



2012

Annual Report

**Margaret T. Haroff
Administrator**

February 28, 2013

The Annual Report of the Wayne County Nursing Home for the year ending December 31, 2012 includes an overview of the highlights of the year and a summary of statistical information that has been presented to the Health and Medical Committee during the course of the year.

The year-end financial report will be submitted upon its completion by the auditing firm of The Bonadio Group. If you have any questions regarding this report please do not hesitate to contact me at 946-5673 or MTHaroff@co.wayne.ny.us

The following areas are addressed in the report:

Overview

Accomplishments of 2012

Financial Operations

Annual Department of Health Survey

Compliance & Quality Improvement

Marketing activities

Nursing Report

Maintenance Report

Overview

The Wayne County Nursing Home has continued on its path in providing a resident-directed model of care focusing on assisting residents to utilize their potential. The focus is on the resident as a whole person as opposed to focusing on individual health conditions or limitations. This requires a cultural change in every aspect of the organization that ultimately enhances the lives of residents.

The standard of practice at the Wayne County Nursing Home is the provision of quality services while maintaining financial stability. The balance of quality service and fiscal responsibility is achieved through the Quality Assurance Program. The County residents and County taxpayers deserve the highest quality we can achieve while being fiscally responsible. Oversight of the Nursing Home Quality Assurance program is the responsibility of the Executive QA Committee comprised of the Administrator, Assistant Administrator/Compliance Officer, Medical Director, Director of Nursing, Director of Food and Nutrition, County Administrator and Wayne County Board of Supervisors members. This Committee meets on a quarterly basis. The facility QA Committee meets monthly and is chaired by the Assistant Administrator/Compliance Officer with representatives from each of the Nursing Home departments.

In March 2011 Greater Rochester Nursing Home Quality Consortium (GRNHQC) received a grant for Quality Improvement to address improving the quality of transitional care and reducing nursing home resident readmissions to hospitals. Our participation in the GRNHQC throughout 2012 assisted in training additional personnel in the Lean Six Sigma processes which resulted in efficiencies and financial cost reductions. The introduction of tele-health services at the nursing home commenced with geriatrics, psychology and psychiatry. These services have been a great addition in caring for the residents and expanded into other specialty areas in 2012.

Effective January 2012 Medical direction has been under the leadership of Scott Schabel, MD of the Rochester General Hospital Physician Group. Attending physician services including a full time nurse practitioner continued during 2012 via contract with Rochester General Hospital.

In 2010 a limited review Certificate of Need (CON) application was filed with the New York State Department of Health to de-certify the two respite beds and convert them to skilled nursing beds. At the end of 2011 the Department of Health requested that instead of the limited review a Full CON application must be filed. This request was acted upon by the Hospital Review and Planning Council at its November 2012 meeting. The conversion of the beds became effective January 18, 2013.

During 2012 Wayne County Nursing Home was a training site for the New York State Department of Health Administrator-in-Training (AIT) program. This was the fifth individual to successfully complete their required training here.

The Nursing Home has established key goals to guide staff in the performance of their responsibilities.

These goals are:

- **Maintain Highest Level of Resident Centered Care**
- **Sustain & enhance Financial Viability**
- **Ensure Safety and Security**
- **Promote Community Involvement**
- **Foster Employee Development**
- **Promote Marketability**

The major accomplishments of 2012

- **Instituted minimum staffing levels and other position changes to reduce work hours**
- **Reduced Nursing Agency use**
- **Major reductions in overtime use**
- **Reduced contractual and supply costs**
- **Approval of CON to convert respite beds to long term beds**
- **Occupancy was 95.63% with 324 admissions**
- **An excellent annual DOH survey**
- **Expanded Tele-health services**
- **Utilization of the Lean Six Sigma process on additional projects**
- **“News From Home” re-instituted facility newsletter**
- **Melissa Weimer, Cook was recognized as an “2012 - Employee of Distinction” by Leading Age of NY**
- **Volunteers provided 5264 hours of service to WCNH and 192 new volunteers were recruited.**
Volunteers provide an average of 14 hours service per day

Financial Operations Report – 2012

The Wayne County Nursing Home maintained a positive cash position at the end of 2012.

We have seen a \$3 per day reduction in our Medicaid rate per day starting January 1, 2012 as a result of the implementation of regional rates. July 1, 2012 Medicaid rate increased due to the increase in our resident case mix. It was up just over 5% which will result in OMIG audit of MDS for residents who had an increase in category. The State's new reimbursement methodology of regional rates will continue to be a challenge to maintaining a positive cash balance in the future.

Our Medicare revenue had a 20% increase from 2011 and commercial insurance revenue an increase of 1% from 2011. This is due to the diligent work of our admissions team, nursing and the rehab department. They have worked on ensuring we have the proper care and documentation to increase daily amount of our billable days. Our average in 2012 for Rehab service was \$421 per day, Medicare at \$424 per day and other insurance at \$417 per day. The average rates were Medicare at \$405 and other insurance at \$455 per day for 2011. Our billing office continues to negotiate for reasonable rates for our non-Medicare based insurances to cover the costs of the residents stay. Our process to improve Medicare billing has enabled us to keep our cash receipts current with discrepancies addressed earlier for prompt payments.

The Nursing Home has continued to review expenses and ways to reduce costs to meet or come under budgeted amounts. We have decreased expenses such as, drugs, medical/nursing supplies; with our biggest decrease being in overtime of \$300,000 or 33% decrease from 2011. This was accomplished by tracking the hours worked instead of dollars paid. This helped us monitor overtime use and assisted in also reducing Nurse Agency expenses by \$160,000 or 46% from 2011.

Our procedures for a just-in-time inventory process for our supplies allow us to segregate our medical supply costs by unit for better understanding of our expenses per resident mix. The addition of the full time purchasing clerk has created better monitoring of the usage of supplies. An added bonus with the just-in-time inventory process is freeing up much needed storage space for our facility.

We have increased the monitoring of our Outpatient services and the reimbursements from different insurances. A system is now in place for therapy to identify the level of services that each payer group will authorize. This will help to make the outpatient services more profitable.

The business office continues to monitor all accounts to insure they are current. We continue to refer to our collection attorney any non-paying accounts. We will be starting to refer families and residents to use Summit Health Care Solutions to assist with the Medicaid applications process. The impact will be a quicker turnaround time for the approval process and assist us keeping our cash flow current.

We currently have approximately \$880K reserved for bad debts. More than one half is for one resident. The attorney will continue to pursue this case. We wrote off approximately \$360K of uncollectible accounts from 2007-2010 and added about \$300K now potential uncollectible accounts. We continue to request financial information prior to making a bed offer. We believe having this information up front will assist us in reducing the uncollectible accounts.

**Judith L. Seier, CPA
February 23, 2013**

Annual Survey

The Nursing Home did meet its goal for a “no G level deficiency” from the Department of Health during its 2012 annual survey. The deficiencies were—One D level given for quality of care and five for life safety code the most severe of which was an F. This was well below the State average for surveys conducted under the Federal QIS Survey process. All citations were corrected immediately.

In 2010 the Nursing Home was cited for the gas fireplace in the Canal Pub not meeting the current codes. An appeal to CMS was submitted and subsequently denied in 2011 and the operation of the gas fireplace in the Canal Pub was shut down. In 2012 an electric unit was obtained and inserted.

In December 2008 the Centers for Medicare & Medicaid (CMS) implemented the Five Star Rating System of nursing homes. This system was suspended for most of 2011 until CMS collected sufficient data from the new MDS 3.0 that was instituted in October 2010. The current overall rating for Wayne County Nursing Home is 4 Star rating based on the 2012 annual survey.

In accordance to regulations, we notify the Department of Health when there is the potential of an incident being the result of abuse, mistreatment or neglect. See Quality Assurance Report below.

The Abaqis Program was continued in 2012 to assist in the preparation for the new Federal QIS survey process.

The food service operation in 2012 received deficiency free inspections from: Government food, Commission of Corrections, Local Health Department, New York State Department of Health, State Education, National Safety Foundation and the Immigration Department.

WAYNE COUNTY DEPARTMENTAL COMPLIANCE REPORT

DEPARTMENT: Nursing Home
COMPLETED BY: Catherine Chabrier
DATE OF REPORT: 1/4/13

This is a summary document and supporting documentation is kept within the reporting department.

EMPLOYEE TRAINING (Initial and Annual Compliance, Ethics, Compliance Related Trainings, # of employees completing)

Initial Compliance was offered in employee orientation to 54 new employees. Annual Compliance training was provided to 281 employees, the majority by classroom training, but the online training was also used by staff with internet access. New Code of Ethics training was provided to all staff attending Compliance classroom training and at a Supervisory staff meeting (299 employees and contracted staff). The Code of Ethics was distributed to all employees. Sexual Harassment training was attended by 150 employees.

CREDENTIALING AND EXCLUSIONS (Activities to monitor process and correction of issues)

Two providers were credentialed for the first time in 2012. Eight of 24 completed updates to their credentials in 2012. A process for collecting essential documentation on the credentialing of telehealth providers was developed and implemented. License checks were begun every other month on nurses and aides. License checks other licensed persons will be started in 2013. No actual or potential exclusions were identified for any provider associated with the Nursing Home.

COMPLIANCE MONITORING ACTIVITIES (Tasks done to identify potential non-compliance:

Hotline calls, Risk assessment, Utilization Review, Quality Concerns, Investigations; findings; and corrective action.)

Hotline calls were monitored with no actual compliance calls received.

The nursing home did a risk assessment of our billing procedure and as a result has trained a back up person for each critical task in the MDS submission and billing process for Medicaid and Medicare. We have also identified potential risks if our electronic systems, including the electronic medical record are down. We will be converted to the new fiber connection for internet in January 2013. We will conduct a drill in 2013 with IT and Buildings and Grounds to evaluate our plan for disaster recovery.

Utilization Review: The Medical Director reviews cases where appropriate placement is a concern. This has resulted in 2 discharges this year to Moore Place. Further, a goal for 2013 will be to develop a plan for the identification and referral of persons who could be served at a lower level of care. All MDSes are electronically reviewed for potential errors using EQUIP software and the MDS Coordinator does a manual review of MDSes for diagnoses and changes in assistance needed. The MDS Coordinator identified that the diagnoses on the MDSes were not always the most relevant or complete list. A change in process was made to no longer have the diagnoses pre-populated on the MDS, each nurse completing the MDS must verify and enter the diagnoses manually.

Eighty (80) Quality Concerns were received. Of these, 3 were related to compliance. Two were violations of regulation prohibiting staff at the nursing home from accepting cash gifts. The funds were returned. Another was an allegation of workplace violence. The investigative report is pending. There were 15 complaints about care that could be potential allegations of abuse or neglect. None of these resulted in a reportable incident to the department of Health.

Investigations: Thirty- nine investigations were done related to resident incidents that occurred. Seven investigations into employee conduct were completed. Refer to mandatory reporting below for those investigations that resulted in disciplinary action or a report to the Department of Health (DOH).

INTERNAL AUDITS (# of audits, areas audited, findings, corrective action)

Physician visits – quarterly. Reviews that physician visits are occurring as required by regulation. Performance has been above 90% for past two quarters and revisions to the system have increased this. Currently, overdue visits are being reviewed and communicated weekly.

Quality of Care – Employee and resident satisfaction surveys were conducted during the year with 90% overall satisfaction from residents and 35% overall satisfaction from staff. CMS Quality Measures which directly impact the nursing home’s five-star rating and quality pool standing which are both used to determine our reimbursement rates are monitored on a quarterly basis. Measures for pressure ulcers, mood, and restraints are within acceptable levels. Falls with injuries and urinary tract infections were outside desired parameters and as a result two teams were assigned to evaluate our data and processes and develop an action plan. We will continue to review those persons with high numbers of falls on a bimonthly basis to evaluate their care plan. We are implementing a new hydration program to address urinary tract infections and the team is working on a plan to address perineal area care. We have identified that pain management will be an area of focus for 2013.

Safety – Monthly and quarterly inspections of equipment (medical, HVAC, fire suppression, fire alarm) are done or coordinated by Building and Grounds. All areas identified for repair have been corrected.

Infection Control –The RN assigned to monitoring infectious diseases tracks the number and type of infections that occur within the facility and reports as required to the Department of Health. This year we had 334 infections, but none were reportable to the state.

Petty Cash – Annually the County Auditor audits the petty cash ledgers and process. No issues were identified during the 2012 audit.

Medication Events – The Director of Nursing receives all reports of medication events and looks for trends on a semiannual basis. Our error rate is less than .01%.

Billing Errors – The Comptroller reconciles payments with billing and determines if there are any over/under payments on a monthly basis. In the past year, we have had one overpayment refund to an insurance company due to their error for \$1091.60. We have had 34 overpayment refunds returned to individuals or their estates and one to the Social Security Administration. Three have exceeded the “substantial” threshold of \$5000 due to the person paying privately for care in advance of their death. Total cost of care overpayments for 2012 were \$89,189.08.

Bank Accounts – The County Auditor identified that there were several “miscellaneous” accounts. Audit showed that these funds were being managed appropriately. Funds were transferred into a new account and consolidated. The funds are being used for official County business conducted on behalf of the NH residents.

EXTERNAL AUDITS (# of audits, areas audited, findings, corrective action)

2011 Financial Audit was completed in April 2012 with no recommendations in our management letter. 2012 Medicare/Medicaid recertification survey was completed in November. One D level deficiency was given for quality of care and five deficiencies for life safety code the most severe of which is an F were given. A plan of corrective action was accepted by the DOH and the nursing home is in substantial compliance as of 12/31/12.

Department of Health Inspection of the Kitchen for Meals on Wheels was done in December- no deficiency

National Safety Foundation hired by Sodexo came in 2 times last year. July- 100% Physical safety and Food Safety. September- 100% food safety, Physical safety 98% the MSDS sheets were not reviewed annually-overdue by 2 weeks

Commissions of Corrections inspection of kitchen for Jail meals- no deficiencies

MANDATORY REPORTING (Overpayments of Medicaid/Medicare, Reportable Incidents made to NYS, corrective action)

No overpayments were made by Medicaid or Medicare.

There were 11 incidents that were reportable to the NYS DOH. There are 5 of the 11 that are pending results from the NYSDOH. One resulted in a G level deficiency for the nursing home. The corrective action plan has been completed. Five resulted in disciplinary action for staff involved in the incident.

EMPLOYEE DISCIPLINE (Disciplinary action related to non-compliance, including intimidation/retaliation)

No formal disciplinary action was taken.

STATISTICAL REPORT

	Dec-12	2012 YTD	2011 Totals	2010 Totals	2009 Totals	2008 Totals
ADMISSIONS:						
TOTALS	33	398	358	330	287	295
From						
Adult Care Homes	1	6	4	1	1	0
Home	6	34	37	36	19	29
Hospitals	24	349	307	285	253	261
Nursing Homes	2	9	10	8	14	4
WCNH Respite			0	0	0	1
MAILING ADDRESS						
Clyde	3	33	26	36	19	20
Lyons	4	72	63	42	47	46
Macedon	1	6	21	11	7	19
Marion	0	9	9	14	13	13
Newark	7	89	112	98	58	53
Ontario	0	5	3	3	5	1
Palmyra	5	27	18	35	27	14
Red Creek	0	3	2	1	3	3
Rose	1	10	9	9	10	10
Savannah	1	17	25	14	15	24
Sodus	1	14	11	2	11	12
South Butler	0	1	0		1	0
Walworth	0	2	2	3	1	4
Williamson	0	6	2	6	7	6
Wolcott	5	30	15	11	17	25
Out of County	5	74	40	45	46	35
Total in County	28	324	358	330	287	285
Total Deaths/Discharges	30	405				
Hsp.	5	109				
Home	14	184				
Death	11	99				
Other	0	13				
Total Rehab Admissions	22	280				
Via Health - Wayne	14	126				
RGH	2	42				
CSH	1	25				
GGH	0	19				
SMH	1	30				
Other Hospital	2	28				
Nursing Home	1	3				
Home	1	7				
Other	0	0				

Mailing Address for Rehab Admissions

Clyde	2	6
Lyons	3	18
Macedon	0	1
Marion	0	1
Newark	6	24
Ontario	0	1
Palmyra	3	4
Red Creek	0	0
Rose	1	4
Savannah	0	2
Sodus	1	3
South Butler	0	0
Walworth	0	1
Williamson	0	1
Wolcott	4	10
Out of County	2	7

Total Rehab Deaths/Discharges	16	255
Hsp.	1	53
Home	12	169
Death	3	21
Other	0	12

Days Facility OOBH Status	10	100
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Res. had BH days - Facility could not bill d/t facility having no BH status	7	237
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LOA Days Lost d/t res. OOBH Status	0	15
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Hsp. BH days lost d/t res. OOBH status	0	0
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Facility Occupancy - % by month	94.28%
Facility Occupancy - % by year	95.63%

Respite Total # days	0	34
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Total Resident Days	5553	64841
Total Resident Rehab Days	473	5904

Total Number Hospital Admissions	6	135
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Wayne County Nursing Home
Personnel Report
1/1/07 – 12/31/12

POSITIONS	2007	2008	2009	2010	2011	2012
Full Time	222	222	223	224	225	226
Part Time	56	56	56	54	49	51
Sub	3	3	3	3	3	3
Temp	0	0	7	11	11	11
Total	281	281	289	292	288	291
Total Turnover	65	35	38	42	61	48
% Turnover	23.1	12.5	13.1	14.4	21.2	16.5
Full Time	35	18	23	23	47	31
% Turnover	15.8	8.1	10.3	10.3	19.9	13.1
Part Time	29	15	12	16	13	17
% Turnover	51.8	26.8	21.4	29.6	26.5	33.3
Sub	1	2	3	3	1	0
% Turnover	33.3	66.7	100	100	33.3	0

mw/H:/Positions/PR 2012

<p>Nursing 38 terminations:</p>	<p>13 removals: 6 Removal - failed probation 3 Removal - no call, no show Removal - abandoned job Removal - CHRC results Removal - out over a year Removal- absenteeism</p> <p>22 resignation: 2 Resignation - Health 2 Resignation - job too hard 8 Resignation - no reason given 5 Resignation - other job 3 Resignation – personal Resignation - family reason Resignation - found F.T. job</p> <p>2 Retirement 1 Temporary employment</p>	<p>186 total staff</p>	<p>20.4% turnover</p>
<p>Housekeeping 7 terminations</p>	<p>2 removals: failed probation out over a year 5 resignations: Unable to work Other job Full time job Stay home Resignation due to disciplinary action</p>	<p>50 total staff</p>	<p>14.0 % turnover</p>
<p>Activities 1 termination</p>	<p>Resignation - unable to work</p>	<p>7 total staff</p>	<p>14.3% turnover</p>
<p>Food and Nutrition 2 terminations</p>	<p>Resignation: other job Stay home</p>	<p>21 total staff</p>	<p>9.5% turnover</p>

Annual Report 2012- Admission Coordinator

Report on Goals/Accomplishments for 2012:

- **In February 2012, Patrice Bullock joined the Admission team as the Care Coordinator on the Rehabilitation Unit. Patty is an LPN, she has worked many years at the Nursing Home. Patty coordinates the patient care, team meetings and discharge planning for the 24 bed unit. In addition, she is trained to provide back up to the Admissions Coordinator and Admissions Nurse. Patty has taken on an increasing number of duties including; Utilization Management and Review for the insurance side of Admissions. Patty has also implemented follow up phone calls to discharged resident's to check the status of the former resident.**
- **In December 2012, Anne Church, unit clerk for Lakeview Heights, was trained on the clerical end of the Admissions process. Anne also assists the coordinator with setting up family meetings and signing admissions agreements. The focus for Anne this year will be to also learn the insurance end. Freeing up the Coordinator to do Hospital visits and call in for insurance checks, etc.; with an eye toward being in the field more and possibly having signed agreements prior to admission.**
- **In December 2012, Kathy Chapin, Medical Records clerk, was trained in data entry for Admissions. Kathy is also learning and assisting in the statistical piece of the Admissions Position. Hopefully, with her assistance, trends will be noted timely and give the Admission Coordinator an edge in responding appropriately.**
- **Committee Work**
 - **Marketing Rehab – in/out patient**
 - **February 2012, Admission Coordinator Meeting, Canandaigua.**
 - **March 2012, met with Fidelis re: Contract.**
 - **May 2012, met with Count Attorney, County Administrator and Collection Attorney to discuss tightening up Admission Agreement and going after delinquent accounts.**
 - **May 2012, attended Admission Coordinator Meeting at Strong Memorial Hospital with Hospital Discharge Planners. Passed out brochures for WCNH and Rehab to SMH, RGH, Unity, Highland and FF Thompson Discharge Planners.**
 - **February, March, April and May worked with Amanda Tyler (Household Coordinator) in designing and implementing gift bags for new admissions.**
 - **February 13, June 13, October 13, 2012 reviewed Website.**
 - **Visits to NWCH, Clifton Springs Hospital and FF Thompson Hospital made.**
 - **Wayne County Fair – week of meeting and greeting the public; handled by Jeanette Bunn, Administrator in Training.**
- **Discharging on the Rehab Unit by Day of the week**
 - **42% of discharges from ST Rehab occurred on Sun/Mon/Tues/Wed; 58% of discharges occurred on Thurs/Fri/Sat (break-down as follows: Thurs 21%, Fri 30%, Sat 7%.)**
 - **In 2012, discharges were 49% in the beginning of the week and 51% occurred at the end of the week. Multiple factors have impacted discharges, including the number of Monday Holidays and the family's ability to be available for resident at discharge.**

- **Keep occupancy up, especially in rehab unit**
 - For 2012 *overall* occupancy was 95.63%, down from 96.30% in 2011. Again, new Medicaid Rules for Bedholds figured predominantly. Actual number of Admissions to the Nursing Home for rehab increased by 10. Overall admissions to the Nursing Home was up by 40.
 - For the rehab unit, occupancy was 75.18%. The figure for 2011 was higher at 76.78%.
 - 63% of admissions to the rehab unit were discharged home, an increase compared to 54% in 2011. 30 more people were discharged home in 2012 compared to 2011.
 - Number of rehab referrals in 2012 was up 5.67%. There were 635 rehab referrals in 2012 compared to 599 in 2011.

- **Decertify respite beds to SNF for LT use**
 - This project was closer to completion in November 2011. In fact in January 2013 the beds were officially decertified and available as multi use beds.
 - Respite bed usage in 2012 was down significantly, 33 days or 5% capacity vs. 2011, 189 bed days or 25% capacity.

- **Investigate new avenues for Rehab in 2013**
With the challenges of decreasing reimbursement rates facing Healthcare and in particular Skilled Nursing Facilities; the WCNH will be looking into being able to provide care in areas currently lacking. These will include: Peritoneal Dialysis, LVADs, and other areas of medical innovations.

- **Maintain or increase the number of Medicare and Third Party Billable Days**
 - Occupancy and rehab admissions are important components of the facility's financial health, billable days, however, are critical. The Business Office as well as Rehab Department should have details on these figures compared to last year.

**Ellen Powell, Admission Coordinator
February 2012**

Marketing Activities 2012

- **Sharon Allen no longer goes on rounds to NWCH on a weekly basis, NWCH cancelled this meeting in effort to streamline their process.**
- **Packets of WCNH brochures for LT and Rehab services were distributed.**
- **Vacancy availability continues to be emailed to referral sources on a daily basis.**
- **WCNH brochures were taken to NWCH, Clifton Springs Hospital, and Geneva General Hospital.**
- **Marketing Committee is meeting on a regular basis; marketing through radio, newspaper ads, billboards and mail.**

May 2012

- **Distributed brochures to Strong Memorial Hospital, also representatives from Rochester General Hospital at same meeting.**

July 2012

- **With the assistance of the Household Coordinator, Welcome Bags were implemented. Each bag is given to new residents on admission. The Welcome bags contain items already provided to the Patients as well as promotional items. Bags were funded this year by the Wayne County Nursing Home Resident Council. It is anticipated that the Wayne County Nursing Home Foundation will be approached for financial support this year.**

August 2012

- **Jeanette Bunn, represented the Wayne County Nursing Home at the Wayne County Fair for a couple of hours on 2 afternoons. Give aways at the Fair included, mugs, bags, pens, magnets and brochures.**

November 2012

- **Nursing Staff displayed vendor in Red Creek during Senior Health and Wellness Expo with Wayne County Public Health**

**By Ellen Powell
Admissions Coordinator
February 2013**

NURSING DEPARTMENT – 2012

1. Restorative Nursing:

- 2012 – A Restorative Nursing Program was established and coordinated by Judy Blaszczak, Nursing Supervisor. Documentation has been challenging.
- 2013 – Goal - To continue to improve documentation to better reflect nursing care and enhance reimbursement.

2. Behavioral Intervention:

- 2012 – In January 2012 The Life Enrichment Group (LEG) moved to a room dedicated for use by the “LEG” group. CNAS, HHA, and activity personnel (overseen by a licensed staff) developed and provided the programming. The group initially started out with a goal of having 6-8 residents at each of the 3 sessions daily. The number of residents that could benefit from the “LEG “ increased, but the room that was used for “ LEG “ would not accommodate more residents so “ LEG” was moved to the recreation room. ”LEG” is now able to serve up to 12 residents at a time. The added space has allowed for additional activities and a quiet area for the residents.
- 2013 - Need for “LEG” continues to grow. Suggestions have been made to have a room specifically for the men (something on the line of a workshop or garage). Kim Kemp to investigate feasibility of this idea.

3. Nursing Skill Levels:

- 2012 – Skill levels of our nursing staff continue to increase. The supervisors have been trained on incident investigations and reporting. Most of them have reported at least one investigation to the DOH on the HPN website.
- 2013 – Goal – Educate supervisors on “Culture Change”, and improved communication. Supervisors will become the communication leaders and they will have monthly and PRN meetings with their team, thus increasing teamwork and communication among all staff, CNAs, LPNs and RNs and between all shifts.
2. Educate a core group of nurses to perform peritoneal dialysis.

4. Supplies:

- 2012– A full time Purchasing Clerk was appointed. All requests for supplies are handled through this clerk. In addition, the Stream-line agreement with Buffalo Hospital is scheduled to commence which will result in supplies being delivered directly to the various units as needed.
- 2013 – Goal – Continue to work together with Purchasing Clerk to decrease or at least hold the line on supply costs without affecting the quality of care we provide the residents.

5. Skin Care:

- 2012– Monifi Osmen, RN, with Donna Forjone, RN as back up, is now responsible for skin rounds that are done weekly on each unit and tracking areas of concern.
- 2013 – Goal – To maintain quality skin care by monitoring skin issues, treatment and costs through the continued use of the “Quick Rounds System”.

6. Nursing Leadership:

- 2012 – Our goal of timely evaluations and performance appraisals has increased significantly. We were at 75% completion by the end of 2012.
- 2013 –Goal – Increase completion rates of employee evaluations and performance appraisals by 15% by the end of 2013.

7. Fall Reduction:

- 2012 – LSS Falls Committee to meet every other month to review all residents that have had at least two falls. Dr.Schabel has joined the team and has been very helpful in identifying possible causes of falls. The goal with the implementation of LEGS will help decrease the amount of falls that occur. We continue to have an average of 7.5 falls per week. A Stop-and-Watch early training tool was started in January to teach/train staff to recognize the early signs of resident changes.
- 2013 – Goal - Prevent falls with serious injury, through education, increased monitoring and referring residents to the “LEG”.

8. Services offered at WCNH:

- 2012 - The level of complex nursing services provided to residents such as advanced wound therapy, PICC Lines, IV Therapy and rehabilitation care continued through 2012. The nursing department works closely with the Admissions Department to review referrals made to the NH to determine if they are appropriate for admission. When new therapies or medical devices are identified in a referral, the nursing department determines if the nursing home can provide appropriate care for the applicant before a bed is offered.
- 2013 – Goal – (1.) We will continue to explore new modalities that we might be able to provide to our residents. (2.) We will be able to provide in-house PT/INR testing. This allows us to have results more timely; decrease lab draws thus decreasing costs. We are planning to offer peritoneal dialysis in house by June of 2013.
- 2012 – Management of behavioral issues exhibited by some residents continues. Development and adherence to care plans designed to address these issues has helped improve the resident’s quality of life, and made it easier for staff to interact with them. “LEG” increased availability of psychiatric services and non-pharmacological interventions have been beneficial in this.
- 2013 – Goal – Continue to decrease psychoactive medications and increase use of non-pharmacological interventions.
- 2012 – Plastics and Psychiatric services on Telehealth have made it possible for residents to obtain these services with out leaving their home.
- 2013 – Goal – Continued goal of additional services being added to the Tele-health service.

9. Nursing and Staff Education:

- 2012 –Used ABAQIS, assessment tool. These assessments help reflect resident/family satisfaction, clinical reviews and record reviews that are currently being performed as part of a QA. In turn, these reviews help to save us time by effectively focusing QA resources on areas with significant improvement opportunities and areas of compliance that have the highest likelihood of in-depth investigations during a QIS survey. This is the same system the Department of Health uses when doing their annual survey. With information we obtained from using ABAQIS, we were able to address concerns as they were identified. This helped us to have an outstanding survey, with only one “F” deficiency

- 2013 – Goal - We will continue using the ABAQIS system and educating staff on its use. We will not have any deficiencies higher than a “G” We continue to learn more options that are available with our Sigma Care program and we would like to have our new nurse managers attend advanced training with Sigma and MDS.
 - 2012 – The ASCOM phone system from Syracuse Time is working well. The 64 new phones that were distributed throughout the facility are withstanding the wear and tear.
 - 2013 - Goal to stop all overhead paging (except in emergencies) to promote a home-like atmosphere continues.
 - 2012 – The new ELPAS 2 infrared wander guard system that ties in with Syracuse Time is completed and working well.
 - 2012 – In conjunction with the Greater Rochester Nursing Home Quality Consortium we implemented using the tools INTERACT on Canal Side. These will be used to identify opportunities to improve the identification, evaluation, and management of changes in resident condition and other situations that commonly result in transfers back to the hospital, and when feasible and safe, to prevent transfers to the hospital. This tool is then intended to be completed retrospectively after the transfer to look back and identify opportunities for improvement in reducing preventable transfers.
 - 2013 – This project will continue into 2013.
 - 2012 - Reduction of alarms continues to be addressed on all units. Studies have found that alarms do not prevent falls.
 - 2013 – Continue to monitor the use of alarms. Reassess the effectiveness of the alarms on an individual basis and discontinue alarms when it is determined that alarms are not preventing falls.
10. Human Resource Management:
- 2012 – Vision team worked together to revise, our Mission, Vision, and Values and develop a structure for “ Culture Change”
 - 2013 – Goal – Communication Leaders will have monthly and PRN meetings with staff. They will share our Mission, Vision and Values with staff and hold them accountable when they are not met.
 - 2013 – The DON continues to hold bi-weekly meetings with the Nurse Managers and Supervisors. Information from these meetings is then passed on to the nursing staff during their monthly meetings with their managers. The DON has an “open-door policy” to encourage communication with employees, and works closely with the Compliance Officer to resolve quality issues.
11. Labor Relations:
- 2012 - DON/ADON continued to participate in the Labor/ Management Committee. Effective and positive relationships have been established with representatives for CSEA. CSEA representatives have been helpful in supporting employees during disciplinary actions and interpreting the Union Contract with us.
 - 2013 – Labor/Management Committee continues to meet. Mandating for licensed staff is only used in an emergency situation. Our goal is to further decrease overtime and the use of Agency. All licensed vacancies have been filled at the beginning of 2013.
 - 2013 – Work with Labor Management to address “breaks“.
12. Position Management:
- 2012 – There has been an issue with filling CNA positions. Applicants are out there but after interview, we are unable to get the required two good references to hire. Two of our employees became licensed RNS in 2012 and

are now working here. ADON is now the Infection Control and Employee Health Nurse in addition to her other duties. The Clerk Typist position to handle staffing was filled. It has been a challenge to teach someone without any background in health care what we need, and for staff to accept her in that role. With the increased number of outside medical appointments, it became necessary to add two more CNAs to work in transportation. They also take residents on outings and one of them helps with shopping for residents. Due to the increased number of discharges, an LPN has been put into the position of discharge planner. She arranges for a seamless discharge to home and she makes a follow up phone call the next day to assure that the discharged resident has everything in place to make them successful at home. We changed the part-time 11-7 relief supervisor to a fulltime relief supervisor for 3-11 and 11-7.

- 2013 – Open positions include: Three temporary full-time GN, three temporary full-time GPN, 1 full-time CNA position on 7-3, 1 full-time, and 5 part-time 3-11 CNA positions, 2 temporary CNA positions. We will continue to work with the staffing clerk to assure she completes the schedule correctly. The staffing clerk, a NM and a SW will work on a “Lean Six Sigma” project to develop a plan to staff to acuity.

13. Regulatory Compliance:

- 2012 – Only one “F” deficiency was found on our annual survey and a plan of correction has been put into effect. Eleven investigations were reported to the DOH; only one of which resulted in a deficiency (G).
- 2013 – Goal is no deficiency greater than an “F” during our annual survey by the DOH, and no deficiencies in between surveys.

14. Financial Management:

- 2012 - The use of Quick Rounds to track wound care, and order supplies continues and has effectively cut costs.
- 2012 – We changed suppliers for wound and skin care from Smith and Nephew products to Remedy which is a Medline product. As staff completes their Quick Rounds, they put in their order with Buffalo Hospital Supply for wound care. BHS now delivers directly to the unit that requested the product. Care protocols change accordingly. We continue to use our electronic tracking system for Quick Rounds.
- 2012 – We worked very hard to cut costs. We have given up positions, and changed an RN position to an LPN position. The cost of nursing department overtime was decreased by \$266,181 and cost of agency decreased by \$71,390. Nursing and the Purchasing Clerk worked together to decrease over stocking, thus decreasing waste and cost.
- 2013 – Continue to decrease overtime and agency use by another 25%. DON / ADON will continue to review areas where we can cut costs. Nursing will work thru the “Lean Six Sigma” process to learn how to staff to acuity, thus improving our allocation of staff.

15. Environmental Consciousness:

- 2012 – Participated in a DEA drug take back in September, thus decreasing the amount of medication residue we put into the area water systems.
- 2013 – Continue to participate in drug take back at least twice a year or more often if it is offered.

Respectfully submitted,
Cheryl Acome, RN
Director of Nursing
Wayne County Nursing Home

January 29, 2013

Food and Nutrition Year End Report 2012

Sodexo Management Staff: Lori Nudd- General Manager
Robbie Cardinale –Production Manager
Kim Fisher-Clinical Manager
Hannah Smith-Dietitian

Service Spirit: Accomplishments

Monthly Special Events for Residents: Ladies Tea Social
Foundation Birthday Party
Resident Coffee Social
Sodexo Heritage Meal-New Year Day
Black American History
St. Patrick's Day
Ash Wednesday
Valentines Day
Easter Meal
Mothers Day
Cinco De Mayo Dinner
Fathers Day Meal
Memorial Day
July 4th
Harvest Day
Labor Day
Thanksgiving Day
Christmas Day

Activity Events: New Years Party, Super bowl Party, Halloween Party, Easter party, Summer Campers, Christmas Party, School visits, Golden Olympics, Kicks Club, Spring Fling, State Fair, and Picnic's outside for residents

Outside Special Events: Staff functions through funs it, Wayne Council Business Council, Volunteer Party, Fire Training, Foster Parents, Ginna Drill, Wayne County Foundation Car Show, New York State Office Temporary Disability Assistance, Work Force Development, Emergency management, Jail Advisory Catering/ Cafeteria/Canal Pub: Weekly specials to increase revenue

Nutrition News: Clinical Team involved in
Team Meetings:
Nursing Policy and Procedure
Nursing Meeting
Supervisory Staff
Client for Life
Resident Care
Dietary Update
Skin Tracking
Abaqis Review

Nutrition News Continued:

Sodexo Programs: Quality Assurance: Gold Check Review-Check and Balance system that Sodexo has in place to make sure that everything is being done. 100%

QA Quarterly Review

- Snacks/Nourishment/ Supplement Audit
- Dining Environment Observations
- Hydration Audit
- Nutrition Care Management Audit

Nutrition Care Process: Sodexo provided training to implement this standard

Sodexo Policy and Procedure Manual updated to Partner with Wayne County

Splash Program-Hydration Program-implemented level 2 of program

National Nutrition Month

Sodexo Long Term Menu updated with changes for winter and summer

Every Bite Program-Sodexo program so residents eat real food instead of supplements.

Attended Sodexo Clinical Update

Sodexo Resident Survey

Restructure the Clinical Program to provide 1.5 dietitians instead of Diet Tech-

Wayne County Projects:

Implemented Weekly Report to units to improve communication

Revised the I&O Policy

Reduced Supplements: \$50 a day

Implemented new Diet Guide Sheets

Resident Survey: 90 % overall satisfied

Productivity:

Total Monthly charting has increased from 88 last year to 95 residents this year.

Monthly Assessment Average:

Annuals: 8

Initials: 25

Quarterlys: 48

Readmissions: 8

Significant Changes: 6

Jail Menu: reduced costs

Team Spirit:**Training:****Sodexo Training Provided to Management Team:**

- Food Management Process-Process to monitor what is being cooked and to reduce costs
- Arrive, Drive, Live orientation Program for Hannah Smith and Robbie Cardinale
- EEO Training and Diversity Training
- Serve Safe training and certification-Lori and Robbie
- Presentation Skills
- Preventing Workplace violence
- Market Connection-ordering system-to assure right pricing
- Sexual Harassment
- Sodexo District Training
- Sodexo Financial Training

Other Trainings:

- Its About leadership and Quality-Audio conference
- Healthcare Emergency management Conference-When Mother Nature Attacks
- Management Solution to Mitigate Costs and Improve Retention/Safety Workplace-
- Hospital Surge Planning-New York Department of Health
- Lean Six Sigma-Reduction in Supplies
- Compliance Training

Sodexo Support:

Clinical Support-When diet tech left dietitian was here helping complete clinical program
Human Resource Department-To hire new dietitian and Production Manager
Bill Pepe District Manger
Ross Gleason-safety resources
Cathy Di-SVP tour
Purchasing Department
Sodexo Net
Sodexo Resource Library
Sodexo Cost Saving Energy Reduction Costs
Production Manager trained at another Sodexo account

Awards and Nominations:

Melissa Weimer- Employee of Distinction
Sodexo Employee Appreciation Day for Wayne County Employees
General Manager nominated Clients for Life award Sodexo
Double 100 Award for Safety Program
Employee Performance Evaluations
Amy Scott-became RN left Food and Nutrition
Employee Survey-81% complete

Inspections:

New York Department of Health Deficiency Free survey
ICE inspection
Meals on Wheels and Jail Local Health Department
National Safety Foundation

Government Food Survey
Correction of Commissions

New Employees:

Robert Cardinale-Production Manager
Hannah Smith-Dietitian
Maureen Ashbury-filled in when down a Production Manager and Diet Tech

Sodexo Safety Program:

Monthly Safety Training
National Safety Foundation-Sodexo hires an outside company to monitor Safety Program

- Received Double 100 award

Monthly Audits in Place and Monitor

General Manager Conducted Trainings:

Meal In-service Cna and HHA
Meal Consumption
Aspiration Precautions
Wayne County Safety In-service all WCNH staff
Focus on Service
Camp Training for Supervisor staff
Sodexo Weekly Huddle Program

Participated in

Morning Meeting
Ice Review-Immigrations inspection of the jail
Co Chair of WCNH Safety Program
Labor Management
Funsit
Executive QA
Quality Assurance
Supervisory Staff
HHA Meetings
Resident Care Plan and Council Meetings
Jail Meetings
Client for Life Meeting
Foundation meetings
Vision Leadership team
Evacuation Drill
Policy and Procedure
Purchasing

Spirit of Progress:

Financial:

Food Management Process in Place to reduce waste
Canal Pub closed in August to reduce \$15,000 off labor

Reduced Overtime by \$15,682

Reduced Capital Equipment

School Lunch Program for Jail

Government Food for Jail

Increase of Outside Catering

Reduced Inventory by \$6000

Under Budget labor \$ 9000

Under Budget Supplies: \$59,000

Under budget on Revenue \$83,000

Overall \$15,000 over budget because the decrease in revenue

Reduced Supplements -\$18,250 dollars day

Tracking Milk and Juice with Jail so they can reduced costs

Goals from 2012 Completed:

Reduced Inventory

Canal Pub not breaking even-closed to reduce cost

Food Management Process

Reduced Supplements

NURSING HOME MAINTENANCE ACOMPLISHMENTS FOR YEAR 2012:

Heat in resident rooms and areas:

We continually monitor the temperature of the resident rooms and areas with the heating /cooling coils mounted at the ceiling level of the room. We have had periodic complaints of cold rooms and have found that with no heat in the resident bathrooms they leave the door to the bathroom open and the thermostat is behind the main door to the room. The room temp is usually higher or lower than the thermostat states. Could possibly be from lack of insulation in the ceiling area and walls? We have found some drafts coming from behind the thermostat and have insulated behind them. Insulation and sealant for the attic area is in the Energy Conservation project for 2013. We have unplugged water lines for the hot water to the coils.

Exhaust problems:

We are still experiencing exhaust fumes entering the building at the front doors, more so during the cold weather. We have had a visit from the Department of Health and have followed all the recommendations that they specified. We have installed signage to shut off engines when parked under the overhang, but that did not seem to work very well. We have instructed all the drivers to shut off the engines when parked in this area and some do and some don't. We have gone as far as to shut off the engines ourselves and leave a note to help us out and please turn off your engine. We believe this is a design issue with the front of the building and we need to get an engineer involved with our concerns as we still experience the exhaust fumes periodically. There is money put into the future capital projects.

Generator add-ons:

We are looking to add more circuits to the existing generator we currently have. When we run a monthly full load generator test we are using approx. 28% of the full load. We are proposing to change over the complete building onto the generator. The rooms have only one duplex outlet (2 plugs) available when we are running the monthly generator load test and some rooms require an outlet for the bed, the bed alarm and the O2 concentrator. We have run a couple of mock power outages to see what would be critical to us during a power outage of any length of time and believe the whole building should be on generated power. Just to make everyone aware we are also down to 1 elevator and we have no cooling in the building at this time. We have had Engineers and Vendors tour the facility in the past but have not received any proposals to date. This is a budgeted item on the capital projects for 2013.

Nursing Home Storage:

The 3 bay garage is full of supplies and storage materials. I would still like to explore the possibilities of building a new garage/ storage building on the service road to the south of this facility and the possibility of a larger pavilion on the south fire lane. We have heard the Sherriff's Dept. is interested in obtaining both of the older buildings for storage? Money has been budgeted for future capital projects.

Misc.:

We have been working with Syracuse Time and the IT Department on the upgrade of our wanderguard system for Nursing. We are still working out a few glitches, but the system is up and running quite well.

Set up in have the parking areas seal coated, worked with contractors on the repair of a natural gas leak under the sidewalk near the Employee parking lot.

Helped with the energy conservation survey and efficiency study with Trane and Zero Draft in multiple buildings

Added Supervision of Maintenance coverage for the Health Service, Fire Training and Highway Buildings.

Fire Training:

Repair and paint overhead doors, repaired walk in doors and locks, installed pulley system for hanging tarps, install overhead projectors in classrooms, repaired data logging system and sensors in burn building

Health Service:

Supervised the installation of multiple doors, added bathrooms and door access system throughout the building.

Highway:

Upgraded the floor heating controls for the washbay, repaired pipe with oil leak in central garage area after multiple gallons of oil was spilled on the floor, repaired the gutters on the front of the office area, worked with the service repairman on the hvac system for the office area, made repairs and corrections requested by the Fire Marshall walk thru.

Respectfully Submitted,
Rodney Bliss
Sr. Maint. Mechanic
2/26/13

The Wayne County Nursing Home Foundation, Inc. is a supportive entity to the overall operation of the nursing home. The Foundation provides financial support for equipment and services not covered by the nursing home's budget as well as volunteer help for many activities at the nursing home. The following is the report of the 2012 activities by the Foundation.

2012 ACTIVITIES - WAYNE COUNTY NURSING HOME FOUNDATION, INC.

Purchase dinners from a local restaurant for a monthly birthday dinner for residents. Dinners are picked up and delivered by a Board member and Board members assist in serving residents and decorating the Canal Pub for the party.

On Valentine's Day over 400 red heart shaped mylar balloons with hand written messages were distributed to the residents.

Annual Car Show featuring classic cars, music etc. for residents and their families.

Purchase of a Polished Rose Granite Bench with Memorial Funds – Cost \$1000

Purchase of a Wheelchair Glider with cushion, security bar and recognition plaque with Memorial Funds and a grant from Kinney Drugs Foundation – Cost - \$5755

Expansion of the new front patio for placement of Wheelchair Glider - Memorial Funds – Cost \$7875

Purchase of eight (8) Crimson King Maples including planting, staking, fertilizing and mulching – Cost - \$2360

Equipment donated to the Foundation and transferred to the Nursing Home:

1 Recliner with Electric Lift – Estimated Value - \$200

1 36" Television with Remote – Estimated Value - \$200

1 Pink Tote Organizer for LEG Room – Estimated Value - \$15

2 Portables Color TV's – Estimated Value – \$50