



# MVFA Board Meeting Agenda

May 22, 2025

425 Fisher Street, Marquette, MI 49855, Lower-Level Activity Room, Marquette, MI 49855

	Agenda Item	Time	Action	Presenter
1.	Pledge of Allegiance	10:00 am	-	David Henry
2.	Attendance Roll Call	10:00 am	-	David Henry
3.	Adoption of Agenda for May 22, 2025	10:00 am	Action	David Henry
4.	Public Comment (limit to 3 minutes)	10:05 am	-	David Henry
5.	Approval of Proposed Minutes from March 18, 2025	10:10 am	Action	David Henry
6.	<b>Executive Director's Report</b> 6.1 Update on Replacement Facility for MVH D.J. Jacobetti 6.1.1 Construction Update 6.2 Status of Board Appointments (2 Member Vacancy) 6.3 Operational Status of the MVH at Chesterfield Township 6.4 Operational Status of the MVH D.J. Jacobetti 6.5 Operational Status of the MVH at Grand Rapids 6.6 Operational Status of MVH 6.7 Impact of Current Administration Policy changes	10:15 am	-	Anne Zerbe Mike Hassan Ryan Engle Jennifer Manning Ron Oja Carly MacDonald Steve Rolston Anne Zerbe
7.	<b>Committee Updates</b> 7.1 Executive Committee 7.1.1 Election of Officers 7.1.2 Location of July and September meetings - discussion 7.1.3 Audit update 7.2 Budget and Financial Oversight Committee 7.2.1 Appointment of Committee Chair 7.3 Quality and Compliance Committee 7.4 Strategic Engagement Committee	11:00 am	Action	David Henry  Ken Robbins  M.A. Shannon Barry Walters
	7.5 Executive Director Performance Review Committee			Brad Slagle
	7.5.1 Committee Member Selection			
8.	<b>New Business</b> 8.1	12:00 pm	-	David Henry
9.	Public Comments (limit to 3 minutes)	12:15 pm	-	David Henry
10.	Board Comments	12:30 pm	-	David Henry
11.	Closed Session	12:45 pm	-	David Henry
12.	Adjournment	1:00 pm	Action	David Henry



**MICHIGAN VETERANS' FACILITY AUTHORITY  
BOARD OF DIRECTORS MEETING**

March 18, 2025  
10:00 a.m.

**PROPOSED MINUTES**

A meeting of the Michigan Veterans Facility Authority (MVFA) Board of Directors was called to order at 10 a.m. by Chair David Henry. The meeting was conducted at The Joint Forces Building located at 3423 N Martin King Jr. Blvd, Building 30, Room 231 Lansing, Michigan 48906.

**1. Pledge of Allegiance**

**2. Attendance Roll Call**

Chair Henry requested a roll call of members present. The following MVFA Board of Directors were present: David Henry, Brad Slagle, MaryAnne Shannon, David Rutledge, Nancy Susick.

Michigan Veteran Homes (MVH) staff present: Anne Zerbe, Beth Simonton-Kramer, Ryan Engle, Jason Geissler (AG), Tiffany Carr

Virtual Guests: Kenneth Robbins, Leon Bauer, Steve Rolston, Ron Oja, Carly MacDonald, Jennifer Manning, et.al.

**3. Adoption of Agenda**

Chairman Henry requested a motion to motioned to accept the meeting agenda dated March 18, 2025. The motion was made by Shannon and seconded by Rutledge. The motion passed.

**4. Public Comment**

There were no public comments made.

**5. Approval of Proposed Minutes**

Chairman Henry offered to entertain a motion to adopt the minutes from the February 18, 2025, meeting. The motion was made by Slagle and seconded by Henry, and the motion passed with no discussion.

**6. Executive Director's Report**

**6.1. Update on the Replacement Facility for MVH D.J. Jacobetti – Anne Zerbe, Executive Director**

Contractor bids for the Jacobetti replacement project are in and being reviewed with anticipated selection with within the next 1-2 weeks. Final bid documents are being submitted to the VA in that timeframe as well.

We estimate that costs have escalated as much as 15% since the original budgets were developed, due to the Buy America Build America Act and other economic changes. The board decided to change the May meeting to Thursday, May 22, in Marquette, in anticipation of a Friday, May 23, ground-breaking. Staff will organize a dinner and an open house.

All 3 homes currently have a 5-star rating. Of the 421 nursing homes in Michigan, Grand Rapids and Chesterfield are tied for 11<sup>th</sup> in the state, and Jacobetti ranks 13<sup>th</sup>.

**6.2. Update on the Status of Board Appointments – Ryan Engle, Director of Development and Strategic Engagement**

There are currently no vacancies on the Board. However, there are 4 appointments reaching expiration in April 2025. Mr. Bauer will not seek reappointment, and he was thanked for his time and service to the Board. The remaining 3 have committed to continue their positions.

6.3. Update on MVHCT – Jennifer Manning, Administrator

The current census at Chesterfield is 125 of 128, leaving availability for any necessary movement or urgent admissions. There is one admission scheduled for April 1. There was a Covid outbreak affecting 18 members across 3 households. All members have recovered with no negative impact. Paxlovid was given at that time. Chesterfield is currently in their CMS expected survey window and anticipate the visit in late May or early June. The VA survey is expected sometime in July.

6.4. Update on MVHDJJ – Ron Oja, Administrator

The census at D.J. Jacobetti is currently 108 plus one admission scheduled for 3/19/25. There was a brief flu outbreak recently, and they have all since recovered. The DON transition is going well. The home expects their VA survey in April. On a final note, Ron shared that Ann Barsch retired last week after 30 years of service.

6.5. Update on MVHGR – Carly MacDonald, Administrator

The census at Grand Rapids is 117 with one more admission today. The home has gained 5 members over the past 45 days, but they lost 7. For the VA survey, MVHGR submitted POC which was accepted. They were awarded the provisional license certificate and are in full compliance with VA. The home expects the CMS survey in April.

6.6. Update of Operations – Steve Rolston, Chief Operations Officer

Rolston reported that preparations for the move in Marquette include the challenges of trying to staff two buildings at one time. The Board discussed the challenges, such as the lack of nursing schools in the area now, the inability of the state to compete with corporate incentive programs, and the need to be proactive with 2027 budget development and staffing plans.

6.7. Legislative Branch Changes – Anne Zerbe

To date, there have been no direct operational impacts from legislative policy changes, nor has MVH experienced any interruption with the State Home Per Diem program or the construction grant program as that funding was established in 2024. Staff will monitor member services to identify any interruption in their care due to changes. This topic will remain on the agenda going forward. A bill addressing the high cost of medications (House Resolution 1970) is not supported by the VA. The NASVH president recently testified in front of the Subcommittee on Health for the House Veterans Affairs Committee.

## 7. **Committee Updates**

7.1. Executive Committee - David Henry

7.1.1. The bylaws and board policies were shared last meeting for review. Chair Henry called for a motion to adopt which was made by Shannon and seconded by Slagle. The motion passed with a roll call vote.

Henry:	Yes
Rutledge:	Yes
Shannon:	Yes
Slagle:	Yes
Susick:	Yes

7.1.2. New Policy MVFA-GEN 007 - Code of Conduct, Conflict of Interest, and Confidentiality was introduced. This policy addresses honesty, transparency, and confidentiality and includes an acknowledgment affirming compliance. A motion was made by Slagle to approve the policy and was seconded by Shannon. Chair Henry requested a roll call vote, and the motion passed.

Henry:	Yes
Rutledge:	Yes



**MICHIGAN VETERANS' FACILITY AUTHORITY  
BOARD OF DIRECTORS MEETING**

March 18, 2025

10:00 a.m.

Shannon: Yes

Slagle: Yes

Susick: Yes

7.1.3. Henry has tasked Slagle to lead the Executive Director Annual Performance Evaluation Committee with up to 3 more board members (to volunteer or be appointed). Zerbe added that the auditors have also requested a policy providing a broad outline of the board's expectations for the Leadership Team's role in oversight and management.

7.2. Budget and Finance – Ken Robbins

The Financial Oversight Committee meeting was held on March 5. Reports revealed trending in the right directions for FY25, focusing on occupancy and expenditure control/monitoring. The team is waiting for legislation to close FY24. Projections for FY2025 also anticipate approval of the land supplement. If the legislation is not passed, the risk level becomes moderate.

The Charitable Support Fund of \$3.2 million increased about \$59,000 from November, mostly resulting from receipts taken in. Audits for the MVFA and the performance audit are still ongoing with no update. T

7.3. Quality and Compliance Committee – MaryAnne Shannon

The statement for the purpose of this committee was approved by the committee members and shared with the Board. There is no change in the quarterly information at this time, but there will be new quarterly information in April. Staff are currently working on additional reporting to support that goal. Finally, Board Effect is still in the review process, so the status remains unchanged.

7.4. Strategic Engagement Committee – Ryan Engle

The committee plan to meet next month. The purpose of this committee is outreach, advocacy and development. With the warmer weather will come events focused on get the members outside which also creates opportunities to connect the community to the work of MVH: March 29 is National Vietnam War Veterans Day, May 20 is flag placement at the cemetery in Grand Rapids, May 23 is the tentative date for the groundbreaking of the new home in Marquette, June 7 is the annual Walk, Run and Roll event at the veteran home in Chesterfield, which is an event for people of all abilities. Jacobetti is having a pancake breakfast on June 14, to name a few. A monthly e-newsletter is available for subscription delivered to inboxes the first of every month. Articles highlight events such as those listed above as well as career opportunities at each of the homes.

Some of the recent legislative events include a bipartisan bill, HR785, which was introduced in Congress to allow NASVH to have a seat on the Geriatric and Gerontology Advisory Committee. This group advises the Secretary of the VA on matters with respect to aging veterans. HR1970 creates a methodology for high-cost medication reimbursement to stay at veteran homes, which was discussed earlier. Director Zerbe testified to the Senate Appropriations Subcommittee sharing some insight to MVH's work. Immediately following this meeting, Director Zerbe will meet with the House Policy Standing Committee to share MVH's work and provide introduction to the homes.

MVH has been the recipient of ongoing generosity in various forms. Yesterday, the DAV donated \$10,000 to the Charitable Support Fund, with similar gifts shared in Grand Rapids and Marquette.

Finally, last week was Long Term Care Administrator's Week, and Engle stated that MVH is fortunate to have incredible administrators. Also, March is Social Workers month.

The Board discussed ways that it contributes to the mission with funding gifts as well as their donated time. Some also dedicate donations to the memory of loved ones.

#### **8. New Business**

Discussion of fiscal year close and performance audits. MVH is waiting on fiscal year close to finish the financial audit. MVH has received preliminary audit findings for the performance audit, consisting of three reportable findings and no material findings.

Chris LaJoie provided an update on his AHCA Future Leaders program.

The board received a letter from a member asking them to consider raising the personal care allowance. This will be addressed in the Financial committee with recommendation reported to the full board.

#### **9. Public Comment** – There were no public comments.

#### **10. Board Comments**

Shannon commented that she hopes the board chairs consider committee descriptions so when Board Effect is activated, that information will be ready to share.

#### **11. Adjournment**

Brad Slagle motioned to adjourn the meeting seconded by Nancy Susick. The motion carried and the meeting was adjourned at 11:03 a.m.

Minutes certified by:

MaryAnne Shannon: \_\_\_\_\_  
MVFA Board Secretary

Date: \_\_\_\_\_



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
OFFICE OF THE GOVERNOR  
LANSING

GARLIN GILCHRIST II  
LT. GOVERNOR

April 25, 2025

Major General Paul Rogers  
The Adjutant General  
Michigan Department of Military and Veterans Affairs  
P.O. Box 30634  
Lansing, Michigan 48909

Dear Major General Rogers:

Pursuant to Public Act 560 of 2016, MCL 36.105, please be advised of the following appointments to office:

**Michigan Veterans' Facility Authority Board of Directors – Chair Designation**

David Henry, of [REDACTED], Muskegon County, reappointed as chair for a term commencing April 25, 2025, and expiring at the pleasure of the governor.

**Michigan Veterans' Facility Authority Board of Directors**

David Henry, of [REDACTED], Muskegon County, reappointed as a member with professional knowledge, skill, or experience in long-term care, health care licensure or finance, or medicine for a term commencing April 25, 2025, and expiring April 15, 2029.

Respectfully,

A handwritten signature in blue ink, reading "Gretchen Whitmer".

Gretchen Whitmer  
Governor



# Clinical Compliance Summary

**FY2025 QUARTER 2 (JAN-MAR 2025)**

## CMS STAR RATINGS

MVHCT	MVHDJJ	MVHGR
★★★★★ CMS Overall	★★★★★ CMS Overall	★★★★★ CMS Overall
★★★★★ Survey Rating	★★★★★ Survey Rating	★★★★★ Survey Rating
★★★★★ Staffing Rating	★★★★★ Staffing Rating	★★★★★ Staffing Rating
★★ Quality Measures	★★★★ Quality Measures	★★★★ Quality Measures

## MICHIGAN RANKINGS

Out of 421 nursing homes:

MVHCT ranks 10<sup>th</sup>

MVHGR ranks 10<sup>th</sup>

MVHDJJ ranks 13<sup>th</sup>

## AHCA QUALITY AWARD STATUS

MVHCT	Bronze application submitted
MVHDJJ	Bronze application submitted
MVHGR	Bronze application submitted

## SURVEY HISTORY

### MVHCT

- In substantial compliance.
- VA survey 08/24. One deficiency noted - D level, Comprehensive Care Plans.
- CMS survey 04/24. No citations.
- Mock survey was conducted 01/25.

### MVHDJJ

- In substantial compliance.
- VA survey 05/24. No clinical deficiencies.
- CMS survey 10/24. One deficiency noted - F level, Food Safety.
- Mock survey will be 06/25.

### MVHGR

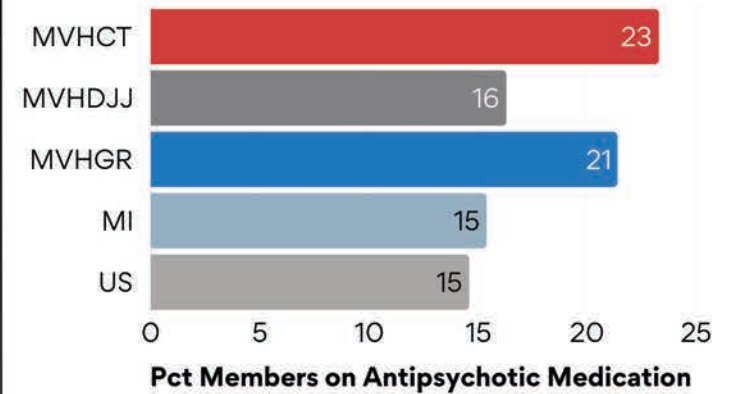
- In substantial compliance.
- VA survey 12/24. Deficiencies: Abuse (G-level), Staff Treatment (D), Care Plans (G), Kitchen (F). Full compliance 2/25.
- CMS survey 04/25. Awaiting 2567.
- Mock survey will be 10/25.

### Member & Family Satisfaction

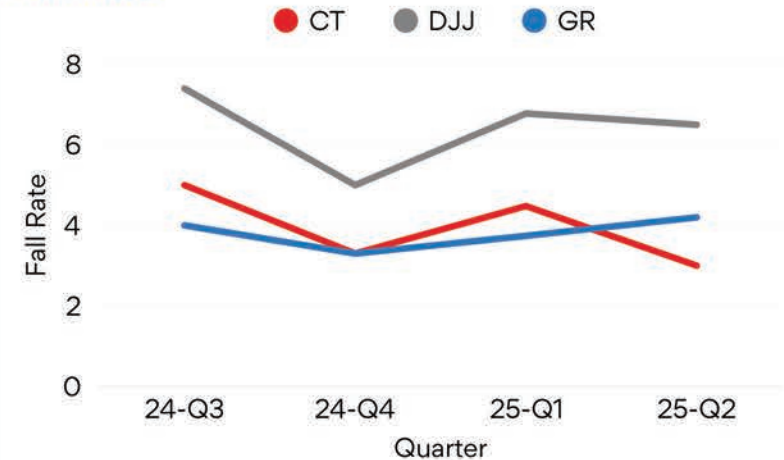


## CLINICAL TRENDS

### PSYCHOTROPIC USE



### FALL RATE





## MICHIGAN VETERAN HOMES AT CHESTERFIELD TOWNSHIP

September 2024 Monthly Census Report

Facility Census Data				
	Facility Census on Last Day of:		% of EOM Census Current Month	End of Month Average YTD
	Current Month	Last Month		
<b>TOTAL CENSUS</b>	126		n/a	196
<b>By Care Setting</b>				
Skilled Nursing	126		93.2%	181
Domiciliary	n/a		n/a	n/a
<b>By War Era of Service</b>				
WWII	3		3.4%	7
KC	12		8.5%	17
VNE	89		60.2%	113
Cold War	12		19.3%	39
GWE	5		2.8%	7
Other	0		0.0%	3
Dependent	5		5.7%	10
<b>By Age</b>				
Under 60	5		7.4%	14
60 - 79	78		64.8%	126
80+	43		27.8%	56
<b>By Gender</b>				
Male	117		92.0%	181
Female	9		8.0%	15

Admissions, Deaths, Discharges During Month			
	Current Month	Total YTD	Monthly Avg YTD
Admissions	3	19	1.6
Deaths	0	47	3.9
Forced Discharges (see memo)	0	0	0.0
Other Discharges	0	12	1.0

Resident Assessment & Admissions Application Processing		
	Current Month	Total YTD
Financial Reassessments Performed	5	499
Admission Applications Processed	1	33
Admission Applications Approved	3	21
Approved Applicants Admitted	3	13
Approved Applicants on Waitlist or Not Yet Ready for Admission	19	180
Admissions Applications Denied	0	6

Occupancy & Waitlist Rates					
	Avail. Beds	Waitlist	EOM Occupied	EOM % - Current	EOM % - Previous
Skilled Nursing	128	19	73	57.0%	
Domiciliary Care	n/a	n/a	n/a	n/a	n/a



**MICHIGAN VETERAN HOMES AT CHESTERFIELD TOWNSHIP**  
*September 2024 Monthly Census Report*

Detailed Census Data - By Care Setting				
Skilled Nursing Census	Total Census	%	Average I & A	
70-100% or Adjudicated	80	17.7%	(of total SN census)	n/a
Veteran (not 70-100 SCD)	41	76.2%	(of total SN census)	\$2,937.65
Dependent	5	6.1%	(of total SN census)	\$2,180.60
<b>TOTAL Skilled Nursing Census</b>	<b>126</b>	<b>93.2%</b>	(of TOTAL census)	n/a
Domiciliary Census	Total Census	%	Average I & A	
Veteran	n/a	n/a	(of total Dom census)	n/a
Dependent	n/a	n/a	(of total Dom census)	n/a
<b>Total Domiciliary Census</b>	<b>n/a</b>	<b>n/a</b>	(of TOTAL census)	<b>n/a</b>

Detailed Census Data - Age & Gender			
Census by Age & Gender	Male	Female	Total
Under 60	4	1	5
60-79	76	2	78
80+	37	6	43
<b>TOTAL</b>	<b>117</b>	<b>9</b>	<b>126</b>
% of Census	Male	Female	Total
Under 60	80.0%	20.0%	4.0%
60-79	97.4%	2.6%	61.9%
80+	86.0%	14.0%	34.1%
<b>TOTAL</b>	<b>92.9%</b>	<b>7.1%</b>	<b>n/a</b>

Detailed Census Data - Era of Service & Gender			
Census by EOS & Gender	Male	Female	Total
WWII	2	1	3
KC	11	1	12
VNE	88	1	89
Peacetime	11	1	12
Gulf War Era	5	0	5
Other	0	0	0
Dependent	0	5	5
<b>TOTAL</b>	<b>117</b>	<b>9</b>	<b>126</b>
% of Census	Male	Female	Total
WWII	66.7%	33.3%	2.4%
KC	91.7%	8.3%	9.5%
VNE	98.9%	1.1%	70.6%
Cold War	91.7%	8.3%	9.5%
Gulf War	100.0%	0.0%	4.0%
Other			0.0%
Dependent	0.0%	100.0%	4.0%
<b>TOTAL</b>	<b>92.9%</b>	<b>7.1%</b>	<b>n/a</b>

**Michigan Veteran Homes DJ Jacobetti**  
**March 2025 Monthly Census Report**

Facility Census Data				
	Facility Census on Last Day of:		% of EOM Census	End of Month
	Current Month	Last Month	Current Month	Average YTD
<b>TOTAL CENSUS</b>	<b>106</b>	108	<i>n/a</i>	107
<b>By Care Setting</b>				
Skilled Nursing	104	106	98.1%	105
Domiciliary	2	2	1.9%	2
<b>By War Era of Service</b>				
WWII	5	5	4.7%	5
KC	9	9	8.5%	10
VNE	72	73	67.9%	73
Peacetime	16	17	15.1%	15
Gulf War	1	1	0.9%	1
Other	0	0	0.0%	0
Dependent	3	3	2.8%	3
<b>By Age</b>				
Under 60	2	2	1.9%	2
60 - 79	51	52	48.1%	51
80+	53	54	50.0%	54
<b>By Gender</b>				
Male	101	103	95.3%	102
Female	5	5	4.7%	5

Admissions, Deaths, Discharges During Month			
	Current Month	Total YTD	Monthly Avg YTD
Admissions	4	56	5.2
Deaths	0	31	2.7
Forced Discharges <i>(see memo)</i>	0	0	0.0
Other Discharges	0	11	0.7

Resident Assessment & Admissions Application Processing		
	Current Month	Total YTD
Financial Reassessments Performed	10	209
Admission Applications Processed	11	119
Admission Applications Approved	4	75
Approved Applicants Admitted	4	59
Approved Applicants on Waitlist or Not Yet Ready for Admission	93	1036
Admissions Applications Denied	2	9

Occupancy & Waitlist Rates					
	Avail. Beds	Waitlist	EOM Occupied	EOM % - Current	EOM % - Previous
Skilled Nursing	126	93	104	82.5%	84.1%
Domiciliary Care	3	0	2	66.7%	66.7%

Michigan Veteran Homes DJ Jacobetti  
March 2025 Monthly Census Report

Detailed Census Data - By Care Setting				
Skilled Nursing Census	Total Census	%	Average I & A	
70-100% or Adjudicated	43	41.3%	(of total SN census)	n/a
Veteran (not 70-100 SCD)	58	55.8%	(of total SN census)	\$3,841.31
Dependent	3	2.9%	(of total SN census)	\$2,100.00
<b>TOTAL Skilled Nursing Census</b>	<b>104</b>	<b>98.1%</b>	(of TOTAL census)	n/a
Domiciliary Census	Total Census	%	Average I & A	
Veteran	2	100.0%	(of total Dom census)	\$1,570.00
Dependent	0		(of total Dom census)	
<b>Total Domiciliary Census</b>	<b>2</b>	<b>1.9%</b>	(of TOTAL census)	n/a

Detailed Census Data - Age & Gender			
Census by Age & Gender	Male	Female	Total
Under 60	2	0	2
60-79	48	3	51
80+	51	2	53
<b>TOTAL</b>	<b>101</b>	<b>5</b>	<b>106</b>
% of Census	Male	Female	Total
Under 60	100.0%	0.0%	1.9%
60-79	94.1%	5.9%	48.1%
80+	96.2%	3.8%	50.0%
<b>TOTAL</b>	<b>95.3%</b>	<b>4.7%</b>	n/a

Detailed Census Data - Era of Service & Gender			
Census by EOS & Gender	Male	Female	Total
WWII	5	0	5
KC	9	0	9
VNE	71	1	72
Peacetime	15	1	16
Gulf War	1	0	1
Other	0	0	0
Dependent	0	3	3
<b>TOTAL</b>	<b>101</b>	<b>5</b>	<b>106</b>
% of Census	Male	Female	Total
WWII	100.0%	0.0%	4.7%
KC	100.0%	0.0%	8.5%
VNE	98.6%	1.4%	67.9%
Peacetime	93.8%	6.3%	15.1%
Gulf War	100.0%	0.0%	0.9%
Other			0.0%
Dependent	0.0%	100.0%	2.8%
<b>TOTAL</b>	<b>95.3%</b>	<b>4.7%</b>	n/a

**Michigan Veteran Homes at Grand Rapids**  
**November 2024 Monthly Census Report**

Facility Census Data				
	Facility Census on Last Day of:		% of EOM Census Current Month	End of Month Average YTD
	Current Month	Last Month		
<b>TOTAL CENSUS</b>	121	122	n/a	122
<b>By Care Setting</b>				
Skilled Nursing	121	122	100.0%	122
Domiciliary	n/a	n/a	n/a	n/a
<b>By War Era of Service</b>				
WWII	1	1	0.8%	1
KC	10	8	8.3%	9
VNE	77	80	63.6%	79
Cold War	20	20	16.5%	20
GWE	9	9	7.4%	9
Other	0	0	0.0%	0
Dependent	4	4	3.3%	4
<b>By Age</b>				
Under 60	6	6	5.0%	6
60 - 79	77	80	63.6%	79
80+	38	36	31.4%	37
<b>By Gender</b>				
Male	112	113	92.6%	113
Female	9	9	7.4%	9

Admissions, Deaths, Discharges During Month			
	Current Month	Total YTD	Monthly Avg YTD
Admissions	2	37	2.5
Deaths	3	36	3
Forced Discharges <i>(see memo)</i>	0	0	0
Other Discharges	1	6	0.5

Resident Assessment & Admissions Application Processing		
	Current Month	Total YTD
Financial Reassessments Performed	20	373
Admission Applications Processed	2	79
Admission Applications Approved	2	78
Approved Applicants Admitted	2	37
Approved Applicants on Waitlist or Not Yet Ready for Admission	176	2055
Admissions Applications Denied	0	15

Occupancy & Waitlist Rates					
	Avail. Beds	Waitlist	EOM Occupied	EOM % - Current	EOM % - Previous
Skilled Nursing	128	176	121	94.5%	95.3%
Domiciliary Care	n/a	n/a	n/a	n/a	n/a

Michigan Veteran Homes at Grand Rapids  
November 2024 Monthly Census Report

Detailed Census Data - By Care Setting				
Skilled Nursing Census	Total Census	%	Average I & A	
70-100% or Adjudicated	55	45.5%	(of total SN census)	n/a
Veteran (not 70-100 SCD)	62	51.2%	(of total SN census)	\$2,404.11
Dependent	4	3.3%	(of total SN census)	\$1,364.75
<b>TOTAL Skilled Nursing Census</b>	<b>121</b>	<b>100.0%</b>	(of TOTAL census)	n/a
Domiciliary Census	Total Census	%	Average I & A	
Veteran	n/a	n/a	(of total Dom census)	n/a
Dependent	n/a	n/a	(of total Dom census)	n/a
<b>Total Domiciliary Census</b>	<b>n/a</b>	<b>n/a</b>	(of TOTAL census)	<b>n/a</b>

Detailed Census Data - Age & Gender			
Census by Age & Gender	Male	Female	Total
Under 60	5	1	6
60-79	73	4	77
80+	34	4	38
<b>TOTAL</b>	<b>112</b>	<b>9</b>	<b>121</b>
% of Census	Male	Female	Total
Under 60	83.3%	16.7%	5.0%
60-79	94.8%	5.2%	63.6%
80+	89.5%	10.5%	31.4%
<b>TOTAL</b>	<b>92.6%</b>	<b>7.4%</b>	<b>n/a</b>

Detailed Census Data - Era of Service & Gender			
Census by EOS & Gender	Male	Female	Total
WWII	1	0	1
KC	10	0	10
VNE	74	3	77
Peacetime	20	0	20
Gulf War	7	2	9
Other	0	0	0
Dependent	0	4	4
<b>TOTAL</b>	<b>112</b>	<b>9</b>	<b>121</b>
% of Census	Male	Female	Total
WWII	100.0%	0.0%	0.8%
KC	100.0%	0.0%	8.3%
VNE	96.1%	3.9%	63.6%
Cold War	100.0%	0.0%	16.5%
Gulf War	77.8%	22.2%	7.4%
Other			0.0%
Dependent	0.0%	100.0%	3.3%
<b>TOTAL</b>	<b>92.6%</b>	<b>7.4%</b>	<b>n/a</b>

**Michigan Veteran Homes  
Staffing Report  
FY25 Q2**

<i>MVH at Chesterfield Township</i>	January 2025	February 2025	March 2025
<b>I. Census</b>			
Skilled Nursing Census (Monthly Average)	119.61	122.11	122.55
Domiciliary Census (Monthly Average)	0	0	0
<b>II. Patient Care Hours</b>			
Skilled Nursing PPD (Monthly Average)	7	7	7.2
Licensed Nursing PPD (Monthly Average)	1.8	1.8	1.7
CENA PPD (Monthly Average)	5.2	5.2	5.5
# of Time Below VA Min. 2.5 PPD	0	0	0

<i>MVH D.J. Jacobetti</i>	January 2025	February 2025	March 2025
<b>I. Census</b>			
Skilled Nursing Census (Monthly Average)	102.9	104.5	104.9
Domiciliary Census (Monthly Average)	2	2	2
<b>II. Patient Care Hours</b>			
Skilled Nursing PPD (Monthly Average)	4.748	4.614	4.631
Licensed Nursing PPD (Monthly Average)	1.972	1.822	1.853
CNA PPD (Monthly Average)	2.776	2.792	2.778
# of Time Below VA Min. 2.5 PPD	0	0	0

<i>MVH at Grand Rapids</i>	January 25	February 25	March 25
<b>I. Census</b>			
Skilled Nursing Census (Monthly Average)	115	117	114
Domiciliary Census (Monthly Average)	0	0	0
<b>II. Patient Care Hours</b>			
Skilled Nursing PPD (Monthly Average)	6.89	6.97	7.11
Licensed Nursing PPD (Monthly Average)	1.98	2.1	2.21
CENA PPD (Monthly Average)	4.91	4.87	4.99
# of Time Below VA Min. 2.5 PPD	0	0	0



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
**MICHIGAN VETERAN HOMES**  
LANSING

ANNE ZERBE  
EXECUTIVE DIRECTOR

April 15, 2025

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

Dear Governor Whitmer,

SUBJECT: PA 351 of 2020 – FY25 Second 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 Beth Simonton-Kramer at 616.498.5357.

Sincerely,

Anne Zerbe  
Executive Director, MVH

Attachment

cc: Senate Committee on Veterans and Emergency Services  
Senate Appropriations Subcommittee on Military, Veterans, State Police  
House Committee on Military, Veterans and Homeland Security  
House Appropriations Subcommittee on Military and Veterans and State Police  
Major General Paul D. Rogers, DMVA Director



**MVH Quarterly Report****Quarter 2, FY 2025****Pursuant to Public Act 560 of 2016 (as amended by PA 351 of 2020), MCL 36.112(a)**

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 for FY25 Quarter 2:

Michigan Veteran Homes at Chesterfield Township (MVHCT)	7.06 PPD
Michigan Veteran Homes D.J. Jacobetti (MVHDJJ)	4.66 PPD
Michigan Veteran Homes at Grand Rapids (MVHGR)	6.99 PPD

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

<u>Home</u>	<u>Number of Complaints</u>	<u>Average Time to Review and Respond</u>
MVHCT	21	4.2 days
MVHDJJ	22	3.27 days
MVHGR	54	4.28 days

**MVHCT Responses:**

1. Guardian located the gift cards at home.
2. Wallet was found at home.
3. Robe was found. Family replaced belts.
4. Money found by laundry; deposited back in member's account.
5. Guardian not concerned.
6. Dentures were found.
7. Member's clothes were found and returned.
8. Dentures were found in garbage.
9. Guardian gave consent via email to resolve grievance.

10. Home replaced missing shirts.
11. Member will receive an eye exam and order new glasses.
12. Active DPOA will purchase new pair and provide receipt for reimbursement.
13. Member will submit receipt for new remote for fan.
14. Active DPOA reports there are no missing items.
15. Hearing aids were found.
16. Guardian to replace reading glasses.
17. Cap was found.
18. Cell phone was found.
19. Member found his wallet in his pocket.
20. VA will replace hearing aids.
21. Home will submit reimburse for missing silver bullet.

MVHDJJ Responses:

1. Dentures replaced
2. Candy located
3. Care plan and interventions reviewed, provided support, assist with hospice referral
4. New building design discussed
5. Maintenance will follow up on elevators
6. Spaghetti sauce will be doubled
7. Staff educated on privacy/dignity
8. Afternoon staff alerted on member preferences.
9. Member encouraged to write letter to the board about personal allowance
10. Additional chicken meals added to menu
11. Kitchen staff educated on always available menu
12. Otis performed maintenance on elevators
13. New appliances will be used in the new building
14. New beds will be used in the new building
15. New bathrooms and showers were discussed
16. Call lights for new home discussed
17. Dining rooms for new home discussed
18. Physical therapy area for new home discussed
19. Relief cook being trained
20. Seven outings planned for March
21. Staffing and call light response time were reviewed and deemed appropriate
22. Cable TV system explained

MVHGR Responses:

1. Phone was returned from laundry.
2. Phone found and returned. Charger not missing.
3. Dentures returned from laundry.
4. Dental appointment scheduled.
5. Internet provider restored services.
6. Education completed with caregiver.
7. Education completed with caregivers.

8. Education completed with housekeeping staff.
9. Care Plan updated.
10. Wallet and cash returned from laundry.
11. Wallet returned from laundry.
12. Neighbor moved rooms.
13. Education completed with caregiver.
14. Education completed with staff.
15. Hearing aids were never missing.
16. Member bought replacement shirt, denied wanting to file a claim for reimbursement.
17. Education with staff. Kardex/Care Plan updated.
18. Heat was increased in room.
19. Claim for reimbursement completed.
20. Majority of items returned, denied wanting to file a claim for reimbursement.
21. Education completed with caregiver.
22. Responsible Party didn't want to investigate further.
23. Items returned from laundry.
24. Claim for reimbursement was completed.
25. Statement was provided to member.
26. Explanation provided regarding interaction with staff.
27. Neighbor provided with headphones.
28. Care was provided by staff in a reasonable timeframe.
29. Stone for ring was located.
30. Clothing items returned from laundry.
31. Jacket returned from laundry.
32. Member no longer receiving monthly statements.
33. Fan remote was located.
34. No further concerns after findings were reviewed.
35. Blanket was returned.
36. Wallet returned from laundry. Responsible Party didn't want further investigation into potential missing funds.
37. No further concerns after findings were reviewed.
38. Hearing aids to be replaced.
39. Pending resolution.
40. Phone was located.
41. Verbalized understanding of explanation provided by Business Office Manager.
42. Claim for reimbursement to be completed.
43. Shirt not located/returned, denied filing a claim for reimbursement.
44. Pending resolution.
45. Replacement wallet provided.
46. Pending resolution.
47. Pending resolution.
48. Pending resolution.
49. Pending resolution.
50. Pending resolution.
51. Pending resolution.

- 52. Reviewed action that was taken by providers and updated Care Plan.
- 53. Pending resolution.
- 54. Member equipment control was found.

**(c) Timeliness of distribution of pharmaceutical drugs.**

**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.**

**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:

Kristie 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

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

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

The following individual supervises patient spending accounts:

Sara Brys, Business Office Manager

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

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 monthly.

The following individual supervises patient spending accounts:

Ashley Rawlings, Business Manager

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

MVHCT	10 facility deaths
MVHDJJ	13 facility deaths
MVHGR	12 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.**

These reports are published at [www.michigan.gov/mvh/about/legislation](http://www.michigan.gov/mvh/about/legislation)



P.O. Box 30036  
Lansing, Michigan 48909-7536  
Phone: (517) 373-1347

Website: <https://council.legislature.mi.gov/VeteranOmbudsman/Index>

## Michigan Veterans' Facility Ombudsman Semi-Annual Report November 8, 2024 to May 7, 2025

The Michigan Veterans' Facility Ombudsman (MVFO) was created by [Public Act 198, 2016](#). The office of the MVFO is created within the Legislative Council, a nonpartisan legislative agency.

The MVFO mission is to ensure all residents of Michigan Veterans' Homes are treated with dignity and respect and that their concerns are heard and resolved. Our ability to obtain, interpret, and explain veteran policies and procedures and our knowledge of the veteran system uniquely position the MVFO office to serve the Legislature, Veterans, Facility Members, and citizens of Michigan.

This semi-annual report is submitted to the Legislative Council, the Board of Managers, and the Michigan Legislature pursuant to the provisions of [MCL 4.782 in Public Act 198, 2016](#), which states, "The ombudsman shall submit to the council, the board of managers, and the legislature a semi-annual report on the conduct of the office."

### Michigan Veterans' Home Locations:

- [Michigan Veteran Homes at Grand Rapids](#)
- [Michigan Veteran Homes at Chesterfield Township](#)
- [Michigan Veteran Homes D.J. Jacobetti](#)

MVH FY24 Year in Review Clinical Care Highlights	MVH Grand Rapids	MVH Chesterfield Township	MVH D.J. Jacobetti (Marquette)
Veterans & Dependents Served	158	153	144
CMS Star Rating	5 stars	5 stars	5 stars
Rank Among Michigan Skilled Nursing Facilities	11 <sup>th</sup> of 421 (tied with MVH Chesterfield Twp.)	11 <sup>th</sup> of 421 (tied with MVH Grand Rapids)	13 <sup>th</sup> of 421

*\*as reported by MVH Administration at the [Senate Subcommittee on Appropriations for Military, Veterans and State Police on March 11, 2025](#).*

### Authority:

- Under [MCL 4.775 in Public Act 198, 2016](#), the MVFO office has access to all Michigan Veteran Homes and the information, records, and documents in possession of the facilities, including, but not limited to, veterans' facility member medical health records, mental health records, and mortality and morbidity records.
- The MVFO office investigates concerns filed by legislators, veterans' facility residents or their family members of allegations of violations of state law or issues concerning an administrative act, medical treatment of a veterans' facility resident, and conditions at a facility that pose a significant health or safety issue.
- The MVFO office serves as a point person to legislative offices regarding inquiries related to constituent questions and visits veterans' facilities on a regular basis, interacting with the veteran residents and facility staff.



**MVFO Funding:**

In FY 2025, \$368,600 was appropriated through its traditional funding source in the Legislature's section of the general government budget.

**MVFO Process:**

The MVFO office receives correspondence that may be general in nature, but where sufficient information or specific complaints against a Michigan Veterans' Home about an administrative act, medical treatment of a resident veteran, or a condition existing at a facility that poses a significant health or safety issue for which there is no effective administrative remedy or is alleged to be contrary to law or departmental policy are given, the MVFO office will commence an initial inquiry to determine if an investigation is warranted.

The MVFO office initial inquiry includes reviewing relevant records and policies as well as correspondence with the Home's administrator and their staff members, and other individuals who are familiar with the issue presented in the inquiry.

Under [MCL 4.774 in Public Act 198, 2016](#), the MVFO office may commence an investigation if the initial inquiry results in further questions about an administrative act, medical treatment of a resident veteran, or a condition existing at a facility that pose a significant health or safety issue for which there is no effective administrative remedy or is alleged to be contrary to law or departmental policy.

Upon conclusion of an investigation, the MVFO office will prepare a written report with findings and recommendations to facilitate resolution of issues to the constituent, Home Administrator, and the Michigan Department of Military and Veterans Affairs.

**Inquiries:**

In the period covering this report, the MVFO office received one (1) inquiry.

- In March, a resident at the Grand Rapids Home requested assistance at the Home. The MVFO office communicated with the Home Administrator and provided details about the resident's diagnosis and behavioral conditions. The Home Administrator informed the MVFO office that the nurse manager reported it was not an urgent matter and that the resident requests someone to be with him at all times. The resident's legal guardian has arranged for private companions to sit with the resident noting a private companion was not available on the date the resident called the MVFO office. The MVFO office considers this inquiry closed.

**Investigations:**

In the period covering this report, the MVFO did not conduct any investigations.

**Home Visit Schedule:**

The MVFO office completed and upcoming scheduled visits to Veteran Homes as outlined below:

<u>Grand Rapids Home</u>	<u>Chesterfield Twp. Home</u>	<u>D.J. Jacobetti Home (Marquette)</u>
February 3, 2025	March 10, 2025	July 24, 2025
May 12, 2025	June 16, 2025	
September 15, 2025	October 20, 2025	