



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
MICHIGAN VETERAN HOMES
LANSING

ANNE ZERBE
EXECUTIVE DIRECTOR

November 5, 2019

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

Dear Governor,

SUBJECT: PA 314 of 2016 – FY '19 Fourth 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,

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

Anne Zerbe
Executive Director, MVH

Attachment

cc: Tom Barrett, Senate Appropriations Subcommittee on DMVA Chair
Dr. John Bizon, Senate Families, Seniors and Veterans Committee Chair
Beau LaFave, House Military, Veterans and Homeland Security Committee Chair
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 Q4:

DJJHV – 3.559

GRHV – 4.88

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

FY 19 Q4:

DJJHV - (14) Complaint forms submitted - all complaints resolved within policy required time allotment.

1. **Concern:** When activating his call light around 0300 to be toileted, a Member felt aides were "sharp" when talking to/assisting him, and that the "younger" aides are not as kind and seem to be in a hurry. Member wants staff to be reminded to always be kind.

Facility Response: In follow-up, the Member could not recall aide(s) in reference. Member encouraged to inform supervisor on duty immediately if this occurs, so it can immediately be addressed. The RN supervisor was also made aware of the concern.

2. **Concern:** A Member's daughter was concerned that her father was removed from Bingo due to being "fidgety."

Facility Response: Follow-up was conducted, and Member's behaviors were negatively impacting other Members, as the Member was bumping into others, looked as if he was trying to leave the room, and running into things. Staff will continue to assess and implement activities of interest for Member to participate in.

3. **Concern:** Member's daughter expressed concern that they were not informed of the Member's doctor appt.
Facility Response: Upon review, the facility was unable to find information showing the family was informed. Facility discussed w/RNs the importance of informing families that desire to be informed.
4. **Concern:** Member concerned that there was hot air in the building, and maintenance staff was not called in over the weekend to address. Member felt there needed to be improved communication(s).
Facility Response: Facility concur(s), as maintenance was called in to address a separate issue, and this issue was not brought up. This was addressed with RN managers on the importance of coordinating such activities.
5. **Concern:** Member expressed concerns that another Member was spitting on the floor and blowing his nose on the floor.
Facility Response: The Home is continuing to work with this Member, as the Home serves Members with varying levels of physical, mental, and psychosocial needs. The Member's behavior had improved and appears to cycle. The Home is continuing to work with this member, so his behaviors do not negatively impact others.
6. **Concern:** Member expressed concern that morning staff put pants on too tight in the morning, and that the pants were too tight.
Facility Response: The afternoon staff, upon raising the issue, changed the Member's pants to a more comfortable fit, and reminded the Member of the clothes available in the haberdashery. The Social Work team additionally contacted the Member's DPOA to order new pants for the Member.
7. **Concern:** Member was irritated by being called "sweetie" or "honey" and feels staff should know his name.
Facility Response: Facility concurs and has informed the RN Manager to ensure the Member is called by name, as desired.
8. **Concern:** Member felt he waited too long for a call light response time, exceeding fifteen minutes, and that he had to yell for someone to come.
Facility Response: Upon inquiry and investigation of response times, the complaint was not substantiated. The RN manager was informed of the concern, and to monitor the Member's needs and satisfaction.
9. **Concern:** Member expressed concern that his roommate gets phone calls late at night and talks for hours, talking loudly, and that it is annoying.
Facility Response: The Member declined ear plugs, and a room change. Educated Members on respecting the rights of others in a shared rooms environment.

10. **Concern:** Member expressed concerns that their roommate is constantly moving her personal items around, going through drawers.
Facility Response: Member declined a room change and informed why we couldn't merely force their roommate to another room. Home will continue to implement interventions that honor the rights and privacy of both Members in a shared living environment.
11. **Concern:** Member expressed concern that staff woke him up early to provide care when he didn't want it.
Facility Response: Staff encouraged to not awaken Member for cares if he does not desire it.
12. **Concern:** Member expressed concern that dinner meals are served too late and interfere with evening activities.
Facility Response: Serving 180 meals per meal requires the Home to have times for certain units. Member was offered the opportunity to dine on another unit, to which he declined in regularity, but will dine on the main dining unit when desiring to be at an evening activity.
13. **Concern:** Member expressed concern of an inability of care aides to follow through with tasks, and lack attention to detail. Member also expressed that staff repeat the same errors even after he instructs them how to do things.
Facility Response: Management at all levels of the Home involved with situation to ensure Home is meeting and exceeding Member's expectations for care and quality of life.
14. **Concern:** Member expressed concern that he was not informed that he was getting a new roommate.
Facility Response: Admission was a same-day admission from the hospital and failed to let Member know. Staff educated/reminded on importance of informing Member's when they'll be getting a new roommate.

GRHV – (11) Complaint forms submitted - all complaints resolved within policy required time allotment (average 5 days).

1. **Concern:** 7/10/19- Multiple concerns were expressed regarding the lack of handicapped parking spaces in the GRHV drive due to new Home construction.
Facility Response: Temporary parking spaces were created until the drive could be completed; thus, providing ample handicapped parking spaces.
2. **Concern:** 7/15/19- A Member complained about not being transported in a timely manner to breakfast; Member also expressed a dislike with the breakfast menu options.
Facility Response: There was a discussion with the Member by staff, reiterating his preference to sleep late. The registered dietitian met with the Member and new menu options were selected for the Member to include preferred breakfast choices.

3. **Concern:** 7/17/19- One Member cursed and grabbed another Member's arm.
Facility Response: A behavior contract was created by both Members and the Interdisciplinary Team.
4. **Concern:** 8/2/19- One Member alleged that another Member took his rings without consent.
Facility Response: The Member who made complaint has cognitive issues and did not recall giving the rings to the other Member; the rings were returned to the rightful owner.
5. **Concern:** A Member who utilizes eye drops and experiences reflux believes his medical concerns were not heard by the staff.
Facility Response: The concerned Member met with the Medical Director and a plan of care was altered to meet the preferences expressed by the Member.
6. **Concern:** A Member believed that his personal space had been violated by another Member.
Facility Response: A behavioral contract was created between both Members.
7. **Concern:** A Member expressed sadness when he did not receive a greeting card that was disseminated by a volunteer.
Facility Response: A greeting card was later provided to the Member by a volunteer.
8. **Concern:** A Member stated that his clothing was returned from the laundry service and the clothing had been stained with bleach.
Facility Response: The Member received authorization for the clothing to be replaced.
9. **Concern:** A Member stated that he did not approve of how he was being treated by a volunteer.
Facility Response: The volunteer received education highlighting techniques of how to speak with and approach Members with impaired processing.
10. **Concern:** A Member stated that his mail had been opened prior to delivery.
Facility Response: An investigation revealed that the mail had been delivered to the incorrect person who inadvertently opened it. An apology was provided by staff to the Member for the error in mail delivery. A new mail procedure was implemented to solve this issue in the future; this issue had previously transpired twice during the year.
11. **Concern:** Concern was expressed regarding a call light malfunction which subsequently resulted with a delay in call light response time.
Facility Response: The call light issue was repaired, and additional education was implemented regarding procedures related to employee rounds.

(c) Timeliness of distribution of pharmaceutical drugs.

FY 19 Q4:

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 - Beginning mid-August, pharmaceutical drugs are delivered the nursing units and medication carts at the Home every two weeks for distribution for the following two-week period.

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

FY 19 Q4:

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:

Christin Othmer, RPh
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 Q4:

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 Q4:

DJJHV - (15) facility deaths

GRHV - (16) 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