



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
MICHIGAN VETERANS AFFAIRS AGENCY
LANSING

ZANETA ADAMS
DIRECTOR

August 27, 2019

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

Dear Governor,

SUBJECT: PA 314 of 2016 – FY '19 Third Quarter Reporting

Attached please find the quarterly report from the D.J. Jacobetti Home for Veterans and the Grand Rapids Home for Veterans, pursuant to Public Act 314 of 2016, MCL 36.9.

If you have any questions regarding this report, please contact Fred Schaible at 517.284.5239.

Sincerely,



Zaneta Adams
Director, MVAA

Attachment

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

Pursuant to Public Act 152 of 1885 (as amended by PA 314 of 2016), MCL 36.9:

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

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

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

FY 19 Q3:

DJJHV – 3.68

GRHV – 4.43

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

FY 19 Q3:

DJJHV - (6) Complaint forms submitted - all complaints resolved within policy required time allotment.

1. **Concern:** Member was concerned at the length of time that the facility was "closed" due to illness.
Facility Response: Appropriate RN spoke with member to further communicate the reason for the closure, and the prevention of spreading illness throughout the building.
2. **Concern:** Member dissatisfied with having a full garbage can, feeling it took too long to empty.
Facility Response: Housekeeping and nursing reminded to empty more than daily if member inquires and encouraged member to contact staff if she has a full can multiple times in a day.
3. **Concern:** Family member of a member feels that since applying for Medicare/Medicaid, the members are getting less care as caregivers are spending so much time inputting information into the computers, they have less time to spend with members.
Facility Response: Staff shared with daughter that the Home is required to capture the care provided, and that this does require, sometimes significant, documentation in the record.
4. **Concern:** Family member of a member feels that since their father was moved from the Memory Care Unit, the quality of care is lesser than it was on Memory Care.
Facility Response: Discussed with family member regarding the transition of their father to a nursing unit, the desire of the Home for their father's transition to be seamless, and the commitment of the Home to ensure the member has great quality of life no matter where they are in the building.

5. **Concern:** Member was concerned that the sign on the physical therapy door listed hours to be open, and he went 30 min. prior to closure and the door was locked.
Facility Response: Home inquired and found that person responsible had to attend a care conference and locked the door prior to attending. Explained to member that in the future, staff will write on the whiteboard if it's needed to be closed during normal hours.
6. **Concern:** Multiple members complained about new doorstops placed in rooms, to prevent doors from swinging too far open, thereby getting "stuck open" in the event of a fire.
Facility Response: Explained to members that the concern of not being able to shut the doors quickly in the event of a fire was identified by a federal surveyor, was due to the smaller layout of the room, and was a life safety concern. Informed members that Home would look to explore alternate options, but that fire safety and compliance required immediate action to address the concern. An alternate option is being pursued which will be overhead stops, versus floor stops.

GRHV – (21) Complaint forms submitted - all complaints resolved within policy required time allotment (average 5 days).

1. **Concern:** Member requested phone for evening long distance calls.
Facility Response: Member was educated about the unit's cordless phone, how to use, its location, and to ask nurses for assistance in use/dialing. Explained it can be used for long distance and in privacy of room.
2. **Concern:** Guardian did not feel member was properly assessed to address pain.
Facility Response: ADON and Dr Bhatnagar (Medical Director) performed medical review, and discussed with family medical care given, staff re-education, letter sent, family satisfied with resolution
3. **Concern:** Member complains that in the morning when the food carts come staff bring out tray tables to place trays on for members who do not eat in the dining room. He says that they create a lot of clutter in the area and that staff should move them out of the way. Member also complains that the paper plates being used are inadequate and cheap. He requests better quality plates
Facility Response: All Members were given notice of the one day of paper products due to construction interfering with the water flow. Director of Nutrition spoke to this member about the chicken and explained that it is not a regular menu item and listened to the member's feedback on how to make it better.
4. **Concern:** Member's bed was not changed.
Facility Response: Staff re-educated to ensure bed changes are not missed.
5. **Concern:** Member claimed chicken meal was of poor quality, and trays are taking too long to be served, food is often cold.
Facility Response: Director of Nutrition spoke with member and a Mealtime study to be done and as a result a PIP started to improve the mealtime delivery.
6. **Concern:** Member has claimed there is little opportunities for outside trips and activities.
Facility Response: Member will often forget that he has gone on trips and has claimed it has been months since he has left the facility when member has been on several trips in the past quarter.

7. **Concern:** Member is dissatisfied with lack of mental health care services.
Facility Response: Member experiencing a period of delirium due to increased health concerns. Member is being seen regularly by BCS and Unit SW. Medical issues address and delirium is now resolved.
8. **Concern:** Daughter is dissatisfied with cleanliness of member room.
Facility Response: Member's room was immediately cleaned upon notification from daughter. ADON spoke with daughter, agreed to daily checks of room cleanliness by housekeeping. Will be documented by staff when member/family refuses entry to housekeeping.
9. **Concern:** Driver instant and on time to leave and driving aggressively on the way home.
Facility Response: The Facility driver was attempting to assist member in getting thru the line faster, apologized to member for any misperceptions.
10. **Concern:** Member was given a med later than expected.
Facility Response: Member concerned that med was given at 1pm. Prescription said noon, but member expected the med at 11.
11. **Concern:** Janitor is slamming closet doors. Member complained of housekeeper slamming the janitor closet and waking member.
Facility Response: Housekeeping manager tested door. Door found to have a closer on it and the door could not slam, Member was shown, and housekeeper asked to be quieter
12. **Concern:** Member was given an enema and felt violated.
Facility Response: Member was given an enema which was painful. Member felt nursing staff did not administer the enema properly. Nursing staff investigated and the investigation revealed enema was given properly. Member was supported in his feelings and encouraged to take his bowel medications as directed to ensure no further enemas are needed. Member agreed and was satisfied with investigation.
13. **Concern:** Medications were not given as member prefers
Facility Response: RN spoke with member and was able to determine member's preferences, care plan and med sheet updated.
14. **Concern:** A member's furniture was moved into the hall and stayed for several days creating a hazard.
Facility Response: A work order was submitted to have furniture moved and it was immediately.
15. **Concern:** The slips for requesting favorite five items were not available.
Facility Response: The picking up and refilling of the favorite five slips is a work therapy job held by another member - this member stated he just forgot to put more slips out and apologized. Slips were out for 2 days.
16. **Concern:** Member felt caregiver did not know what she was doing and did a poor job caring for him.
Facility Response: Caregiver was removed from members' floor and re-educated in these areas.

17. **Concern:** Nightlight not working.
Facility Response: Work order was put in and light fixed.
18. **Concern:** Member reported several care and safety concerns related to others around him.
Facility Response: Member found to be refusing medication and experiencing delusions thoughts along with a DX of Dementia. Member's treatment and care plan changed to address the delusions.
19. **Concern:** Member was not gotten up at the time he had requested.
Facility Response: Staff re-educated, and member's schedule highlighted to staff that member is the 1st getup of the day - everyday.
20. **Concern:** Caregiver asked member to wait to lay down until after her break.
Facility Response: Staff re-educated, and an apology and reassurance were offered to the member by the contract agency manager.
21. **Concern:** Family reported that caregiver canceled the members' appointment, spoke rudely to the family, and did not have him ready and up timely.
Facility Response: Investigation was completed which determined caregiver preformed her job appropriately and was not disrespectful. Member had no concerns. Family remained upset; caregiver assignment was changed to prevent further incident.

(c) Timeliness of distribution of pharmaceutical drugs.

FY 19 Q3:

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

GRHV - Pharmaceutical drugs are delivered daily to the nursing units. Non-controlled medications are delivered to the card key access only medication rooms. Controlled substances are hand delivered to the nurse and are signed for at the time of delivery. Medications are filled after a refill request is made through the Electronic Medical Record system. Nurse's request refills 3 to 5 days in advance of need. Per policy, medications required to be filled more than 5 days early require authorization from a nursing supervisor.

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

FY 19 Q3:

DJJHV - 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

GRHV- 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:

Jordain Kraai, PharmD
Fred Ammerman, RPh
Mary Butlevics, Pharm D

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

FY 19 Q3:

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

The following individual supervises patient spending accounts:

Sean Depuydt, Business Manager

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

The following individual supervises patient spending accounts:

Erica Bobrowski, Business Manager

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

FY 19 Q3:

DJJHV - (19) facility deaths

GRHV – (19) facility deaths

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

This report has been published at www.michiganveterans.com