



STATE OF MICHIGAN
MICHIGAN VETERAN HOMES
LANSING

GRETCHEN WHITMER
GOVERNOR

ANNE ZERBE
EXECUTIVE DIRECTOR

July 20, 2021

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

Dear Governor,

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

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

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

Sincerely,

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

Anne Zerbe
Executive Director, MVH

Attachment

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

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

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

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

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

FY 21 Q3:

Michigan Veteran Homes at Chesterfield Township (MVHCT) – 12.99

Michigan Veteran Homes D.J. Jacobetti (MVHDJJ) - 5.05

Michigan Veteran Homes at Grand Rapids (MVHGR) – 6.00

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

FY 21 Q3:

MVHCT - (0) Complaint forms submitted.

MVHDJJ - (5) Complaint forms submitted - all complaints resolved within policy required time allotment.

1. **Concern:** On 4/6/2021, a member stated that she was missing her wallet and bank book.

Facility Response: The member's room was searched, along with the nursing office, and the wallet was not found. The member's Durable Power of Attorney (DPOA) was contacted; the items were in the DPOA's possession.

2. **Concern:** On 4/9/2021, a member stated that his radio was missing.

Facility Response: A supervisor was notified, and staff searched the member's room; the radio was not found. The replacement process was explained to the member, and the member's guardian chose to replace radio.

3. **Concern:** On 4/18/2021, a member's daughter stated that the member's blanket was missing.

Facility Response: A supervisor and housekeeping staff were notified, and staff searched the member's room; the blanket not found. The replacement process was explained to the member, and the member's guardian declined replacement.

4. **Concern:** On 5/19/2021, a member stated that a laptop was missing.

Facility Response: A supervisor was notified, and staff searched the member's room; the member's laptop found in the nightstand. The member's family is aware that the member no longer uses laptop and will take the laptop home.

5. **Concern:** On 6/21/2021, a member stated that his wallet was missing.

Facility Response: A supervisor was notified, and staff searched the member's room; the member's wallet was found in the pocket of the member's walker.

MVHGR – (13) Complaint forms submitted - all complaints resolved within policy required time allotment

1. **Concern:** A member stated at Member Council that he did not receive proper care and was not turned every 2 hours.

Facility Response: The caregivers were educated, and the member was assessed for the concern for 30 days; the reports improved.

2. **Concern:** A member requested that only fully vaccinated staff care for him; an LPN who was caring for him was not vaccinated.

Facility Response: Staff will consider a member's request for vaccinated staff on the unit if possible. A plan was developed with the member to receive care and services via a vaccinated LPN if on the unit.

3. **Concern:** On 4/20/2021, communication was not delivered to all members on 3 North; one member missed the communication.

Facility Response: The member was later relayed the information.

4. **Concern:** A member stated that the nurse who provided him with a suppository was too extensive in her assistance.

Facility Response: Staff explained the process and rationale to the member for removing the stool prior to inserting the suppository; the member understood.

- 5. Concern:** A member reported that leaderships efforts to keep members safe during the pandemic were too extensive and did not consider the members' psychosocial well-being.

Facility Response: The Chief Operating Office and the Ombudsman are investigating this concern.

- 6. Concern:** A member stated that he did not receive the proper care. The member later clarified that it was not the care that he was upset about, rather, the facility's Tylenol policy.

Facility Response: Staff explained the policy to the member and the member understood.

- 7. Concern:** A member was concerned that his request form was not picked up for 7 days, was concerned whether the ice machine was being cleaned, was not able to find the mission statement on the MVHGR website, and requested to see the Ombudsman in person and not by video or phone.

Facility Response: The member's requests were filled, and staff explained to the member that the form was not picked up because a staff member was on vacation. The ice machine cleaning schedule was provided to the member by the maintenance supervisor. A printed copy of mission statement was provided to the member. Staff requested that the Ombudsman visit with the member on May 19, 2021.

- 8. Concern:** A member stated that the wet burrito was disappointing, and he would like more pork steak.

Facility Response: Staff explained to the member that the normal wet burrito product was discontinued, and the facility had to use a new product; this new product was not as good, and they will not be serving it again. In addition, extra pork steak has been added to the menu.

- 9. Concern:** A member was concerned that kitchen staff did not knock on the member's door before entering the room to deliver the food tray.

Facility Response: Through video observation, it was determined that the staff did indeed knock on the member's door but did not wait for a response prior to entering the room. Kitchen staff were instructed to place the food trays on members' sinks. Staff were also re-educated to knock on a member's door, wait for response, and if no response to return the tray to food cart for the member to retrieve at his convenience. All domiciliary members were educated on this new process as well.

- 10. Concern:** A member stated that midnight checks were conducted at 1:30 am with no warning.

Facility Response: A new process of midnight checks was initiated, the members in the domiciliary were not given notice, and room checks were conducted at 1:30 am. Resolution: all domiciliary members were educated on the process of midnight checks and the reason for conducting them. Time frames have been established as to when checks would be completed so members could be prepared.

- 11. Concern:** A member ordered lunch through the Friday Takeout Program. The member only wanted chicken but received a chicken combo meal.

Facility Response: Staff ordering the lunch accidentally ordered a combo meal instead of only chicken. This incident was explained to the member at the time of delivery; the member was refunded the additional cost of the combo meal.

- 12. Concern:** A member expressed concern that an unvaccinated member was not wearing his mask appropriately.

Facility Response: The member was observed by witnesses and on video wearing his mask correctly. Staff attempted to address the concern with the member; however, the member became angry and left the room. The member was able to later revisit the issue more calmly.

- 13. Concern:** A member expressed anger about the restriction and policies put into place quarantining him to his room during the COVID-19 pandemic.

Facility Response: The investigation is ongoing.

(c) Timeliness of distribution of pharmaceutical drugs.

FY 21 Q3:

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

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

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

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

FY 21 Q3:

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

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

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

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

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

Schemansky, PharmD.

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

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

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

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

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

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

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

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

Louis Ciaramello, RPh
Fred Ammerman, RPh

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

FY 21 Q3:

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

The following individual supervises patient spending accounts:

Renonda Mullen, Business Office Manager

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

The following individual supervises patient spending accounts:

Sean Depuydt, Business Manager

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

The following individual supervises patient spending accounts:

Erica Bobrowski, Business Manager

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

FY 21 Q3:

MVHCT – (1) facility death

MVHDJJ – (14) facility deaths

MVHGR – (6) 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