

# Agenda

August 28, 2023, 10am

**1. Call to Order**

A. Introduction of visitors and guests Agenda Approval

**2. Disposition of Minutes of regular meeting**

**3. Financial**

A. Check Register

B. Census Report

C. Audit Services from Yeo and Yeo

D. ERC Examination

E. Direct care wage reimbursement, Dietary wage study

F. Finance Director Position

G. Corporate Compliance Report, Rayann Franco

**4. Operations**

5. Administrator Search

6. Nurse Staffing, Travel Nurses, Overtime

7. County Integration, Ambrosia Neldon

8. Maplelawn MCF, The Pavillions MCF, Benzie and Iosco MCF Administrators

9. New roof for Back Courtyard Gazebo

10. Ambulance service in Cass County

11. Picnic Update

12. Employee Roster

13. Resident Council Minutes

14. CCMCF Newsletter

15. CMS Stars Report, quarterly CCMCF remains 5 star

**16. Adjournment**

**MINUTES FOR:  
CASS COUNTY MEDICAL CARE FACILITY BOARD MEETING**

**August 14, 2023 9:00 a.m.**

In attendance: Vicki Vaughn (Board Chairperson), Diane Seifert (Member), Jeff Carmen (Member), Christian Lutes, (C.E.O.), Linda Duchon (Interim Administrator) via Zoom, Rayann Franco (Recording Minutes).

Guests: Jen Bata (CCMCF), Ambrosia Neldon (County of Cass Advertising and Promotion, Marshall Grate (Clark Hill)

The meeting was called to order by Vicki Vaughn at 9:05 a.m.

Diane Seifert made the motion to accept the agenda as presented. Motion passed unanimously.

Diane Seifert made the motion to accept the monthly board meeting minutes as presented. Motion passed unanimously.

Ambrosia Neldon reported that she found that the branding and design guide has been completed. The websites are set up. Ambrosia Neldon explained that digital ads can be difficult due to challenges with broad ban in the area. She stated that the county will handle the website and blogs. Suggestions were made to do media mixes such as radio, digital, billboards and magazines.

Jen Bata provided information on the conduct and behavior policy in relation to an employee who had a gun stolen out of her car in the facility parking lot.

Marshall Grate suggested that the conduct and behavior policy include gun possession. The policy should also list out who the exceptions should be such as law enforcement as well as the consequences for any violation of the policy. Marshall Grate stated that the policies should also apply to residents and visitors. He suggested that signs be posted at the main entrance, parking lot and front door.

Jeff Carmen asked Marshall Grate to review the by laws to determine who has the authority to enter contracts, hire consultants and establish vendor contracts. Marshall Grate explained that decisions must have a motion and vote for any major financial and employment issues. These should be recorded in the minutes. Marsh Grate also reminded the board to avoid texts that may appear that there was decision making in them. He explained that a request for the text could be made under the Freedom of Information Act.

Christian Lutes reported that the search for a new administrator continues. Jeff Carmen stated that he would like to utilize companies on a national level. He asked that three or four national companies provide presentations to the board regarding their recruitment process for the administrator position.

Linda Duchon stated that there are six nurses from Leaderstat. There are four nurses that will be employees of the facility in orientation. There are also two CNA's and one activity aide in orientation.

Linda Duchon reported that there were twelve staff and seven residents that tested positive for COVID-19 recently. She explained that there is a new variant and that the hospitals have experienced a 20% increase in COVID-19 cases due to this variant.

Rayann Franco stated that Michigan Medical Care Facility Council was awarded a \$5.9 million grant. She explained that over \$400,000 will be used to improve facility websites. The rest will be used for education and retention of employees. Rayann Franco stated that the facility will also be re-applying for the retention grant at the state level.

Christian Lutes reported that there will be a picnic at the facility on August 19, 2023 to celebrate residents, veterans and first responders. The hours will be from 11:30 a.m. – 3:30 p.m.

Diane Seifert made the motion to adjourn the meeting. Jeff Carmen supported the motion. The meeting adjourned at 10:55 a.m.

Respectfully submitted by:

Rayann Franco

\_\_\_\_\_ (Board Chairperson)

\_\_\_\_\_ (C.E.O.)

**MINUTES FOR:**  
**CASS COUNTY MEDICAL CARE FACILITY INTERVIEW FOR THE ADMINISTRATOR'S POSITION**

**July 31, 2023 1:00 p.m.**

In attendance: Vicki Vaughn (Board Chairperson), Diane Seifert (Member), Jeff Carmen (Member), Christian Lutes, (C.E.O.).

Applicant: Augustus Moss, Jr.

The interview started at 1:00 p.m.

All board members and the C.E.O. participated in the interviewing process.

The interview ended at 1:40 p.m.

The second applicant was a no show.

The board and the C.E.O. had an after interview discussion regarding the applicant.

Respectfully submitted by:

Christian Lutes

\_\_\_\_\_ (Board Chairperson)

\_\_\_\_\_ (C.E.O.)

Cass County Medical Care Facility  
 Check Register  
 7/1/2023 - 7/31/2023

Check Numbers: 1 - 999999999 Bank: Operating Account

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
DP754	MetLife	MetLife	1826-1	7/3/2023	\$12,095.98	Payment	Y
DP755	Internal Revenue Service	Internal Revenue Service	1827-1	7/5/2023	\$68,904.82	Payment	Y
DP756	DELTA DENTAL	DELTA DENTAL	1828-1	7/10/2023	\$4,606.10	Payment	Y
DP757	Internal Revenue Service	Internal Revenue Service	1829-1	7/12/2023	\$4,050.08	Payment	Y
DP758	BENTO FOR BUSINESS	BENTO FOR BUSINESS	1830-1	7/19/2023	\$5,000.00	Payment	Y
DP759	Internal Revenue Service	Internal Revenue Service	1831-1	7/19/2023	\$105,057.87	Payment	Y
DP760	MERS	MERS	1832-1	7/19/2023	\$80,631.14	Payment	Y
DP761	MICHIGAN DEPARTMENT OF TREASURY - OC	MICHIGAN DEPARTMENT OF TREASURY - OC	1833-1	7/19/2023	\$29,882.89	Payment	Y
DP762	ALERUS FINANCIAL	ALERUS FINANCIAL	1834-1	7/19/2023	\$7,293.99	Payment	Y
DP763	INDIANA DEPT OF REVENUE	INDIANA DEPT OF REVENUE	1835-1	7/19/2023	\$6,557.53	Payment	Y
DP764	HUNTINGTON NATIONAL BANK	HUNTINGTON NATIONAL BANK	1836-1	7/17/2023	\$280.00	Payment	Y
DP765	HUNTINGTON NATIONAL BANK	HUNTINGTON NATIONAL BANK	1837-1	7/17/2023	\$90.00	Payment	Y
DP766	HUNTINGTON NATIONAL BANK	HUNTINGTON NATIONAL BANK	1838-1	7/17/2023	\$30.00	Payment	Y
DP767	HUNTINGTON NATIONAL BANK	HUNTINGTON NATIONAL BANK	1839-1	7/17/2023	\$15.00	Payment	Y
DP768	HUNTINGTON NATIONAL BANK	HUNTINGTON NATIONAL BANK	1840-1	7/17/2023	\$0.75	Payment	Y
DP769	Internal Revenue Service	Internal Revenue Service	1841-1	7/28/2023	\$4,138.50	Payment	Y
62932	AT&T	AT&T	1773-1	7/6/2023	\$50.71	Payment	
62933	AUNALYTICS, INC.	AUNALYTICS, INC.	1773-2	7/6/2023	\$5,788.81	Payment	
62934	CASS COUNTY COUNCIL ON AGING	CASS COUNTY COUNCIL ON AGING	1773-3	7/6/2023	\$390.00	Payment	
62935	ENJOYMENT & IMAGE PUBLICATION	ENJOYMENT & IMAGE PUBLICATION	1773-4	7/6/2023	\$139.00	Payment	
62936	eProvider Solutions LLC	eProvider Solutions LLC	1773-5	7/6/2023	\$170.00	Payment	
62937	FITZSIMMONS HOSPITAL SERVICES	FITZSIMMONS HOSPITAL SERVICES	1773-6	7/6/2023	\$3,335.75	Payment	
62938	JEFFERSON TOWNSHIP	JEFFERSON TOWNSHIP	1773-7	7/6/2023	\$990.26	Payment	
62939	LINDA L. DUCHON	LINDA L. DUCHON	1773-8	7/6/2023	\$6,092.50	Payment	

Date: Aug 24, 2023  
 Time: 17:10:13 ET  
 User: Janet Meyer

Cass County Medical Care Facility  
 Check Register  
 7/1/2023 - 7/31/2023

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
62940	MACK CUT LAWN SERVICE	MACK CUT LAWN SERVICE	1773-9	7/6/2023	\$1,700.00	Payment	
62941	Michiana Mobility	Michiana Mobility	1773-10	7/6/2023	\$775.00	Payment	
62942	NEIGHBORS INC	NEIGHBORS INC	1773-11	7/6/2023	\$170.00	Payment	
62943	PLANT MAGIC LLC	PLANT MAGIC LLC	1773-12	7/6/2023	\$193.12	Payment	
62944	PointClickCare	PointClickCare	1773-13	7/6/2023	\$3,569.50	Payment	
62945	ROBERT C. KHOENLE, PLLC	ROBERT C. KHOENLE, PLLC	1773-14	7/6/2023	\$214.77	Payment	
62946	SMCAS	SMCAS	1773-15	7/6/2023	\$50.50	Payment	
62947	TEXT-EM-ALL	TEXT-EM-ALL	1773-16	7/6/2023	\$177.00	Payment	
62948	WASTE MANAGEMENT OF MI INC	WASTE MANAGEMENT OF MI INC	1773-17	7/6/2023	\$2,674.97	Payment	
62949	THE WEBSTAUANT STORE	THE WEBSTAUANT STORE	1774-1	7/6/2023	\$5,053.00	Payment	
62950	AIRGAS USA LLC	AIRGAS USA LLC	1779-1	7/21/2023	\$320.00	Payment	
62951	ALT LONG TERM CARE CONSULTING	ALT LONG TERM CARE CONSULTING	1779-2	7/21/2023	\$6,165.60	Payment	
62952	BLUE CROSS BLUE SHIELD MI-0053	BLUE CROSS BLUE SHIELD MI-0053	1779-3	7/21/2023	\$99,506.17	Payment	
62953	BLUE CROSS BLUE SHIELD MI-0054	BLUE CROSS BLUE SHIELD MI-0054	1779-4	7/21/2023	\$673.38	Payment	
62954	BLUE CROSS BLUE SHIELD-0033	BLUE CROSS BLUE SHIELD-0033	1779-5	7/21/2023	\$773.82	Payment	
62955	Briggs Healthcare	Briggs Healthcare	1779-6	7/21/2023	\$251.20	Payment	
62956	BROADWAY CAFE	BROADWAY CAFE	217-1	7/21/2023	(\$45.20)	Payment	Reversed
62956	BROADWAY CAFE	BROADWAY CAFE	1779-7	7/21/2023	\$45.20	Payment	
62957	CASS COUNTY TRANS AUTHORITY	CASS COUNTY TRANS AUTHORITY	1779-8	7/21/2023	\$1,353.00	Payment	
62958	CHRISTIAN LUTES	CHRISTIAN LUTES	1779-9	7/21/2023	\$285.63	Payment	
62959	CLARENCE MILLER	CLARENCE MILLER	1779-10	7/21/2023	\$135.00	Payment	
62960	CLARK HILL	CLARK HILL	1779-11	7/21/2023	\$1,756.00	Payment	
62961	COMMERCIAL READERS SERVICE	COMMERCIAL READERS SERVICE	1779-12	7/21/2023	\$110.31	Payment	
62962	CRICKET WIRELESS/MFK LLC	CRICKET WIRELESS/MFK LLC	218-1	7/21/2023	(\$90.00)	Payment	Reversed
62962	CRICKET WIRELESS/MFK LLC	CRICKET WIRELESS/MFK LLC	1779-13	7/21/2023	\$90.00	Payment	
62963	CRYSTAL SIMPSON	CRYSTAL SIMPSON	1779-14	7/21/2023	\$19.20	Payment	
62964	DEBRA SOKOLOSKIS	DEBRA SOKOLOSKIS	1779-15	7/21/2023	\$52.50	Payment	
62965	DIRECT SUPPLY INC	DIRECT SUPPLY INC	1779-16	7/21/2023	\$124.70	Payment	
62966	DOJO CREATIVE	DOJO CREATIVE	1779-17	7/21/2023	\$5,250.00	Payment	
62967	ECS Solutions	ECS Solutions	1779-18	7/21/2023	\$19,022.50	Payment	
62968	FITZSIMMONS HOSPITAL SERVICES	FITZSIMMONS HOSPITAL SERVICES	1779-19	7/21/2023	\$3,358.68	Payment	

Date: Aug 24, 2023  
 Time: 17:10:13 ET  
 User: Janet Meyer

Cass County Medical Care Facility  
 Check Register  
 7/1/2023 - 7/31/2023

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
62969	FLEXPAC	FLEXPAC	1779-20	7/21/2023	\$1,458.82	Payment	
62970	GINGER BYERS	GINGER BYERS	1779-21	7/21/2023	\$130.35	Payment	
62971	GORDON FOOD SERVICE	GORDON FOOD SERVICE	1779-22	7/21/2023	\$459.29	Payment	
62972	Halo Branded Solutions	Halo Branded Solutions	1779-23	7/21/2023	\$9,392.97	Payment	
62973	HARDING'S MARKET	HARDING'S MARKET	1779-24	7/21/2023	\$128.26	Payment	
62974	HR ADVANTAGE ADVISORY LLC	HR ADVANTAGE ADVISORY LLC	1779-25	7/21/2023	\$900.00	Payment	
62975	INDEED	INDEED	1779-26	7/21/2023	\$12,000.00	Payment	
62976	INDIANA MICHIGAN POWER	INDIANA MICHIGAN POWER	1779-27	7/21/2023	\$140.84	Payment	
62977	JAMIE GISH	JAMIE GISH	1779-28	7/21/2023	\$85.63	Payment	
62978	KCI USA	KCI USA	1779-29	7/21/2023	\$5,115.21	Payment	
62979	KRISTY KRUKOWSKI	KRISTY KRUKOWSKI	1779-30	7/21/2023	\$20.00	Payment	
62980	KRONOS SAASHR INC	KRONOS SAASHR INC	1779-31	7/21/2023	\$2,635.69	Payment	
62981	LINDA L. DUCHON	LINDA L. DUCHON	1779-32	7/21/2023	\$6,250.50	Payment	
62982	MEAL SUITE	MEAL SUITE	1779-33	7/21/2023	\$513.00	Payment	
62983	MEC	MEC	1779-34	7/21/2023	\$155.00	Payment	
62984	MEDLINE INDUSTRIES INC	MEDLINE INDUSTRIES INC	1779-35	7/21/2023	\$26,349.45	Payment	
62985	MEDLINE INDUSTRIES INC	MEDLINE INDUSTRIES INC	1779-35	7/21/2023	\$0.00	Payment	Void
62986	MICHELE KLINE	MICHELE KLINE	1779-36	7/21/2023	\$146.66	Payment	
62987	MICHIANA RENTAL	MICHIANA RENTAL	1779-37	7/21/2023	\$4,100.00	Payment	
62988	MICHIGAN DEPT OF COMM HLTH	MICHIGAN DEPT OF COMM HLTH	1779-38	7/21/2023	\$3,308.60	Payment	
62989	Midwest Juice, Inc. of Michigan	Midwest Juice, Inc. of Michigan	1779-39	7/21/2023	\$686.38	Payment	
62990	NEIGHBORS INC	NEIGHBORS INC	1779-40	7/21/2023	\$170.00	Payment	
62991	Net Health Systems Inc.	Net Health Systems Inc.	1779-41	7/21/2023	\$892.50	Payment	
62992	PERFORMANCE HEALTH SUPPLY INC	PERFORMANCE HEALTH SUPPLY INC	1779-42	7/21/2023	\$184.29	Payment	
62993	Pitney Bowes Bank Inc Purchase Power	Pitney Bowes Bank Inc Purchase Power	1779-43	7/21/2023	\$553.88	Payment	
62994	ROBERT C. KHOENLE, PLLC	ROBERT C. KHOENLE, PLLC	1779-44	7/21/2023	\$244.01	Payment	
62995	Mancinelli Goeman Law Group PC	Scott Mancinelli Law Group PC10500	1779-45	7/21/2023	\$371.81	Payment	

Date: Aug 24, 2023  
 Time: 17:10:13 ET  
 User: Janet Meyer

Cass County Medical Care Facility  
 Check Register  
 7/1/2023 - 7/31/2023

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
62996	Shelton Wholesale Co	Shelton's Wholesale Co.	1779-46	7/21/2023	\$2,488.95	Payment	
62997	TELNET WORLDWIDE	TELNET WORLDWIDE	1779-47	7/21/2023	\$595.68	Payment	
62998	VERIZON WIRELESS	VERIZON WIRELESS	1779-48	7/21/2023	\$70.54	Payment	
62998	VERIZON WIRELESS	VERIZON WIRELESS	219-1	7/21/2023	(\$70.54)	Payment	Reversed
62999	VERIZON WIRELESS	VERIZON WIRELESS	1790-1	7/21/2023	\$70.54	Payment	
63000	Alan Ritchie	Alan Ritchie	1789-1	7/27/2023	\$647.00	Payment	
63001	CARELINC MED EQUIP & SUPPLY	CARELINC MED EQUIP & SUPPLY	1789-2	7/27/2023	\$610.00	Payment	
63002	CLARK HILL	CLARK HILL	1789-3	7/27/2023	\$2,863.50	Payment	
63003	David Dills	David Dills	1789-4	7/27/2023	\$72.30	Payment	
63004	Dish Network LLC	Dish Network LLC	1789-5	7/27/2023	\$881.01	Payment	
63005	FRONTIER	FRONTIER	1789-6	7/27/2023	\$295.57	Payment	
63006	HAWKINS WATER TECH	HAWKINS WATER TECH	1789-7	7/27/2023	\$611.55	Payment	
63007	IBEKIE FOUNDATION INC	IBEKIE FOUNDATION INC	1789-8	7/27/2023	\$5,833.33	Payment	
63008	INDIANA MICHIGAN POWER	INDIANA MICHIGAN POWER	1789-9	7/27/2023	\$6,846.55	Payment	
63009	JAMIE GISH	JAMIE GISH	1789-10	7/27/2023	\$101.04	Payment	
63010	JMD Healthcare Solutions LLC	JMD Healthcare Solutions LLC	1789-11	7/27/2023	\$12,703.60	Payment	
63011	Keith Taggart	Keith Taggart	1789-12	7/27/2023	\$4,290.00	Payment	
63012	LEBENBOM & ROTHMAN PC	LEBENBOM & ROTHMAN PC	1789-13	7/27/2023	\$7,251.75	Payment	
63013	LIVELY	LIVELY	1789-14	7/27/2023	\$43.48	Payment	
63014	MEDPRO DISPOSAL LLC	MEDPRO DISPOSAL LLC	1789-15	7/27/2023	\$2,371.50	Payment	
63015	PointClickCare	PointClickCare	1789-16	7/27/2023	\$3,569.50	Payment	
63016	VILLAGE OF CASSOPOLIS	VILLAGE OF CASSOPOLIS	1789-17	7/27/2023	\$3,279.81	Payment	

Summary

84 check(s) issued	\$302,718.12
1 check(s) voided	\$0.00
3 check(s) reversed	(\$205.74)
16 direct payment(s) issued	\$328,634.65



**DOJO Creative**  
21650 Fieldview Dr  
Edwardsburg, MI 49112  
info@letsgodojo.com  
letsgodojo.com

RECEIVED

JUL 25 2023

BY: \_\_\_\_\_



# INVOICE

**BILL TO**

Catchet Young  
Cass County Medical Care  
Facility  
23770 Hospital St  
Cassopolis, MI 49031

**INVOICE #** 2338

**DATE** 07/10/2023

**DUE DATE** 07/25/2023

**TERMS** Net 15

---

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
<b>Level 2 Hosting</b>	Hosting 08.01.23 - 07.30.24	1	360.00	360.00
<b>WordPress Updates</b>	Updates 08.01.23 - 07.30.24	1	360.00	360.00

BALANCE DUE

**\$720.00**

**DOJO Creative**  
21650 Fieldview Dr  
Edwardsburg, MI 49112  
info@letsgodojo.com  
letsgodojo.com

RECEIVED

JUL 25 2023

BY: \_\_\_\_\_



# INVOICE

**BILL TO**

Catchet Young  
Cass County Medical Care  
Facility  
23770 Hospital St  
Cassopolis, MI 49031

**INVOICE #** 2328

**DATE** 07/01/2023

**DUE DATE** 07/16/2023

**TERMS** Net 15

---

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
<b>Online Advertising</b>	CCOTS Digital Ad Campaign - 1 mo	1	3,000.00	3,000.00
<b>Content Writing</b>	CCOTS Blog Article - 1 mo	1	480.00	480.00
<b>Content Writing</b>	CCMCF Blog Article - 1 mo	1	480.00	480.00

BALANCE DUE

**\$3,960.00**

**DOJO Creative**  
21650 Fieldview Dr  
Edwardsburg, MI 49112  
info@letsgodojo.com  
letsgodojo.com



# INVOICE

RECEIVED

AUG 18 2023

BY: \_\_\_\_\_

**BILL TO**  
Catchet Young  
Cass County Medical Care  
Facility  
23770 Hospital St  
Cassopolis, MI 49031

**INVOICE #** 2353  
**DATE** 08/01/2023  
**DUE DATE** 08/16/2023  
**TERMS** Net 15

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
Online Advertising	CCOTS Digital Ad Campsign - 1 mo	1	3,000.00	3,000.00
Content Writing	CCOTS Blog Article - 1 mo	1	480.00	480.00
Content Writing	CCMCF Blog Article - 1 mo	1	480.00	480.00

BALANCE DUE

**\$3,960.00**

Unit: All Floor: All Payers: All Bed Certification: All

Payer	# of Days																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Auto (AUT)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Commercial Insurance (CI)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospice Medicaid (HM)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Humana Medicare Advantage (MHA)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
MI Health Link Medicaid (MIM)	7	7	8	8	8	8	8	8	8	8	7	7	7	7	7	7	7	7	7	7	7	7	7	7	6	6	6	6	6	6	6	5
MI Health Link Medicare (MHM)	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid (MA)	42	42	43	43	43	42	41	42	42	42	42	42	42	43	43	43	43	43	43	43	42	42	42	42	40	40	41	42	43	43	43	43
Medicare A (MCA)	6	6	6	6	6	6	7	7	6	6	5	4	4	4	4	4	4	4	5	5	6	7	7	7	7	7	7	7	7	7	7	7
Michigan Blue Cross (MBC)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Private Pay (PP)	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
United Health Care Advantage (UMA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL DAYS</b>	<b>2096</b>	<b>66</b>	<b>66</b>	<b>67</b>	<b>67</b>	<b>67</b>	<b>67</b>	<b>65</b>	<b>65</b>	<b>65</b>	<b>66</b>	<b>65</b>	<b>65</b>	<b>66</b>	<b>66</b>	<b>67</b>	<b>67</b>	<b>69</b>	<b>71</b>	<b>72</b>	<b>72</b>	<b>71</b>	<b>71</b>	<b>71</b>	<b>68</b>	<b>68</b>	<b>69</b>	<b>68</b>	<b>68</b>	<b>68</b>	<b>66</b>	

Unit: All Floor: All Payers: All Bed Certification: All

Summary By:  
 Payer

	# of Days	Oct/22	Nov/22	Dec/22	Jan/23	Feb/23	Mar/23	Apr/23	May/23	Jun/23	Jul/23
Aetna Commercial (AC)	7	7	0	0	0	0	0	0	0	0	0
Auto (AUT)	321	31	30	31	31	45	31	30	31	30	31
Commercial Insurance (CI)	79	0	0	0	7	7	23	23	0	18	9
Hospice Medicaid (HM)	343	31	73	29	23	28	31	30	37	30	31
Humana Medicare Advantage (MHA)	349	8	75	60	76	22	0	29	11	11	57
MI Health Link Medicaid (MIM)	2364	279	268	248	215	196	217	240	271	213	217
MI Health Link Medicare (MHM)	102	0	0	13	9	0	18	9	0	35	18
Managed Medicaid (MMA)	154	2	10	47	23	0	18	2	17	35	0
Med Plus Blue Advantage (BMA)	54	0	13	21	0	1	0	8	11	0	0
Medicaid (MA)	13288	1245	1246	1356	1339	1261	1374	1382	1474	1282	1309
Medicare A (MCA)	1591	122	155	175	184	129	112	86	200	242	184
Michigan Blue Cross (MBC)	5	0	0	0	0	0	0	0	0	0	5
Priority Health Medicaid (PHM)	90	0	1	35	9	0	17	25	3	0	0
Priority Health Medicare Advantage (PH)	48	0	0	0	23	8	11	6	0	0	0
Private Pay (PP)	1484	105	83	76	114	129	150	169	194	244	220
United Health Care Advantage (UMA)	66	0	0	0	12	0	4	4	41	0	9
Wellcare Advantage (WEA)	32	0	15	9	8	0	0	0	0	0	0
<b>TOTAL DAYS</b>	<b>20377</b>	<b>1830</b>	<b>1969</b>	<b>2107</b>	<b>2066</b>	<b>1846</b>	<b>2006</b>	<b>2059</b>	<b>2267</b>	<b>2131</b>	<b>2096</b>



800.968.0010 | YEOANDYEO.COM

Christian Lutes  
Cass County Medical Care Facility  
23770 Hospital Street  
Cassopolis, MI 49031

Dear Christian:

We appreciate the opportunity and thank you for considering an extension to our auditing engagement. We have enjoyed working with you and your staff and feel we have been able to provide a consistent quality audit team. We have a very good understanding of how the Facility operates, which helps us identify key areas during our audit to identify weaknesses, offer opportunities to strengthen controls, and make suggestions to increase operating efficiencies.

We do understand that cost is an important factor, and we feel we can offer the following for your consideration:

2023	\$23,750
2024	\$24,950
2025	\$26,200

Again, thank you for this opportunity and should you have any questions, feel free to contact me at your convenience.

Sincerely,

Alan D. Panter, CPA, CGFM  
Principal

Response:

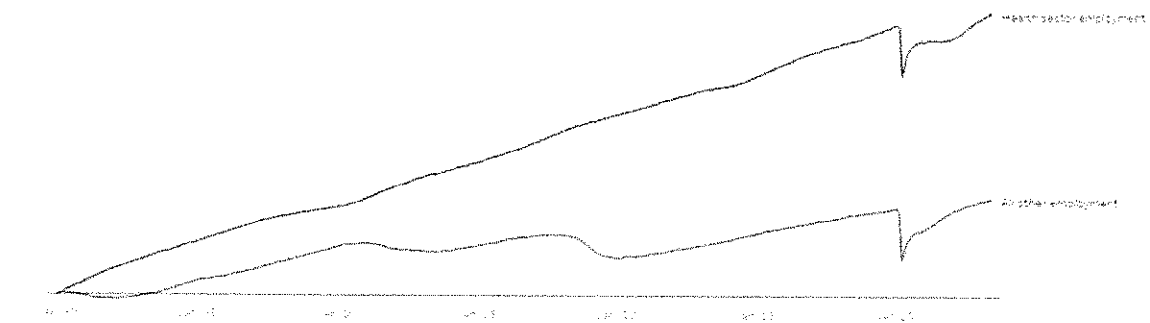
Acceptance:

---

Signature & Title

With the end of the public health emergency closed (May 11, 2023), people are happy to get back to “normal”, but we know the long-term care industry has a new normal that is far from what normal used to be. The State budget has been passed for fiscal year 2024 beginning on October 1, 2023, which recognizes this new normal and continues to support senior living in several ways. As we brace for this new normal and work through the challenges we face, it is important to understand the dynamics of an increase elderly population and pressures impacting the industry’s capacity to address those increases, which you can see from the graphs below. I know you all are experiencing staffing challenges, these graphs highlight that reality.

Cumulative % change in health sector and non-health sector employment, January 1990 - June 2023

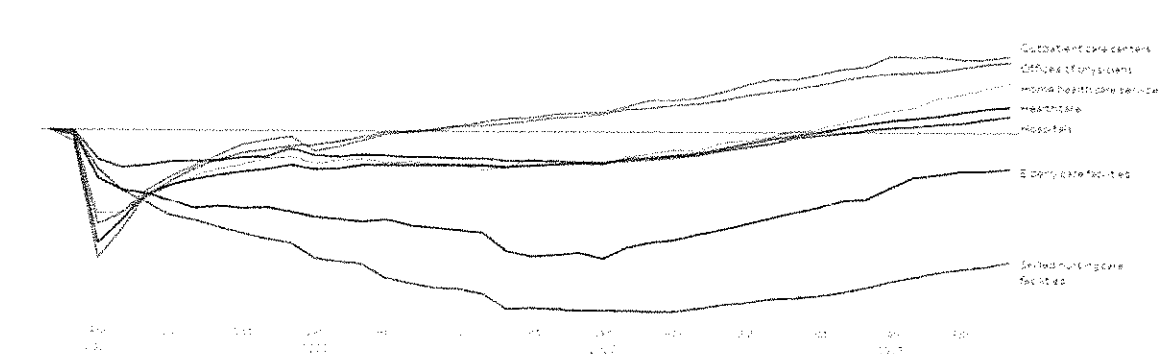


Note: All data is seasonally adjusted. Data from the latest two months are preliminary. Grey regions represent periods of economic recession.

Source: Bureau of Labor Statistics Current Employment Statistics (CES) • Get the data • BLS

December 2023  
**Health System Tracker**

Cumulative % change in health sector employment by setting, February 2020 - June 2023



Note: All data is seasonally adjusted. Data for the latest two months are preliminary. Elderly care facilities are continuing care retirement communities and assisted living facilities for the elderly.

Healthcare overall has recovered well as we move past the pandemic, but elder care and skilled nursing workers continue to lag well behind other healthcare settings in recovering employment levels seen prior to the pandemic. According to the U.S. Bureau of Labor Statistics reporting in March 2023, Michigan specifically is still down 20% in skilled nursing employment compared to pre-pandemic levels.

## COVID Specific Funding and Activity-State of Michigan

### Direct Care Worker Wage Passthrough

I was hoping there would be more guidance out on this reimbursement program, so I could provide full clarity on how the changes will impact providers, but MDHHS has yet to issue further guidance since the budget was approved. Below is a table showing a comparison of the fiscal 2023 versus 2024 program.

<u>Aspect of Program</u>	<u>Fiscal Year 2023</u>	<u>Fiscal Year 2024</u>
<b>Period</b>	10/1/22 to 9/30/23	10/1/23 to 9/30/24
<b>Funding Source</b>	Fully supported by COVID funding.	Funded mainly by COVID funding, with some portion coming from State general funds.
<b>Providers Impacted</b>	SNFs and any AL units serving Medicaid residents.	SNFs and any AL units serving Medicaid residents.
<b>Clinical DCWs</b>	RNs, LPNs, and CNAs	RNs, LPNs, and CNAs
<b>Clinical DCW wage supplement</b>	\$2.35 per worked hour, increased to \$3.53 for overtime hours.	\$3.20 per worked hour, a 36% increase! Overtime would be at a rate of \$4.80 per hour.
<b>Non-Clinical DCWs</b>	Not Applicable	Staff that have direct care duties with residents in the following departments: housekeeping, laundry, maintenance/plant operations, dining, medical records, social services, diversion therapy (activities), beauty & barber, and gift, flower, coffee, & canteen workers.
<b>Non-Clinical DCW wage supplement</b>	Not Applicable	\$0.85 per worked hour, increased to \$1.28 for overtime hours.

As mentioned above, there are still many questions around this program and it does leave out several groups of employees, including administration and supervisory roles. As information becomes available, providers already participating in the DCW wage reimbursement program will be receiving it. The funding of the program utilizing State general funds provides some indicator of potential funding into the future, but it will be a significant spend (\$300 million) for the State and is unclear if it can continue beyond fiscal 2024.



### **MDHHS Workforce Stabilization Grant**

This funding has seen several iterations (previously referred to as the healthcare retention and recruitment grant) to get to the final distribution, which is detailed below. The funding, which has always been tied to \$67 million of COVID relief funding the State committed to distributing. The grant is meant to provide funding to providers and trade associations, so they can identify ways to attract and retain healthcare workers, primarily nursing staff. All providers have felt the pinch of lower staffing levels throughout the pandemic and the State recognizes this is an important effort to ensure the healthcare workforce is robust to meet the future demands. With trade associations, a training and support organization, plus several individual providers receiving funding, many providers throughout the State will hopefully see benefits from the grant.

- Ciena, receiving \$26 million. Large (48 facilities) for-profit provider.
- H-CAP, receiving \$25 million. A national career advancement organization focused on healthcare and providing training and other support.
- MCMCFC, receiving \$5.9 million. Trade association of governmental providers.
- LeadingAge Michigan, receiving \$5.1 million. Trade association of nonprofit providers.
- Holland Home, receiving \$3.5 million. Large nonprofit provider in Grand Rapids.
- Mission Point, receiving \$1.4 million. Large (28 facilities) for-profit provider.

### **COVID Testing Reimbursement**

MDHHS has sent out several communications identifying they are ending the COVID specimen collection (\$22.07 per specimen collected) and lab cost reimbursement as the public health emergency ended. Any reimbursement requests and accompanying supporting documentation was due to the State by August 1, 2023. The State is continuing to provide free testing kits to providers.

### **Medicare/Medicaid Reimbursement**

#### **Medicare Reimbursement Beginning October 1, 2023**

As costs continue to climb for providers, payors are starting to recognize and adjust rates accordingly. It was welcomed news when CMS issued their final rule for SNF reimbursement, identifying a net increase to rates of 4% effective October 1, 2023. This rate adjustment is the combination of a 6.4% overall increase, adjusted down for the second year in a row by the PDPM parity adjustment (2.3% decline in reimbursement). As providers move into budget season, being able to anticipate this increase will help to minimize impacts of increased cost to provide care. Further commentary on the SNF Payment System Final Rule (CMS 1779-F) can be found at the link below.

<https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2024-skilled-nursing-facility-perspective-payment-system-final-rule-cms-1779-f>

#### **Transition to New Medicaid Payment System**

The State tried to work into the budget for fiscal year 2024 an amount that would fund efforts to transition to a new SNF reimbursement program. Fortunately/unfortunately it was not able to be incorporated and this effort will be delayed until fiscal year 2025 (October 2024). It is still unclear on what a new reimbursement system will look like and the trade associations are working with the State to help develop this. If the State is

able to budget for this transition, it will be helpful to providers, as part of the funding is to “hold harmless” providers in the year of implementation to ensure reimbursement will be consistent to what they would have expected under the current cost-based reimbursement system. I expect more information and continued engagement with trade associations as we move into 2024.

**Medicaid Room & Board Rate Activity**

The State is historically late when issuing reimbursement rate letters to providers and recently that trend has continued. Unfortunately, I do not see this trend changing for the October 1, 2024 rate letters as illustrated in the table below.

	<u>FY 2022</u>	<u>FY 2023</u>	<u>In Year Chg</u>	<u>FY 2024</u>
<b>Effective Date for Reimbursement</b>	October 1, 2021	October 1, 2022	January 1, 2023	October 1, 2023
<b>Rate Letter Distribution Date</b>	January 24, 2022	November 29, 2022	April 24, 2023	OPEN
<b>Rate Adjustment Formula</b>	2.5% increase from the 10/1/2020 rates.	2.5% increase from the 10/1/2021 rates.	2% increase from the 10/1/2022 rates.	Expected to be based on filed 2022 cost reports.
<b>Identified Reason for Late Communication</b>	Waiting on CMS to approve State plan to deviate from historical cost-based rate setting.	Same as FY 2022.	Same as FY 2022.	Likely due to the accumulation of data and setting of the variable cost limits for the first time in 3 years.
<b>Variable Cost Limits</b>	Based on 2019 cost reporting.	Same as FY 2022.	Same as FY 2022.	See commentary below.

As we look to the October 1, 2023 rates, HCAM provided a webinar in early August, which identified an estimate of the future variable cost limits (VCL) based on a large group of cost reports HCAM was able to FOIA from the State. The table below shows some details of these expected rates and indicate additional settlements will be necessary even after the rate increases of only 7% identified in the rate changes above.

<u>Provider Type</u>	<u>10/1/2023 VCL</u>	<u>10/1/2020 VCL</u>	<u>Change</u>
Class I	\$258	\$224	\$34 and 15%
Class III (MCFs)	\$403	\$330	\$73 and 22%

A positive item in the State budget is that long-term care services saw a 14% increase from 2022, moving from \$1.8 billion to over \$2 billion. This increased funding will help MDHHS fund the settlements that many providers are expecting.

**Supplemental Funding Programs**

If you have been trying to keep up with the many changes that rolled out for QAS and QMI programs, you are not alone. The table below will hopefully be helpful to clarify all the changes. It should be noted, even though it is challenging to monitor these programs, the State is focused on benefiting providers. Revenue runs higher than the tax expenses imposed, plus funding provided is typically sent to providers ahead of requesting payments back to the State.

	<u>QAS Program</u>	<u>QMI Program</u>
Supplement Revenue Rate Period-FY 2022	Consistent from October 2021 to September 2022	Rate Setting October 2021 to March 2022 and update for April 2022 to September 2022.
Supplement Revenue Rate Period-FY 2023	Updated rate for October 2022 to December 2022, then updated again for January 2023 to September 2023.	Rate carried forward from FY 2022 to March 2023. Rate updated for April 2023 to September 2023.
Supplement Payment Distribution-FY 2023	Lump sum payment for October 2022 to December 2022 paid in October 2022. Lump sum payment for January 2023 to March 2023 paid in December 2022. Began paying monthly in April 2023. In May/June 2023, a true up payment (5 lines in RA) of the monthly amount based on the January 2023 rate change provided for the 5 months (January 2023 to May 2023) the State paid at the wrong rate. June 2023 payment would be the expected amount through September 2023 to be distributed monthly.	Lump sum payment for October 2022 to December 2022 paid in October or November 2022. Lump sum payment for January 2023 to March 2023 paid in December 2022. Began paying monthly in April 2023.
Tax Assessments	Provider tax expense and QMI expense is billed monthly at the same rate for the entire fiscal year but has been delayed at the start of each fiscal year because the State is still working on rates into the new year.	

Along with the challenges identified above, I also am challenged to understand how settlements might work with QAS supplement revenue. The rates identified by the State should be based on the lesser of the VCL or a provider’s variable costs. With cost-based reimbursement being applied retroactively to January 1, 2022, will the State update the QAS supplement rates when issuing settlements in the future? I do not have an answer to this question but will communicate any updates I can identify.

It should also be mentioned that if providers are challenged to pay amounts due back to the State, there are mechanisms to enter into a payment plan, as I know cash positions can be tight right now.

## Provider Relief Funding (PRF)

Now that PRF funding is no longer flowing to providers and reporting is the only item left to complete, I am pleased that many of you have already completed the final reporting. Period 4 reporting, which was due by March 31, 2023 was the final reporting period for most providers and incorporated the funding that was received from Phase 4 distributions. That being said, some providers were caught up in an issue that OptumPay had when they upgraded their disbursement system in the middle of the distribution process for Phase 4 distributions. By now, I hope all providers have received their Phase 4/final PRF funding and are now ready to complete their final reporting requirements.

The current reporting period, Period 5, is due by September 30, 2023 and is reporting on funding received between January 1, 2022 and June 30, 2022. The funding can offset COVID-related expenses and lost revenue. With many providers accumulating lost revenue well beyond the PRF funding received, the “use” of funding should not be difficult. That being said, the reporting still requires all the appropriate information of personnel, patient, and facility metrics, details on other support received (like funding from the State), and revenue balances by quarter.

If you have completed your reporting requirements, it is appropriate to allow your HRSA login deactivate and you should no longer need it. For those that will continue to report into Period 5 and beyond, it is important to keep your account active, which requires you to log into the portal every 3 months. HRSA will deactivate accounts after 95 days of inactivity. I would recommend logging into the portal every other month between reporting periods to ensure your account stays active and to avoid any challenges in logging into the system in the future.

### Reporting Timetable

HRSA online reporting portal - <https://prfreporting.hrsa.gov/s/>

Reporting Period	Typical Distributions In Period for SNF:	Dates When Payment Were Received	What Can Funding Be Used For?	Period To Use Funds	Reporting Period (Due Date)
Period 1	General & SNF specific	4/10/2020-6/30/2020	COVID expenses & lost revenue.	1/1/2020-6/30/2021	Closed 11/30/2021
Period 2	Infection control awards	7/1/2020-12/31/2020	COVID expenses.	1/1/2020-12/31/2021	Closed 3/31/2022
Period 3	Infection control awards	1/1/2021-6/30/2021	COVID expenses.	1/1/2020-6/30/2022	Closed 9/30/2022
Period 4	Phase 4 distributions	7/1/2021-12/31/2021	COVID expenses & lost revenue.	1/1/2020-12/31/2022	Closed 3/31/2023
Period 5	Phase 4 distributions	1/1/2022-6/30/2022	COVID expenses & lost revenue.	1/1/2020-6/30/2023	7/1/2023-9/30/2023
Period 6	Phase 4 distributions	7/1/2022-12/31/2022	COVID expenses & lost revenue.	1/1/2020-12/31/2023	1/1/2024-3/31/2024

Funding from PRF is subject to a single audit (Assistance List/CFDA #93.498) and is included in the SEFA in the year when the “Period To Use Funds” identified above ends. For example, a December year-end would include funding reported during Period 5 and Period 6 in their 2023 single audit.

## Other Federal Programs

### Single Audit requirements on Federal funds received

When organizations expend more than \$750,000 in Federal funding in a year, a Single Audit is required, which many providers have been dealing with due to the PRF funding received. Other Federal funds that could trigger this include the Nursing Facility Infection Control Grant (**Assistance List/CFDA #21.027**) provided by MDHHS. This was the \$65,000 grant provided in late 2022 and into early 2023. Keep this in mind, along with the spending of PRF funds reported when evaluating if a Single Audit is required for reporting years of 2022 and 2023.

As a reminder, State funding of COVID testing and DCW wage reimbursement were a Federal funding passthrough and the State identified providers as beneficiaries, not subrecipients, which means the spend under these programs are excluded from Single Audit considerations.

### Employee Retention Tax Credit

I have provided plenty of guidance around the employee retention tax credit, but I feel it is still important to include in this memo. For one, I have seen too many postcards, flyers, or other mailers sitting on desks of the finance team at my clients. It is important to note that these are from organizations trying to win your business and “help” you claim the credit. The problem is, these groups are targets for the IRS, as they believe organizations that used these services had significant fraud and abuse. It is important to have support from CPAs and legal counsel to ensure documentation of eligibility and supporting calculations is robust and supportable in your position for claiming the credit and requesting a refund.

Also, it is important to mention that patience is important. The IRS continues to struggle through reviewing refund requests and issuing payment to organizations. IRS examinations are also ramping up with a large group of new IRS agents and have shown challenges in moving through the examination efficiently and sometimes will not have as good of an understanding of the facts and circumstances. It is important to be clear in communicating eligibility and being confident in the basis for your claim for a refund.

CORPORATE COMPLIANCE

AUGUST 2023

There was one investigation since the last board meeting. A consultant reported that she witnessed several employees walking up to an employee's office looking and saying that she was sleeping.

C.E.O., Interim Administrator, Human Resources and the Director of Finance had a meeting regarding the issue.

It was determined that no further action needed to be taken.

The investigation was reviewed by the consultant and met her approval.

Respectfully submitted by:



Rayann Franco  
Corporate Compliance Officer  
Cass County Medical Care Facility

## RESPONSE

### CASS COUNTY MEDICAL CARE FACILITY

Follow-up assigned to: Rayann Franco \_\_\_\_\_ Date: 07/29/2023

#### Result of Facility Investigation

- 7/25/2023 – Consultant reports that she witnessed three other employees look into Catchet's door and note this employee sleeping in her office. Consultant advised HR to speak to and provide paperwork regarding ADA via her consultant report. The consultant was concerned that other employees would regard no action taken as allowing this behavior. One employee noted it violated company policy. That same day, in about an hour, the CEO explained to the Consultant that this employee had multiple health issues. ADA was noted as an option to explore.
- 7/26/2023- HR typed up written warning. HR and the Director of Finance met with the employee regarding the warning.
- 7/27/2023- Employee has switched physicians in order to move her appointment from the end of August to 7/27/2023. Employee asks HR for FMLA and ADA paperwork per suggestion by new physician's office. Employee has lab work ordered.
- 7/29/2023- Employee gets lab work done at hospital lab.
- 7/29/2023- Consultant provides report from her visit and notes this issue and the potential need for ADA discussion and potential accommodations.
- 8/3/2023- Employee moves up appointment from 8/11/2023 to 8/3/2023 as lab results are all available. Employee is put on several different medications and given several new diagnoses.
- 8/8/2023- HR reports that she witnessed the employee sleeping in her office. C.E.O., Interim Administrator, HR and Director of Finance meet regarding the issue.
- 8/9/2023- Employee provides HR with after visit summary from appointment with physician. C.E.O., Interim Administrator, HR, Director of Finance and employee have a meeting. HR provides employee with ADA paperwork.
- 8/10/2023- Employee provides HR with signed FMLA paperwork and letter listing all new diagnoses.

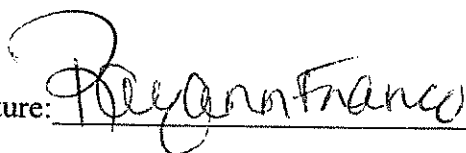
### **Actions to Be Taken**

Consultant recommendations included:

- If employee has a qualifying diagnosis or diagnoses, employee will provide ADA or FMLA paperwork as appropriate, once completed by the physician.
- HR recommended to have SHRM membership. SHRM certification is obtained by passing a three-hour comprehensive exam. SHRM membership has not in the past required certification, however, it is an excellent credential for HR and recommended for the knowledge and resources it brings.
- Consultant available to answer any further questions on 8/21/23 when there for on-site visit and available for texts, calls or zoom communication if needed.

At this point, the investigation is resolved to everyone's satisfaction.

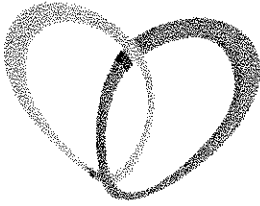
Facility Signature: \_\_\_\_\_

 Ryan Franco

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

7/29/23





CASS COUNTY  
MEDICAL CARE FACILITY  
CORPORATE COMPLIANCE FORM

Please give us an opportunity to address your concerns by completing this form. Information is posted that lists the person available 24 hours a day for your assistance. This report may be submitted without fear of threat discrimination or other reprisal against any individual involved.

**Information Regarding Person Requesting Assistance**

Name:     Catchet Young    

Are you a resident living in this facility? Yes      No   x  

If Yes, what is your room number?     

Resident Name:     

What is your relationship to the resident?

     Durable Power of Attorney

     Guardian

     Other (explain):   former employee  

Telephone Number: (      )     

**Information About Your Concern(s)**

During a visit, a consultant reported that she witnessed several employees walking up to Catchet's door, looking in and saying she was sleeping. While she did not look in Catchet's door window, three others did and reported her sleeping. The consultant was only a few feet away. She learned that this employee had some complicated medical issues. In her consultant report, she advised HR to speak to the employee and provide paperwork regarding ADA.

Your Signature OR Staff Signature Completing Form:     Rayann France    

Date:     7/29/23

Cass County Medical Care Facility

**Quality Assurance Performance Improvement Department Report**

**QAPI: Corporate Compliance Investigation Department: Corporate Compliance**

**Person completing report: Rayann Franco**

Audit Period: Initiation Date:	07/19/2023-08/11/2023
Type of audit or Process Improvement (Describe)	Corporate Compliance
Goal For Compliance	Target goal: 100% Current results: 100% compliance
Comparative Trend	100% compliance
Data Analysis / Findings Summary	Review of risk regarding hospice relationships
Action Plan	Continue to monitor hospice relationships and review contracts as needed.
Follow Up	Corporate Compliance will report at minimum on a quarterly basis.
Steering Committee Response and Follow-Up	

**Signature:**

STATEMENT OF CONFIDENTIALITY: Data, records and knowledge, including minutes, collected for or by individuals to committees assigned quality improvement or peer review functions are confidential, not public records, and are not available for court subpoena in accordance with MCL 333.20175, 333.21513, 333.1515, 3331.531, 331.532, 331.533.

## Compliance and Ethics Quality Assurance Tool

**Purpose:** To evaluate the effectiveness of the facility's compliance and ethics program related to identified risk areas. Record observations below. Review findings. Generate action plan as needed.

Observed by: Rayann France Title: Corporate Compliance Officer Date: 8/11/22

### Fraud and Abuse Risk Area: Hospice Referrals and Use

	Observations	Risks		Comments
		Y	N	
1.	Is the facility requiring or accepting free (or below market value) goods and services through hospice?		✓	No goods are provided to the facility
2.	Does the facility have policies and procedures about the use of hospice?	✓		
3.	Is the facility requesting, requiring or accepting referrals from hospice in exchange for referrals to hospice?		✓	
4.	Is the facility allowing hospice to make free visits until SNF benefits are exhausted then admitting to hospice?		✓	hospice can visit at resident or POA request
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

# Cass County Medical Care Facility

## EMPLOYEE ROSTER

July 2023

Cass County Medical Care Facility had a total of (6) "Resignations/ "Terminations/Retirement", and (2) "New Hires"

### RESIGNATIONS

Dietary/Dietary Aide-Full Time-Terminated-9/7/21 - 7/11/23  
Activities/Activity Aide-Part Time-Quit-6/12/23 - 7/11/23  
Nursing/Assistant Director of Nursing-Full Time-Terminated-4/24/23 - 7/22/23  
Nursing/CNA-Full Time-Terminated-6/8/21 - 7/22/23  
Nursing/RN-Full Time-Quit-2/1/23 - 7/26/23  
Nursing/CNA-Full Time-2/6/23 - 7/23/23

### NEW HIRES

Travel Nurse/LPN-Full Time-7/24/23  
Travel Nurse/LPN-Full Time-7/27/23  
Nursing/LPN-PRN-7/19/2023  
Nursing/LPN-Full Time-7/19/2023

### VACANT POSITIONS/RECRUITING

RN, LPN, Finance Director, Administrator

Full-Time 109  
Part-time: 28

PRN 23

RN: 11  
LPN: 10  
C.N.A.: 65  
Maintenance: 03  
Administration: 26  
Dietary: 15  
Activities 08  
EVS 13  
Therapy 09

**TOTAL: 160**

**RESIDENT COUNCIL**

8/10/23 AND 8/11/23

Resident council was held room to room

**RESIDENTS**

Tori Bass

Ardith Higley

Barbra Meyer

Herb Davis

Dorothy Sachjen

Nance Kurdlemeyer

Frannie Moroz

Christine Botelho

Dawn High

Patt Mann

Diana Lutz

Ruth Newton

Faye Lary

Keith Wilson

**STAFF**

Steve Jacko

Four resident rights were read and discussed: to administer your own medications, to be free from restraints, to help plan your treatment and discharge, and to live in a clean place.

Ardith Higley opened the meeting.

**Housekeeping/Laundry-** No issues

**Front office-** No issues

**Social services-** No issues

**Maintenance-** No issues

**Kitchen/Dining room-** There was a request for bratwurst, and one resident requested to get coffee in the morning with their breakfast (which was discussed and immediately taken care of with the kitchen).

**Nursing-**Some residents had expressed that they would like the employees to introduce themselves when their shift starts so they know who is caring for them. I spoke to the Nursing department and they are re-educating their staff to have them introduce themselves.

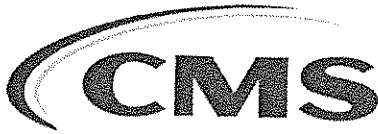
**Therapy-** No issues

**Activities-**It was expressed that some residents would like more velvet pictures to color, so I am looking into getting some more. It was also discussed that there was some popular games (life, sorry, clue, etc.) that are designed for 1 vs 1 play, and the residents like them and quite a few have already played them.

Tori closed the meeting.

Respectfully submitted,

Steve Jacko



**Care Compare Five-Star Ratings of Nursing Homes  
Provider Rating Report for June 2023**

**Ratings for Cass County Medical Care Facil (235352)  
Cassopolis, Michigan**

<b>Overall Quality</b>	<b>Health Inspection</b>	<b>Quality Measures</b>	<b>Staffing</b>
<b>★★★★★</b>	<b>★★★★</b>	<b>★★★★★</b>	<b>★★★★★</b>

*The Five-Star ratings provided above will be displayed for your nursing home on the Care Compare website on or around June 28, 2023. The health inspection rating incorporates data reported through May 31, 2023. The time periods for each of the quality measures that contribute to the Quality Measure (QM) rating can be found in the QM tables located later in this report. The staffing rating is based on payroll-based journal (PBJ) staffing data reported through the fourth calendar quarter of 2022.*

### **Helpline**

The Five-Star Helpline will operate Monday - Friday **June 26 - 30, 2023**. Hours of operation will be from 9 am - 5 pm ET, 8 am - 4 pm CT, 7 am - 3 pm MT, and 6 am - 2 pm PT. The Helpline number is 1-800-839-9290. The Helpline will be available again **July 24 - 28, 2023**. During other times, direct inquiries to [BetterCare@cms.hhs.gov](mailto:BetterCare@cms.hhs.gov) as Helpline staff help respond to e-mail inquiries when the telephone Helpline is not operational.

### **Important News**

**Provider Preview Reports will be moving to iQIES in July 2023. Please follow the steps below to locate the Provider Preview Report in iQIES.**

1. Log into iQIES at <https://iqies.cms.gov/> using your Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) user ID and password
2. Select the My Reports option from the Reports menu.
3. From the My Reports page, locate the Provider Preview Reports folder.

Contact the iQIES Service Center via email ([iQIES@CMS.HHS.GOV](mailto:iQIES@CMS.HHS.GOV)) or by phone (800-339-9313) if assistance to log into iQIES or to locate the Provider Preview Reports is required.

## Health Inspections

The Five-Star health inspection rating listed on the first page of this report is based on three cycles of survey data and three years of complaint and focused infection control inspections and incorporates data reported through May 31, 2023.

### ***Your Health Inspection Rating***

Provided below are the survey dates included in the calculation of the health inspection rating for your facility. The dates listed include standard survey dates as well as dates of complaint inspections and focused infection control inspections that resulted in deficiencies. For more detailed information about the deficiencies cited on each survey, please visit: <https://data.cms.gov/provider-data/>. This website updates on the same day as the Care Compare website. Any additional revisit points can be found in the 'Provider Information' table at the link provided above.

#### *Health Inspection Rating Cycle 1 Survey Dates:*

March 22, 2023

#### *Health Inspection Rating Cycle 2 Survey Dates:*

December 13, 2021

#### *Health Inspection Rating Cycle 3 Survey Dates:*

July 14, 2020

September 3, 2020

October 7, 2020

*Total weighted health inspection score for your facility: 59.3*

<b>State-level Health Inspection Cut Points for Michigan</b>				
<b>1 Star</b>	<b>2 Stars</b>	<b>3 Stars</b>	<b>4 Stars</b>	<b>5 Stars</b>
>182.33	107.01-182.33	68.01-107.00	30.01-68.00	0.00-30.00

Please note that the state cut points are recalculated each month, but the total weighted health inspection score for your facility is compared to the cut points only if there is a change in your score.



***Citations under IDR/IIDR***

Below is a listing of health inspection citations for your nursing home that are under IDR or IIDR. These citations are reported on the Care Compare website; however, they are not included in the health inspection rating.

*Your nursing home has no health inspection citations under IDR/IIDR.*

### Long-Stay Quality Measures that are Included in the QM Rating

MDS Long-Stay Measures	Provider 235352					Rating Points	MI	US
	2022Q1	2022Q2	2022Q3	2022Q4	4Q avg		4Q avg	4Q avg
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	1.8%	1.7%	0.0%	0.0%	0.9%	100	2.9%	3.4%
Percentage of high-risk residents with pressure sores	4.2%	7.7%	2.2%	2.3%	4.3%	80	8.7%	8.1%
Percentage of residents with a urinary tract infection	1.8%	1.7%	1.8%	0.0%	1.3%	80	2.2%	2.3%
Percentage of residents with a catheter inserted and left in their bladder <sup>1</sup>	0.0%	1.9%	0.0%	0.0%	0.5%	80	1.6%	1.7%
Percentage of residents whose need for help with daily activities has increased	10.7%	10.5%	5.5%	9.6%	9.1%	135	12.3%	14.8%
Percentage of residents who received an antipsychotic medication	5.7%	5.5%	3.9%	4.0%	4.8%	150	13.8%	14.5%
Percentage of residents whose ability to move independently worsened <sup>1</sup>	12.0%	9.8%	10.8%	18.9%	12.9%	120	13.5%	15.1%

<sup>1</sup>These measures are risk adjusted.

<sup>2</sup>This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Care Compare.

Claims-Based Long-Stay Measures	Provider 235352			Rating Points	MI	US	
	Observed Rate <sup>3</sup>	Expected Rate <sup>3</sup>	Risk-Adjusted Rate <sup>3</sup>		Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
<i>Lower rates are better. The time period for data used in reporting is 10/1/2021 through 9/30/2022.</i>							
Number of hospitalizations per 1,000 long-stay resident days <sup>1</sup>	0.99	1.26	1.26	120	1.67	1.602	1.64
Number of emergency department visits per 1,000 long-stay resident days <sup>1</sup>	0.50	1.75	0.43	135	0.95	1.506	1.07

<sup>1</sup>These measures are risk adjusted.

<sup>2</sup>This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Care Compare.

<sup>3</sup>The observed rate is the actual rate observed for the facility without any risk-adjustment; the expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility; and the risk-adjusted rate is adjusted for the expected rate of the outcome and is calculated as (observed rate for facility / expected rate for facility) \* US observed rate. Only the risk-adjusted rate will appear on Care Compare.

Total Long-Stay Quality Measure Score

1000

Long-Stay Quality Measure Star Rating

★★★★★

### Short-Stay Quality Measures that are Included in the QM Rating

MDS Short-Stay Measures	Provider 235352					Rating Points	MI	US
	2022Q1	2022Q2	2022Q3	2022Q4	4Q avg		4Q avg	4Q avg
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function <sup>1</sup>	77.2%	d<20	71.5%	66.5%	73.7%	120	78.0%	74.4%
<i>Lower percentages are better.</i>								
Percentage of residents who newly received an antipsychotic medication	0.0%	0.0%	0.0%	0.0%	0.0%	100	1.4%	1.7%
<i>The time period for data used in reporting is 7/1/2021 through 6/30/2022.</i>								
Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened <sup>1</sup>					4.7%	40	2.7%	2.9%

Claims-Based Short-Stay Measures	Provider 235352			Rating Points	MI	US
	Observed Rate <sup>3</sup>	Expected Rate <sup>3</sup>	Risk-Adjusted Rate <sup>3</sup>		Risk-Adjusted Rate	Observed Rate
<i>Higher percentages are better. The time period for data used in reporting is 7/1/2019-12/31/2019 and 7/1/2020-6/30/2021.</i>						
Rate of successful return to home or community from a SNF <sup>1</sup>	43.8%	NR	50.0%	75	54.8%	52.7% <sup>4</sup>
<i>Lower percentages are better. The time period for data used in reporting is 10/1/2021 through 9/30/2022.</i>						
Percentage of residents who were re-hospitalized after a nursing home admission <sup>1</sup>	20.5%	21.5%	21.5%	90	22.7%	22.6%
Percentage of residents who had an outpatient emergency department visit <sup>1</sup>	5.1%	10.0%	5.6%	135	11.5%	12.0%

<sup>1</sup>These measures are risk adjusted.

<sup>2</sup>This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Care Compare.

<sup>3</sup>The observed rate is the actual rate observed for the facility without any risk-adjustment; the expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility. For successful community discharge, the risk-adjusted rate is calculated as (predicted rate / expected rate) \* US Observed rate and is referred to as the risk-standardized rate. For rehospitalization and emergency department visits, the risk-adjusted rate is calculated as (observed rate / expected rate) \* US observed rate. Only the risk-adjusted or risk-standardized rate will appear on Care Compare.

<sup>4</sup>For this measure, this value is the National Benchmark, rather than the national average of the risk-adjusted rate. NR = Not Reported. The expected rate is not reported for this measure.

Unadjusted Short-Stay Quality Measure Score	560
Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1150/800) <sup>1</sup>	805
Short-Stay Quality Measure Star Rating	★★★★★
Total Quality Measure Score <sup>2</sup>	1805
Overall Quality Measure Star Rating	★★★★★

<sup>1</sup>An adjustment factor of 1150/800 is applied to the unadjusted total short-stay score to allow the long- and short-stay QMs to count equally in the total QM score.

<sup>2</sup>The total quality measure score is the sum of the total long-stay score and the total short-stay score. If a provider has only a long-stay score or only a short-stay score, then no total score is calculated and their overall QM rating is the same as the long-stay or short-stay QM rating, depending on which is available.

### Quality Measures that are Not Included in the QM Rating

MDS Long-Stay Measures	Provider 235352					MI	US
	2022Q1	2022Q2	2022Q3	2022Q4	4Q avg	4Q avg	4Q avg
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	100%	100%	100%	100%	100%	92.4%	94.7%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	100%	100%	100%	100%	100%	92.4%	91.9%
<i>Lower percentages are better.</i>							
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.1%
Percentage of low-risk residents who lose control of their bowels or bladder	72.7%	63.6%	55.0%	55.0%	61.9%	47.7%	47.4%
Percentage of residents who lose too much weight	12.7%	8.8%	7.4%	2.0%	7.8%	6.6%	6.2%
Percentage of residents who have depressive symptoms	0.0%	1.8%	0.0%	3.7%	1.4%	3.3%	8.1%
Percentage of residents who received an antianxiety or hypnotic medication	17.9%	17.5%	20.0%	23.1%	19.5%	18.9%	19.4%
<b>MDS Short-Stay Measures</b>							
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	98.1%	98.1%	98.1%	98.1%	98.1%	74.5%	75.1%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	100%	100%	100%	98.0%	99.4%	79.7%	78.8%

#### Additional Notes Regarding the Quality Measure Tables

"d<20". For individual quarters for the MDS-based QMs, d<20 means the denominator for the measure (the number of eligible resident assessments) is too small to report. A four-quarter average may be displayed if there are at least 20 eligible resident assessments summed across the four quarters.

"NA". "NA" will be reported for quality measures not included in the QM Rating: 1) for which data are not available or 2) for which the total number of eligible resident assessments summed across the four quarters is less than 20.

#### SNF Quality Reporting Program (QRP) Measures:

Two of the short-stay QMs used in the Five-Star QM rating calculation are SNF QRP measures: "Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened" and "Rate of successful return to home or community from a SNF." There are additional SNF QRP measures that are not included in the Five-Star ratings but are displayed on Care Compare. Information about these measures can be found on separate provider preview reports in the QIES mailbox. Please watch for communication from CMS on the availability of these reports. Additional information about the SNF QRP measures can be found in the Quality of Resident Care section on the References page of this report.

## Staffing Hours per Resident Day

PBJ data for **January 1 to March 31, 2023** (submitted and accepted by the May 15, 2023 deadline) are being used to calculate the staffing levels for three months starting with the **July 2023** Care Compare website update. The table below includes the reported, case-mix and adjusted staffing levels for your facility, using the PBJ data for **January 1 to March 31, 2023**. The case-mix staffing values are based on resident acuity levels using RUG-IV data. The Five-Star Rating Technical Users' Guide contains a detailed explanation of the staffing rating and the case-mix adjustment methodology. The table also shows the weekend staffing levels (total nurse and RN) for your facility. Below the table is the average resident census for your facility.

### Staffing Levels for January 1 to March 31, 2023 for Provider Number 235352

	Reported Hours per Resident per Day (HRD)	Reported Hours per Resident per Day (HRD) (Decimal)	Case-Mix HRD	Case-Mix Adjusted HRD
<b>All days</b>				
Total nurse (RN, LPN, LVN, and Nurse Aide) hours	5 hours and 19 minutes	5.324	3.041	5.542
RN hours	1 hour and 16 minutes	1.260	0.283	1.746
LPN/LVN hours	27 minutes	0.452	0.671	0.497
Nurse aide hours	3 hours and 37 minutes	3.612	2.087	3.521
Physical therapist <sup>1</sup> hours	5 minutes			
<b>Weekend (Saturday and Sunday)</b>				
Total nurse (RN, LPN, LVN, and Nurse Aide) hours	4 hours and 15 minutes	4.245	3.041	4.420
RN hours	48 minutes	0.806		

<sup>1</sup>Physical therapist hours are not included in the staffing rating calculation.

The average number of residents for your facility (based on MDS census) for January 1 to March 31, 2023 is 65.8.

**Availability of Reported Staffing Data**

Some providers will see 'Not Available' for the reported hours per resident per day in the table above and a staffing rating may not be displayed for these facilities. There are several reasons this could occur:

1. No MDS census data were available for the facility.
2. No on-time PBJ staffing data were submitted for the facility.
4. No nursing hours were reported (0 HRD).
5. Total reported nurse staffing was excessively high (>12.0 HRD).
6. Total reported nurse aide staffing was excessively high (>5.25 HRD).
7. A CMS audit identified significant discrepancies between the hours reported and the hours verified, or the nursing home failed to respond to an audit request.
14. No nursing hours were reported on weekends (0 HRD).
15. Total reported nurse staffing on weekends was excessively high (>12.0 HRD).
16. The total reported nurse aide staffing on weekends was excessively high (>5.25 HRD).
18. Other reason.