipment or services, with supporting documentation.

A. Requesting Grand Traverse Pavilions Department: Environmental Services

B. Item: Fire Suppression Head Replacement

C. Specifications: Replace all rapid-response fire suppression heads facility wide.

D. Bids Solicited From:

1.	<u>AFP Specialties</u>	City	<u>Traverse City</u>	Date	<u>11/15/23</u>
2.	<u>Summit Fire Protection</u>	City	<u>Traverse City</u>	Date	<u>12/28/23</u>
3.	<u>Total Fire Protection</u>	City	<u>Traverse City</u>	Date	<u>12/28/23</u>
4.	_____	City	_____	Date	_____

E. Bids Received:

1.	<u>AFP Specialties</u>	Date	<u>12/19/23</u>	\$	<u>59,605.00</u>
2.	<u>Summit Fire Protection</u>	Date	<u>1/22/24</u>	\$	<u>38,850.00</u>
3.	<u>Total Fire Protection</u>	Date	<u>1/17/24</u>	\$	<u>25,922.74</u>
4.	_____	Date	_____	\$	_____

F. Variances in Bidder's Equipment or Services Being Offered:

G. Recommendation: AFP Specialties

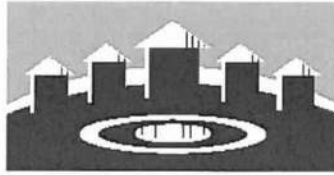
H. Justification for Recommendation: Preferred contractor, familiarity with our fire suppression system

I. Purchase Budgeted: Yes No

How Funded: Capital Budget

	<u>1-22-24</u>		<u>1/22/24</u>
Finance Director (Purchase up to \$1,500.00)	Date	Administrator/CEO (Purchase up to \$5000.00)	Date

 Mary Marois, Chair Date
 Grand Traverse County Department of Health & Human Services Board
 (Purchase over \$5000.00)



Grand Traverse Pavilions

A COMMUNITY CARING FOR GENERATIONS

MEMORANDUM

January 22, 2023

TO: Lindsey Dood

FROM: Tim Coggins
Environmental Services Director

RE: Fire Suppression Head Replacement Request

Lindsey,

Attached please find the request to replace the quick response fire suppression heads throughout the facility. These heads are 20 years old, and according to NFPA 25, paragraph 5.3.1.1.1.3, sprinklers that have been manufactured using fast-response elements that have been in service for 20 years, shall be replaced or representative samples shall be tested and then retested at 10-year intervals.

According to NFPA 25, paragraph 5.3.1.3, where one sprinkler within a representative sample fails to meet the test requirement, all sprinklers within the area represented by that sample shall be replaced.

There are 917 sprinkler heads affected by this test sample, all located within the resident areas and Beech gym.

We received bids from three contractors. AFP Specialties bid \$59,605.00, Summit Fire Protection bid \$38,850.00, and Total Fire Protection bid \$25,922.74.

I don't feel that Total Fire Protection fully understands the scope of this project, as their price breakdown allows 10 minutes per sprinkler head replacement. As I discussed with all contractors, the contractor awarded this project will need to work around our residents' schedules, which will slow down the process from time to time.

While Summit Fire Protection's pricing is lower than AFP Specialties, I am recommending AFP Specialties perform this work, as they have been working on our system since they installed it when the facility was built and know it better than any other contractor. AFP is very responsive when issues arise.

Thank you.

A handwritten signature in black ink, appearing to read 'Tim Coggins', written in a cursive style.

Tim Coggins
Environmental Services Director

AFP Specialties, Inc

Office Phone: (231) 267-5947

Address: P.O. Box 146 Rapid City, MI 49676

Prepared for: Tim Coggins Date: 12/11/2023

Prepared by: Tony Carson Date: 12/11/2023

Thank you for the opportunity to provide you with this proposal. We hereby propose to furnish the material and to provide the labor necessary for the servicing/repair of the Fire Sprinkler system at the above-mentioned location. All work shall be performed in accordance with NFPA Standards. All material shall be UL listed or FM Approved.

Description of work to be done:

Grand traverse Pavilions. Heads throughout the building are out of date and need replaced. price includes changing of 917 heads

Proposal total not to exceed (Labor & Material) \$ 59,605.00

We hope you find this proposal satisfactory. Please call or email for any questions or concerns.

Sincerely, AFP Specialties.



Proposal and Contract

Summit Fire Protection (“Summit”) makes the following proposal (the “Proposal”):

1/22/24

Regarding: Fire Sprinkler Proposal

Project Name: Grand Traverse Pavilions 1000 Pavilions Circle Travers City 49684

The equipment to be provided by Summit as part of this Proposal, as well as design and installation services, are sometimes collectively referred to in this Proposal as the “Project”. NFPA 13, together with the project specifications, plans dated N/A and the city of Travers City, MI. requirements are the basis for acceptance of this proposal.

Site visit – YES NO

SCOPE OF WORK

- Service Fire Sprinkler System to include as follows:
- Replace 917 Quick Response Fire Sprinkler Heads that failed 20-year testing, throughout the facility.

EXCLUSIONS

- Pipe labels
- **Due to some pipe being CPVC change head may cause some damage that will need to be repaired. Summit is not responsible for any dry wall repair needed to fix sprinkler piping.**
- 3 party commissioning
- Fire Pump
- Water Storage Tank
- Underground pipe or Excavation of any kind
- Any Electrical to set up fire pump or controller.
- Plan Review Fees above and beyond the Mechanical Permit.
- P.E. approved drawings
- Seismic/Sway bracing, not in a seismic zone per NFPA 13
- Painting of exposed piping or masking of sprinklers prior to finishes
- Patching, Painting, or any repair need to due to new installation
- Alarm Wiring
- Overtime labor
- Other special application suppression systems (Clean Agent/Preaction etc.)
- Sleeves for pipe penetrations
- Site Power

1. **Payment.** Owner agrees to pay the Contract Price for the Project as and when required in the Contract. If Owner fails to pay the Contract Price, or any installment thereof, within ten (10) days after the date the same is due and payable, Owner shall automatically be assessed and shall pay a late charge equivalent to three percent (3%) of the amount of such late payment, together with interest on such late payment at the lower of the maximum rate allowed by applicable law or the rate of eighteen percent (18%) per annum.
2. **Changes.** Except for substitutions, as described below in this paragraph, any alteration or modification to the Project must be documented and approved by Summit and Owner by a written change order signed by Summit and Owner. Summit reserves the right to require Owner to pay for all change order items (labor, equipment and any other materials) at the time of signing the change order. In the event of discontinuations, changes or the unavailability of specific equipment or materials described in the Specifications, Summit will have the right to substitute equipment and materials with substantially similar quality and features; provided, however, that if the replacement items are more expensive, then Summit shall notify Owner and Owner may elect whether to pay the additional expense (as an increase to the Contract Price) or to modify the Proposal to include less expensive items, if available, that would not increase the Contract Price.
3. **Limited Warranty.** All materials and labor supplied by Summit will be warranted for one (1) year from the date of completion of the Project. Upon request, Summit will supply a signed warranty letter to Owner, which states the completion date of the Project and the warranty termination date. Certain equipment may include manufacturer's warranties. Summit provides no additional warranty on such equipment. Owner shall have the right to seek enforcement of any such manufacturer's warranty. Summit shall have no obligation to seek enforcement of any such manufacturer's warranty against the manufacturer. Any labor or other services requested by Owner of Summit in connection with Summit's warranty after the one (1) year warranty termination date shall be paid by Owner to Summit based on Summit's standard fees and charges at the time. No other express or implied warranties are made by Summit. Summit's warranty shall not apply with respect to misuse, abuse or any use that is not in conformity with all applicable specifications and instructions. Except as specifically set forth in this Contract, Summit, and/or its agents and representatives makes no warranty or representation, express or implied, with respect to use, construction standards, workmanship, materials, merchantability or fitness for a particular purpose.
4. **Unavoidable Delays.** To the extent any time period for performance by Summit applies, Summit shall not be responsible for any delays due to federal, state or municipal actions or regulations, strikes or other labor shortages, equipment or other materials delays or shortages, acts or omissions of Owner, or any other events or causes beyond the control of Summit.
5. **Access.** Owner shall allow Summit to have reasonable access to the job site to allow the completion of the Project on the dates and at the times requested by Summit personnel.
6. **Risk of Loss.** Risk of loss shall pass to Owner at the time the equipment and other materials that are part of the Project are delivered to the job site. This means that, for example, in the event of damage or destruction due to casualty, or in the event of theft, Owner shall be responsible for payment for such equipment and materials even if the Project has not been completed. Title to the equipment and other materials shall be held by Summit until payment in full of the Contract Price, at which time title shall pass to Owner. Summit shall have the right to remove the equipment and other materials that are a part of the Project if payment of the full Contract Price is not made by Owner immediately upon completion of the Project. That right shall be in addition to, and not in limitation of, Summit other rights and remedies.
7. **MECHANIC LIEN NOTICE. YOU ARE ENTITLED UNDER MINNESOTA LAW TO THE FOLLOWING NOTICE:**
 - (a) **ANY PERSON OR COMPANY SUPPLYING LABOR OR MATERIALS FOR THIS IMPROVEMENT TO YOUR PROPERTY MAY FILE A LIEN AGAINST YOUR PROPERTY IF THAT PERSON OR COMPANY IS NOT PAID FOR THEIR CONTRIBUTIONS.**
 - (b) **UNDER MINNESOTA LAW, YOU HAVE THE RIGHT TO PAY PERSONS WHO SUPPLIED LABOR OR MATERIALS FOR THIS IMPROVEMENT DIRECTLY AND DEDUCT THIS AMOUNT FROM OUR CONTRACT PRICE OR WITHHOLD THE AMOUNTS DUE THEM FROM US UNTIL 120 DAYS AFTER COMPLETION OF THE IMPROVEMENT UNLESS WE GIVE YOU A LIEN WAIVER SIGNED BY PERSONS WHO SUPPLIED ANY LABOR OR MATERIAL FOR THE IMPROVEMENT AND WHO GAVE YOU TIMELY NOTICE."**
8. **Limitation of Liability and Remedies.** The Project is not an insurance policy or a substitute for an insurance policy. In the event of any breach, default or negligence by Summit under this Contract, Owner agrees that the maximum liability of Summit shall not exceed an amount equal to the Contract Price. Owner expressly waives any right to make any claim in excess of that amount. Further, Owner waives any right to any claims for punitive, exemplary or consequential damages. Owner shall provide Summit with reasonable notice of any claim and a reasonable opportunity to cure the alleged breach or default. Owner shall indemnify, defend and hold Summit harmless from and against claims, actions, costs and expenses, including reasonable legal fees and costs, arising out of any injury, death or damage occurring on or about the job site unless caused by the gross negligence or willful misconduct of Summit.
9. **Owner's Failure to Pay.** If Owner fails to pay any amount due to Summit as and when required, Summit shall have the right, but not the obligation, to immediately stop work on the Project and Summit may pursue any and all available remedies, including the right to place a lien against the Project site. In addition, Owner shall be obligated to reimburse Summit for reasonable legal fees and costs incurred by Summit in the enforcement of this Contract.
10. **Binding Arbitration Agreement.** Except as otherwise set forth in Section 10 above, in the event of any dispute between Owner and Summit, whether during the performance of the work and services contemplated under this Contract or after, Owner and Summit agree to negotiate in good faith towards the resolution of the dispute. If Owner and Summit are unable to resolve the dispute within twenty (20) days after the date the dispute arises, then Owner and Summit agree to resolve the dispute through binding arbitration. All disputes arising out of or relating to this



From Total Fire Protection Inc.
 4576 U.S. 31
 Traverse City MI 49685
 (231) 944-6466

Quote No. 2033978
 Type Repair
 Prepared By Russell Abbott
 Created On 01/17/2024
 Valid Until 02/29/2024

Quote For Grand Traverse Pavilions
 1000 Pavillions Circle
 Traverse City MI 49684
 (231) 932-3000

Description of Work

Quotation to Replace 917 Sprinkler Heads

January 18th, 2024
 Attn: Tim Coggins
 Grand Traverse Pavilions
 1000 Pavillions Circle
 Traverse City, MI 49684
 Phone: 231-932-3022

Tim,
 We will supply and install (917) Quick Response Sprinkler heads that are due for replacement. If during the completion of work we find more heads due for replacement, deficiencies or areas that may require a lift to service, another quote will be provided to complete the remaining deficiency repairs.

The NFPA deficiencies listed below were found during the annual inspection at your facility. These deficiencies are reflected on your annual inspection report and are required to be addressed in order to have a clean inspection report. This quote is based on all work being performed during normal business hours, Monday - Friday, 7am to 4pm and excludes performing work on holidays. If you have any questions, please do not hesitate to contact us at any time.

SCOPE OF WORK: The scope of work under this Agreement is limited to the provision of services. Total Fire Protection, Inc. is not required to move personal property, equipment, walls, and ceilings or like materials which may impede access or limit visibility. Portions of systems that are latent or concealed are excluded from the inspection.

LIMITATION OF LIABILITY: In consideration of the potential relative costs and benefits accruing to Seller for performing the Work, Buyer agrees that under no circumstances shall the liability of Seller, whether in tort or contract, arising out of or relating to this Quotation or the performance or failure to perform any action by Seller or any employee, agent, subcontractor or representative of Seller exceed the monetary Price payable by Buyer to Seller as set forth above in this Quotation. As a condition precedent to any claim or lawsuit against Seller, all outstanding invoices must have been paid in full, without compromise on amounts owed.

WAIVER OF SUBROGATION: The Seller is not an insurer against loss or damage. Sufficient insurance shall be obtained by Buyer to cover the premises (and property therein) where the Work will be performed. Buyer agrees to rely exclusively on Buyers insurance to recover for injuries, losses or damages suffered in the event of any loss, damage or injury to the premises, persons, or property therein. Buyer, for itself and all others claiming by or through it under this Quotation, releases, and discharges Seller from and against all losses, costs, expenses, and damages covered by Buyers insurance. It is expressly agreed and understood that no insurance company, insurer, or other entity/individual will have any right of subrogation against Seller.

INCIDENTAL/CONSEQUENTIAL DAMAGES: Under no circumstances shall Seller be liable to Buyer for indirect, incidental, or consequential damages of any kind, including but not limited to damages arising from or related to the use, loss of use, performance, or failure of the covered system(s) to perform.

INDEMNITY: Buyer agrees to indemnify, hold harmless and defend Seller, to the fullest extent permitted by law, against all losses, damages, costs, including expert fees and attorneys fees, arising from, or related to any action or failure to act by Buyer or any employee, agent, representative, officer or director of Buyer. In the event Seller is forced to retain an attorney to collect monies owed to Seller by Buyer, Buyer agrees to pay Sellers reasonable attorneys fees incurred both pre-suit and in litigation related to the collection of monies owed by Buyer to Seller or to Sellers attempt to enforce any of the terms and conditions of this Quotation. This Quotation should be governed by the laws of the State where the Work is performed, without reference to any conflict of laws principles. Owner/owners representative is responsible for complete building access and disabling of alarms and security monitoring. The facility must be made accessible between the hours of 7:00 am and 3:30 pm, Monday thru Friday. After hours or weekend rates are not included in this proposal.

Respectfully,
Russell Abbott
 Total Fire Protection
 (231)944.6466 Phone
 (616)735.2330 Fax
 E-mail:rabott@totalfire.biz

Services to be completed

[Sprinkler] Location - Building
 Replacing (917) Quick Response 155 degree sprinkler heads that are over 20 years old

Parts, labor, and fees	Quantity	Unit Price	Total
Labor- Traverse City Foreman	160	\$80.00	\$12,800.00
Mobile Service Fee- Local	20	\$50.00	\$1,000.00
ADJ ESCUT,1/2,THREADED,E2,PCH	917	\$2.82	\$2,585.94
VK302 K5.6 QR PD CH 155	917	\$10.40	\$9,536.80
		GRAND TOTAL	\$25,922.74

GRAND TRAVERSE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES BOARD
1000 Pavilions Circle, Traverse City, MI 49684
Telephone Number: 932-3000

Resolution 2024-1

Grand Traverse Pavilions

Authorized Representative

WHEREAS, The Grand Traverse County Department of Health and Human Services Board as the governing body of the Grand Traverse Pavilions, has under PA 280, administrative responsibility for all County programming directed toward meeting the basic human services needs of primarily the economic disadvantaged residents of the County as well as programming as provided by the Grand Traverse Pavilions and,

WHEREAS, that for the purposes of Grand Traverse Pavilions, Gerard Boldaski, the Administrator has been authorized as assistant secretary for the Grand Traverse County Department of Health and Human Services Board, and

WHEREAS, the above named is to be held responsible operationally for the accountability and will maintain the necessary records as required by State and/or Federal authorities, and

WHEREAS, any other actions such as licensing, and any other documents, necessary or appropriate to effect transactions for the organization are hereby approved, and the Administrator is hereby authorized and directed to execute on behalf of the Department of Health and Human Services Board and the organization, and

**THEREFORE
BE IT RESOLVED,** the Grand Traverse County Department of Health and Human Services Board for the Grand Traverse Pavilions, hereby designates Gerard Boldaski, who is the person with the power and full authority to sign paperwork on behalf of the Board in the interim of Board meetings, as so long as it is necessary for timeliness and continuance of daily operations and the board is informed at their next regularly scheduled meeting of such.

APPROVED _____
DISAPPROVED _____

at the January 25, 2024 special meeting of the Grand Traverse County Department of Health and Human Services Board.

Mary Marois, Chair
Grand Traverse County Department of Health
and Human Services Board

Date

**DEPARTMENT OF HEALTH AND HUMAN SERVICES BOARD
RULES OF ORDER
FOR
GRAND TRAVERSE PAVILIONS**

Effective - XXXXXXXX

(All previous versions of these rules are rescinded in their entirety)

1. AUTHORITY

These rules are adopted by the Grand Traverse County Department of Health and Human Services (DHHS) Board.

2. MEETINGS

2.1 Organizational Meeting

The first item of business in the first meeting in each calendar year, shall be the election of the Chairperson of the Board and Vice-Chairperson. When one nominee receives a majority of the votes of the members elected and serving, the nominee shall be declared the Chairperson.

The newly elected Chairperson shall assume the Chair and proceed with the election of the Vice-Chairperson, appointment of committee members, and the adoption of the Board Rules.

2.2 Regular Monthly Meetings

Regular meetings of the DHHS Board shall be held on the 2nd and 4th Thursday of each month, unless otherwise changed by the Board.

2.3 Study Sessions

Study sessions are meetings designed to provide an opportunity for in-depth discussion of a matter and the agenda for any study session shall be requested by Grand Traverse Pavilions (GTP) CEO/Administrator, or any member of the DHHS Board. The DHHS Board shall not take any action at study sessions on any items discussed at the study sessions. The Board Chairperson may cancel a study session if there is nothing to consider on the agenda after consultation with the GTP CEO/Administrator. Cancellation shall occur no later than 48 hours before the scheduled study session.

2.4 Place of Meetings

Meetings of the DHHS Board shall be held at Garfield Township Hall located at 3848 Veterans Dr, Traverse City, MI 49684, unless public notice of the meeting states a different location.

2.5 Time of Regular Meetings and Study Sessions

Regular meetings of the DHHS Board shall begin at a fixed time as established annually by the Board. The Board shall not begin considering any matter on the agenda not yet under consideration beyond four hours after the Board Chairperson calls the meeting to order except upon the unanimous consent of the members present. Matters on the agenda and not yet acted upon at the time of adjournment will be placed on the agenda of the next regular meeting or a special meeting if one is called.

2.6 Changes in Meeting Schedule; Recessed Meetings; Special Meetings

By a majority vote of the Board members elected and serving, changes may be made to the meeting schedule including time and place, or to recess any meeting to a later date. A special meeting of the DHHS Board shall be held only when requested by at least (2) of the members of the Board. Public notice of the time, date, and place of the meeting shall be given in the manner

required by the Open Meetings Act.

3. QUORUM

A majority of the appointed and serving members of the DHHS Board constitutes a quorum for the transaction of the ordinary business of GTP. This majority must be present in person unless otherwise authorized by law.

4. PUBLIC NOTICE OF MEETINGS

GTP Administration shall provide the proper notice for all meetings of the DHHS Board. A meeting of the Board shall not be held unless public notice is given as provided in this section by the GTP Administration. Such notice shall include, but not necessarily be limited to the following.

4.1 Regular Meetings.

For regular meetings as well study sessions, GTP Administration shall post a notice of the meeting at least 18 hours prior to the scheduled meeting.

4.2 Emergency Meetings

Nothing in this section shall bar the Board from meeting in emergency session in the event of a severe and imminent threat to the health, safety, or welfare of the public when (2) of the members serving on the Board decide that delay would be detrimental to efforts to lessen or respond to the threat.

4.3 Notification to the Public

GTP Administration shall notify the public of the Board's meeting schedule, schedule date or time changes, or special or emergency meetings by sending a copy to County Administration, County Board of Commissioner Liaison and posting updates on the GTP website.

~~4.4 Notification to Media and Others~~

~~The Pavilions Administrative Services Director shall notify, without charge, any newspaper or radio or television station of the Board's meeting schedule, schedule changes, or special or emergency meetings whenever such media establishment has filed with the Pavilions Administrative Services Director a written request for such notice. The Pavilions Administrative Services Director shall also notify other individuals or organizations of regular meetings schedules, or special or emergency meetings, but only upon their written requests and agreement to pay the Pavilions for printing and postage expenses. The Pavilions Administrative Services Director shall mail all such notices required by the rule by first class mail or email.~~

5. AGENDA FOR REGULAR MEETINGS

GTP CEO/Administrator, after first reviewing pending matters and requests, and subject to approval by the Chairperson, shall prepare the proposed agenda of business for all regularly scheduled Board meetings. Any Director or Department head, desiring to place a matter on the agenda shall provide the GTP CEO/Administrator for such item by Monday of the week preceding the meeting. Items not included on the proposed agenda or received after the proposed agenda has been posted shall not be considered by the Board unless approved by a majority vote of the Board members serving.

5.1 Agenda for Special Meetings

Whenever the Board is called into special meetings, the agenda shall be included in the notice of the meeting and no other matter shall be considered except when all Board members are present and a majority concurs.

5.2 Distribution of Agenda and Materials

Upon the completion of the proposed agenda, GTP Administration shall immediately distribute copies of the proposed agenda together with copies of reports, supporting information and documentation that relates to the matters of business on the agenda.

~~Directors shall be entitled to receive such materials not later than closed of business on the Friday preceding the next regular meeting.~~

5.3 Consent Calendar

5.3.1 Consent Calendar – Defined

The Consent Calendar shall consist of those matters that the DHHS Board has determined to be “routine” and usually matters about which the Board commonly concurs. Among such matters are the approval of minutes, reports of departments, committees and other boards, commissions and authorities, and other matters that the DHHS Board is required by statute or Board Rule to approve.

5.3.2 Consent Calendar – Procedure

GTP CEO/Administrator, in preparing the meeting agenda, shall list those matters under the heading of “consent calendar” and include the associated materials with those distributed to the members in accordance with rule 5.2. At a meeting of the Board where a consent calendar has been prepared, the Board, upon the motion of a Board Director, shall vote on the approval of the matters included under the consent calendar. Before putting the question to the Directors any member of the Board and such request shall be granted.

Following any requests to remove items from the consent calendar, the Chairperson shall then direct the recording secretary to remove such matters and place them in their usual place on the meeting’s agenda. A vote shall not be required to remove a matter from the consent calendar. The Chairperson shall then call a roll call vote to approve or disapprove the consent calendar.

5.4 Order of Business

After the Chairperson calls the meeting to order, the following shall be the order of the business for all regular meetings of the Board:

- a. Call to order
- b. Roll Call
- c. First public comment
- d. County Liaison Report
- e. Approval of the proposed agenda
- f. Action on consent calendar
- g. Items removed from consent calendar
- h. General Information
- i. CEO/Administrator Report
- j. Business
- k. General Discussion
- l. Announcements
- m. Second Public Comment
- n. Closed Session (if needed)
- o. Adjournment

Public comment may be allowed during the meeting in accordance with rule 6.3.2.6.

6. CONDUCT OF MEETINGS

6.1 Chairperson

The person elected Chairperson shall preside at all meetings of the Board. In the absence of the Chairperson, the person elected to the position of Vice-Chairperson shall preside.

6.2 Rights and Duties of Board Members

Board members shall not speak on a motion unless recognized by the Chairperson. All Board members who wish to speak on a motion subject to debate shall be permitted to speak once before any Board members shall be allowed to speak a second time. When a Board member is speaking on any question before the Board, the Board member shall not be interrupted except to be called to order. When a Board member is called to order, the Board member shall immediately cease speaking. The Board, if appealed to, shall decide the case. If there is no appeal, the ruling of the Chairperson shall be final. When a Board member is commenting on a question before the Board, the Board member cannot conclude their comments by moving the previous question.

Board members shall not engage in dialogue with members of the public who address the Board, however, questions are permitted. The Chairperson shall vote on all questions except on an appeal from his or her own decision.

6.3 Rights of the Public

6.3.1 Right of the Public to be Present

All persons shall be permitted to attend any meeting unless a closed meeting may be held in accordance with the provisions of sections 7 and 8 of the Open Meetings Act. No conditions on attendance may be placed on the public such as requiring that an attending person provide his name or other information. A person shall not be excluded from a public meeting except for a breach of the peace actually committed at the meeting.

6.3.2 Right of the Public to Address the Meeting.

Any person shall be permitted to address a meeting of the Board which is required to be open to the public under the provisions of the Michigan Open Meetings Act, as amended, MCLA 15.261, et. seq. Public comment shall be carried out in accordance with the following procedure:

6.3.2.1 Name and Address

Any person wishing to address the Board may state his or her name and address.

6.3.2.2 Permitted Topics

Persons may address the Board on matters or issues which are relevant and germane to the Pavilions as determined by the Chairperson.

6.3.2.3 Individuals

No person shall be allowed to speak more than once on the same matter, excluding time needed to answer Directors' questions. The Chairperson shall control the amount of time each person shall be allowed to speak, which shall not exceed three (3) minutes. The Chairperson may, at his or her discretion, allow an additional opportunity or time to speak if determined germane and necessary to discussion.

6.3.2.4 Groups

Whenever a group wishes to address the Board, the group shall identify itself and make it known ahead of time that it wishes to address the Board in order to facilitate the planning of time allotments to various portions of the agenda. The Chairperson may require that the group designate a spokesperson; the Chairperson shall control the amount of time the spokesperson

shall be allowed to speak, which shall not exceed fifteen (15) minutes. The Chairperson may, at his or her discretion, extend the amount of time the spokesperson is allowed to speak.

6.3.2.5 Special Presentations

It is expected that most special presentations will take place at study sessions. Should a special presentation be scheduled at a regular meeting of the Board, the person(s) invited by the Board or Pavilions Executive Director will provide information on a specific item limited to 10 minutes, exclusive of questions. The Board shall limit its questions to 5 minutes. The Chairperson may, at his or her discretion, extend the amount of time for the presentation, the questions, or both.

6.3.2.6 Time of Public Comment

Public comment will be solicited during the period noted in Rule 5.4, Order of Business. However, public comment may be received during the meeting when a specific agenda topic is scheduled for discussion by the Board. Prior to the first public comment, the Chairperson will indicate the topics on the agenda for which public comment will be accepted. Members of the public wishing to comment should raise their hand or pass a note to the recording secretary in order to be recognized and shall not address the Board until called upon by the Chairperson. Neither the Chairperson nor the Board shall end or conclude any public comment period until each and every member of the public desiring and/or requesting to make a public comment during a public comment period has a full and fair opportunity to do so.

6.3.2.7 Addition to Public Comment Language

The following phrase will be added to the public comment language on the agenda: "Please be respectful and refrain from personal or political attacks."

6.4 Form of Address

Each person who speaks shall direct his/her comments to the Chairperson. In order to avoid unscheduled debates and to promote the freedom of each public person to speak, the Board shall not comment or respond to a person who is addressing the board, either by verbal or non-verbal communication. Silence or non-response from the Board should not be interpreted as disinterest or disagreement by the Board. Board members wishing to address a member of the public comment shall first obtain the approval of the Chairperson. Should an item need to be corrected to avoid public misperception, it shall be addressed at the end of public comment by the Chairperson or by a Board member who shall first seek permission of the Chairperson.

6.5 Disorderly Conduct

The Chairperson shall call to order any person who is behaving in a disorderly manner by speaking or otherwise disrupting the proceedings, by failing to be germane, by speaking longer than the allotted time, or by speaking vulgarities. Such person shall thereupon be seated until the Chairperson shall have determined whether the person is in order. If a person so engaged in presentation shall be ruled out of order, he or she shall not be permitted to speak further at the same meeting except upon special leave of the DHHS Board. If the person shall continue to be disorderly and to disrupt the meeting, the Chairperson may order the sergeant-at-arms, who shall be the County Sheriff or any of his/her deputies, to remove the person from the meeting. No person shall be removed from a public meeting except for an actual breach of the peace committed at the meeting.

7. CHAIRPERSON; VICE-CHAIRPERSON

7.1 Election

At the first meeting held in January of each year, the Board shall elect, from among its members a Chairperson and a Vice-Chairperson. The concurrence of a majority of all members of the Board shall be necessary for election. The Chairperson and Vice-Chairperson shall begin their duties immediately upon their election.

8. RECORD OF MEETINGS

8.1 Minutes and Official Records

The GTP Administrative Services Director, or in his or her absence the GTP Administrative Assistant will act as recording secretary and shall be responsible for maintaining the official record and minutes of each meeting of the Board. The minutes shall include all the actions and decisions of the Board with respect to substantive (non-procedural) motions. The minutes shall include the names of the mover, the person seconding the action, and the vote of the Directors. The record shall also state whether the vote was by voice or by roll call and shall show how each Board member voted.

The GTP Administrative Services Director shall maintain copies of each resolution or other matter acted upon by the Board. The official minutes, however, may refer to those matters by an identifying number and the descriptive title of the ordinance, resolution, or other matter.

8.2 Record of Discussion

The GTP Administrative Services Director shall not be responsible for maintaining a written record or summary record of the discussions or comments of the Board members, nor of the comments made by members of the public. ~~The Pavilions Administrative Services Director shall, however, be responsible for collecting an electronic recording of each meeting of the DHHS Board. Each such recording shall be uploaded to an electronic repository which is accessible to the public to be retained. Thereafter, any physical copies of such recordings may be discarded unless the recording shall be pertinent to any legal proceeding then underway, pending, or reasonably anticipated.~~

8.3 Public Access to Meeting Records

The GTP Administrative Services Director shall make available to members of the public the records and minutes of the Board meetings in accordance with the Freedom of Information Act. Board minutes, prepared but not approved by the Board, shall be available for public inspection not more than eight business days following the meeting. Minutes approved by the Board shall be available within five business days after the date of the meeting in which the minutes were approved.

9. OFFICIALS NOT TO BENEFIT (I don't know if this applies . .are we classified as public servants under the law?)

9.1 Conflicts of Interest, DHHS Directors

The DHHS Board of Directors shall comply with all requirements of MCL 15.322, Public Servants Contracting with the Public Entity they serve.

9.2 Conflicts of Interest, Other Board, Commission, Authority or Committee Members

Any person who serves on any Board who qualifies as a public servant shall not be a party, directly or indirectly, to any contract between himself or herself and the public entity of which he or she is an officer or employee and shall comply in all respects with MCL 15.322, Public Servants Contracting with the Public Entity they Serve.

10. MOTIONS, RESOLUTIONS AND ORDINANCES

10.1 Method of Making Motions.

No motion shall be put before the Board for discussion or decision unless seconded and shall be restated by the chairperson prior to debate. Any motion shall be put in writing at the request of any Board member. Any motion may, with the permission of the Board member who made the motion and the Board member who seconded the motion, be withdrawn at any time

before the motion has been adopted. All motions and amendments or substitutes thereto shall be entered in the minutes of the Board unless withdrawn.

10.2 Resolutions to be in Writing

All resolutions shall be presented in writing and must be seconded before debate. Any resolution or ordinance may, with the permission of the member who made the motion and the second, be withdrawn at any time before the same has been adopted. All resolutions, ordinances, and amendments or substitutes thereto shall be entered in the minutes of the Board unless withdrawn.

10.3 Procedural Motions

10.3.1 Motion to Adjourn

A motion to adjourn shall always be in order except while a vote is being taken on any other motion already before the Board, or when a Board member has the floor; provided that there shall be other intervening business or a change in the circumstances between the two motions to adjourn.

10.3.2 Motion to Clear the Floor

This motion may be made by the Chairperson or a Board member at any time procedural matters have become sufficiently confused. If the motion to clear the floor has been adopted, it shall clear the floor of all motions as though they have been withdrawn. The motion shall not be subject to debate nor, if adopted, to reconsideration.

10.3.3 Motion to Reconsider

A motion to reconsider shall be in order on any question the Board has decided except for a motion to clear the floor. The motion to reconsider shall be in order only on the same day as the vote to be reconsidered was taken. The motion to reconsider shall be made only by a member who voted with the prevailing side.

10.3.4 Appeal Ruling of the Chairperson

Any Board Director may appeal the ruling to the chairperson. On all appeals receiving a second, the question shall be, "Shall the decision of the Chairperson stand as the decision of the County Board?"

10.3.5 Division of Question

If a pending main motion (or an amendment to it) contains two or more parts capable of standing as separate questions, the Board can vote to treat each part individually in succession. Such a course is proposed by the motion for division of a question.

10.3.6 Withdrawal or Modification of Motion by the Maker

The Chairperson shall accept a "friendly amendment" of a motion when the following two requirements are met -- first, there is an agreement between the member who made the motion and the member who seconded the motion and second, no other member objects to the friendly amendment. If these two requirements are not met, then the requirements stated in the below two paragraphs of this Rule 10.3.6 shall be followed.

Once a motion has been made, the member who made it may withdraw or modify the motion at any time prior to when the Chairperson states the motion. After the motion has been stated by the Chairperson, the mover must ask permission to withdraw the motion. Upon the making of such a request, the Chairperson shall announce: "Unless there is objection [pause] the motion is withdrawn." If there is an objection, any other Board Director can move that permission to withdraw be granted, and no second is required. A request for permission to withdraw a motion, or motion to grant such permission, can be made at any time before voting on the question has begun, even though the motion has been since modified. Any Board member can suggest that the maker of a motion ask permission to withdraw it, which the maker can do or decline to do, as he chooses. After

a motion has been withdrawn, the situation is as though it had never been made; therefore, the same motion can be made again at the same meeting.

To modify a motion after it has been stated by the Chairperson, the maker asks Permission to do so, as in the case of withdrawal of a motion. If there is no objection, the Chairperson states the question on the modified motion. If anyone objects, and amendment is otherwise proper, the modification must be approved by a majority vote of those members present. The amendment requires a second if moved by the member who originally made the request.

10.3.7 Motions to Postpone

A motion to postpone can either be for a definite or indefinite period and can be made at any time. A second is required, the motion is debatable, and the motion must be approved by a majority present. If made while a main motion is pending, adoption of the motion to postpone kills the main motion for the duration of the session and avoids a direct vote on the question. A matter that has been postponed indefinitely shall be placed on a subsequent agenda in the same manner as any other matter to be placed on an agenda.

10.3.8 Motion to Amend; Secondary Amendments; No Tertiary Amendments

A motion to amend a main motion, called a “primary amendment,” takes precedence over the main motion. Any Board Director may move to amend a main motion so long as they have the floor. A second is required. Amendments must be germane to the main motion, that is, it must in some way involve the same question that is raised by the motion to which it is applied. The Chairperson shall rule out of order any proposed motion to amend that is not germane.

A motion to amend an amendment to a main motion is called a “secondary amendment” and shall take precedence over a main motion or primary amendment. A secondary amendment also requires a second. A secondary amendment cannot be amended. Only one primary and one secondary amendment are permitted at a time, but any number of each can be offered in succession—so long as they do not again raise questions already decided.

10.3.9 Motion to Rescind

A member who makes a motion to rescind something previously adopted must provide prior notice of the intent to present such a motion either at: (1) a previous Board meeting so long as that meeting was within 90 days of the meeting where a vote on the Motion to Rescind is to occur, or (2) no less than seven days prior to the meeting where a vote on the Motion to Rescind is to occur. If the member fails to provide such pre-meeting notice, then the vote required to rescind is two-thirds of those members elected and serving at the meeting where the motion to rescind is voted upon.

10.3.10 Order of Precedence of Motions

Only one motion may be pending at one time. Generally, a main motion yields to all secondary motions. Secondary motions shall take precedence in the following order:

1. Fix the Time at which to Adjourn
2. Adjourn
3. Recess
4. Raise a Question of Privilege
5. Call for the Orders of the Day
6. Postpone
7. Previous Question (Immediately to close debate and the making of certain motions)
8. Limit or Extend Limits of Debate
9. Commit

11. Amend
12. Main Motion

11. VOTING

11.1 Roll call Votes

The names and votes of Directors shall be recorded on Board actions to adopt final measures as ordinances or appointment or election of officers. The Chairperson or any Board Director may request a roll call vote be taken on a particular item.

11.2 Votes Required

Procedural and other questions arising at a meeting of the Directors, except for those decisions required by statute or Board Rule to have a higher authority, shall be decided by a majority of the members present. A majority of the members elected and serving, however, shall be required for final passage or adoption of a measure, resolution, or the allowance of a claim.

11.3 Measures Requiring Majority Vote of Members Elected and Serving

The following actions of the Board shall require a majority vote of the DHHS Board appointed and serving:

Final passage or adoption of any measure or resolution.

Adoption of an annual budget.

Adoption or amendment of these Rules.

Election of the Chairperson and Vice-chairperson of the board.

Any other matter which by law requires a majority vote of members elected and serving.

11.4 Method of Voting

Members of the DHHS Board must be present at a meeting to vote on an action taken by the DHHS Board. Members may participate remotely and vote by two-way telephone or video conference only in circumstances requiring the accommodation of a member who is absent due to military duty.

If the member will be participating remotely due to military duty, Administration staff shall provide the member with a dial-in telephone number or virtual meeting link. Staff shall also post on the DHHS Board' webpage and the meeting agenda notice of the absence of the member and the member's email address so as to permit the public to contact the member to provide input on any business that will come before the DHHS Board.

For a member attending the meeting remotely, the member must make a public announcement at the outset of the meeting, to be included in the meeting minutes, that the member is in fact attending the meeting remotely.

11.5 Procedure for Conducting Roll Call Vote

All roll call votes shall be conducted in accordance with the following procedures: For each roll call vote at each meeting of the Board, the Pavilions Administrative Services Director shall proceed to select one list and call the roll in descending order in which the members appear on that list for all roll calls at that meeting.

11.6 Questions of Procedure Not Covered by Standing Rules

The rules contained in the latest edition of Robert's Rules of Order Newly Revised shall govern in all cases to which they are applicable and in which they are not inconsistent with these rules and any special rules of order the board may adopt.

11.7 Appeal

The Board as a whole, not the Chairperson, is the final authority in judging whether these rules have been violated. A Board member who disagrees with a ruling by the Chairperson may appeal the ruling to the Board as a whole. Without waiting to be recognized, a member wishing to appeal the ruling shall say, "I appeal from the decision of the Chairperson." An appeal requires a second. The appeal may be debated, however, unlike other motions, each member may speak only once. The Chairperson may speak in debate twice, the first time in preference over other members and the second time to close debate. An appeal is stated and put to a vote as "Shall the decision of the Chairperson be sustained?" It requires a majority vote in the negative to overturn the chair's ruling. A tie sustains the decision of the Chairperson and loses the appeal.

[COMMITTEES

Each committee shall thoroughly investigate any matter referred to it by the Board or Board Chairperson and shall report in writing the findings to the Board without undue delay. Upon the motion of any Board member, and approval by a majority of the Board, the Board may discharge a committee from further consideration of any matter.

11.8 Special Committees

The Board may create such special or advisory committees as it deems necessary or appropriate. Special or advisory committees shall automatically expire on December 31st of the year in which they are created unless a different term is specified in the resolution establishing the special or advisory committee, such as until a date certain, or until completion of the appointed task. The term of a special or advisory committee may be extended by the Board. The terms of all members of a special or advisory committee shall automatically expire upon the termination of the special or advisory committee.

Special or advisory committees may consist, in whole or in part, of persons who are not Board members. Members of special committees shall be made by the Board Chairperson subject to Board approval.

11.9 Open Meetings Act

Meetings of all committees of the DHHS Board shall conform to the requirements of the Open Meetings Act.

11.10 Rules of Order

The rules of order adopted by the DHHS Board, to the extent that they are applicable, shall govern all matters of procedure related to committees.

12. APPOINTMENTS TO OTHER BOARDS

12.1 Appointments of Directors to Other Boards

Appointment of Directors to other boards shall be made by the DHHS Board at the appropriate time and ratified by a majority of the Board appointed and serving.

13. CLOSED SESSIONS

13.1 Motion for Closed Session

The vote to hold a closed session meeting shall be recorded in the minutes of the meeting at which the motion was made.

13.2 Two-thirds Vote (2 members)

The DHHS Board may meet in closed session, closed to the members of the public, upon the motion of any Board member and a roll call vote approval by a majority vote of the Board members for the following purposes:

To consider the purchase or lease of real property, until an option to purchase or lease that property is obtained. To consult with its attorney regarding trial or settlement strategy in connection with specific pending litigation, but only when an open meeting would have a detrimental financial effect on the litigating or settlement position of the board. To meet with an attorney to consider the attorney's written opinion. To review the specific contents of an application for employment to the Pavilions and the applicant requests that the application remain confidential. Whenever the Board meets to interview an applicant, it shall be in open session.

13.3 Other Reasons

The Board may also meet in closed session for the following reasons:

To reconsider the dismissal, suspension, or disciplining of, or to hear complaints or charges brought against, or to consider a periodic personnel evaluation of a public officer, employee, staff member, or individual agent if the named person requests a closed hearing. If the person rescinds his/her request for a closed hearing the matter at issue shall thereafter be considered only in open public meeting. To consider a strategy connected with the negotiation of a collective bargaining agreement.

To review of discuss any matters that would be a violation of HIPPA .

13.4 Minutes, Closed Session

For each closed session, the recording secretary shall make a separate record of the topics discussed. This record shall not be disclosed to the public except upon the order of a court. The GTP Administrative Services Director may destroy the minutes after one year and one day have passed after the meeting at which the approved minutes of the meeting at which the board voted to hold the executive meeting.

14. AMENDMENT TO AND EFFECTIVE DATE OF THESE RULES

These Rules may be amended, suspended, or rescinded only if approved by at least a majority of the Directors elected and serving. These Rules shall remain in effect until rescinded or amended. Any amendment to these Rules shall take immediate effect unless otherwise stated by the Board at the time of adoption.

**GRAND TRAVERSE COUNTY DEPARTMENT OF HEALTH AND HUMAN
SERVICES BOARD
OVERVIEW OF DUTIES AND RESPONSIBILITIES AS BOARD MEMBERS
RELATED TO THE GRAND TRAVERSE PAVILIONS**

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I. GENERAL PROVISIONS

Public Act 280 of the Public Acts of 1939 provides the statutory framework for the creation and operation of county medical care facilities. Specifically, Section 58 of the Act provides that the Human Services Board is authorized to *supervise and be responsible for the operation of the county medical care facility* (“MCF”). MCL 400.58.

Each Human Services Board **must have three members**, two of whom are appointed by the county commissioners and a third member who is appointed by the Director of the Human Services Department at the State of Michigan. MCL 400.46. All members are subject to three (3) year terms and are required to be reimbursed for necessary travel and other expenses along with a salary deemed as appropriate by the county commissioners. A member of the Human Services Board cannot serve as a Director of the County Department of Human Services nor can he/she be employed at the County MCF.

II. QUALIFICATIONS, TERMS OF OFFICE, REMOVAL, AND CONFLICTS OF INTEREST

The statutorily mandated conditions for serving as a Human Services Board member according to the Social Welfare Act, Act 280 of 1939, as amended, is as follows:

- a. The individual must be **a resident** of the county and **not holding an elective office**. (Section 400.46(1)). The BOC appointed members shall be appointed at the annual October session of the BOC, and members shall qualify by taking and filing the oath of office with the county clerk, and shall assume their duties not later than November 1 of the year appointed.
- b. The individual must be able to serve a minimum three-year term. If the board member’s term expires before another person is duly appointed, then the serving board member continues in office until a successor is appointed and takes the oath of office (Section 400.46(1)).
- c. The individual must be able to attend a minimum of 12 meetings per year with an interval of not more than five weeks between any two meetings. If a person fails to attend three consecutive, regularly scheduled meetings without reasonable cause, that person may be removed from membership on the board. (Section 400.46 (2 and 4)). In the event that a member has three (3) consecutive non-excused absences, the remaining board members shall declare the office vacant and the vacant position will then be filled for the unexpired term by the county commission or State of Michigan as appropriate.

- d. During the term of office, a Human Services Board member shall not “participate in any form of political activity other than may be appropriate to the exercise of the individual’s rights, duties and privileges” of his/her “official position for any political purpose”. (Section 400.90).
- e. CONFLICT OF INTEREST. MCLA 15.301 – 15.310 pertaining to all board members and MCLA 15.341 – 15.348 pertaining to the state appointed board member, contains restriction and limitations on doing business with the county. Generally, a member should not enter into a contact with himself/herself, a business firm of which (s)he is a partner, or any corporation of which (s)he owns one percent of the stock or stock in excess of \$25,000, unless he/she discloses such financial interest to the board of commissioners and the contract is subsequently approved by a 2/3 vote of the full membership of the approving body. Boards may have additional guidelines regarding conflict of interest.

III. MANNER OF ELECTING CHAIRPERSON/VICE CHAIRPERSON

The County’s Department of Human Services’ Director acts as secretary of the board (MCL 400.49), although the Director may delegate that responsibility to an employee of the Facility for meetings which take place on Facility premises. **Under PA 280, at the first meeting following the appointment of a new member to the Board, the members shall choose one member as chairperson and one as vice chairperson, whom serve until successors are appointed.**

Chairperson. The Chairperson shall preside at a meeting of the Board. In the absence of the chair, the vice-chair shall perform the duties of the chair.

IV. BOC LIAISON

A county BOC is responsible for making appointments to other boards, agencies and commissions that are integral, but often independent or semi-autonomous components of the county. The functions of many of these agencies and commissions are controlled by state policies and/or the public acts under which they are organized (such as a DHS board pursuant to 1939 PA 280). County commissioners often serve as liaisons to these other boards, agencies, and commissions. In the case of the DHS board, these liaisons typically attend and participate in the meetings of the DHS Board. Such individuals are not members of the DHS Board (indeed, they are not qualified due to their elected positions), but are intended as a conduit for transmitting information and improving communication between the two boards. There is no specific legislative authorization for these individuals, nor is their role clearly defined. However, as a matter of courtesy, many DHS boards allow the BOC liaison to sit at the table with the DHS board members and engage in discussion and deliberation on board topics. Of course, BOC liaisons may not vote on agenda items and are allowed into closed sessions of the DHS board only upon permission of the DHS Board.

V. BOARD MEETINGS

- a. *Regular Meetings.* The Board shall meet not less than twelve (12) times per year (including the annual meeting) with an interval of not more that five (5) weeks between any two meetings. **The Board shall meet on the call of the Chairperson, upon written request to the**

Chairperson of the other two members, or at other times and places as prescribed by the rules of the Board.

- b. *Quorum.* **Two (2) members constitute a quorum** for the transaction of business at any meeting of the board.
- c. *Meeting by Telephone or Video Equipment.* A member may participate in a meeting by conference telephone or any similar audio/video communications equipment through which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this section constitutes presence in person at the meeting.
- d. For purposes of any meeting subject to the OMA (except a meeting of any state legislative body), the public body **shall establish the following procedures** to accommodate the absence of any member of the public body due to military duty:
 - (a) Procedures by which the absent member may participate in, and vote on, business before the public body, including, if feasible, procedures that ensure 2-way communication.
 - (b) Procedures by which the public is provided notice of the absence of the member and information about how to contact that member sufficiently in advance of a meeting of the public body to provide input on any business that will come before the public body.
- e. *Robert's Rules of Order.* The Rules of Parliamentary practice contained in the most recent edition of Robert's Rules of Order normally govern in questions of conduct and procedure which are not provided for in the Bylaws of the Board.

VI. BOARD DUTIES RELATED TO COUNTY MCF (GRAND TRAVERSE PAVILIONS)

Public Act 280 provides the statutory framework for the creation and operation of county medical care facilities. Specifically, Section 58 of the Act provides that the Board “is authorized to supervise and be responsible for the operation of the county medical care facility (“MCF”).” MCL 400.58.

- a. The Human Services Board is required to collect, from any available source, the cost of the care provided for residents at the county MCF.
- b. All of the monies received for the care of the residents at the county MCF must be deposited into the County's social welfare fund.
- c. The county MCF is statutorily required to provide a program of planned and continuing medical treatment and nursing care under the general direction and supervision of the county MCF's medical director. MCL 400.58 (1).
- d. All of the services provided at the county MCF are required to be consistent with the needs of those patients admitted and cared for at the county MCF and must be professionally supervised and provided on a continuing basis.

e. County medical care facilities “for the poor and unfortunate of the county” are intended to care for persons who do not require major surgery, treatment for psychosis, treatment for tuberculosis, contagious disease or other specialized care. MCL 400.58(2)(3) (5).

f. Specifically, the county MCF is primarily intended to care for persons who are chronically ill or disabled. Patients suffering from contagious diseases may be admitted as long as separate facilities are provided which have been approved by the state.

g. With respect to employee relations, the Board is authorized, by statute, to appoint an executive director for the county MCF and to employ such assistants and employees as is necessary to fulfill its statutory responsibilities. MCL 400.51.

h. The county MCF must have an administrator who is required to be licensed by the State of Michigan. MCL 339.1901 *et seq.* Both the number of employees hired at the county MCF and their compensation is set by the Health and Human Services Board and is paid from funds available to the Board for the operation of the MCF. MCL 400.51.

VII. RELATIONSHIP OF BOARD AND ADMINISTRATOR (or CEO)

a. Absent a contractual provision to the contrary, the Administrator is an at-will employee of, and serves at the pleasure of, the Board.

b. The Administrator has the following duties:

1. Control, direct and be responsible for the economical and proper operation, supervision, maintenance and general conduct of all Facility programs, activities and property;

2. Supervise, control and direct the employees of the Facility;

3. Promote and maintain employee development and morale;

4. Maintain good public and press relations for the Facility;

5. Implement and maintain effective financial management practices. The parties agree that this function requires close supervision of staffing requirements and cost containment;

6. Analyze the Facility's needs and problems and develop long-term plans that address these needs;

7. Maintain good working relationships with the Human Services Board. The parties agree that this function requires keeping the Board informed about the Facility's operations and problems;

8. Maintain the Facility's physical plant in good repair and in accordance with all applicable laws and regulations;

9. Administer the Facility in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident;
 10. Operate the Facility in compliance with all applicable federal, state and local laws, regulations and codes, as well as within accepted professional standards and principles.
 11. Attend all Facility-related meetings of the Human Services Board and attend such other meetings as shall be requested by the Board.
 12. Perform additional duties as described in the Administrator job description or that the Human Services Board may approve and/or request from time to time.
- c. The Administrator shall act as Chief Executive Officer for the Facility and shall manage the Facility's day-to-day affairs.
 - d. The Administrator shall interpret and apply Board policies in the administration of all programs.
 - e. No one Board member holds any authority over the actions of the Administrator and any and all actions of the Board must be the result of a majority vote of the Board present and voting.
 - f. The Board has the following duties:
 1. Participate in Board activities (regular attendance at meetings).
 2. Determine the scope of the Pavilions mission and purpose.
 3. Participate in policy development and approval.
 4. Ensure effective organizational planning (both strategic and long range).
 5. Ensure adequate financial resources and engage in fundraising activities.
 6. Approve the annual budget and any amendments to same.
 7. Determine and monitor the Pavilions' programs and services.
 8. Enhance the Pavilions' public image.
 9. Assess the Board's performance.
 10. Be aware of the Board's financial and legal responsibilities.
 11. Exercise approval of outside counsel (both legal and accounting).

12. Exercise approval of Medical Director and set compensation.
13. Hiring, evaluating, managing, and compensating the Administrator.
14. Setting the salaries, compensation, and benefits of Facility staff.
15. Oversight of facility financial activity, including income, expenses, insurance coverage, audits, fundraising, and other financial procedures.
16. Act in good faith and in the Facility's best interests in all decisions.

VIII. OPEN MEETINGS

- a. Applicability of the Open Meetings Act (MCLA 15.261, effective March 31, 1977).
 1. All meetings must be open to the public unless an exception specifically permitted by law applies.
 2. All meetings shall be open to the public and shall be held in a place available to the general public. MCLA 15.263(1).
 3. All decisions shall be made at a meeting open to the public. MCL 15.263(2). All deliberations constituting a quorum of its members shall take place at a meeting open to the public unless the deliberations can be justifiably held in a closed session. MCLA 15.263(3). 1977 OAG 5183.
 4. Lobbying. A member may contact other members in an effort to persuade them to vote a particular way. A member may conduct an informal canvas of the other members to find out where the votes will be on a particular issue if the intent is not to circumvent the requirements of the Open Meetings Act (OMA). *St. Aubin v Ishpeming*, 197 Mich App 100 (1992).
 5. Examples of Permissible Gatherings
 - a. Social Gatherings. MCLA 15.263(10); 1977 OAG 5183.
 - b. Conferences and Work Shops. 1982 OAG 6074.
 - c. Presentation by Groups. 1978 OAG 5364; 1982 OAG 6074.
- b. Rights of the Public at Open Meetings.
 1. All meetings shall be open to the public and shall be held in a place available to the general public. All persons shall be permitted to attend any meeting except as otherwise provided in the OMA. The right of a person to attend a meeting includes the right to tape record, to videotape, to broadcast live on radio, and to telecast live on television the meetings proceedings. The exercise of this right shall not be dependent upon prior approval.

However, the DHS Board may establish reasonable rules and regulations in order to minimize the possibility of disrupting the meeting. MCLA 15.263(1).

2. Attendance. Any person, regardless of age, residency or affiliation, must be permitted to attend meetings. No person can be excluded except for a breach of peace actually committed at the meeting. MCLA 15.263(6); 1977 OAG 5183.
3. Breach of Peace. The OMA does not define the term “breach of peace.” The Attorney General has noted that it must be assumed that the legislature adopted the commonly understood meaning of the term and has cited a dictionary definition of breach of the peace to mean “disorderly conduct that disturbs the public peace.” 1979 OAG 6358.

c. Rules for Public Participation.

1. While every person attending an open meeting is entitled to address the Board during the public participation portion of the meeting, the Board may establish rules to insure the orderly conduct of meetings.
2. The rules must be adopted by the Board and recorded in the minutes. MCLA 15.263(5); 1978 OAG 5183.

- a. The established rules must be flexible and should be designed to encourage public participation and attendance rather than discourage it. 1979 OAG 5183.
- b. The rules should be printed and available at every open meeting so that people attending the meeting and those desiring to address the Board are informed about their responsibilities and the Board’s procedures.

c. Permissible provisions:

1. Designated time for comments. 1980 OAG 5716.
2. Length of comment. 1978 OAG 5332.
3. Identification of speaker. MCLA 15.263(4).
4. Designation of spokesperson. 1978 OAG 5332.
5. Common courtesy.
6. Recording equipment. 1988 OAG 6499.

d. Impermissible provisions:

1. Residency. 1978 OAG 5332.
2. Denial of the right to speak. 1978 OAG 5332.
3. Speaker’s affiliation. 1977 OAG 528.
4. Restrictions on content. 1977 OAG 5218.
5. Personal attacks. 1978 OAG 5332.

d. Place of Meeting.

1. The Board must hold its meetings at a location “available” to the public.

2. Within the boundaries of the governmental unit “whenever possible”. 1979 OAG 5560.
 3. The Board has a duty to exercise “sincere efforts” to accommodate all the people who attend meetings. 1979 OAG 5614.
- e. Notice of Meetings.
1. The OMA requires the Board to provide notice of its meetings. MCLA 15.265(1).
 2. The Board must officially designate a person responsible for implementing the public notice requirements of the OMA. 1977 OAG 5183.
 3. Notice Requirements:
 - a. Every public notice must contain the name of the public body, its telephone number, and its address. MCLA 15.264(a).
 - b. Public notice is required to be posted at the Board’s principal office and any other locations considered appropriate by the Board. Cable television may also be utilized for purposes of posting public notice. MCLA 15.264(v).
 - c. A public notice shall also be posted in the principal office of the political subdivision (courthouse). Where the Board has its own principal office and is a component of another department of government, it is required to have two notices – one at its own office and other at the office of its parent department. 1977 OAG 5183.
 - d. If the Board does not have a principal office, the required public notice for the Board is required to be posted in the office of the county clerk. MCLA 15.264(d).
 4. Timing of Notice.
 - a. The board must post the schedule of its meetings for the following calendar or fiscal year within ten (10) days after the first meeting of the Board in that calendar year or fiscal year. MCLA 15.265(2).
 - b. The notice is required to state the dates, times, and places of the regular meetings in addition to the name of the Board, its telephone number, and its address.
 - c. If there is a change in the schedule of regular meetings of the Board, there is required to be posted within three (3) days after the meeting at which the change is made, a public notice stating the new dates, times, and places of its regular meetings. MCLA 15.265(3).
 5. Rescheduled Regular or Special Meetings of the Board.
 - a. When a regular meeting is rescheduled or if a special meeting is called, a public notice stating the time, date and place of the meeting is required to be posted at least 18 hours before the meeting. MCLA 15.265(4).
 6. Reconvened or Recessed Meetings and Emergency Meetings.
 - a. If the Board recesses a meeting for more than 36 hours, the meeting may only be reconvened if notice has been posted at least 18 hours before the meeting. MCLA 15.265(5).

- b. The OMA expressly allows the Board to meet in an emergency session without complying with the notice requirements in the event of a severe and imminent threat to the health, safety, or welfare of the public when 2/3 of the members serving on the Board decide that the delay would be detrimental to the efforts to lessen or respond to the threat. Id; 1977 OAG 5183.
7. Request for Copies of Notice.
- a. Upon the written request of an individual, organization, firm or corporation, and upon the requesting party's payment of a yearly fee to cover the cost of printing and mailing, the Board shall send to the requesting party, by first class mail, a copy of any notice required by the OMA. MCLA 15.266(1).
 - b. A newspaper, radio or television station may, upon written request, receive mailed copies of public notices without charge. MCLA 15.266(2).
- f. Minutes of Meetings.
- 1. The Board is required to keep minutes of each meeting, whether open or closed, and the minutes must include the following:
 - a. Date
 - b. Time
 - c. Place
 - d. Members present and absent
 - e. Every decision made
 - f. All roll call votes
 - g. A record of other votes
 - h. Purpose of any closed session and corrections (if any).
MCLA 15.267(2), 15.269(1).
 - 2. Corrections to meeting minutes are required to be made not later than the next meeting after the meeting to which the minutes refer. MCLA 15.269(1). Minutes are public records open to public inspection and are required to be available at the address designated on posted notices. MCLA 15.269(2).
 - 3. Proposed minutes shall be available for public inspection not more than 8 business days after the meeting to which the minutes refer. MCLA 15.269(3).
 - 4. Approved minutes shall be available for public inspection not later than 5 business days after the meeting at which the minutes are approved by the Board. MCLA 15.269(3).
- g. Closed Sessions.
- 1. The OMA permits the Board to hold closed sessions in a few specified circumstances. MCLA 15.268. Under Michigan law the terms "closed meeting", "closed session", and "executive session" are synonymous.
 - 2. Even when the Board is permitted to conduct a closed meeting, the law prohibits taking any action during the closed meeting (i.e., making a "decision").

3. Once legitimately in closed session, the Board may deliberate on the specific topic for which the closed session was called, but all decisions related to that topic must be made in open session.
4. During the closed session, a separate set of minutes is required to be taken. MCLA 15.267(2)
 - a. Minutes are required to be retained and are not to be made available to the public and shall only be disclosed as required by a civil action.
 - b. The minutes are permitted to be destroyed one year and one day after approval of the minutes of the regular meeting at which the closed session was approved.
5. Calling a Closed Session.
 - a. The decision to hold any portion of a meeting as a closed session must be made in an open meeting. 1979 OAG 5436.
 - b. Upon a 2/3 roll call vote with the members, the Board may meet in closed session for any of the following reasons:
 1. The purchase or lease of real property.
 2. To consult with its attorneys regarding trial or settlement strategy in connection with specific pending litigation, but only if an open meeting would have a detrimental financial effect on the litigating or settlement position of the Board. MCLA 15.268(e). *People v Whitney*, 228 Mich App 230, 252 (1998).
 3. To review and consider the contents of an application for employment or appointment to a public office if the candidate requests that the application remain confidential. All interviews of the Board for employment or appointment to a public office shall be held in an open meeting pursuant to the OMA. MCLA 15.268(f).
 4. To consider material exempt from discussion or disclosure by state or federal statute. MCLA 15.268(h). Some examples include:
 - a. Attorney/client privilege.
 - b. This situation could arise in deliberations regarding a medical care facility resident. The Public Health Code provides that a patient's clinical record shall be treated confidentially and that the patient's provider shall not divulge or disclose the contents of a record in a manner which identifies a patient. This would likely trigger the closed meeting allowance.
 - c. Closed sessions may also be held by the Board for the following reasons without a 2/3 roll call vote:
 1. To consider the dismissal, suspension or disciplining of, or to hear complaints or charges brought against or to consider a periodic personnel evaluation of a public officer, employee, staff member or individual agent, if the named person requests a closed hearing. MCLA 15.268(a).

2. For strategy and negotiation sessions connected with the negotiation of a collective bargaining agreement if either negotiating party request a closed hearing. MCLA 15.268 (c).

From: Michelle Godin
Sent: Sunday, December 10, 2023 6:43 PM

Dear DHHS Board Members and Executive Team at Grand Traverse Pavilions,

My name is Michelle Godin, a Registered Nurse at Grand Traverse Pavilions. I have proudly been a full time nurse with the facility since 2018. I am writing on behalf of a group of concerned nurses and direct-care staff of Grand Traverse Pavilions. I have been tasked with emailing you a letter that we have written to express our current unease.

Foremost, we are concerned for our residents.

Along with speaking out regarding our concerns, we would like to take this opportunity to thank the DHHS Board and Executive Team at the Pavilions for their time and efforts towards correcting problematic issues within the facility. We understand this is no easy feat.

We come to you in a transparent manner, as strong supporters of Grand Traverse Pavilions. We are a group of long term, dedicated employees who would like nothing more than to continue employment and ultimately retire from the Pavilions many years down the road. We are advocates for both the facility as well as our residents to whom we care for.

Our goal is simply to inform you of our current working conditions & growing concern for our residents. Ultimately, we hope to bring about awareness, as well as an impactful and positive change for both our residents and direct-care workers alike.

We thank you for taking the time to read our letter and thoughtfully consider its contents impact on our facility as a whole. We welcome further conversation, questions or comments you may have. We would value any opportunity to constructively discuss these topics.

Respectfully,

Michelle Godin, RN
On behalf of concerned direct-care staff.

Dear Members of the DHHS Board,

We, concerned direct-care staff from the Grand Traverse Pavilions, are writing to tell you our concerns. We want to give you a snapshot of what working conditions on the floor are like now and how that directly impacts care for our residents. Thank you for taking the time to read this and consider its contents. Above all, we are concerned for our residents.

During a recorded county board meeting, Mary Marois spoke about the conditions at the old State Hospital. The residents were sitting on commodes in the common areas, and the scene had an overall feeling of neglect. She pointed out that part of the problem was that the State Hospital was not staffed to do the level of care required for the patients living there. This prospect had a profound impact, spurring us to bring forward our concerns.

Since it was built, the Grand Traverse Pavilions has striven to be the best facility of its kind. Staffing ratios were, for many years, kept well above state minimums. This was achieved by paying better than competing facilities and providing competitive benefits. Employee mental health was considered and valued. Resident personal care was held to a very high standard, as was their mental wellness and restorative physical abilities. The Eden philosophy was important, and resident preferences were accommodated. We maintained a five-star rating and had a reputation in the community as the Cadillac of nursing homes.

That level of care is now impossible to achieve. Over the past several years, starting even before the pandemic, there has been a major decrease in the number of direct care workers.

Allow us to walk you through an average day through the eyes of a CNA and a nurse working on the floor.

Currently, the long-term care floors have an average of 36 residents. Many days, the 06:30 shift begins with four CNAs. This means they are assigned nine residents apiece. Beginning at 06:45, after they have received their assignments and break schedule for the day, they have roughly an hour and a half to get all of their residents ready for the day and up for breakfast. At least one will be due for a shower, which will take at least twenty minutes. This means the other eight residents on their assignment can expect eight minutes of their time each. Residents frequently complain that the staff rushes them with care and always seems in a hurry. This is why.

Imagine entering a resident's room, an elderly person who can no longer move independently and requires a mechanical lift for transfers. You have less than ten minutes to remove their nightclothes, change their brief— which includes peri-care such as gathering linen, running hot water, washing, and drying— and change their sheets if soiled. You must dress them for the day, and as they can't stand, you must roll them side to side to get pants on. You must position the sling, retrieve the lift from the hall, which will hopefully be available when you need it, lift the resident from bed, and position them in their wheelchair. Their hair needs to be combed, their teeth need to be brushed, and men need to be shaved. Faces and hands need to be washed, as well as nail care performed. Vital signs and weights must be taken daily for some residents. Do you think eight minutes is enough to do all this?

The amount of charting has increased significantly for CNAs recently as well. Billing charting called "GG" has been added to the workload to be completed every shift. It involves documenting on a resident's

level of care, such as their ability to walk, transfer, and perform ADLs. Each resident has approximately twenty tasks starting with “GG” that have been added for the CNA to fill out on the touchscreens. This is in addition to charting meal acceptance, bowel and bladder, range of motion, and ambulation programs.

Residents who have to wait to have their call light answered are at an increased risk for falls. It’s not their problem that we are busy. They have a need and it’s our job to meet it. It is undignified for a resident to be incontinent because staff were unavailable.

At 14:30, the number of CNAs drops to three, though this is the time of day when confused residents begin to sundown. The CNAs must still provide care to their twelve residents and have them ready for dinner.

Then, the midnight shift from 22:30 to 06:30 runs with only two CNAs. This gives them eighteen residents each, some requiring two-person assistance. They must begin the last rounds at 04:00 to check and change the residents, some of whom they put shirts on or dress entirely, knowing how rushed the morning will become. While their one co-worker is on break, they are the lone CNA on the floor.

So why can’t the nurse help? More on that in a minute.

Usually, by 08:30, breakfast arrives on the unit. Meal arrival times have been a concern based on the kitchen running on schedule. Floor staff have no way of knowing if the meals will be early or late, but there is a fifteen-minute window when they are supposed to arrive. Our goal is to have the residents ready at the start of that window. During our state survey, meal delivery times were an area of concern, noting that floor staff were not distributing the trays quickly enough. In an effort to correct this, meals have become a chaotic mad dash.

As a CNA who just hustled to get all their residents ready— and hopefully was able to do so and report to the common area for tray pass on time— you are expected to pass out the food as quickly as possible. You take a tray from the cart and walk to the pantry to finish assembling it with drinks, but you have to stop, balance the tray with one arm, and input the pantry door code because we can no longer leave it open for any reason. You make it inside where three other co-workers are bustling around, collecting and filling cups, cutting up food, and doing the final check that the resident has what they ordered and that the proper diet has been sent. If something is missing from the tray, which happens often, you must stop, call the kitchen, and ask them to bring it down. A common example other than missing food items is missing specialty silverware or adaptive equipment.

This is problematic for the kitchen, as it pulls one of their staff to answer the phone and fill the request. Frequently, they do not answer the phone, meaning a floor staff member must walk to the kitchen personally during tray pass. Floor staff have been working with the kitchen to develop a better system, but few viable options exist. One partial solution was to stock the pantry with more items, but citing short kitchen staffing, the pantry is often deficient in essential items for tray passes and evening snacks. Almost daily, floor staff must request coffee cups and creamer for breakfast. The pantry is not stocked with any extra silverware or dishes, so if a resident requests a PB&J, staff are forced to use a paper towel and a plastic spoon from the med cart. This has become an even bigger issue recently, as we are no longer allowed to save food for a resident who isn’t ready for the meal or reheat food in the microwave. The kitchen does not provide food when it isn’t mealtime, leaving our residents few options.

Returning to the tray, staff must either serve it to the resident with some of their food or equipment missing, necessitating a second trip when the item arrives, or leave the tray sitting out. The expectation is that all 36 residents, some of whom have gone to the main dining room, will be served in less than twenty minutes.

All floor staff are expected to stop what they are doing and help pass the trays.

The food the kitchen is serving to our residents cannot go undiscussed. When interviewed, the bulk of resident complaints center on the food, which causes an overall dissatisfaction with the facility. Floor staff have started documenting some of the meals, particularly when serving the plate to a resident is embarrassing. Here are some examples. Casseroles and mashed potatoes come down in the shape of a scoop. The portions become increasingly smaller if the kitchen runs low on an item, even if that is the only thing they ordered. Several soups have been served with mystery meat that looks and smells like cut-up hot dogs, most recently in "chicken tortilla soup." Buns and bread arrive with one side crispy from sitting under a warmer, as well as noodles burned or dried out from being in a hot tray. Toast comes un-buttered with a packet, expecting the floor staff or resident to butter it.

Staff were also asked by the kitchen not to order food based on the preferences of residents with a cognitive decline. Ordering food from the everyday menu adds work for the kitchen staff. Residents who didn't used to like fish but can no longer object might eat it.

Now, about the nurses. On the day shift, each floor is given two nurses, or approximately eighteen residents each. The midnight nurses can start the morning med pass at 05:00, but few residents are awake and ready for medications before 06:30. Beginning at 07:00, the nurses pass medications to their remaining fifteen or so people. Each resident has an average of ten pills, some with less, but some with far more, frequently accompanied by eye drops, inhalers, and creams. Diabetic residents must have their blood sugar checked and insulin administered before meals. The nurse must prepare, deliver, and observe or assist the resident with taking their meds. The ideal for medication preparation is that no interruptions occur so that med errors are avoided. Some doses require multiple pills, or the resident may take a different dose at night. It's as easy as grabbing the wrong sleeve of the right med. These potential mistakes should be avoidable if the nurse uses the five rights.

Unfortunately, the phone rings, other staff need to report an issue or have a resident concern, the provider arrives on the unit and wants to verbally follow up about a resident's change of condition, and/or there is a family member at the locked front door who needs to be let in before the front desk staff arrives for business hours. Suppose the nurse spends an average of ten minutes per resident without interruption. In that case, the med pass should be finished by 09:30. That rarely happens now, as we are expected to stop for the breakfast tray pass amid the abovementioned disruptions. That means some residents don't receive their morning meds until after 10:00.

The idea that many or most residents will be grandmas and grandpas just living out the last months or years of their lives is also a thing of the past. Our society over the past hundred years has increasingly become one that fears death, prizing life in any form. More and more residents opt to have a full code status into an advanced age despite co-morbidities and a decreased quality of life. That means the nursing staff is responsible for more thorough and comprehensive assessments, requiring more documentation and follow-up.

A common example is monitoring for congestive heart failure. Imagine you are reviewing six daily weights, and one is outside the parameters. The nurse must then track down the CNA who obtained the weight and ask them to weigh them again or do it themselves, which adds several minutes to the encounter. This usually does not happen until after breakfast, as the nurse was still passing medications. As a result, the new weight will be skewed, but it may still be within parameters. The nurse must assess the resident for signs and symptoms of fluid overload, including a respiratory assessment and checking for increased extremity edema. If there is a concern, the nurse must call the provider and obtain an order. The nurse must then document the assessment and the order, retrieve the medication from the backup box on another unit, and administer the medication. A follow-up must also be documented to ensure the resident has had results and their condition has not worsened. The cardiologist will also need to be updated.

This is while multiple residents also need their dressings changed on wounds. Pressure injury measuring is to be completed weekly and now involves taking a picture of the wound on an iPad. This is a new step that nurses have had little training with, consequently slowing us down.

Here is an example of a current resident at the Pavilions. The resident has four drains, including bilateral nephrostomy tubes that the nurse must assess and empty. They also have a chest port, a suprapubic catheter, and a colostomy. All of these require monitoring a minimum of once per shift. Four attendant bandages need to be changed and the lines flushed. The resident is at high risk for infection and requires close monitoring. Assuming there are no issues, routine care with the resident can take forty minutes.

None of the tasks mentioned can be delegated or put off.

As the nurse, you are also responsible for scheduling and facilitating appointments, reading the provider's progress notes, entering new diagnoses, noting new orders, updating the family, and initiating appropriate additional monitoring. You need to keep track of therapy recommendations. Lab values must be reviewed, and comparison values from previous draws must be looked up and transcribed on paper. If a value is considered critical, the provider must be contacted immediately. When certain medications are ordered, the pharmacy needs more information, such as recent lab values and weight, which the nurse must look up and fax before the prescription can be filled.

A catheter urine sample must be obtained and sent to the lab if there is a suspected UTI. Post-void residuals must be bladder scanned on new admissions and residents with suspected urinary retention. Residents with indwelling catheters require monthly and as-needed catheter changes, in addition to daily flushes and output monitoring.

If a resident falls, a full initial assessment must be completed and documented, with other information that looks into the cause of the fall and how to prevent it from happening again. Then, hourly vital signs and neuro-checks must be completed and documented for six hours.

If a resident's condition changes, the nurse must stop whatever they are doing to respond immediately, assessing the resident and contacting the provider. Critical thinking skills and nursing judgment are required. The nurse must review the resident's chart for recent progress notes and medication changes. If the situation requires the resident to be sent to the hospital, they must go as soon as possible. The family must be contacted, the ED called, and a ream of paperwork sent with them.

If a resident is dying and has opted for comfort care, the nurse must assess the resident for comfort a minimum of once per hour and administer medications as needed. Our residents deserve to die with dignity. It is an event as fundamental as birth in a person's life. Families also need support at this time, including reassurance about symptoms and their treatment. They must feel their loved one is receiving quality care, or the event will carry a negative impression for the rest of their lives, even if the resident is comfortable. Staff need to be available to spend time in the room as required.

Admissions are now a task the floor nurse is expected to complete. A few years ago, an entire team of four nurses was assigned to do admissions. They are lengthy, requiring an initial assessment including an interview and full head-to-toe assessment. Information is gathered about the resident, including what sort of care they need, injuries they arrived with, and a medication review. All of these things must be documented in detail. An average resident admission with no major injuries takes at least an hour. Many of our residents do not arrive in optimal condition, so it often takes longer. This task alone can be overwhelming as the rest of the tasks do not stop because we have an admission.

Even a day without anything extra can become overwhelming, as most work is time-sensitive. Medications are given throughout the day, with the next significant med pass starting at 13:00. Ideally, the dressing changes, vital signs, and weight reviews are done before this, but that is not always possible.

Identifying and responding to changes in condition early is imperative to positive outcomes. For instance, if a resident is having a stroke, their main symptom may be a headache. Many residents living at GTP are at high risk for strokes related to a history of CVA or multiple co-morbidities. Headaches, even severe headaches, have a multitude of causes. The symptom alone is non-specific and doesn't necessarily seem urgent. If the nurse is overwhelmed, it might be something overlooked, even if it is reported. Strokes require immediate intervention, and treatment in the ED must be initiated within three hours of onset for optimal results. If the nurse does not review the vital signs and perform an assessment immediately, that resident could face life-long deficits or death. In that event, the outcome might have been preventable, but a plethora of tasks forced the nurse to prioritize, and they didn't get there in time. After the fact, it's easy to say, "That nurse didn't do their job. The headache was reported, and they didn't follow up."

It was pointed out at a recent board meeting that LPNs get paid less than RNs, and therefore, it would be more cost-effective to staff with more LPNs. In many cases, LPNs are new nurses currently enrolled in the RN program hoping to get hands-on experience. Brand-new nurses have not developed strong nursing judgment yet. They lack clinical experience. Developing skills for time management and appropriate delegation requires learning your new responsibilities. As a result, they often focus on their assigned tasks. This is fine until something goes wrong. Even experienced LPNs have limitations on what they are allowed to do on the job. LPNs can't manage IVs, including giving medications, flushing the line, or changing a PICC dressing. They should not do initial assessments to determine a plan of care. RNs should be pronouncing death.

We recently changed to Point-Click-Care, a computer charting system which none of the staff were adequately prepared for when it launched. We fumbled through the first weeks with sub-par documentation, getting by as best we could. We are now three months in, and very little follow-up education has been provided. None of the nurses involved with this letter feel proficient with the computer.

Keep in mind that the phone has been ringing all morning. Each call requires some follow-up, either documentation, looking up information on the EMR or in the paper chart, entering appointment information for bus scheduling, contacting family, or requesting that maintenance follow up on an issue a family member noticed when they visited. After hours and on the weekend, nurses often let people in the front door or onto the elevator to leave, as the desk person is only available 11-3, if at all. The nurse is the one who answers the call or is visible in the hallway at the med cart. It takes as much time to track down another staff member to ask them to do it as it does to take care of it.

When was the nurse supposed to take a break? If they get one, it likely won't be until after 15:00.

Starting at 18:30, one nurse arrives for the midnight shift and takes all 36 residents. They must finish the evening med pass, which is increasingly being done less and less by the day shift nurses, who must stop and pass trays and have been busy all day.

When the med pass is finished, which can be as late as 23:30, the night nurse must review the progress notes and orders to ensure no mistakes were made. They must stock the med cart and check if narcotics or other medications need to be reordered. They are responsible for checking that equipment is operating correctly and documenting it. They draw labs. They create a vital signs and weight sheet for communication with the CNAs for the day. They also run a bowel report to ensure every resident has had a bowel movement in the past two days. If they haven't, the bowel protocol must be initiated and orders entered.

Resident acuity doesn't diminish just because it's nighttime, either.

Nurses are expected to have an accuracy of 100%. For resident safety and positive outcomes, nurses must review important patient data, such as vital signs. How can one nurse review 18-40 resident's vital signs amid everything else? Still, it is common to hear, "Well, the nurse is going to have to do that since it's being charted wrong," or "Since there aren't enough CNAs, the nurse is going to have to help cover breaks." Nurses are expected to do more personal care than ever to offset the lack of CNAs.

During a recent COVID outbreak, one unit had 23 out of 36 residents positive for COVID-19. Those residents required isolation precautions, including staying in their rooms for ten days. Staff were required to use an N-95 mask, face shield, gown, and gloves when entering the room. Residents who could not feed themselves needed a staff member to feed them one-on-one. PPE must be changed between residents. Every ill resident needed vital signs taken every eight hours and a sepsis screening assessment completed. Respiratory assessments needed to be completed. Each resident required documentation every shift. Many were evaluated for Paxlovid treatment, which requires multiple phone calls between the pharmacy and the provider for each person. Keep in mind that these residents were sick. They needed PRN medications. Some required hospitalization. Two residents declined and began actively dying, requiring even more time for assessment and treatment. Instead of getting more help for the increased workload, we had less, as several staff members had been exposed and tested positive. They were mandatorily off work and ill themselves. This occurred after the pandemic was supposed to be over.

In the past, nurses could rely on CNAs to help bring changes in condition to their attention because there were more CNAs, and they spent more time with the residents. That is no longer necessarily true with the CNA staffing cut in half.

When the CNAs are continually rushed, they are unable to build relationships with the residents that are often crucial to their mental health. Family visits are sporadic for many of our residents and tend to diminish the longer the resident lives there. Loneliness and isolation often lead to depression. CNAs and nurses become a second family. Staff member's lives and pursuits are valued by the residents who want someone to speak to. They need that connection to keep them from ruminating about their own situation.

Most of the remaining employees have been at the Pavilions for years. We lived through the pandemic when we were asked to lock family members out of the building and listen to their wrath on the phone. We held the hands of dying residents because their families were not allowed to do so. We wore N-95 masks for entire shifts to protect the residents from us, earning us pressure injuries and acne on our faces. We endured because we knew the residents needed people who cared. It was a temporary issue and couldn't last.

Unfortunately, even with the end of the pandemic, the direct-care workers are still taking the brunt. With the need to balance the budget, support positions across the company were eliminated. Their work was not. Redistributing those tasks has put significantly more work on those remaining throughout the facility.

A Campus Coordinator title was created for an RN who is now assigned to coordinate direct care worker scheduling after hours, on holidays, and on weekends, in addition to their floor assignment. This role also includes having a cell phone to contact staff members as needed, as well as coordinating admissions with the hospital case worker and sending a staff member to pick up the resident. They also keep track of incidents building-wide for an end-of-shift report.

The ADON unit managers have taken on the most extra tasks, in addition to sorting through and correcting documentation that the floor nurses were unable to complete or did incorrectly related to being unfamiliar with the computer.

Floor nurses are still not updating care plans due to a lack of training. ADONs are currently responsible for keeping them up to date. Every important aspect of a resident's care should be care planned, which means they personally must keep track of all changes. This includes medications, pain, transfer status, falls, diet changes, weight changes, mental health, ability to perform ADLs, and any patient-specific issues that arise FOR EVERY RESIDENT. It's a herculean task alone, especially as they are learning the computer system themselves. All this is in addition to the normal tasks they had already been doing, including managing the unit staff.

While some of these issues are capable of immediate improvement, there is one underlying issue that is both quantifiable and pervasive. Our residents are living longer, are sicker, and more work is being done by far fewer staff.

We are writing to tell you that we are reaching a breaking point. Something has to give. Even dedicated staff cannot show up with a positive attitude, rush through tasks all day, and then go home feeling like they didn't do enough. Its toll on our mental health is showing. Staff appear manic at times as they rush from task to task, occasionally breaking down into tears when the workload becomes overwhelming. We leave with a headache and drive home in silence in an effort to decompress. Anxiety before the next shift is common.

It is becoming an issue of safety, not only for the residents but also for the staff. Courts now hold individuals responsible for inadequate care that leads to poor outcomes or death. Nursing licenses are on the line. The staff are burning out, and it's the residents who suffer. Hearing that the plan is to increase the census in the coming months has given us a sense of defeat.

A 2022 study by the British Medical Journal in an acute care setting indicated a 9.6% decrease in patient mortality when an additional RN was added to a shift. If that RN was experienced and familiar with the patients, the effect was more than doubled. (Zaranko et al., 2022)

Another study by the JAMA Network directly links below-average staffing days in the long term care setting to a decrease in the quality of care. Pressure injuries increased, as did hospitalizations. ADL and mobility capabilities declined. (Mukamel et al., 2023)

These points may seem obvious, but their reach is profound. The Grand Traverse Pavilions is a business and must have a balanced budget. We hear you, too. Please remember these are resident lives we're dealing with, their quality of life and health. As healthcare workers, we are empathetic to the plight of our residents. Don't forget the trees when looking at the forest.

Job satisfaction has been linked to better patient care and staff retention. At GTP, the type of work isn't the problem, but the quantity. CNAs trained for Restorative Therapy or Activities are being pulled to the floor regularly so that basic resident care can be performed in a timely manner. The tasks they would complete are forced to go undone or be filled by the administration already doing extra tasks.

We need you to hear that we are trying. We care. We desperately need more help. We hold ourselves to a higher standard. This should not be a facility that maintains state minimum staffing because we know those residents cannot possibly receive quality care. Our residents deserve better. Our community deserves better.

Thank you for your time.

Concerned direct care workers at the Grand Traverse Pavilions.

Resources:

Mukamel, D. B., Saliba, D., Ladd, H., & Konetzka, R. T. (2023). Association of staffing instability with quality of Nursing Home Care. *JAMA Network Open*, 6(1). <https://doi.org/10.1001/jamanetworkopen.2022.50389>

Zaranko, B., Sanford, N. J., Kelly, E., Rafferty, A. M., Bird, J., Mercuri, L., Sigsworth, J., Wells, M., & Propper, C. (2022). Nurse Staffing and inpatient mortality in the English National Health Service: A retrospective longitudinal study. *BMJ Quality & Safety*, 32(5), 254–263. <https://doi.org/10.1136/bmjqs-2022-015291>

GRAND TRAVERSE PAVILIONS
1000 Pavilions Circle
Traverse City, MI 49684

APPLICATION FOR ATTENDING OR CONSULTING PRIVILEGES

Please Check One:

Medical Doctor Doctor of Osteopathy Physician Assistant Certified Nurse Practitioner

ATTENDING CONSULTING Perinatrist

NAME IN FULL CHARLES J. MARKLE DATE 1/18/24

RESIDENCE ADDRESS _____ TELEPHONE: _____

OFFICE ADDRESS _____ TELEPHONE: _____

Premedical Education: School FRANK STATE COLLEGE Date of Graduation _____

Medical Education: School Ohio College of Podiatric Medicine Date of Graduation 1970

Internship: Hospital PONTIAC STATE HOSPITAL Dates 1970-1971

Residency: Hospital _____ Dates _____

MICHIGAN LICENSE: Date EXP 10/2026 No. 5901000608
NPI# 1609865576

Hospital Staff Memberships: NONE

Medical Society Memberships: NONE

Specialty: _____

Board Certified: Yes _____ No X Date _____

In making application, I agree to the rules and policies of the Grand Traverse Medical Care which I understand are available upon request. I also agree to verification of my credentials by the Administrator of Munson Medical Center or other hospital where I have been accepted on staff.

SIGNED: Charles J. Markle DATE: 1/18/24

APPROVED: _____ SIGNED: _____ DATE: _____
DISAPPROVED: _____ Medical Director, Grand Traverse Medical Care

APPROVED: _____ SIGNED: _____ DATE: _____
DISAPPROVED: _____ Chair, Grand Traverse County Department of Health and Human Services Board

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GRAND TRAVERSE PAVILIONS

1000 Pavilions Circle
Traverse City, MI 49684

14

APPLICATION FOR ATTENDING OR CONSULTING PRIVILEGES

Please Check One:

Medical Doctor Doctor of Osteopathy Physician Assistant Certified Nurse Practitioner

ATTENDING CONSULTING

NAME IN FULL Dr. Rubin DATE Jan 17, 2024

RESIDENCE ADDRESS _____ TELEPHONE _____

OFFICE ADDRESS _____ TELEPHONE _____

Premedical Education: School Michigan State University Date of Graduation 05/31/1973

Medical Education: School Ohio College of Podiatric Medicine Date of Graduation 05/31/1977

Internship: Hospital _____ Dates _____

Residency: Hospital Kern Hospital for Special Surgery Dates 12/30/1978

MICHIGAN LICENSE: Date 01/01/1979 No. 5901000839
NPI# 1881696953

Hospital Staff Memberships:

DMC Sinai-Grace Hospital

DMC Sinai-Grace Hospital

Medical Society Memberships:

Michigan State Podiatric Medical Association

Michigan State Podiatric Medical Association

Specialty: _____

American Board of Foot and Ankle Specialists

Board Certified: Yes No Date 08/14/2034

In making application, I agree to the rules and policies of the Grand Traverse Medical Care which I understand are available upon request. I also agree to verification of my credentials by the Administrator of Munson Medical Center or other hospital where I have been accepted on staff.

SIGNED: [Signature] DATE: Jan 17, 2024

APPROVED: _____ SIGNED: _____ DATE: _____
DISAPPROVED: _____ Medical Director, Grand Traverse Medical Care

APPROVED: _____ SIGNED: _____ DATE: _____
DISAPPROVED: _____ Chair, Grand Traverse County Department of Health and Human Services Board

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GRAND TRAVERSE PAVILIONS
1000 Pavilions Circle
Traverse City, MI 49684

15

APPLICATION FOR ATTENDING OR CONSULTING PRIVILEGES

Please Check One:

Medical Doctor Doctor of Osteopathy Physician Assistant Certified Nurse Practitioner

ATTENDING CONSULTING

NAME IN FULL Ann Marie Buchner DATE Jan 19, 2024

RESIDENCE ADDRESS _____ TELEPHONE _____

OFFICE ADDRESS _____ TELEPHONE _____

Premedical Education: School A.T. Still University Date of Graduation 2012

Medical Education: School _____ Date of Graduation _____

Internship: Hospital _____ Dates _____

Residency: Hospital _____ Dates _____

MICHIGAN LICENSE: Date 4/7/24 No. 1601000031
NPI# 1922134303

Hospital Staff Memberships:

Medical Society Memberships:

~~American Speech and Hearing Association~~

American Speech and Hearing Association

Specialty: _____

Board Certified: Yes No Date 1994

In making application, I agree to the rules and policies of the Grand Traverse Medical Care which I understand are available upon request. I also agree to verification of my credentials by the Administrator of Munson Medical Center or other hospital where I have been accepted on staff.

SIGNED: Ann Marie Buchner DATE: Jan 19, 2024

APPROVED: _____ SIGNED: _____ DATE: _____
DISAPPROVED: _____ Medical Director, Grand Traverse Medical Care

APPROVED: _____ SIGNED: _____ DATE: _____
DISAPPROVED: _____ Chair, Grand Traverse County Department of Health and Human Services Board

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