



STATE OF MICHIGAN
MICHIGAN VETERAN HOMES
LANSING

GRETCHEN WHITMER
GOVERNOR

ANNE ZERBE
EXECUTIVE DIRECTOR

October 21, 2021

Governor Gretchen Whitmer
State of Michigan
Romney Building
Lansing, MI 48909

Dear Governor,

SUBJECT: PA 351 of 2020 – FY '21 Fourth Quarter Reporting

Attached please find the quarterly report from the Michigan Veteran Homes at Chesterfield Township, the Michigan Veteran Homes D.J. Jacobetti, and the Michigan Veteran Homes at Grand Rapids, pursuant to Public Act 351 of 2020, MCL 36.112a.

If you have any questions regarding this report, please contact Fred Schaible at 517.243.2147.

Sincerely,

A handwritten signature in cursive script that reads "Anne Zerbe".

Anne Zerbe
Executive Director, MVH

Attachment

cc: Tom Barrett, Senate Appropriations Subcommittee on DMVA Chair
Dr. John Bizon, Senate Families, Seniors and Veterans Committee Chair
Beau LaFave, House Military, Veterans and Homeland Security Committee Chair
Tommy Brann, House Appropriations Subcommittee on Military and Veterans Affairs Chair
MG Paul Rogers, DMVA Director

Pursuant to Public Act 560 of 2016 (as amended by PA 351 of 2020), MCL 36.112a)

Sec. 9 (1) No later than January 1, April 1, July 1, and October 1 of each year, the Michigan Veteran Homes, its successor agency, or the department of military and veterans' affairs shall report in writing all the following information concerning any state veterans' facility to the governor, the senate and house committees on veterans' affairs, and the senate and house appropriations subcommittees for the department of military and veterans' affairs:

(a) Staffing levels and the extent to which staffing levels do or do not meet industry standards.

38 CFR Part 51.130(d) requires a minimum of 2.5 hours per-patient delivered (PPD). Actual total direct care PPD:

FY 21 Q4:

Michigan Veteran Homes at Chesterfield Township (MVHCT) – 9.291

Michigan Veteran Homes D.J. Jacobetti (MVHDJJ) - 4.84

Michigan Veteran Homes at Grand Rapids (MVHGR) – 5.33

(b) Number of patient complaints, average time to review a complaint and respond, and response to each complaint.

FY 21 Q4:

MVHCT - (0) Complaint forms submitted.

MVHDJJ - (7) Complaint forms submitted - all complaints resolved within policy required time allotment.

1. **Concern:** On 7/13/2021, a member stated that he was missing his upper dentures.

Facility Response: The Director of Nursing, Supervisor, and housekeeping staff were notified. The member's room was searched and the member's dentures were not found. An appointment was scheduled for the member to obtain new dentures; the member's dentures were replaced.

2. **Concern:** On 7/21/2021, a member stated that he was missing a bus pass.

Facility Response: The Director of Nursing, Supervisor, and housekeeping staff were notified. The member had several room changes and the applicable supervisory offices were searched. The member's bus pass was not found and a claim was filed; the claim was approved and the bus pass will be replaced.

3. **Concern:** On 7/24/2021, a member stated that he was missing his hearing aid.

Facility Response: The home's housekeeping staff and supervisor were notified. The member's room was searched, and his hearing aid was not found; the member's hearing aid was replaced.

4. **Concern:** On 8/10/2021, a (member council) member stated that the home should provide transportation to its members to run errands.

Facility Response: At this time, the home's vehicles are used solely for medical appointments; staff are available to fill member personal shopping orders. A local transportation provider is also available to provide member non-medical transport.

5. **Concern:** On 8/10/2021, a (member council) member stated that he would like the home staff to not wear masks while interacting with members.

Facility Response: At this time, the home's staff are required to wear masks when providing care, and the home will continue to follow infection prevention guidance as it is updated.

6. **Concern:** On 8/20/2021, a member stated that he would like the ground floor dining room opened for member use.

Facility Response: Home administration met and determined that the dining room was not sufficiently supervised due to the location; thus, the dining room remained closed.

7. **Concern:** On 9/17/2021, a member stated that he was missing his glasses.

Facility Response: The member's wife, Director of Nursing, and supervisor were notified; the member's room was searched; the member's glasses were not found. An appointment was scheduled for the member to obtain new glasses; the member's glasses were replaced.

MVHGR – (37) Complaint forms submitted - all complaints resolved within policy required time allotment

1. **Concern:** A member's wife was upset due to the lack of communication regarding the member's weight gain. In addition, she was also concerned about not being able to reach the member's unit by telephone.

Facility Response: The dietician and ADON spoke with the member's wife and developed a plan for ongoing communication. The member's wife was satisfied and pleased with the efforts to resolve the situation.

2. **Concern:** A member noted on the member council survey that he was not getting beverages on his meal tray.

Facility Response: The dietitian met with the member and ordered additional beverages to be added to the member's daily meal trays.

3. **Concern:** Members were attending an off-campus activity at a baseball game and the bus did not arrive to take members and staff back to the home.

Facility Response: The incident was investigated, and it was determined that the lack of communication amongst the bus drivers was the cause for the issue. This incident was addressed appropriately with the bus drivers.

4. **Concern:** A member completed the member council survey and reported that he does not feel like he is treated with respect.

Facility Response: A social worker interviewed the concerned member, and the member stated that he does not feel mistreated and he feels safe and cared for.

5. **Concern:** A member completed the member council survey and reported that he does not like his hands or his whole body grabbed/touched. Additionally, the member stated that he was accused of kicking a staff member and did not feel that he did so.

Facility Response: The member has a diagnosis of schizophrenia and is very sensitive to touch; this is noted in the member's care plan. Staff were educated on proper turning techniques for the member. The member was startled when awakened and staff perceive him to have kicked; however, he did not. The staff member was resigned and did not return after the incident.

6. **Concern:** A member completed the member council survey and stated that he must sometimes wait a long time for water.

Facility Response: The ADON addressed the situation with member and water will continue to be passed out to him as assigned. The member was educated that he can put on his call light to ask for more water or he can go in the dining room anytime he wants more water. The member was satisfied with the response.

7. **Concern:** A member completed the member council survey and reported that he spoke to the ombudsman about an issue and was expecting a follow-up call from the ombudsman, but did not receive a call.

Facility Response: A social worker interviewed the member and the member stated that he was put in quarantine and did not believe that he should have addressed the ombudsman via Microsoft Teams about the issue; he thought that he was going to receive a telephone call. The member stated the incident is in the past and he does not

need to speak to the ombudsman about it; he merely wanted the ombudsman to know what had transpired. The ombudsman was informed of the member's concern by staff.

8. **Concern:** A member completed the member council survey and reported that his call lights are not always answered in a timely manner. The member is also having difficulty managing his account and does not believe that his guardian is doing a good job.

Facility Response: A social worker and finance manager interviewed the member. There is now a petition filed to terminate the member's guardianship and/or appoint a different guardian. A call light study was completed and the member's call lights were answered in a timely manner and staff entered the member's room 17 times within a 24-hour period.

9. **Concern:** A member completed the member council survey and stated that he was not getting any beverages on his tray.

Facility Response: The dietitian met with the member and ordered additional beverages to be added to the member's daily meal trays.

10. **Concern:** A member was dissatisfied with the way the physician cared for her and requested a new physician.

Facility Response: A social worker met with the member, and the member agreed with using the medical director as her primary care physician.

11. **Concern:** A member was unhappy with the way the food was cooked; the member says the food was overcooked.

Facility Response: A social worker and lead cook met with the member and explained that food can be overcooked by the time it is delivered to members; other options were addressed.

12. **Concern:** Five members and two staff were stranded at a ballpark during an outing. Some members had previously been transported, but the bus did not return for the remaining members.

Facility Response: The incident was investigated and all staff were interviewed. The investigation yielded unprofessionalism and a lack of communication by the bus drivers. Formal counseling was provided to all bus drivers.

13. **Concern:** A member reported that a shirt was missing; it was a gift from his daughter.

Facility Response: Staff searched the member's room and the laundry service; the shirt was not found. The member was informed that he could be reimbursed for the cost of the shirt.

14. **Concern:** A member stated that a video picture frame was missing after the member was moved to a new unit.

Facility Response: The item was found in a box in the member's room.

15. **Concern:** A member requested information on community resources if he was ever interested in moving in the future.

Facility Response: Staff discussed this issue with the member, who is currently not interested in moving at this time. The member only wanted additional options for TV viewing. These options were provided via a recreation therapy referral about a member video lending library.

16. **Concern:** A member was wet when staff brought him down for a family visit outside.

Facility Response: A Microsoft Teams meeting was conducted with the family members to address concerns. Staff reviewed the issues contributing to the negative event and changed the member's care plan to address and prevent future incidents.

17. **Concern:** A member transferred himself to a bathroom; the member stated that wait times for call lights are way too long.

Facility Response: The member's care plan was changed to have the member assisted with toileting after meals. A referral was made to PT and OT to reinforce the member's safety compliance.

18. **Concern:** A member's family expressed concerned about the member not being turned and being in pain.

Facility Response: The ADON requested an update on member's appointment with a physician and the results of an assessment and x-rays; the member's pain issues were much better.

19. **Concern:** A member requested a new bed, stating that his present bed does not meet his needs.

Facility Response: The member had been transferred from a different facility which uses Stryker beds. The member had used a specialty mattress which was on a different frame to better suit his needs. The wound care nurse and physician were also informed of the member's bed concerns.

20. **Concern:** A member completed the member council survey and reported that call light wait times are excessive and that he needs help with repositioning.

Facility Response: The ADON discussed the issue with the member and explained that call light audits are performed monthly to help educate staff and improve wait times. The member also stated that he never feels unsafe while waiting for repositioning.

21. **Concern:** A member completed the member council survey and reported that wait times take longer than expected to get help.

Facility Response: The ADON discussed the issue with the member and explained that call light audits are performed monthly to help educate staff and improve wait times.

22. **Concern:** A member completed the member council survey and reported that he wants to see a priest and Eucharistic minister regularly.

Facility Response: The chaplain explained to the member that his volunteer Eucharistic minister cancelled the visit last week, as well as explaining reasons for cancelling mass (outbreak mode at facility). The member stated that his concerns have been met.

23. **Concern:** A member stated that when getting up for the day, staff are so quick to their get their job done that they don't ensure that he has everything that he needs.

Facility Response: The ADON discussed the member's concerns with the CENA supervisor, and requested that staff make sure the member has everything that he needs before leaving his room.

24. **Concern:** A member complained that he doesn't like the food sometimes; the food is overcooked or undercooked.

Facility Response: The dietician noted that the member does not eat much protein. The dietician reviewed preferences with the member, and he agreed to continue current orders; kitchen staff has been updated with the member's preferences

25. **Concern:** A member would like more vegetables served with his dinner.

Facility Response: The dietician reviewed the member's concerns and updated the kitchen staff to reflect the member preferences.

26. **Concern:** A member would like member council to be conducted at 11:00 a.m.

Facility Response: A chaplain suggested that he address this concern with the member council president so this request could possibly be addressed at the next meeting.

27. **Concern:** A member noted in the member council survey that housekeeping staff told him that he could only watch TV 8.

Facility Response: The ADON reviewed the concern with the member and he stated, "Maybe it was the voices that are telling me to do that; I don't remember, I'm fine".

28. **Concern:** A member doesn't like the way care staff speak to him.

Facility Response: The social work manager reviewed the member's concerns and determined that the member dislikes the way staff chastise him when he refuses personal care. The member's care plan was updated.

29. **Concern:** A member stated that he doesn't like the food.

Facility Response: The dietician reviewed the member's concerns and the member's preferences were updated in the kitchen.

30. **Concern:** A member stated that he doesn't like the food, there is too much food, and mashed potatoes are served too often.

Facility Response: The dietician reviewed the member's concerns and preferences, and then updated the kitchen staff accordingly.

31. **Concern:** A member stated that the food is too bland.

Facility Response: The dietician suggested that the member use salt and pepper to season the food. The member was also educated about options for SHIPT orders for other food items via Member Needs Request Form.

32. **Concern:** A member stated that he doesn't like the food.

Facility Response: The dietician reviewed the member's concerns regarding the food texture versus the food itself.

33. **Concern:** A member stated that he doesn't like the food.

Facility Response: The dietician reviewed the member's concerns regarding preferences and notified the kitchen staff.

34. **Concern:** A member stated that he doesn't like the food.

Facility Response: The dietician reviewed the member's concerns and the member clarified that he dislikes only one particular food item. The member could not remember which food item he doesn't like, so no preferences were changed in the kitchen.

35. **Concern:** A member stated that staff feel he more physically capable than he believes that he is, and not all staff understand Parkinson's.

Facility Response: The ADON spoke with the member and offered to educate staff and provided a copy of his care plan so the member knows that staff have the correct information regarding his needs and how to better take care of him.

36. **Concern:** A member stated that he doesn't like the food.

Facility Response: The dietician discussed his concerns with the member, asking him if his preferences should be changed. The member refused any modifications at this time.

37. **Concern:** A domiciliary member reported that his checkbook was missing. The member believes that there not any foul play involved and states that he must have misplaced it.

Facility Response: The member's checkbook was not found after staff checked with the laundry staff and reviewed video. No unauthorized activity was noted on the member's account and all checks were cancelled; new checks were ordered from the bank.

(c) Timeliness of distribution of pharmaceutical drugs.

FY 21 Q4:

MVHCT - Pharmaceutical drugs are delivered to medication rooms and medication carts at the Home every two weeks for distribution for the following two-week period.

MVHDJJ - Pharmaceutical drugs are delivered to medication rooms and medication carts at the Home every two weeks for distribution for the following two-week period.

MVHGR – Pharmaceutical drugs are delivered the nursing units and medication carts at the Home every two weeks for distribution for the following two-week period.

(d) Security provided for pharmaceutical drugs in the facility, including the title of the individuals providing the security.

FY 21 Q4:

MVHCT - Pharmaceutical drugs are locked in the C2 safe within the pharmacy, to which only the licensed pharmacist listed below has sole access. The pharmacy requires a two-means of authentication in efforts to enter the pharmacy. Narcotics are double locked within the pharmacy. On the units, the medication rooms are locked, as are medication carts, and narcotics are double locked. The medication nurse on duty on any given shift is the only employee with the key to medications on the household.

A PYXIS Medication Station, located within the wellness center storage room for after-hours and weekend usage, only. The Wellness Center after-hours required key-card access, which is controlled, and a pre-determined group of Nurse Managers have specific key-card access to enter said storage room where the PYXIS is located.

The PYXIS station is accessed via individual sign on with password. There is also a security camera located in the Wellness Center in additional to the storage room.

Returned medications to the pharmacy are handled via nursing and documented on a form. Returned medications are restocked or destroyed as appropriate. Returned medications are logged into the QS1 pharmacy system.

The following individual provide the security and oversight of pharmaceutical drugs:

Schemansky, PharmD.

MVHDJJ - Pharmaceutical drugs are locked in the pharmacy, to which only the licensed pharmacists listed below have access. The pharmacy is equipped with an alarm. Narcotics are double locked within the pharmacy. On the unit(s), the medication rooms are locked, as are medication carts, and narcotics are double locked. The medication nurse on duty on any given shift is the only employee with the key to medications on the unit(s).

The following individuals provide the security and oversight of pharmaceutical drugs:

Brad Harvala, Pharmacy Director
Lori Krueger, Pharmacist
Barb Salmela, Pharmacist

MVHGR- Pharmaceutical drugs are locked in the pharmacy, to which only the licensed pharmacists listed below have access. The pharmacy is equipped with an alarm. Narcotics are double locked within the pharmacy. On the units, the medication rooms are locked, as are medication carts, and narcotics are double locked. The medication nurse on duty on any given shift is the only employee with the key to medications on the units(s).

A PYXIS Medication Station, located in the pharmacy entry way is available after hours. The front entry is only accessible via key card access when the pharmacy is closed. The PYXIS station is accessed via fingerprint or individual sign on with password. There is also a security camera located in the entry way.

The unit medication rooms are locked. Medication carts are locked with key access only and narcotics are double locked.

Returned medications to the pharmacy are handled via nursing and documented on a form. Returned medications are restocked or destroyed as appropriate. Returned medications are logged into the QS1 pharmacy system.

The following individuals provide the security and oversight of pharmaceutical drugs:

Louis Ciaramello, RPh
Fred Ammerman, RPh

(e) How patient money is accounted for, including the name and title of the individual who supervises patient spending accounts.

FY 21 Q4:

MVHCT - Patient monies *held by the facility* are accounted for using generally accepted accounting principles, with interest applied to the balances quarterly.

The following individual supervises patient spending accounts:

Renonda Mullen, Business Office Manager

MVHDJJ - Patient monies *held by the facility* are accounted for using generally accepted accounting principles, with interest applied to the balances quarterly.

The following individual supervises patient spending accounts:

Sean Depuydt, Business Manager

MVHGR - Patient monies *held by the facility* are accounted for using generally accepted accounting principles, with interest applied to the balances quarterly.

The following individual supervises patient spending accounts:

Erica Bobrowski, Business Manager

(f) Number of facility resident deaths that occurred since the most recent report.

FY 21 Q4:

MVHCT – (6) facility deaths

MVHDJJ – (12) facility deaths

MVHGR – (3) facility deaths

(2) The department of military and veterans' affairs shall place the reports required under subsection (1) on its public website in a prominent and conspicuous manner.

This report has been published at www.michiganveterans.com