

Lourdes Senior Community Boards



Tuesday, February 7, 2023
 1:30 – 4:30 p.m.
 In-Person Meeting held at
 LRHC – Main Chapel

If joining by telephone only:
 Dial: 646-558-8656
 Meeting ID: 869 4538 6324
 Passcode: 852030

Click for Zoom meeting (with video and audio):

<https://us02web.zoom.us/j/86945386324?pwd=RG0yM3ROWWJWRW1xOSStKM0pQMHNkUT09>

Agenda

Time	Subject	Presenter	Action/ Disposition	Supporting Document	Page
1:30	I. Welcome	Brian Condit			
1:35	II. Prayer	Rich Acho	Pray	Prayer	3-4
1:40	III. Capital Replacement for Mendelson Hall and Fox Manor	Rich Acho	Approve		
2:00	IV. Board Designated Funds	Rich Acho	Approve		
2:15	V. LRHC Project A. St. Joseph Hall Completion B. Mendelson Apartment Redesign	Jason Mize	Update	Report Redesign costs	5 6-7
2:25	VI. Management Reports A. Clausen Manor B. Fox Manor C. Mendelson Home D. Compliance E. Human Resources F. Lourdes Rehabilitation and Healthcare Center (LRHC) G. Finance and Information Technology H. Marketing/Communications/Development	Colleen Burke Robin McClintock Robin McClintock Robin McClintock Rebecca Latta Maureen McGee David Krolikowski Wendy Mosella	Information	Reports	8-9 10-11 12-13 14 15-19 20-22 23-25 26
2:40	VII. Board Retreat Preparation	Brian Condit Governance and Nominating Committee	Plan		
3:00	VIII. Break				

Lourdes Senior Community Boards



Time	Subject	Presenter	Action/ Disposition	Supporting Document	
	EXECUTIVE SESSION				
3:15	ix. Dominican Sisters of Peace	S. Janice Bachman, OP	Discussion		
3:25	x. Report of the Chair	Brian Condit	Discussion		
3:40	xi. Report of the President/ Chief Executive Officer	Rich Acho	Discussion	Report	27-29
4:00	xii. Committee Reports A. Human Resources B. Governance and Nominating C. Philanthropy D. Quality / Resident Care E. Audit and Compliance F. Finance G. Continuing Support Fund	Beth Cafaro Brian Condit Brian Condit Lynne Lepisto-Golling, RN Barbara Mendelson John Noone Rich Acho	Information	Report Board Survey Recommendations	30-33 34
4:25	xiii. Consent Agenda: A. Approval of November 15, 2022, Meeting Minutes B. Approval of September 20, 2022, Meeting Minutes C. Continuing Support Fund Committee Charter D. Policies E. Educational Material	All	Approve Approve Approve Approve Information	Minutes Minutes Charter Behavior Health Services, Use of Psychotropic Medications, Training Requirements "6 Steps to Increasing Board Diversity ..", <i>The Wild Apricot</i> , March 26, 2021	35-42 43 44-47 48-57 58-67
4:30	Adjournment				
<p><u>Lourdes Senior Community Mission Statement</u></p> <p>Lourdes Senior Community, inspired by the gospel of Jesus and sponsored by the Dominican Sister of Peace, provides a broad continuum of care for seniors and their families. All who minister at Lourdes honor the uniqueness of each person with compassion, love, respect and dignity.</p> <p><i>You are hereby notified that the meeting will be recorded. You will be deemed to consent to the recording of the meeting by your participation.</i></p>					

Meeting of the Board
Lourdes Senior Community
7 February 2023

OPENING PRAYER

ST. VALENTINE

Valentine's Day is not just a day to buy your loved one(s) flowers and chocolate. Believe it or not, it is a historic day named after a very real and holy saint. San Valentino (St. Valentine) was a Third Century Roman priest and martyr during the reign of Claudius II, known as *Claudius the Goth*. He was arrested for helping Christians who were being persecuted by Claudius in Rome and for performing marriage ceremonies between young Christian couples in love. While imprisoned and under threat, Saint Valentine would not sway from answering questions of the Emperor regarding his beliefs.

The emperor tried to no avail to convert Saint Valentine. Regardless of what was asked however, Valentine would not renounce his faith so Claudius had him sent away to prison. The guard where Valentine was imprisoned listened as he preached day in and day out. As the legend goes, the guard, Asterius, had a daughter who was blind. He asked Valentine to hear her confession in which he did. Afterwards, Valentine put his hands over the girl's eyes and chanted: "*Lord Jesus Christ, enlighten your handmaid, because You are God, the True Light.*" Immediately the little girl regained her eyesight. Because of this miracle, the guard and many of his family members converted to Christianity and were baptized. Upon hearing of the conversions, Emperor Claudius condemned all of them to death.

The night before his execution, Valentine wrote the young girl a note and signed it, "*From your Valentine.*" Valentine was then beaten with clubs and stoned and finally beheaded on February 14th, around the year 269. He was buried on the Flaminian Way and a chapel was later built over his remains. On the same day, another Valentine, bishop of Terni, was imprisoned and beheaded by Placidus, prefect of Terni, about sixty miles outside of Rome. Many believe mysteriously that the two are one in the same priest, the same Valentine who was earlier brought to Rome for execution and buried on the Flaminian Way.

PRAYER

*O glorious advocate and protector,
St. Valentine,
look with pity upon our wants,
hear our requests,
attend to our prayers,
relieve by your intercession,
the miseries under which we labor,
and obtain for us the divine blessing,
that we may be found worthy
to join you in praising the
Almighty for all eternity:
through the merits of
Our Lord Jesus Christ.
Amen.*

Jason Mize- Director of Plant Operations
REPORT TO THE LOURDES SENIOR COMMUNITY BOARD
February 2023

Lourdes:

- St. Joseph Demo/Construction is complete.
- Obtaining pricing for security cameras in vacant areas (Kitchen Service Area) (Rehab area east/west).
- Obtaining pricing to add a door to separate St. Joseph Hall and Phase 2.
- In communication with the asphalt company regarding the paving of the service entrance and convent areas for scheduling. This may be postponed due to the Healing Garden construction.
- Working to schedule deck replacement for lake/pontoon access.
- Working to schedule replacement of cement at the entrance.

Fox:

- Flooring has been ordered for the dining room due to the current floor failing.
- Room remodels are in progress.
- Working to schedule replacement of the seven rotted doors.

Clausen:

- Room remodels are in progress.
- Working to schedule fence replacement.

Mendelson:

- Room remodels are in progress.
- Painting will start once the color is determined for the hallways per 2023 Capitol.
- Scheduling of 2nd story deck will happen in April.
- Working to schedule replacement of dining room doors/windows and 2nd-floor activities room that are rotted.

Future Items of Concern:

-The Old Chapel roof is deteriorating quickly. We have had the roof patched multiple times. Soon, this will need to be replaced.

Mendelson Room(s) Cost

Kitchen Cabinets: \$6300

Vanity: \$1200

Flooring: \$2154.00 this will change slightly, depending on
Sq footage.

Paint: \$1000

Outlets/Light switches: \$216

Lights: \$278.00

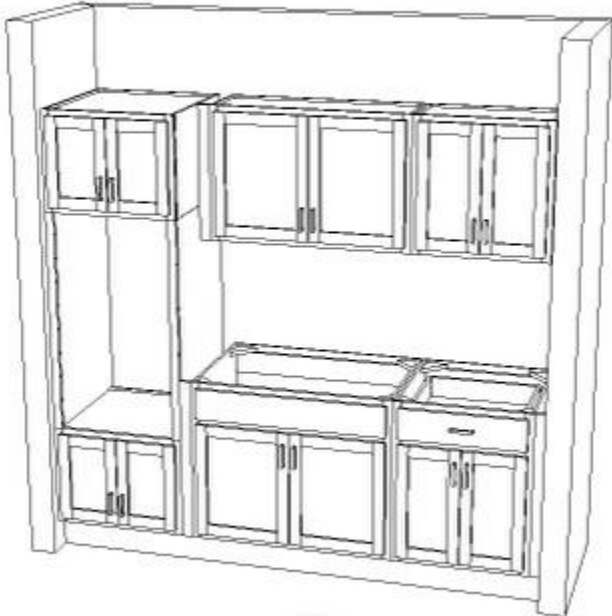
Door Handle: \$21.00

Window Shade vines: \$75.00

Smoke detectors if needed: \$107

TOTAL: \$11,351

Mendelson Kitchenette



Mendelson Countertop and Cabinets



Colleen Burke – Director of Clausen Manor
REPORT TO THE LOURDES SENIOR COMMUNITY BOARDS
February 2023

CENSUS INFORMATION: As of January 25, 2023	
CURRENT NUMBER OF RESIDENTS	18 (4 receiving hospice)
TOTAL NUMBER OF ADMISSIONS 2022	13
FROM CAMPUS 2022	5
TOTAL NUMBER OF ADMISSIONS 2023	3 (+ one moving in the week of 1/29/23)
FROM CAMPUS 2023	2
TOTAL NUMBER OF DISCHARGES 2022	16
DISCHARGES TO CAMPUS FACILITIES 2022	1
OFF-CAMPUS DISCHARGES 2022	3 (1, back home with husband, 1 back home at end of life, 1 closer to son)
NUMBER OF DEATHS 2022	12 (all under hospice services)
TOTAL NUMBER OF DISCHARGES 2023	0
DISCHARGES TO CAMPUS FACILITIES 2023	0
OFF-CAMPUS DISCHARGES 2023	0
NUMBER OF DEATHS 2023	0
MAJOR ACTIVITIES FOR RESIDENTS	
<ul style="list-style-type: none"> • We enjoyed numerous outings with the residents at the end of the year including lunches, breakfast, and Christmas lights. • The residents “celebrated” Antarctica in January and adopted Zelda, a penguin at the Detroit Zoo. The Detroit Zoo reciprocated and sent all the residents a stuffed penguin. The zoo has also promised a personal tour of the penguin house when we visit this summer. • In December we hosted the first Family Christmas party in three years. Thirteen of the fifteen residents had family in attendance. Santa Claus visited and brought each resident a present. • We are hosting a prom with the residents in the next month. • Deacon Paul Latcha continues to meet the pastoral needs of Clausen residents through in-person visits with the residents every Tuesday and Thursday. He also says the Rosary with them. • The drums Alive program is held twice a month and the residents seem to enjoy this event. 	
MAJOR FACILITY ISSUES	
COVID-19 Strategies	
<ul style="list-style-type: none"> • Employees and visitors no longer screen when they arrive for work/visit. • All staff and visitors wear face masks while at Clausen Manor per requirement. • Weekly COVID-19 statistic reporting to MDHHS. If there is a positive case in the facility the Oakland County Health Department is notified. 	
COVID-19 Cases 2022	
<ul style="list-style-type: none"> • Residents: Confirmed – 15 Probable - 0 • Staff: 20 (20 recovered) 	
COVID-19 Vaccines:	
<ul style="list-style-type: none"> • Staff: Total staff=20 Total vaccinated=8 Booster=2 2nd Booster= 0 Unvaccinated=13 • Residents: Total Residents=18 Total vaccinated=18 Booster=8 2nd Booster = 13 Unvaccinated=0 • The second round for boosters was held in early November. Those who tested positive in October must wait 90 days for their next booster. We will be boosting them when it is time. 	

Robin McClintock, CTRS, CALD – Fox Manor
REPORT TO THE LOURDES SENIOR COMMUNITY BOARDS
February 2023

CENSUS INFORMATION: As of January 25, 2023	
NUMBER OF RESIDENTS	52
TOTAL NUMBER OF ADMISSIONS 2022	12
FROM CAMPUS 2022	1 (LRHC)
TOTAL NUMBER OF ADMISSIONS 2023	1
FROM CAMPUS 2023	1 (MAL)
TOTAL NUMBER OF DISCHARGES 2022	9
DISCHARGES TO CAMPUS FACILITIES 2022	6
OFF-CAMPUS DISCHARGES 2022	1
NUMBER OF DEATHS 2022	2
TOTAL NUMBER OF DISCHARGES 2023	1
DISCHARGES TO CAMPUS FACILITIES 2023	0
OFF-CAMPUS DISCHARGES 2023	0
NUMBER OF DEATHS 2023	1 (on hospice)
MAJOR ACTIVITIES FOR RESIDENTS	
<ul style="list-style-type: none"> • Community Benefit: In October, the staff hosted a bake sale fundraiser for the Detroit Dog Rescue. Over \$1,000 was raised. In December, Fox Manor hosted two resident-driven fundraisers. Fundraisers were for Clothe the Children and the poor and underserved in Appalachia. • On Thanksgiving Day, about 20 residents do not go to their families' homes for Thanksgiving. Fox hosts a special Thanksgiving meal, with special table décor put together by me and the staff. The residents sit at a long table just like family. This is an event the residents enjoy. • Due to COVID and other respiratory illnesses that were at high levels around the holidays, Fox chose not to host large resident and family holiday parties. Instead, special Christmas and New Year's Eve parties were held just for the residents. • In January, each campus facility celebrated a country or continent around the world. Fox chose Africa, Mendelson chose to focus on South America, Lourdes chose Australia and Clausen chose the South Pole. For an entire week during the month, the activities were centered around the location chosen by the facility. 	
MAJOR FACILITY ISSUES	
COVID-19 Strategies	
<ul style="list-style-type: none"> • At this time, masks are no longer required to be worn in Fox Manor. If the positivity rates increase, this could change. • Visitation is allowed without restriction. • The facility has opened to allow visitors in common areas, activities, and during lunch in the dining room. • Reporting to the Oakland County Health Department must only be completed if the facility has a positive COVID case. 	
COVID-19 Testing:	
<ul style="list-style-type: none"> • There is no regulation for mandatory weekly testing at Independent Living facilities. However, if there are any positives in the facility testing may occur for all or part of the facility depending on the case. 	
COVID-19 Cases:	
<ul style="list-style-type: none"> • Residents: 2022= 23 2023= 1 • Employees: 2022 = 6 2023 = 0 	
COVID-19 Vaccines:	
<ul style="list-style-type: none"> • Staff: Total staff=21 Total vaccinated= 11 1st Booster=4 2nd Booster = 3 Bivalent = 3 • Residents: Total Residents: 52 Total vaccinated=51 1st Booster=6 2nd Booster= 9 Bivalent = 1 • 	

TRENDS

- The average age is 86 years old. The mode is 87.
- The average length of stay is 4.12 years. The resident with the longest length of stay is 15.69 years.
- The youngest resident is 74 years old, and the oldest resident is 99.
- 40 of our 52 residents (76.9%) are Catholic.
- 41 women and 11 men
- Five married couples are living at Fox Manor.
- There is one resident receiving hospice services with Trinity Hospice.
- Occupancy YTD 2022: 88.7% Budget 2022: 87%
 YTD 2023: 88.7 Budget 2023: 88.9%

FLU SHOTS:

- Residents: 41 received Staff: 7 received

STAFFING

DIETARY	2 full-time cooks 10 part-time wait staff
ACTIVITIES	1 part-time activities coordinator
HOUSEKEEPING/LAUNDRY	1 full-time resident apartment housekeeper 1 part-time resident apartment housekeeper 1 part-time common area housekeeper
ADMINISTRATION	1 full-time building director 2 part-time receptionists 2 in-house security staff

DIRECTOR'S ADDITIONAL THOUGHTS:

- Census has been holding steady. One admission is scheduled for the beginning of March. One is pending assessment. Tours have picked up.
- There are two apartments currently being remodeled.
- Five residents are currently receiving support services from home healthcare and non-medical assistance companies.
- Fox is currently utilizing referral agencies to boost admission prospects. A Place for Mom is currently the primary resource.



Robin McClintock, CTRS, CALD - Mendelson Home
REPORT TO THE LOURDES SENIOR COMMUNITY BOARDS
 February 2023

CENSUS INFORMATION: As of January 25, 2023	
NUMBER OF RESIDENTS	51
TOTAL NUMBER OF ADMISSIONS 2022	28 (four respite)
FROM CAMPUS 2022	11
TOTAL NUMBER OF ADMISSIONS 2023	4 (1 respite)
FROM CAMPUS 2023	2
TOTAL NUMBER OF DISCHARGES 2022	29
DISCHARGES TO CAMPUS FACILITIES 2022	10
OFF-CAMPUS DISCHARGES 2022	7 (four respite)
NUMBER OF DEATHS 2022	12 (10 were on hospice)
TOTAL NUMBER OF DISCHARGES 2023	6 (1 respite)
DISCHARGES TO CAMPUS FACILITIES 2023	3
OFF-CAMPUS DISCHARGES 2023	2
NUMBER OF DEATHS 2023	1
MAJOR ACTIVITIES FOR RESIDENTS	
<ul style="list-style-type: none"> • December brought about many different activities to celebrate the season. The residents traveled to Pine Knob music theater for the drive-through “D’TE Magic of Lights” holiday light display. Due to COVID and other respiratory illnesses that were at high levels around the holidays, Mendelson chose not to host large resident and family holiday parties. Instead, a party was held just for the residents. • December also brought the 100th birthday of resident Dr. Don Overy. The residents and some of Don’s family were in attendance. • In January, each campus facility celebrated a country or continent around the world. Mendelson chose to focus on South America, Fox chose Africa, Lourdes chose Australia and Clausen chose the South Pole. For an entire week during the month, the activities were centered around the location chosen by the facility. 	
MAJOR FACILITY ISSUES	
COVID 19 Strategies	
<ul style="list-style-type: none"> • MDHHS has removed most all visitation restrictions. The residents are allowed to have visitors whenever they choose. This includes if the resident has tested positive for COVID. If the visitors understand the risks, they can visit. Visitors are allowed to be in common areas, the activity room, and the dining room. • All visitors must wear masks. • All staff is required to wear face masks while at work. • All residents are required to wear masks while out of their apartments. • Weekly COVID-19 reporting to the CDC and MDHHS. If there is a positive case in the facility the Oakland County Health Department and the State Licensing Office are notified. 	
COVID-19 Testing:	
<ul style="list-style-type: none"> • Per MDHHS, staff no longer must do routine testing. However, if someone is symptomatic, they must be tested. If there is a positive in the building, serial testing must begin. Testing continues until the facility can go 14 days without a positive. 	
COVID-19 Cases:	
<ul style="list-style-type: none"> • Residents: 2022 = 30 2023 = 0 • Employees: 2022 = 29 2023 = 0 	
COVID-19 Vaccines:	
<ul style="list-style-type: none"> • Staff: Total staff=63 Total vaccinated=31 1st Booster=15 2nd Booster=4 Bivalent=7 • Residents: Total vaccinated 52 1st Booster=6 2nd Booster=13 Bivalent=31 Decline = 1 • LSC has partnered with OneCare Pharmacy to provide the new Bivalent booster shot to those residents who were unable to receive it due to testing positive for Covid. The clinic will be held on March 7th. 	

Robin McClintock, CTRS, CALD – Compliance
REPORT TO THE LOURDES SENIOR COMMUNITY BOARDS
February 2023

Excluded Provider/Criminal Background Check Process

Lourdes Senior Community continues our relationship with the Compliance Resource Center (CRC) to complete our monthly Excluded Provider checks. 2022 was our eighth year with CRC. I work very closely with Human Resources and administration to ensure the lists used have the most current and up to date information prior to sending it off each month. The Individual list includes employees, outside medical personnel, board members, committee members, and volunteers. The Entity list includes all of our vendors.

2022 yielded positive results. Over the course of the year there were no confirmed reports of any individual or entity (vendor) on our lists being excluded. Attached you will find a results spreadsheet for your review.

Criminal Background checks are completed on all employees, physicians and their representatives, volunteers, and board/committee members by the Human Resources Director. The checks completed differ based on the requirements of the facility's licensure. Those employees hired in at Mendelson, Lourdes Rehab, and Clausen are fingerprinted as well.

Compliance Reporting

Section 6102 of the Patient Protection and Affordable Care Act states that all skilled nursing facilities must have an effective compliance program in place. The program must be effective in preventing and detecting criminal, civil, and administrative violations and in promoting quality of care. An important aspect to the compliance program is protocols for reporting concerns. There are three different ways compliance concerns can be reported;

- 1) Contacting the Compliance Officer (Robin McClintock) directly at 248-674-2241 ext. 5841,
- 2) Emailing the Compliance Office at compliance@lourdes-sc.org, or
- 3) Calling the Anonymous Compliance Hotline at 248-886-5050.

Over the course of 2022, I received no reports of violations via the hotline, my direct number or to the compliance email address.

Code of Conduct

The Code of Conduct is a statement of principles that will guide the operations of an organization. A standard requirement for all compliance programs is to have a Code of Conduct that employees and board/ committee members should read, sign and abide by. The Code of Conduct is given to all new employees upon hire. There is a strong emphasis on the Gift and Gratuities policy that is within the Code of Conduct. Lourdes Senior Community's version of the Code of Conduct is our Ethics Guide. Attached you will find a copy of the Ethics Guide, as well as the Acknowledgement form. Please read through the Ethics Guide, sign the Acknowledgement and return it to me (rmcclintock@lourdes-sc.org) or Debi Batchelder (dbatchelder@lourdes-sc.org). You can also bring the signed Acknowledgment with you if you are attending the board meeting in person.

Rebecca Latta, Director – Human Resources
REPORT TO THE LOURDES SENIOR COMMUNITY BOARDS
February 2023

Employee Survey – We will be conducting an Employee Satisfaction Survey in March 2023. At our next Human Resources Committee meeting, we will present our updated survey. Our last survey was conducted in October 2020.

HRIS module – Human Resources is happy to report that our new payroll system UKG will have an HRIS module. The module will streamline the onboarding process and allow the employees to make changes (address updates, W-4, direct deposit, etc.) online. The new payroll system is expected to go into effect this summer.

Succession Planning – We have had two major changes in our leadership this past year, our new CEO, Rich Acho, and as of January 9th our new Development Director, Wendy Mosella. At our February 8th Human Resources Committee meeting, we will have our annual discussion on succession planning.

Turnover – No surprise to anyone our turnover was high in 2022 with a campus average of 66%. To go a little deeper 48% of the turnover happened within a year of hire. According to the 2021 Bureau of Labor Statistics report the overall turnover rate is 57.3% in all markets with the average tenure in health services as low as 2.6 years.

Work Force

Recruiting –

We continue to seek new avenues to gain new talent in our community.

- Online recruiting – we continue to see an increase in applications and interviews for our open positions. Please see the attached chart on the number of applications we received in 2022.
- HRIS Platform – coming this summer.
- New Hire Bonuses – we have increased new hire bonuses for LPN/RN and CENA positions. Other open positions are reviewed pending the need and applications received.
- Response time – we are using a new method with online recruiting to increase our response time to less than 72 hours.
- On-Site Open Interviews – This is on hold as we have had so many applications through online recruiting.
- International hiring – We have requested two RNs through the agency.

Retention –

Our employees are our best asset. Retaining our current talent is a top priority.

- New Medical/Vision Benefits – On January 1, 2023, we moved to MBHB, Inc. with lower deductibles and lower costs.
- Wages – continue to monitor the market to ensure our wages are competitive.
- Reduced work weeks – We have had two successful transitions to a four-day work week. Both employees are extremely happy with the change stating they feel their work-life balance is so much better.
- Same-day pay – the option of same-day pay will be available with our new payroll provider this summer.
- Activities – We continue to have fun activities for our employees. In January we had a crossword in our newsletter with the winner receiving Lourdes fleece jacket. We received the most completed crosswords since starting the practice.
- MDHHS – finance has applied to MDHHS to obtain funds for employee benefits and education.

This is all a work in progress, and we are constantly reassessing to see what other changes we can make to improve our employees' lives.

Requested Action: For Your Information

Rebecca Latta, Director - Human Resources
REPORT TO THE LOURDES SENIOR COMMUNITY BOARDS
Year End 2022

STAFFING:			
CLAUSEN MANOR	2020	2021	2022
HIRES	14	20	10
TERMINATIONS	21	18	18
TURNOVER RATE	105%	86%	86%
FTE'S*	14.4	13.4	15.3

FOX MANOR	2020	2021	2022
HIRES	6	7	12
TERMINATIONS	9	11	11
TURNOVER RATE	41%	61%	57%
FTE'S*	8.2	8.0	9.2

LOURDES REHABILITATION AND HEALTHCARE CENTER	2020	2021	2022
HIRES	45	32	31
TERMINATIONS	79	58	50
TURNOVER RATE	66%	59%	51%
FTE'S*	100.2	72.8	73.0

MENDELSON	2020	2021	2022
HIRES	41	25	36
TERMINATIONS	43	32	45
TURNOVER RATE	61%	38%	71%
FTE'S*	50.6	44.4	47.0

CAMPUS AVERAGE	2020	2021	2022
HIRES	26.5	21	22.3
TERMINATIONS	39	30	31
TURNOVER RATE	68%	61%	66%
FTE'S*	43.4	34.7	36.0

* FTE's are based on actual employee count.

Requested Action: For Your Information

Rebecca Latta, Director - Human Resources
REPORT TO THE LOURDES SENIOR COMMUNITY BOARDS
Year End 2022

Breakdown of Terminations			
CLAUSEN MANOR	2020	2021	2022
Resident Assistants	18	16	15
RCC/LPN Supervisor	1	0	0
Activities Assistant	2	2	3
Total	21	18	18

FOX MANOR	2020	2021	2022
Housekeeping	3	3	5
Dietary Aides	6	7	5
Massage Therapist		1	0
Administration			1 (retire)
Total	9	11	11

LOURDES REHABILITATION AND HEALTHCARE CENTER	2020	2021	2022
Nurses	31*	16	15
Nurse Aides	19	20	13
Housekeeping/Laundry	1	5	9 (1 retire)
Dietary	24 (6 transfer to unidine)	13	5 (transfer to unidine)
Administration	4 (1 retired)	3	5 (2 retire)
Activities		1	3
Total	79	58	50

MENDELSON	2020	2021	2022
Resident Assistants	29	22	30
Dietary	6	4	9
Activities	5	3	3
Administration	3 (1 retired)	0	1
Housekeeping		2	2
Massage Therapist		1	0
Total	43	32	45

Total all four facilities	152	119	124
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Requested Action: For Your Information

Rebecca Latta, Director - Human Resources
REPORT TO THE LOURDES SENIOR COMMUNITY BOARDS
 Year End 2022

Recruiting - Applications Received													
	January	February	March	April	May	June	July	August	September	October	November	December	YTD
Certified Nurse Aide	21	17	29	17	25	23	4	17	21	19	40	17*	250
RN/LPN	2	8	6	6	5	4	7	6	13	14	8	17*	96
Caregiver (Mendelson/CM)	64	48	33	x	63	58	67	78	63	30	26	29	559
Activities Assistant (MAL, CM, Rehab)	17	25	25	12	9	40	37	38	41	36	x	x	280
Housekeeper	6	25	17	19	14	31	30	10	20	15	x	x	187
Fox Housekeeper	x	x	x	x	x	x	x	x	x	x	38	x	38

*posting up for only part of the month

Requested Action: For Your Information

Maureen McGee, Administrator - Lourdes Rehabilitation and Healthcare Center
REPORT TO THE LOURDES SENIOR COMMUNITY BOARD
February 2023

Census 2022

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
MNG	9	10	9	9	10	10	10	7	8	9	12	7
MCD	41	39	39	35	37	42	40	39	41	39	41	39
MCR	11	12	12	10	9	12	12	11	13	12	8	12
PVT	8	7	6	5	7	5	6	5	8	11	9	9
OTH	0	0	0	3	4	3	3	2	1	1	0	0
Total	69	68	66	62	67	72	71	64	71	72	70	67

MNG – Managed Care

MCD – Medicaid

MCR – Medicare

PVT - Private

OTH – Other

COVID-19

Lourdes had a COVID outbreak beginning on January 5th and ending on January 27th. 9 residents and 3 staff were infected during this period. The COVID unit was opened to accommodate the isolation guidelines.

Oakland County has a current positivity rate of 10 percent putting us at High Risk (data through January 20, 2023). The rate has been decreasing over the past months. We will continue to monitor the rate weekly.

COVID Information to Date:

	Cumulative Total Cases	Active Cases	Recovered	Fatalities
Residents	87	0	77	10
Employees	125	0	125	0

COVID Vaccination Mandate:

CMS is using the National Healthcare Safety Network (NHSN) data to determine compliance with the mandate.

Data in NHSN through January 8, 2023:

Residents fully vaccinated – 90%

National Average – 85%

MI Average – 86%

Resident Up to Date (received the Bivalent) – 66%

National Average – 51%

MI Average – 47%

Staff fully vaccinated – 96%

National Average – 86%

MI Average – 82%

Staff Up to Date (received the Bivalent) – 14%

National Average – 22%

MI Average – 13%

Staff exemptions – 5 (1 medical, 4 religious)

Strategic Imperatives:

Discussed with the Resident Quality Care Committee in November 2022.

Home Health Provider Assessment:

- What are things the committee needs to consider?
- Will the committee, staff, or outside source do the work?
- Niche markets that some of our current home health providers offer
- Relationships with our referring health systems

Completed:

- Created a list of home care providers that Lourdes refers to including star ratings
- Updated short-term rehabilitation satisfaction survey to include experience with the home care provider

Transition of Care/Care Management Approach

Deferred discussion until February 2023 meeting

5-Star Report:

	Lourdes (100)	White Lake (39)	Canterbury (128)	Regency (150)	Wellbridge (100)
Overall	4 Star	5 Star	1 Star	1 Star	3 Star
Inspection	3 Star	5 Star	1 Star	1 Star	3 Star
Staffing	4 Star	4 Star	1 Star	1 Star	3 Star
QM's	5 Star	5 Star	3 Star	3 Star	4 Star

CMS Care Compare – data through December 7, 2022

Dining Services:

Lourdes opened the kitchenette on Hope Hall on January 25, 2023. We are serving lunch from the kitchenette at this time as we work through the process. The goal is to provide a more home-like environment and decrease waste.

Dining Services has implemented “Puree with Purpose.” Puree food is molded to replicate the food listed on the menu. We have had great feedback from both residents and families. Following are pictures of pureed food that is being served from Lourdes’ kitchen.



David Krolikowski, Director of Finance
REPORT TO THE LOURDES SENIOR COMMUNITY BOARDS
February 2023

November 2022 YTD Financial Statements:

Statement of Operations – Entity-specific and consolidated financial statements for YTD ended November 30, 2022, are summarized below. The Consolidated Loss from operations is (-\$1,390,885) to a budget of \$558 an unfavorable variance of (-\$1,391,443). The consolidated operating margin is (-9.24%) to a budget of 0.00%.

The goal is that the temporary closure of Marian Hall beginning in November will improve operating margins until the staffing shortage challenges level out. Through November, we continued to see census challenges throughout the entire campus. Initiatives are underway to bring the census back to budget such as marketing campaigns and referral programs. COVID continues to impact our operations as we had outbreaks at Lourdes and Mendelson. December financials are currently being prepared for our annual audit. The November 2022 YTD results are reflected by entity as follows:

	Actual	Budget	Variance	Operating Margin
Lourdes	(1,283,643)	(321,769)	(961,874)	-13.63%
Mendelson	(84,716)	192,858	(277,574)	-2.61%
Clausen	15,882	17,413	(1,531)	1.27%
Fox	147,287	170,748	(23,461)	11.60%
Campus	(185,695)	(58,692)	(127,003)	0.00%
Total	(1,390,885)	558	(1,391,443)	
Consolidated Margin				-9.24%

Lourdes occupancy has operated at an average YTD level of 69 residents (69.0% of occupancy) with a Medicare/HMO mix of 21.6 residents or 31.5% of actual occupancy. We are receiving an average per day revenue on those payors of \$575, budgeted to be \$545, so we are seeing a \$30 increase per patient day.

Lourdes is budgeted to be at 85.5% occupancy for all payers and 31.5% for Medicare/HMO. Effective November 1st, the total occupancy is maxed at 77% due to a non-available bed plan and the temporary closure of Marian Hall.

On a YTD basis, Mendelson has operated at an occupancy rate of 85.06%, to a budget of 88.3% and Fox has operated at 81.6% occupancy to a budget of 87%, Clausen has a YTD occupancy rate of 82.6%, budgeted to be 87.5%.

On a consolidated YTD basis, revenue is unfavorable (-\$1,961,493), and expenses are favorable at \$570,050. The YTD operating loss is (-\$1,390,885), compared to last year's YTD loss of (-\$869,864),

unfavorable by (-\$521,021) year over year. We have seen a decrease in the utilization of contracted nurses and nurse aides since the temporary closure of Marian Hall. We have seen contracted nurses decrease by \$25K in November based on average.

Statement of Financial Position - Consolidated operating cash as of November 30, 2022, is \$639K.

We have been utilizing cash for the Lourdes St. Joe tear-down, and as of December 2022, the project is complete. We have paid \$696K toward the tear-down costs all of which is self-funded. Philanthropy efforts for twelve months totaled about \$286K netted down to \$33K when factoring in direct costs to raise the contributions (excluding salaries) and utilization of the funds. Investment valuations (net of additional contributions/withdrawals from operations) decreased (-\$2.82M). The total returns were (-9.23%) from December 2021. A/R has increased by \$82K from December 31, 2021.

COVID

COVID's financial implications continue to be significant. Since COVID began in March 2020, our operating income has been potentially reduced in 2020, 2021, and 2022 by about (\$2.113M, \$2.896M, & \$2.083M respectively) a total of \$7.092M. For the eleven months in 2022, the potential negative impact of COVID is about \$2.083M compared to 2019 YTD.

SBA/IRS – Paycheck Protection Program 1 and 2 & Economic Retention Credit

We have applied for a program through MDHHS where we can receive health benefit enhancements for our direct care workers at Lourdes. I have applied for \$330K to be spread over two years on various enhanced benefits.

We have received our approval from Plante Moran on applying for the Employee Retention Credit. We have amended our 941 tax forms and hope to receive the funds sometime in 2023. The amount we amended will result in \$3.429M

The PPP loan of \$2,051,000 was officially forgiven on June 5, 2021.

HHS Stimulus Provider Relief Funds and Grant Opportunities

We applied for and received grant funding related to COVID for 2020, 2021 and 2022

Total for 2020 = \$3,579,000

Total for 2021 = \$902,971

Total for 2022 = \$336,808

Source of Funding 2022	Type	Lourdes	Mendelson	Clausen	Fox	Consolidated
covid testing reimbursement	Grant	\$ 186,930	\$ 55,992	\$ 21,209	\$ -	\$ 264,131
CMP Grant Air Purifier		\$ 2,677				\$ 2,677
HHS Grant		\$ -	\$ 56,000	\$ 14,000		\$ 70,000
Total of all received funds		\$ 189,607	\$ 111,992	\$ 35,209	\$ -	\$ 336,808

Audit Status / Tax Return / Cost Report:

The finance team is currently preparing for the 2022 financial year-end audit and cost report preparation. Plante Moran will be on site to conduct the audit from February 27th-March 10th. We successfully completed the Medicaid audit for FYE 2020.

2022 Capital Spend:

As of November 2022, the total capital spend was \$509K compared to a budget of \$555K. There was an additional spend in 2022 of \$2.131M related to the Lourdes Phase II project.

2022 Continuing Support Fund:

The continuing support committee met on December 15, 2022. The committee approved spending for 2023 of \$121K based on the residents at the time who applied. In 2022, we have spent about \$132.5K thus far. Since Lourdes Rehabilitation has been added to the charter. An additional spend totaling the budget of \$286.4K may occur for Lourdes in 2023 on a case-by-case basis based on the updated charter.

Lourdes Project / Financing Update:

The financing was finalized on September 27, 2019. We also locked in a new SWAP agreement at the same time which will lock our interest rates for the next seven years. The SWAP started on September 1, 2021. The St. Joseph wing demo is complete with a final cost of \$696K

The total project costs with change orders was \$12.780M. We had originally targeted \$12.6M. We had some unexpected change orders come about during the construction project which resulted in additional costs.

As part of our SWAP deal, LIBOR was used as the index benchmark. However, with it fading away in June 2023 we had to modify our documents to use SOFR as our new index benchmark. It is expected that this will result in a neutral change in rate.

Other:

We received a letter from Waterford Township assessing division inquiring about one of our parcels related to the Mendelson building. Waterford Township has asked for information regarding our tax-exempt status. Waterford Township is attempting to classify Mendelson as owing property taxes. We officially received word on January 23rd that Mendelson is responsible for property taxes effective 2023. Rich has engaged with an attorney to begin the appeal process.

Wendy Mosella, Director of Development
REPORT TO THE LOURDES SENIOR COMMUNITY BOARDS
February 2023

Philanthropy

A philanthropy meeting will need to be scheduled at a TBD date.

Events

Golf for Lourdes—Currently reviewing options of potential courses closer to Lourdes Campus. Tentative date is still Thursday, June 22nd depending on availability. Looking to add new community event ideas such as- family mini golf event/ or 9 hole evening glow golf at local course, large scale raffle and an online virtual event.

Grants

Researching new potential funding sources to potentially alleviate current budget allocations and possibility of expanded/additional resources for residents in our care. Potential sources of funding include: Michigan Health & Endowment Fund, Michigan Department of Health and Human Services, Oakland County, Koch Foundation and John Hartford Foundation.

Marketing and Census

Hospital visits may be adjusted to focus on ones which have a higher referral rate and are local to where Lourdes residents live. We will continue to conduct seminars such as fall prevention locally in the community while looking for ways to maximize information about our facility and campus living options for potential future residents. New website is in progress awaiting final rollout. New marketing brochures/materials have been created.

Healing Garden

Winter direct mail appeal allowed donors to specify the Healing Garden as one of the restricted donations. Around 40 designed tiles have been submitted so far for the project.

Direct Mail

Currently looking to add a new direct mail to the yearly schedule in the spring. Options to consider are Easter or Mothers Day themed. Database will be run through NCOA (National Coalition on Aging) updates to clean up moved and deceased residents so we can have more accurate data and hopefully collect new addresses for lapsed donors.

Notable Gifts

Estate gift of \$53,000
Year End Gifts (11/1/22 to 12/31/2023) totaled \$44,722.

Rich Acho, President and CEO
REPORT TO THE LOURDES SENIOR COMMUNITY BOARDS
February 2023

General

It is official, Winter is upon us. We love the way our grounds look covered in snow, as long as we can keep our driveways and sidewalks clean 😊

I am now approaching my fourth month in the role of CEO, and it has been an “exciting” time already (using the word loosely). We have experienced everything from a bad survey to COVID back in our buildings to the hiring of a new Development Director to begin the process of recruiting from the Philippines and so on. I continue to stay focused and look forward to continuing to serve our residents and the mission of Lourdes Senior Community.

CEO - Update

We are now officially in 2023 and unfortunately, we have started the year off with COVID, which impacted our ability to admit and focus on the census. Below is a snapshot of the items I am focused on:

- I have begun the process to bring our contracted therapy program back in-house or at least find a new vendor, we have the potential to save about \$80K annually by doing this.
- The MDS Assessment we complete for all Lourdes residents is getting a slight revamp, this will require more work from our team beginning October 2023. We are working to ensure we transition well and have started the training for our MDS clinicians.
- I have been working to relocate a “security employee” at Fox Manor to a different apartment... Change is hard for her, and this did not go over well.
- I have removed the practice of unlimited sick time for our salaried team, including myself.
- I have eliminated the work-from-home practice from our workforce with limited exceptions.
- I have added the ability to ACH debit monthly rent from our residents. We have about 30 residents signed up so far and they are excited not to write a check to us each month.
- Waterford Township has taken away our property tax exemption on our Assisted Living
 - We will be appealing the decision and attend a meeting with them in mid-March
 - I have retained an attorney to assist with this process as I believe it will move to the Tax Tribunal Court and potentially the appeals court
 - We will also be in contact with the Archdiocese for any assistance they can provide
- We have posted the Director of Nursing position for Lourdes Rehab. Our current DON has expressed her retirement plans for later this year.
- We are planning a Diversity, Inclusion, and Equity speaker for our leadership team in the next couple of months.

- I have hired a driver one to two days per week for our campus to ensure our IL residents can get to stores, the mall, etc. He has also driven some residents to physician offices.
- I have met with an architect for a potential repositioning of our organization
 - In addition, planning for a market and financial feasibility study to be done on increasing our IL units
- Director of Finance – working with him to ensure a good transition in addition to audit work as we prepare for our audit which occurs at the end of February.
- Director of Development/ Marketing replacement – Wendy Mosella joined the Lourdes team effective on January 9th, 2023 (resume attached).
- New partnership signed with a CNA training school – “Covenant Academy” – continue to work on this partnership in hopes to recruit from them.
- New contract signed with “A Place For Mom” to help with referrals – we have admitted three residents through them thus far.
- Workforce recruitment/retainment changes to speed up the hiring process
 - We have begun the process of recruiting two international RNs from the Philippines to join Lourdes – we anticipate them arriving in about 8-12 months
 - The stats continue to indicate the worker shortage in the healthcare workforce will continue
- New Marketing initiatives continue
 - Looking at a TV station or a streaming service to air our commercial with
 - Postcards have been mailed out; we are mailing a total of 6,000 of them to the surrounding areas
 - We continue to be more active on social media with daily posts, offerings, and other activity
 - We have a senior life magazine being developed for our community, paid for by 9 of our vendor partners
 - Wendy and I will be working on a Marketing and Development plan for Q2 2023
 - We now have a QR code for our google reviews to increase positive reviews
- New Dashboard, “The Daily Dash” continues to be distributed every morning.
- Marian Hall in the Lourdes building remains closed as of 10/31/2022
 - We have filed two Non-Available Bed Plans (expires April 30, 2022) and can file up to two more and then we need to decide on the route we take for Marian Hall
 - The contracted agency has been minimized
- Ended isolation pay for Mendelson and Clausen buildings effective 11/4/2022 and Lourdes 1/23/2023.
- Will begin the final reporting of Provider Relief Funds to HRSA
- The development team is now in offices in Marian Hall.
- Reviewing the idea to take a wrecking ball to the St. Jude Home – the plan to come soon
 - Construct some new independent living units on that piece of property

Governance and Nominating Committee

The committee met on January 25th, 2023. We discussed recruiting more board members onto our board and are seeking the input of our current board members. Please send any recommendations you may have to us. A couple of other highlights:

- We discussed moving to an electronic format for the board material – due to inconsistencies with mail being delivered on time, rising costs to mail packages, and being environmentally friendly
- We discussed the property tax issue with Mendelson Assisted Living and our hopes for an appeal
- We discussed a refreshed Vision statement to be worked on in April with the Board

Finance Role Transition

David Krolkowski has been doing a respectable job as Director of Finance. He is in the busiest season right now dealing with the Audit, Cost Report, Tax Returns, and a transition to a new payroll company.

Director of Development/ Marketing

Wendy Mosella has started her position as Director of Marketing and Development. She joins us from Orchard Lake Schools where she was Director of Internal Development. She has begun to get acclimated to Lourdes and the team. We welcome Wendy to Lourdes and look forward to some innovative ideas to build up our Development and Marketing departments.

General Campus Updates

COVID-19 – No new update to report

Risk Management

There is a potential lawsuit – We had a resident fall with a fracture who then left Lourdes and went to another nursing facility. I believe she has since passed away. We have received a request from the family attorney and are working with our insurance company/ attorney on the response we need to provide. We provided them with medical records after our attorney reviewed them.

Information Technology

We have migrated many employees onto M365 products, replaced about 20 aged devices, moved our WIFI into the IT room, and replaced our CORE switch in the IT room.

We have completed a password policy change which extends our password length to 13 characters. This will help protect our data as this was recommended by our IT company.

We have increased WIFI strength at each building and changed the WIFI access points to a new brand that has better capabilities. This cost was \$61K.

We have to perform network upgrades at each building over the next few years. This is necessary as the switches which house the network are aging and losing functionality. We have started with Clausen Manor and have completed that. Next will be Mendelson.

We have eliminated fax lines across the campus and currently only have about 5 of them across the campus. Any that were copper lines have been eliminated except one. The cost for a copper line through AT&T has gone up 400%.

We are looking at replacing the lighting at Mendelson to move toward more energy efficiency and for a reduction in future energy costs.

Advocacy Group Participation

I am the board chair for a MEWA we created with Leading Age. We have rolled out our new insurance. We still have not received the full license from the State of MI for a MEWA, so we had to implement it slightly differently. Hoping for full licensure in February.

I am part of a Senior Living Advisory Council with Marsh and McLennan. We meet quarterly to discuss the industry and the challenges we all are facing. We discussed staffing at our last meeting in January.

Priests and Religious

Currently, one priest (Father Lang) lives at Fox Manor. He is serving as our campus chaplain. The priest who resided at Mendelson has passed away. Sister Sue passed away at Lourdes and a celebratory mass was held for her with a wonderful turnout. Her legacy will be remembered for years to come. We currently have one Dominican associate residing at Lourdes Rehabilitation and Healthcare Center. I have been in communication with Bishop Harrington who has expressed his desire to come live at Mendelson. We will be in communication later in March.

Upcoming Events

04/04/2023 – Lourdes Governance and Nominating Committee

04/18/2023 – Lourdes Board Meeting - Retreat

External Events

2/21 - 2/23/23 – Attending the Dominican Sisters of Peace Founded Ministries meeting
Columbus, OH

6/22/23 – Golf outing – possibly a venue change

A. Human Resources Committee

- The HR Committee has not met since the last meeting of the Boards.

The next meeting date is scheduled for February 8, 2023.

Requested Action: For your information

B. Governance and Nominating Committee

- The Governance and Nominating Committee met on December 5, 2022. The following topics were discussed:
 - Board/Committee member update
 - Board retreat
 - Continuing Support Fund usage
 - Board education
- The Governance and Nominating Committee met on January 25, 2023. The following topics were discussed:
 - Board/Committee member update
 - Board retreat planning
 - Board member survey
 - Board packet distribution
 - Property tax audit for assisted living
 - Conflict of Interest policy

The next meeting date is scheduled for April 4, 2023.

Requested Action: For your information.

C. Philanthropy Committee

- The Philanthropy Committee has not met since the last meeting of the Boards.

The next meeting date is not scheduled at this time.

Requested Action: For your information.

D. Quality / Resident Care Committee

- The Quality/Resident Care Committee met on November 16, 2022. The following topics were discussed:
 - Administrator's report
 - Facility reports
 - Psychiatric services report
 - Strategic imperatives
 - Policy review

The next meeting date is scheduled for .

Requested Action: Approve policies: Behavior Health Services, Use of Psychotropic Medications, Training Requirements.

E. Audit and Compliance Committee

- The Audit and Compliance Committee met on November 11, 2022. The following topics were discussed:
 - 2022 audit and selection of Plante Moran as auditors
 - 2022 990 and cost report
 - Employee retention credit
 - Debt service covenant
 - Potential lawsuit
 - Compliance update

The next meeting date is for April 21, 2023.

Requested Action: For your information

F. Finance Committee

- The Finance Committee met on November 9, 2022. The following topics were discussed:
 - Strategic imperatives
 - Ziegler Linkage Fund
 - Financial statements
 - Investment summary
 - Lourdes dashboard
 - COVID-19 financial implications
 - Debt service covenant
 - Budget 2023
 - Lourdes project update

The next meeting date is scheduled for February 1, 2023.

Requested Action: For your information.

G. Continuing Support Fund Committee

- The Continuing Support Fund Committee met on December 15, 2022. The following was discussed:
 - Lourdes Inc. added to charter
 - Fund balance
 - Continuing support 2023 report and requests

The next meeting date is scheduled for December 14, 2023.

Requested Action: For your information.

Responses from the Board Survey, January 2023

This survey requested recommendations for prospective new Board members

Frank Poma, Bloomfield Hills

Area of Expertise: Health Care Administration

The responder has known Frank since 1985. Frank worked at Ascension Health for over 40 years in different administrative positions. He has many creative ideas regarding healthcare.

Gary Zilli, Warren

Area of Expertise: Administration and Counseling

The responder has known Gary for 50 years. Gary managed a number of Federal Probation Officers for years along with working with many individuals on probation. Gary has provided therapy for many years for the Eastwood Community Clinics as well as different parishes.

Laura Kerby, Bloomfield Hills

Area of Expertise: Surgical Nurse at SJMO

Sr. Barb has known Laura for many years. Laura serves on the Parish Finance Council for St. Hugo and the alumni award from Marian HS. She is recently retired from SJMO as a surgical nurse manager. Sr. Barb believes she may have insights regarding the nursing staff.

Stephanie Redman, Bloomfield Hills

Area of Expertise: Human Resources

Sr. Barb has known Stephanie for many years. She was an HR Executive for 30 years at an engineering firm. Currently, she serves on the St. Hugo Parish Finance Council, she Chairs the HR Committee, and volunteers her invaluable assistance and expertise with St. Hugo's 90+ employees.

Thomas Bowen, Bloomfield Hills

Area of Expertise: Defense Attorney

Sr. Barb has known Tom for many years. He has been extremely helpful to St. Hugo's in various legal issues.

Ourdes Senior Community Boards

Tuesday, November 15, 2022, 9:30 a.m. – 1:00 p.m., LRHC Chapel

Note: Includes Board of Directors for Ourdes, Inc., Fox Manor, Clausen Manor (Ourdes Alzheimer's Special Care Center), Joseph T. Mendelson Assisted Living Home (Ourdes Assisted Living), Dominican Health Care and Ourdes Campus Fund

BOARD MEMBERS PRESENT

Richard Acho, President and CEO
Sister Janice Bachman, OP
Beth Cafaro (via Zoom)
Brian Condit, Chair
Linda Gifford
Henrietta Juras, MD
Steven Kastner (via Zoom)
Lynne Lepisto-Golling, RN, MS (via Zoom)
Joseph Manuszak
Sister Peggy Martin, OP
John Noone, Secretary/Treasurer
Sister Barbara Rund, OP

STAFF PRESENT

Colleen Burke, Director, Marketing and Development
David Krolkowski, Director, Finance
Rebecca Latta, Director, Human Resources
Robin McClintock, CTRS, CASP, Director, CM, FM, MAL
Maureen McGee, Administrator, Ourdes Rehabilitation and
Healthcare Center
Jason Mize, Director, Plant Operations

EXCUSED

Kimika Garrett
Msgr. Michael LeFevre
Barbara Mendelson, Vice President

CALL TO ORDER

The meeting was called together at 9:35 a.m. by Mr. Condit. A full quorum was present.

INTRODUCE NEW MEMBERS

Brian Condit introduced Steven Kastner and Sister Barbara Rund, OP, to the group.

OPENING PRAYER

Richard Acho led the group in prayer.

LET THIS BE THE TIME

The Board members and Leadership team recently read the book *Let This Be the Time: Spiritual Essentials for Life's Second Act* by Sister Janet Schaeffler, OP. Sister Janet joined the group via Zoom to discuss the book. After sharing some of her background, Sister Janet talked about how the idea for the book came about. After holding some retreats on spirituality and aging she was asked by the publisher of Twenty-Third Publications if she would do a book on the topic. She gathered material for the book by reading articles that others had written on the subject and simply by talking with people about their experiences of growing older. Through talking with people, she realized that a lot of them were saying the same thing. This gave her the idea to focus on the 12 common needs of older adults.

Sister Janet found a prevalence of negativity and disrespect in our culture about aging. Other cultures tend to care for their elders, often in their own homes, and respect them as wisdom figures.

Others frequently wrote that healthy aging included a balanced diet, exercise, being involved, and spirituality. She found it interesting they list spirituality as a tool when really the whole journey of aging is a journey of spirituality.

Sister Janet was asked if she thought about who the reader would be before writing the book. She said she made a conscious decision that she didn't want to write the book only for women religious. She was thinking her audience would be the average person in the church pew who is going through aging. She hopes that those younger than in their 60's, 70's, and 80's might read it and start thinking about how they want to age. The more reflection and preparation, the easier the journey is.

Ourdes Senior Community Boards

Tuesday, November 15, 2022, 9:30 a.m. – 1:00 p.m., LRHC Chapel

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A comment was made about "Death Cleaning" and how that was a very enjoyable, relatable part of the book. Sr. Janet noted that the younger generation doesn't want their parent's things, but they love to hear why that item means so much to them.

A recently retired Board member could relate to parts of the book as to exactly how she is feeling. Many of the things in the book affirmed the things that our residents are asking for.

One member commented that the book should be required reading for anyone over 50. She asked how Sister Janet got people to share their feelings on aging. Sister Janet posed two or three questions for the person being interviewed to answer, or if they would rather, they could just talk.

The Board members liked how she used the word elder rather than older. And that people are eldering rather than aging. Although getting older rather than getting old sounds better, simply because we are all getting older.

One member enjoyed the book as she has elder parents and the book helped her in the way she thinks of them eldering. Sister Janet was asked what most resonated with her audience. She answered that many people questioned their purpose in life and their meaning at this stage. Also, talking with those who were able to let go of who they were to be present in this new stage. And third, preparing for death helps people to live a better life.

One member plans to read the chapter on preparing for death to his 92-year-old father-in-law who recently suffered a stroke. Secondly, he had just given the book to his 24-year-old son who is struggling with his job. He had him read the chapter on the need to be grateful.

These needs are with us our whole life and become intensified as we get older.

The Board thanked Sister Janet for her time and thoughtful book. One member suggested that LSC consider giving the book to residents and family members to help in the transition. It could be a very meaningful gesture in helping the resident and families in the eldering process. It was agreed that the book could be beneficial.

LSC FINANCIAL INSIGHTS

Rob Long and Keegan DeBoer from Plante Moran joined the Board Members to give a historical overview of LSC's financials. The annual audit was done on the 2021 financial statements. The audit was clean with an unmodified opinion. A single audit was completed to satisfy federal requirements on the Provider Relief Fund grants. This also was a clean audit.

Benchmark data was reviewed on median averages on 90-100 single-site CCRC providers from across the country. LSC has 723 days cash on hand, with a covenant of 120 days. This also exceeds the benchmark. The covenant requirement is a purchase agreement with the bank. There are stipulations within the covenant that can be remedied between the bank and lender should the covenant not be met.

LSC is near the benchmark for days in net accounts receivable. The historical debt service coverage ratio covenant requirement is a 1.20 to 1.00 ratio. LSC exceeded that at 2.3 for 2021. This was due to the decision to pay down the 2011 debt. If that paydown had not occurred the ratio would have been above 4. LSC had unrestricted cash and investments of \$31.8 million at the end of 2021. The covenant requirement is \$5 million. Additional benchmarks were reviewed including the average age of the facility and the operating ratio.

The opinion of Plante Moran reiterates the strength of Ourdes Senior Community's balance sheet and ability to weather any storm.

Ourdes Senior Community Boards

Tuesday, November 15, 2022, 9:30 a.m. – 1:00 p.m., LRHC Chapel

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There will not be any additional funding from the Provider Relief Funds. LSC has received the PPP loan from the Cares Act. The Employee Retention Credit has been applied for and LSC has met the criteria. The years of potential eligibility for small employers were 2020 and 2021. LSC met the definition of a small employer in 2021 and will receive a credit for that period. This is expected to be received in 2023 in the amount of \$3.6 million.

Industry predictions were discussed including occupancy, workforce, and revenue. Although LSC is strong financially, a sense of urgency should prevail. The present challenges will continue into the unpredictable future. LSC routinely looks at market comparisons on wages. LSC falls in the top 90% of the facilities in our geographic region. Nurses received two wage increases in 2022. The State provides an additional \$2.35 per hour for direct care workers. This continues into 2023. Nursing and CNA applications have increased.

FY 2023 BUDGET

John Noone reported on the uncertainty involved in preparing the FY 2023 budget. Challenges in occupancy and reimbursement have necessitated the need to look at the FY 2023 budget differently than in years when there was more predictability.

Rich Acho presented the FY 2023 budget. A goal for FY 2022 was to complete the LRHC project. This was accomplished with the new rooms being put into service on May 1. Contracts are continually monitored and renegotiated. All of the facilities struggle to achieve the budgeted occupancy. Staffing continues to be a challenge. Contracted staffing has been discontinued. LRHC received a denial of payment in September of 2022 due to a sight revisit. The continued COVID-19 operational changes are a challenge. Inflation continues to affect every aspect of operations.

In 2023 we will focus on retaining and recruiting staff, adjusting rental rates, providing quality of care, maintaining an 86% average occupancy rate across the buildings, focusing on breakeven margins, and looking at partnership opportunities.

Budget assumptions include a 4.25% rate increase at Mendelson with no change to the second person. The budgeted occupancy for Mendelson is 89% or 54 of the 60 apartments. Promotional offers continue at Mendelson. Fox Manor will have a rate increase of 4% and a budgeted occupancy rate of 89% or 48 of the 53 apartments. Promotional offers continue at Fox Manor. Clausen Manor will have a rate increase of 1.3% to maintain a rental rate of just below \$7K at \$6,999. We are proposing a budgeted occupancy for Clausen Manor at 90% or 18 of the 20 rooms. Ourdes Rehabilitation and Healthcare Center will have a private pay rate increase to \$380 per day. Currently, the private pay rate is \$360 per day. The private pay rate for a semi-private room is going from \$330 to \$350 per day. The budgeted occupancy rate for LRHC is 75% or 75 of the 100 beds. 23 of these beds are offline for six months. Campus Fund is budgeted to receive contributions of \$500,000.

Rate increases for employees are proposed at 3% again for 2023.

The capital budget is proposed at \$768K for capital spend.

The expense variances of the 2023 budget were reviewed. The LRHC project will begin to be expensed down.

The Healing Garden is expected to come in \$350K to build. This project will not begin until the money is raised. The teardown of St. Joseph is complete. The cost was originally expected to be \$350K. Current completion costs are \$700K.

Ourdes Senior Community Boards

Tuesday, November 15, 2022, 9:30 a.m. – 1:00 p.m., LRHC Chapel

Note: Includes Board of Directors for Ourdes, Inc., Fox Manor, Clausen Manor (Ourdes Alzheimer's Special Care Center), Joseph T. Mendelson Assisted Living Home (Ourdes Assisted Living), Dominican Health Care and Ourdes Campus Fund

The Medicaid rate for 2023 is still unknown. Managed Care HMOs are increasing in numbers. Increased competition will continue to be a challenge for assisted living and independent living. Private pay residents will depend on personal wealth over time.

Looking at the budget from where we ended 2022 to where we hope to end 2023 is aggressive. The plan is that the initiatives that have been put into place and already implemented will enable us to turn things around.

MOTION: MR. JOHN NOONE MADE A MOTION TO RECOMMEND THE BUDGET FOR THE ENTITIES OF LOURDES INC., FOX MANOR, LOURDES ALZHEIMER'S SPECIAL CARE CENTER, LOURDES ASSISTED LIVING, AND LOURDES CAMPUS FUND TO THE CORPORATE MEMBERS. SECONDED BY HENRIETTA JURAS, MD. ALL IN FAVOR. MOTION CARRIED.

LRHC PROJECT

Jason Mize reported on the completion of the St. Joseph hall demolition. Temporary wood sidewalks have been installed until the Healing Garden project begins. Additional quotes are being requested for the Healing Garden.

One of LSC's maintenance trucks has rusted completely through the frame and will need to be replaced. This has been taken out of commission. Funding for a new truck is being requested in the year-end appeal.

The pavement in front of the convent will be replaced. This is included in the capital budget. Half of the cost of the pavement has been approved to be paid for by the Dominican Sisters of Peace.

COVID-19

Mendelson Home has had 22 cases of COVID-19 since October 11. Some have been symptomatic, some not.

A booster clinic was held on November 7 in partnership with OneCare Pharmacy. At Fox Manor 24 residents and three staff received the Bivalent booster. Mendelson Home had 28 residents and 6 staff received the Bivalent booster. All residents at Mendelson Home have received at least one booster. Clausen Manor had 7 residents who received the Bivalent booster. Those who recently had COVID-19 at all the buildings will receive the booster when they are eligible.

LRHC has remained COVID-free since October. New admissions are to have a PCR test at the hospital prior to admission. 62 residents received the Bivalent booster on November 7 along with 10 staff.

MANAGEMENT REPORTS

Fox Manor – Robin McClintock: Since the report was written, Fox Manor has had three new admissions. One more is expected at the end of November. That will leave six vacancies.

Mendelson Assisted Living – Robin McClintock: Mendelson Home has nine vacancies. Five new admissions have moved in during the first two weeks of November.

Ourdes Rehabilitation and Healthcare Center – Maureen McGee: Maureen explained that although the MDHHS data that was supplied reflects that none of our residents are up to date on their vaccines, the data gets updated every two weeks and will eventually include the recent Bivalent vaccine.

LRHC went into a denial of payment period following a survey revisit. LRHC alleged compliance on September 7. The denial of payment went into effect on September 8. On September 23, a nurse checked an order for

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Coumadin, which was a change in dosage. The nurse discontinued the current dosage, was distracted, and never entered the new Coumadin order. This was not caught until September 26. During the revisit, LRHC was put into substantial compliance by the surveyors because the error was caught internally, but the denial of payment was still in effect from September 8 – September 26. This equated to approximately \$70K.

Finance and Information Technology – David Krolikowski: LSC had a consolidated loss year-to-date of \$1.2 million. Census continues to be a challenge in all buildings. Marian Hall has been closed taking 23 beds offline to reduce costs. Contracted nursing has been eliminated. Efforts are being made to reduce costs in all areas.

LSC has recently signed a contract with UKG to become the payroll provider. This will include an HRIS that will enable onboarding, reviews, and other employee-driven HR tasks.

Human Resources – Rebecca Latta: Employee anniversary gifts have been revamped to offer Ourdes-branded items. Employees have responded positively to the change. It was learned that many did not order from the anniversary catalog that was offered in the past, even though the gifts were already paid for.

LRHC has partnered with a CNA training school in the hopes of getting newly graduated hires. Wages are continually assessed. The union contract restricts what can be done for union employees, however the laundry and housekeeping staff were approved by the union for a wage increase.

Employee engagement continues. Periodically crosswords or word searches are included in the employee newsletter for a chance to win a prize. For Thanksgiving, employees were asked to nominate a fellow employee who would appreciate a Kroger gift card. Twenty nominations were received, with a few duplicates. These will be read through by leadership. Gift cards will be delivered before the Thanksgiving holiday.

Resumes are coming in through Indeed. LSC has 72 hours to accept or deny a resume once posted. Once denied there is no charge. Brian Condit noted that 20% of Accenture's new hires are from their apprentice program. The results have been fantastic.

Marketing/Communications/Development – Colleen Burke: Report stands as written. The golf outing netted \$39,800.

Clausen Manor – Colleen Burke: Of the 16 residents at Clausen Manor, five are on hospice. The residents being admitted recently are in the advanced stages of dementia.

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EXECUTIVE SESSION

Mr. Condit explained there would be two parts to the Executive Session. The first part would follow the regular agenda. The second part will be for the Board Members to cover content that might present a conflict for Rich Acho.

DOMINICAN SISTERS OF PEACE

Sr. Janice Bachman, OP, will take the updated bylaws and the FY 2023 Budget to the Corporate Members for their approval. She expects a quick turnaround.

REPORT OF THE CHAIR

Ourdes will be moving forward with a metrics-driven performance plan. This will assist in goal setting and holding people accountable. The information will be formatted in a dashboard or scorecard-type format for easy access.

REPORT OF THE CHIEF EXECUTIVE OFFICER

Rich Acho gave his first report as Chief Executive Officer. On his first day in the position LRHC was visited by surveyors. Rich is pushing his team to be ready for 2023.

Four meet and greets were held with staff in all buildings. This provided for feedback from staff. The response to the meetings was very positive. The CFO position was replaced with a Director of Finance.

Interviews for the Development/Marketing role have been completed. An offer has been extended to an individual from Orchard Lake St. Mary's. The offer is performance based with a base salary and performance bonuses.

The partnership with the CNA training school has resulted in student rounding at LRHC. This resulted in one hire following their first graduation ceremony that LSC attended. The partnership will continue.

An agreement has been signed with A Place for Mom. This has resulted in several admissions in just a few weeks.

The Indeed agreement was switched from a sponsorship agreement to a pay-per-application agreement. This has resulted in a large cost reduction.

The payroll system is being switched to an HRIS platform. This will take five months to implement.

Job fairs will be held at Mendelson and Ourdes one day a week as needed.

LSC has pledged to eliminate contract agencies. Deadlines have been given to terminate the usage.

Facebook blasts are being uploaded by marketing at least three days a week. Each building is being highlighted on different days. Move-in promotions are being advertised. Corporate sponsorships are being pursued with other Catholic-based companies.

The Daily Dash is a new communication to inform leadership on the census at each building along with potential admits and discharges.

The closing of Marian Hall was not what we wanted to do, but what we had to do at the time. This eliminates the need for 5-6 CNAs per day or a savings of \$220K annually.

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Isolation pay has been discontinued at Mendelson Home. Most hospitals have also eliminated isolation pay as well.

The Development team is moving from the St. Jude home to LRHC.

Hospital referrals remain a concern with LRHC's dependence on St. Joseph Mercy Oakland. The hope is to build a broader referral base. It was suggested that the largest referral sources be analyzed for barriers and then discussed with the Board.

It was asked if the advertising in church bulletins had ever been analyzed. Marketing is beginning to track this type of data.

The three commercials that were just completed were viewed. It was suggested that LSC ask to put our four-minute commercial on the parish's websites.

COMMITTEE REPORTS

Governance and Nominating Committee – Brian Condit: Nothing additional to add.

Philanthropy Committee – Brian Condit: Nothing additional to add.

Quality/Resident Care Committee – Lynne Lepisto-Golling: LRHC is currently at a 4-star overall rating. Quality measures remain at a 5-star rating. The Committee had two strategic imperatives to address. They were home health care provider assessment and transition of care/care management approach. A listing of the current home health care providers that are used by LSC was distributed. Increasing the knowledge of what LSC provides to home care providers can increase the chances of LSC being their first option. Understanding the strengths of each healthcare provider will enable LSC to make the best recommendation for our residents when asked. The transition of care/care management approach will be discussed at the Committee's next meeting.

Audit and Compliance Committee – Barbara Mendelson: The report stands as written. Plante Moran was chosen for the 2022 audit. LRHC has a potential lawsuit for a fall with fracture. A request has been presented for the resident's medical records. This has been turned over to the LRHC attorney.

Finance Committee – John Noone: The report stands as written.

Human Resources Committee – Beth Cafaro: There is an HR Committee meeting in January. As part of the strategic initiatives, the Committee will be discussing recruitment and retention strategies. The HRIS platform coming with the new payroll provider will allow for same-day pay.

Continuing Support Fund Committees – Rich Acho: Nothing to report. The annual review is scheduled for December 5. There are currently four residents receiving the fund. There is one new applicant to review at the Committee meeting. The charter states that 3-5% of the fund should be provided to residents in need. There have never been that many requests.

LOURDES SENIOR COMMUNITY BOARDS

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CONSENT AGENDA

- Meeting minutes of August 30, 2022
- Educational materials

MOTION: SR. JANICE BACHMAN, OP, MADE A MOTION TO APPROVE THE CONSENT AGENDA AS PRESENTED. JOHN NOONE SECONDED. ALL IN FAVOR. MOTION CARRIED.

ADJOURNMENT

The meeting adjourned at 4:51 p.m. leading into the second part of the Executive Session.

Brian Condit, Board Chair

Debi Batchelder, Recorder

DRAFT

Special Meeting of the Lourdes Senior Community Boards

Thursday, September 22, 2022, 5:00 – 6:30 p.m., via Zoom

Note: Includes Board of Directors for Lourdes, Inc., Fox Manor, Clausen Manor (Lourdes Alzheimer's Special Care Center), Joseph T. Mendelson Assisted Living Home (Lourdes Assisted Living), Dominican Health Care and Lourdes Campus Fund

BOARD MEMBERS PRESENT

Sister Janice Bachman, OP
Brian Condit, Chair
J. Edward Hannan
Kimika Garrett
Lynne Lepisto-Golling, RN, MS
Joseph Manuszak
Sister Peggy Martin, OP
Barbara Mendelson, Vice Chair
John Noone, Secretary/Treasurer
Sister Gene Poore, OP

ABSENT

Beth Cafaro
Linda Gifford
Dr. Henrietta Juras
Msgr. Michael LeFevre

EXCUSED

Sister Maureen Comer, OP, President

CALL TO ORDER

The meeting was called together at 5:05 p.m. by Mr. Condit. A full quorum was present.

OPENING PRAYER

Brian Condit opened the meeting with a prayer.

CEO SELECTION DISCUSSION

Brian began with a description of the process used by the Selection Committee. He referred to a pre-read summary document that had been prepared by WittKieffer and was sent to the Board in advance of the call.

The Selection Committee then individually shared their perspectives on the recommended candidate and the rationale.

The Board asked questions and shared their perspectives. There was unanimous and enthusiastic support for the Committee's recommendation.

MOTION: JOHN NOONE MADE A MOTION THAT RICH ACHO BE RECOMMENDED TO THE CORPORATE MEMBERS AS LOURDES NEXT PRESIDENT AND CEO. SECONDED BY SISTER GENE POORE, OP. ALL IN FAVOR. MOTION CARRIED.

Sr. Janice Bachman, OP, agreed to take the recommendation to the Corporate Members immediately.

Brian Condit thanked the Selection Committee for their time and effort and also to the entire Board for their high degree of engagement during this most important time.

ADJOURNMENT

The meeting adjourned at 6:00 p.m.

Brian Condit, Board Chair

John Noone, Secretary/Treasurer



Continuing Support Committee Charter

Purpose

It is the policy of Lourdes Senior Community to provide financial assistance for residents at Lourdes Rehabilitation and Health Care Center, Mendelson Home, Clausen Manor, and Fox Manor when the residents and families show financial hardship. The Continuing Support fund will provide yearly support based on the Continuing Support Fund's annual budget as determined each year by the committee. The basis for determining support will be based on income from all sources from the resident and family members. There is an expectation that family members will contribute based on their incomes, resources, and that they are ultimately responsible for the support of the resident.

Annual Budget

The annual budget will be determined by the rolling average of the last four quarters ending September of each year. The committee will apply a percentage to the average fund balance between 4% and 6% based on market conditions to preserve the fund balance. The amount determined will be for the annual budget year beginning January 1.

Fund Application for Mendelson, Clausen and Fox Manor

1. Residents and family members are required to complete an application to request support from the Continuing Support Fund.
2. Applications are available from the Campus Social Worker.
3. Applications should be submitted to the Continuing Support Committee via the Campus Social Worker when the resident is at or near a minimum of six months of available finances.
4. The committee will review the application form at least annually.
5. All required information, as listed on the application, is required for the application to be considered by the committee.
6. The Campus Social Worker and the Finance Department will review submitted applications to ensure that the required documents are present.
7. Incomplete information as determined by the Campus Social Worker or the Finance Department will be returned to the applicant for completion.
8. The committee, upon review of the application may reject the application if it is deemed the application is incomplete.
9. No decision for support can be made if the Continuing Support Committee has determined that the application was incomplete or lacked required supporting documentation.

Requirements for Fund Eligibility for Mendelson, Clausen and Fox Manor

1. To be eligible to apply for the Fund, residents, upon admission to Lourdes Senior Community must have documented at least two years' ability to finance their living within Lourdes Senior Community.
2. There is an expectation that the family provide at least 50% of the request (rent plus medical premiums, minus resident's income from social security, investments, VA benefits, retirement funds, rents, or other forms of income.)
3. It will be agreed upon that all income received from the sale of real estate, or other assets, increases in social security, retirement plans, VA benefits, or other forms of assistance will be applied to the fund towards previous payments made by the fund.

Committee Review Process For Mendelson, Clausen and Fox Manor

1. Committee meetings are scheduled on an as needed basis to review applications.
2. Each December the committee will review all current residents on the fund.
3. A summary of the facts and amount requested will be provided with relevant documents to the committee members prior to the meeting.
4. The Director of Finance will evaluate the support requested and approve the amount requested, modify the amount requested (up or down), reject, or request additional information.
5. The Director of Finance will determine the effective date of support from the fund.
6. A formal letter will be sent to all applicants directly or to the responsible family member of the decision of the committee signed by the Director of Finance.
7. The Director of Finance will inform the Directors of each building of the support amount and effective date.
8. It is expected that any stipulations set forth by the committee in order for the resident to obtain assistance from the fund (such as application for VA benefits, completion of other outside assistance, etc.) will be met within three months of the initial approval of the fund. Failure to do so could mean an immediate revoking of available financial assistance.

Yearly Expectations of Residents or Family of Mendelson, Clausen and Fox Manor

It is expected that the resident or family notify Lourdes Senior Community of any additional funds received during the year to be applied to amounts paid from the Continuing Support Fund as follows:

1. Increase in benefits (social security, pension and VA benefits).
2. Sale of resident's property such as the primary home or second home.
3. Inheritance or excess insurance proceeds from the death of a spouse.

Annual Review of Residents at Mendelson, Clausen and Fox Manor

1. Each November all residents and family members of those residents on the CS fund will be expected to update all financial information for both the resident and the family member. Failure to comply will result in a loss of available funds for the resident.
2. Each December the committee will reevaluate each resident and their family member's financial information and recommend continued support at the current amount, increase or decrease the amount, or remove a resident from the fund effective January 1st of the upcoming year.
3. A formal letter will be mailed in December to the resident or responsible member of the committee's decision effective January 1st of the upcoming year.

Fund Eligibility for Lourdes Rehabilitation and Health Care Center

Residents of Lourdes Rehabilitation and Health Care Center do not need to complete an application as their support is considered short term and is to cover certain circumstances. Residents of Lourdes Rehab and Healthcare center can also be short term residents receiving therapy.

Circumstances for funding residents at Lourdes Rehabilitation and Healthcare Center are the following:

1. Medicare Co Pay daily rate due to no secondary insurance
2. Medicaid pending residents who may not get approval, or it does not retro back to the initial application date
3. Denial of payment situations where care is provided to residents however Lourdes is not being paid due to a survey issue.
4. Death of resident with a remaining balance but without an estate or any assets
5. Resident without access to their assets due to no POA who then pass away without the ability to collect
6. Fraudulent use of resident funds that we can not get access to due to family members taking the residents assets
7. Other circumstances deemed by Director of Finance

The process to get approval for them would be cumbersome as their stay typically lasts less than 3 months. Therefore, the support to be awarded to the residents at Lourdes Rehab and Health Care Center will be determined by the Director of Finance and shall not exceed the Medicare Copay amount for the year, multiplied by the maximum number of Medicare co-payable days of eighty. For example, in 2023, this would equate to \$200 x 80 which is equal to \$16,000. If a resident has a need for continuing support which exceeds this amount, the Director of Finance will gain approval from the committee prior to funding the resident.

Compliance

In order to comply with the Red Flag rules to protect the personal and financial information of the residents and family, the following steps will be required when receiving and disbursing personal and financial information.

1. All personal information will be blacked out on each document received before being distributed to staff or members of the CS Committee.

2. Immediately upon receipt, the person receiving the information will remove or black out the following information:
 - a. Address
 - b. Social Security number
 - c. Bank account numbers
 - d. Investment account numbers
 - e. Credit card account numbers
 - f. Transactions that could expose personal or financial data
3. After the personal and financial information has been removed, the documents will be sent to the Director of Finance for analysis and additional review.
4. Upon review of the information, it is requested that all copies provided be destroyed. One copy of the documents will be kept in the office of the Director of Finance for audit purposes.

Annual Review of policy

The committee will review annually the continuing support policy.

Lead Staff

The committee will be supported by Director of Finance.

Revised December 2022
December 2016



**LOURDES REHABILITATION
&
HEALTHCARE CENTER**

DEPARTMENT: CLINICAL	POLICY: BEHAVIORAL HEALTH SERVICES
APPROVED BY: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT COMMITTEE	EFFECTIVE DATE: OCTOBER 2022
APPROVED BY: QUALITY RESIDENT CARE COMMITTEE	EFFECTIVE DATE: NOVEMBER 2022

Policy:

It is the policy of this facility to ensure all residents receive necessary behavioral health services to assist them in reaching and maintaining their highest level of mental and psychosocial functioning.

Definitions:

“Mental disorder” is a syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities.

“Substance use disorder (SUD)” is defined as recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

“Non-pharmacological intervention” refers to approaches to care that do not involve medications, generally directed towards stabilizing and/or improving a resident’s mental, physical, and psychosocial well-being.

“Trauma” results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

“Post-traumatic stress disorder” occurs in some individuals who have encountered a shocking, scary, or dangerous situation. Symptoms usually begin early, within three months of the traumatic incident, but sometimes they begin years afterward. Symptoms must last more than a month and be severe enough to interfere with relationships or work to be considered PTSD.

Policy Explanation and Compliance Guidelines:

1. Behavioral health encompasses a resident’s whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders, psychosocial adjustment difficulty, and trauma or post-traumatic stress disorders.
2. The facility will consider the acuity of the resident population. This includes residents with mental disorders, psychosocial disorders, or substance use disorders (SUDs), and those with a history of trauma and/or post-traumatic stress disorder (PTSD), as reflected in the facility assessment.



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3. The facility will ensure that necessary behavioral health care services are person-centered and reflect the resident’s goals for care, while maximizing the resident’s dignity, autonomy, privacy, socialization, independence, choice, and safety.
4. Behavioral health care and services shall be provided in an environment that is conducive to mental and psychosocial well-being.
5. Conditions that are frequently seen in nursing home residents and may require the facility to provide specialized services and supports based upon residents’ individual needs, include, but are not limited to:
 - a. Depression – It is not a natural part of aging, however, older adults in the nursing home setting are more at risk than older adults in the community.
 - b. Anxiety and Anxiety Disorders – There are many types of anxiety disorders, each with different symptoms. The most common types of anxiety disorders include Generalized Anxiety Disorder, Social Anxiety Disorder, Panic Disorder, Phobias and Post-Traumatic Stress Disorder.
 - c. Schizophrenia – Is a serious mental disorder that may interfere with a person’s ability to think clearly, manage emotions, make decisions and relate to others. It is uncommon for schizophrenia to be diagnosed in a person younger than 12 or older than 40.
 - d. Bipolar Disorder – Is a mental disorder that causes dramatic shifts in a person’s mood or energy, and may affect the ability to think clearly.
6. The facility utilizes the comprehensive assessment process for identifying and assessing a resident’s mental and psychosocial status and providing person-centered care. This process includes, but is not limited to:
 - a. PASARR screening.
 - b. Obtaining history from medical records, the resident, and as appropriate the resident’s family and friends, regarding mental, psychosocial, and emotional health.
 - c. MDS and care area assessments.
 - d. Ongoing monitoring of mood and behavior.
 - e. Care plan development and implementation.
 - f. Evaluation.
7. The resident, and as appropriate the resident’s family, are included in the comprehensive assessment process along with the interdisciplinary team and outside sources, as indicated. The care plan shall:
 - a. Have interventions that are person-centered, evidence-based, culturally competent, trauma-informed, and in accordance with professional standards of practice.
 - b. Provide for meaningful activities which promote engagement and positive, meaningful relationships. Residents living with mental health and SUDs may require



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different activities than other nursing home residents. The facility will ensure that activities are provided to meet the needs of these residents.

- c. Reflect the resident’s goals for care.
 - d. Account for the resident’s experiences and preferences.
 - e. Maximize the resident’s dignity, autonomy, privacy, socialization, independence, and safety.
 - f. Use pharmacological interventions only when non-pharmacological interventions are ineffective or when clinically indicated.
 - g. Address any other individualized needs the resident may have related to the mental disorder or the SUD.
 - h. Be reviewed and revised as needed, such as when interventions are not effective or when the resident experiences a change in condition.
8. If a behavioral contract is used, it will only be used with residents who have the capacity to understand it. A contract will only be used as a method of encouraging the resident to follow their plan of care, and not as a system of reward and punishment. The contract will not conflict with resident rights or other requirements of participation.
- a. Resident refusal to accept, or non-adherence to the terms of a behavioral contract, will not be the sole basis for a denial of admission, transfer or discharge.
 - b. If a contract is used, it may also address:
 - i. The resident’s right to have a leave of absence and the health and safety risks of leaving without facility knowledge or leaving against medical advice (AMA).
 - ii. Facility efforts to help residents with mental disorder and/or SUD, such as individual counseling services, or access to group counseling.
 - iii. Steps the facility may take if substance use is suspected, which may include:
 - 1. Increased monitoring and supervision in the facility to maintain the health and safety of the resident suspected of substance use, as well as all residents.
 - 2. Restricted or supervised visitation, if the resident’s visitor(s) are deemed to be a danger to the resident, other residents, and/or staff.
 - 3. Voluntary drug testing if there are concerns that suspected drug use could adversely affect the resident’s condition.
 - 4. Voluntary inspections, if there is reasonable suspicion of possession of illegal drugs, weapons or other unauthorized items which could endanger the resident or others.
 - iv. Referral to local law enforcement for suspicion of a crime in accordance with state laws, such as possession of illegal substances, paraphernalia or weapons.
9. All facility staff, including contracted staff and volunteers, shall receive education to ensure appropriate competencies and skill sets for meeting the behavioral health needs of residents.



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Education shall be based on the role of the staff member and resident needs identified through the facility assessment. Behavioral health training as determined by the facility assessment will include, but is not limited to, the competencies and skills necessary to provide the following:

- a. Person-centered care and services that reflect the resident’s goals for care.
 - b. Interpersonal communication that promotes mental and psychosocial well-being.
 - c. Meaningful activities which promote engagement and positive meaningful relationships.
 - d. An environment and atmosphere that is conducive to mental and psychosocial well-being.
 - e. Individualized, non-pharmacological approaches to care.
 - f. Care specific to the individual needs of residents that are diagnosed with a mental, psychosocial, or substance use disorder, a history of trauma and/or post-traumatic stress disorder, substance use disorder, or other behavioral health conditions.
 - g. Care specific to the individual needs of residents that are diagnosed with dementia.
 - h. Care specific to residents with ethnic, cultural, or religious factors that may need to be considered to meet resident needs, such as activities, food preferences, and any other aspect of care.
10. Facility staff will implement person-centered care approaches designed to meet the individual goals and needs of each resident, which includes non-pharmacological interventions. Examples of individualized, non-pharmacological interventions to help meet behavioral health needs of all ages may include, but are not limited to:
- a. Ensuring adequate hydration and nutrition (e.g., enhance taste and presentation of food, addressing food preferences to improve appetite and reduce the need for medications intended to stimulate appetite);
 - b. Exercise;
 - c. Pain relief;
 - d. Individualizing sleep and dining routines;
 - e. Considerations for restroom use, incontinence and increasing dietary fiber to prevent or reduce constipation;
 - f. Adjusting the environment to be more individually preferred or homelike;
 - g. Consistent staffing to optimize familiarity;
 - h. Supporting the resident through meaningful activities that match his/her individual abilities, interests and needs;
 - i. Assisting the resident outdoors in the sunshine and fresh air;
 - j. Assisting the resident to participate in activities that support their spiritual needs;
 - k. Assisting with the opportunity for meditation and associated physical activity (e.g. chair yoga);



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- l. Focusing the resident on activities that decrease stress and increase awareness of actual surroundings, such as familiar activities; offering verbal reassurance, especially in terms of keeping the resident safe; and acknowledging that the resident’s experience is real to her/him;
- m. Utilizing techniques such as music, art, electronics/computer technology systems, massage, essential oils, reminiscing;
- n. Assisting residents with SUDs to access counseling (e.g., individual or group counseling services, 12-step programs, and support groups) to the fullest degree possible;
- o. Assisting residents with access to therapies, such as psychotherapy, behavior modification, cognitive behavioral therapy, and problem solving therapy; and
- p. Providing support with skills related to verbal de-escalation, coping skills, and stress management.

11. The Social Services Director shall serve as the facility’s contact person for questions regarding behavioral services provided by the facility and outside sources such as physician, psychiatrists, or psychologists.

References:

Centers for Medicare & Medicaid Services, Department of Health and Human Services. State Operations Manual (SOM): Appendix PP Guidance to Surveyors for Long Term Care Facilities. (October 2022 Revision) **F740** – Behavioral Health Services. 42 C.F.R. §483.40.

Centers for Medicare & Medicaid Services, Department of Health and Human Services. State Operations Manual (SOM): Appendix PP Guidance to Surveyors for Long Term Care Facilities. (October 2022 Revision) **F741** – Sufficient/Competent Staff - Behavioral Health Needs. 42 C.F.R. §483.40.

Centers for Medicare & Medicaid Services, Department of Health and Human Services. State Operations Manual (SOM): Appendix PP Guidance to Surveyors for Long Term Care Facilities. (October 2022 Revision) **F742** – Treatment for Mental/Psychosocial Concerns. 42 C.F.R. §483.40.

Centers for Medicare & Medicaid Services, Department of Health and Human Services. State Operations Manual (SOM): Appendix PP Guidance to Surveyors for Long Term Care Facilities. (October 2022 Revision) **F949** – Behavioral Health Training. 42 C.F.R. §483.95.



**LOURDES REHABILITATION
&
HEALTHCARE CENTER**

DEPARTMENT: CLINICAL	POLICY: USE OF PSYCHOTROPIC MEDICATIONS
APPROVED BY: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT COMMITTEE	EFFECTIVE DATE: OCTOBER 2022
APPROVED BY: QUALITY RESIDENT CARE COMMITTEE	EFFECTIVE DATE: NOVEMBER 2022

Policy:

Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s).

Policy Explanation and Compliance Guidelines:

1. A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. Psychotropic drugs include, but are not limited to the following categories: antipsychotics, antidepressants, anti-anxiety, and hypnotics.
2. The indications for initiating, withdrawing, or withholding medications(s), as well as the use of non-pharmacological approaches, will be determined by:
 - a. Assessing the resident's underlying condition, current signs, symptoms, expressions, and preferences and goals for treatment.
 - b. Identification of underlying causes (when possible).
3. The attending physician will assume leadership in medication management by developing, monitoring, and modifying the medication regimen in collaboration with residents, their families and/or representatives, other professionals, and the interdisciplinary team.
4. The indications for use of any psychotropic drug will be documented in the medical record.
 - a. Pre-admission screening and other pre-admission data shall be utilized for determining indications for use of medications ordered upon admission to the facility.
 - b. For psychotropic drugs that are initiated after admission to the facility, documentation shall include the specific condition as diagnosed by the physician.
 - i. Psychotropic medications shall be initiated only after medical, physical, functional, psychosocial, and environmental causes have been identified and addressed.
 - ii. Non-pharmacological interventions that have been attempted, and the target symptoms for monitoring shall be included in the documentation.
5. Residents and/or representatives shall be educated on the risks and benefits of psychotropic drug use, as well as alternative treatments/non-pharmacological interventions.
6. Residents who use psychotropic drugs shall receive gradual dose reductions, unless clinically contraindicated, in an effort to discontinue these drugs.
7. Residents who use psychotropic drugs shall also receive non-pharmacological interventions to facilitate reduction or discontinuation of the psychotropic drugs.



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APPROVED BY: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT COMMITTEE	EFFECTIVE DATE: OCTOBER 2022
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8. Residents who receive an antipsychotic medication will have an Abnormal Involuntary Movement Scale (AIMS) test performed on admission, quarterly, with a significant change in condition, change in antipsychotic medication, PRN or as per facility policy.
9. PRN orders for all psychotropic drugs shall be used only when the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record, and for a limited duration (i.e. 14 days).
 - a. If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she shall document their rationale in the resident’s medical record and indicate the duration for the PRN order.
10. Other medications not classified as antipsychotic, antidepressant, antianxiety, or hypnotic medications but can affect brain activity should not be used as a substitution for another psychotropic medication unless prescribed with a documented clinical indication consistent with accepted clinical standards of practice.
11. Categories of medication that can affect brain activity (e.g., antihistamines, anti-cholinergic medications and central nervous system agents for use in conditions such as seizures, mood disorders, PBA and muscle spasms or stiffness) and their documented use appears to be a substitution for another psychotropic medication (rather than for the original or approved indication) are subject to the requirements pertaining to psychotropic medications.
12. The effects of the psychotropic medications on a resident’s physical, mental, and psychosocial well-being will be evaluated on an ongoing basis, such as:
 - a. Upon physician evaluation (routine and as needed),
 - b. During the pharmacist’s monthly medication regimen review,
 - c. During MDS review (quarterly, annually, significant change), and
 - d. In accordance with nurse assessments and medication monitoring parameters consistent with clinical standards of practice, manufacturer’s specifications, and the resident’s comprehensive plan of care.
13. The resident’s response to the medication(s), including progress towards goals and presence/absence of adverse consequences, shall be documented in the resident’s medical record.
14. Use of psychotropic medications in specific circumstances:
 - a. Acute or emergency situations (i.e., acute onset or exacerbation of symptoms or immediate threat to health or safety of resident or others):
 - i. A clinician in conjunction with the IDT shall evaluate and document the situation to identify and address any contributing and underlying causes of the acute condition and verify the need for a psychotropic medication.
 - ii. Use of the psychotropic medication shall be consistent with #9 above, regarding PRN orders.
 - iii. Continued use of the medication shall be consistent with procedures for gradual dose reductions.



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APPROVED BY: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT COMMITTEE	EFFECTIVE DATE: OCTOBER 2022
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- b. Enduring conditions (i.e., non-acute, chronic, or prolonged):
 - i. The resident’s symptoms and therapeutic goals shall be clearly and specifically identified and documented.
 - ii. An evaluation shall be documented to determine that the resident’s expressions or indications of distress are:
 - 1. Not due to a medical condition or problems that can be expected to improve or resolve as the underlying condition is treated or the offending medications(s) are discontinued;
 - 2. Not due to environmental stressors alone, that can be addressed to improve the symptoms or maintain safety;
 - 3. Not due to psychological stressors, anxiety, or fear stemming from misunderstanding related to his or her cognitive impairment that can be expected to improve or resolve as the situation is addressed; and
 - 4. Persistent, and negatively affect his or her quality of life.
- c. New admissions:
 - i. The facility shall identify the indication for use. Psychological services will be utilized with consent to determine continued use.

References:

Centers for Medicare & Medicaid Services, Department of Health and Human Services. *State Operations Manual (SOM): Appendix PP Guidance to Surveyors for Long Term Care Facilities.* (October 2022 Revision) F758 – Pharmacy Services.
42 C.F.R. §483.45(c)(3)(e)(1)-(5)



**LOURDES REHABILITATION
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DEPARTMENT: CLINICAL	POLICY: TRAINING REQUIREMENTS	
APPROVED BY: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT COMMITTEE		EFFECTIVE DATE: OCTOBER 2022
APPROVED BY: QUALITY RESIDENT CARE COMMITTEE		EFFECTIVE DATE: NOVEMBER 2022

Policy:

It is the policy of this facility to develop, implement, and maintain an effective training program for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers, consistent with their expected roles.

Policy Explanation and Compliance Guidelines:

1. The facility has designated the Staff Development Coordinator, or designee, as the contact person for the facility’s training program. This person works closely with the Compliance Officer and other facility leaders in developing the program.
2. The amount and types of training necessary are based on a facility assessment.
3. Competencies and skill set for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers must be consistent with their expected roles.
4. All facility staff needs to be trained to be able to interact in a manner that enhances the resident’s quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program.
5. Training requirements should be met prior to staff and volunteers independently providing services to residents, annually, and as necessary based on the facility assessment.
6. Training content includes, at a minimum:
 - a. Effective communication for direct care staff.
 - b. Resident rights and facility responsibilities for caring of residents.
 - c. Elements and goals of the facility’s QAPI program.
 - d. Written standards, policies, and procedures for the facility’s infection prevention and control program.
 - e. Written standards, policies, and procedures for the facility’s compliance and ethics program.
 - f. Behavioral health.
 - g. Dementia management and care of the cognitively impaired.
 - h. Abuse, neglect, and exploitation prevention.
 - i. Safety and emergency procedures.
7. It is the responsibility of each employee, volunteer, or contract staff to complete required training.
 - a. The facility offers a variety of training methods and times to accommodate individuals.
 - b. An individual’s failure to complete required training in a timely manner will result in termination of employment or contractual/volunteer status.
8. In-service training is provided by qualified personnel (in house or outside entities) in a variety of formats (e.g., facilitated training, computer-based training, self-directed learning, mentoring and/or coaching, etc.).
9. The Staff Development Coordinator maintains a training schedule and documentation system for completed training by all staff, contracted staff, and volunteers.



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APPROVED BY: QUALITY RESIDENT CARE COMMITTEE		EFFECTIVE DATE: NOVEMBER 2022

References:

Centers for Medicare & Medicaid Services, Dept. of HHS. *Appendix PP: Guidance to Surveyors for LTC Facilities.* (October 2022 Revision) 42 C.F.R. 483.95. F940 – Training Requirements, General.

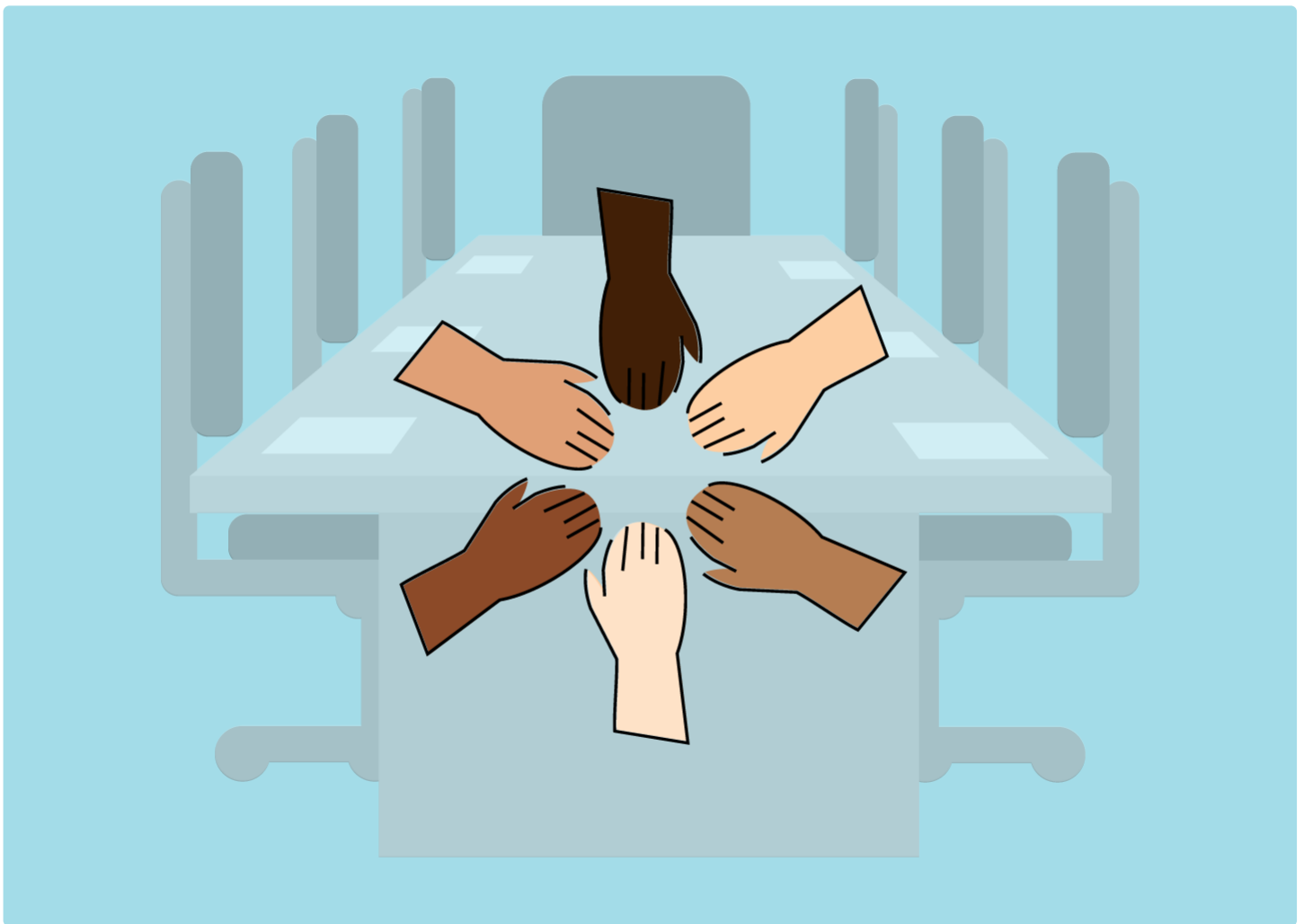
Centers for Medicare & Medicaid Services, Dept. of HHS. *Appendix PP: Guidance to Surveyors for LTC Facilities.* (October 2022 Revision) 42 C.F.R. 483.95. F942 – Resident’s Rights and Facility Responsibilities Training.

Centers for Medicare & Medicaid Services, Dept. of HHS. *Appendix PP: Guidance to Surveyors for LTC Facilities.* (October 2022 Revision) 42 C.F.R. 483.95. F941 – Communication Training.

Centers for Medicare & Medicaid Services, Dept. of HHS. *Appendix PP: Guidance to Surveyors for LTC Facilities.* (October 2022 Revision) 42 C.F.R. 483.95. F949 – Behavioral Health Training.



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ORGANIZATIONAL MANAGEMENT

6 Steps to Increase Board Diversity at Your Nonprofit



Tatiana Morand

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If you're concerned about your board's diversity, you're not alone.

Statistics Canada conducted a survey between December 4, 2020 and January 18, 2021, surveying over 6,000 nonprofit board members and confirming that lack of diversity on nonprofit boards remains an issue.

The survey revealed that of the participating board members, only 11% identified as a visible minority, 8% as LGBTQ2+ individuals and 6% had a disability. These numbers differ drastically from how these groups are represented in the Canadian population.

Moreover, the same survey showed that only 30% of the participants said their organization had a board diversity policy. 23% did not know.

A BoardSource study from 2018 shows similar findings in the United States. The diversity of nonprofit boards in their dataset was far from representative of the growing diversity of the U.S. population. For example, 4.2% of the surveyed board members identified as Hispanic, while the Hispanic population in the U.S. was nearly 18% of the total population at the time.

What this tells us is that there's still more work to be done. Nonprofit organizations across North America need to create and live out policies that ensure that the people on their board of directors are representative of their country's overall population.

Why is Board Diversity Important?

Nonprofit boards of directors oversee the strategic plan and make important financial and operational decisions for their organization. They have a lot of influence in how the nonprofit is run, its goals, programs and outcomes.

More often than not, the nonprofit sector serves people in need, people seeking equity and people in marginalized communities. Doesn't it make sense then, that the people in charge should be able to understand the needs of the people their organization serves?

A diverse nonprofit board that includes people of all genders, races, ages, sexual orientations, cultural backgrounds and levels of ability, will consider a variety of perspectives and ultimately make more informed decisions.

Organizations who lack a diverse board of directors lack those perspectives and are often at odds with the very mission they set out to accomplish.

If you're reading this post, that probably means you want to help create positive change — and you've come to the right place.

Is lack of diversity on nonprofit boards something that will change overnight? No.

However, there are many things your organization can do to combat prejudice and start thinking more about inclusivity.

Below, I've listed the six steps you can take if you want to start building a more diverse board. For each step, I've also added an action item you can take today.

Lastly, I've included some resources to help your organization come up with a board diversity policy or improve your existing one.

1. Address what lies under the surface

Bias is ugly. It's real. And it needs to be named to be changed.

Unconscious bias can shape all aspects of the hiring and recruiting process, from the way openings at your organization are posted to the experience employees or board members have once they're selected.

It also affects the way interviewers evaluate candidates and who is ultimately hired, as well as shaping the organizational climate. This will either allow all types of people to participate comfortably or force them to leave.

To get an inside perspective on this issue, I spoke with Lauren, the director of a professional association helping teachers and other educational leaders to improve special education programs.

"Ensuring diversity has always been a priority for our organization, but it can definitely be challenging because the teaching field is largely female and in our particular region, predominantly white," she said.

And while race and gender are the most evident forms of diversity, they aren't the only dimensions you need to consider.

A person's age, nationality, sexual orientation, educational and professional background, level of ability, and socio-economic status can all shape their contributions to your board — and examining your assumption has around them can lead to the discovery of biases you didn't know existed.

"We get a lot of interest and engagement from retired teachers who have more time to participate, but I always want to make sure we aren't just building an echo chamber here," she continued.

For example, some nonprofits may cite the perceived lack of fundraising power of younger applicants or applicants of colour when considering other candidates — but questioning why those two things are considered mutually exclusive should also be an important part of the conversation.

No one, and no organization, is perfect. However, checking your privilege, whatever form it comes in, is one of the first steps. This means thinking honestly about how your background shapes your current beliefs, and how you benefit from dominant ways of thinking in society — whether it's as a white person, a straight person, or any of the other many intersections of inequality in society.

A few ideas to promote equity, that people with various kinds of privilege might not think of, include:

- Making your board meetings accessible to people with disabilities
- Acknowledging the Indigenous space your organization is built on
- Having gender-neutral bathrooms available
- Putting a mental health day policy into place

What you can do today:

Run a diversity audit to see how your entire organization, not just your board, stacks up. First, look at the demographic of your board. Then, look at the demographic of your community. Are there any groups that are underrepresented? How does your board (and your organization as a whole) compare to your community? If the two are vastly divergent, it might be time to rethink your recruiting — and ask yourself why there's such a gap.

2. Get everyone involved

Fostering diversity takes sustained and intentional action. At Lauren’s association, everyone from the board chair to the office assistant knows that recruiting all different types of people is an organizational priority.

Creating an aligned vision will help ensure that all board members are taking steps to invite diverse people from their different networks to join the team. Asking your team and existing board for help also reflects that this isn’t just a one-time effort, but a sustained part of your organization’s mission going forward.

However, increasing diversity within your team can be an uphill battle if you’re initially the lone voice bringing it up — or the only one who thinks it’s important.

However, you might find that once you start speaking up, other people who didn’t feel comfortable bringing it up join in and support you.

Diversity training within your organization can also help you gain support. Making resources available ([such as this style guide for inclusive language](#)) or having workshops with your team to train them on equitable practices is a good step to make sure the space you’re creating is truly inclusive.

What you can do today:

At your next board or team meeting, take this [unconscious bias inventory](#) to begin unearthing assumptions that may be holding you back. Opening the conversation in a non-confrontational way, and showing that everyone has biases they need to overcome, will help you be more effective in the ongoing quest for equity.

3. Be proactive

If you want to build a more diverse board, just accepting referrals from current board members or those already connected with the organization isn’t the best way to do it. People tend to know people similar to them, and if you’re already finding your board is too homogenous, you’ll just be adding more of the same.

Instead, consider these ways to expand your recruiting reach:

- Post online on websites like [idealist.org](#) or [createthegood.org](#), and take advantage of LinkedIn’s targeting options.

- Blast your social media accounts with the open position, and ask your employees and members to share it too.
- Ask local organizations or associations who work with the communities you want to recruit for assistance.
- Identify events that attract the type of people you're looking to recruit, or go to their communities and start providing value, before having authentic, in-person conversations about why their involvement is critical.
- Ask partnering or neighbouring organizations who have more diversity within their organization about their strategies for board recruitment.

You should also be open about your organization's current level of diversity when recruiting. Communicating that your current hiring policies are part of an ongoing initiative to be more diverse will help reassure candidates that they're not just going to be a token.

And don't forget: people want to feel like you're recruiting them because of their passion for your mission, not because they check a demographic box. Focusing on the skills and talents of your ideal candidate, but prioritizing those who are underrepresented in the name of equity, will be much more successful than simply saying "We need a -insert demographic group here-."

What you can do today:

Include a statement of inclusivity on your next job post or board posting — and make sure you mean it.

Plus, remember that giving requirements can be a barrier for some groups. If you're primarily serving lower-income demographics, or want them to be represented, you'll need to be aware of this (and consider scrapping it).

4. Make diversity a part of your mission — not just your mission statement

If you find the people who are drawn to your organization are homogenous, it's time to consider whether something about your message isn't accessible or resonant for a more diverse population.

An explicit commitment to diversity made readily available on your website and materials (particularly anything related to hiring) could help attract those you are

looking for. Amending your bylaws to state that a certain percentage of your board must come from the population you serve can also help reinforce your commitment. This suggests a commitment to action, rather than just giving lip service to the idea of diversity.

Some statements that you can use as inspiration and to support you as you write your own are:

- [Environmental Defence Fund \(EDF\)](#)
- [Young Nonprofit Professionals Network \(YNPN\)](#)
- [Americans for the Arts](#)

What you can do today:

Read the statements above as well as your own to see how you can work on it to make it more inclusive and reflect your pledge to diversity.

5. Ask your members

Your members know better than anyone the challenges they face, and who's best equipped to handle them. That's why Lauren suggests asking those served by your nonprofit who they might recommend as board members. In her case, teachers voiced a desire for more educational policy and state-level stakeholders to join the conversation. These members not only added diversity to the board, but actually attracted more teachers to join the association because they were excited to hear them speak at the annual summit.

This is also important if the population you serve is more diverse than your board. If they don't feel represented, or if the services you're offering aren't tailored to their needs, they may not be getting as much value from your nonprofit as they could otherwise.

What you can do today:

Send out a quick survey to members you know are engaged with your organization, or ask the next few people to pop through your door, if they know anyone who might be a good fit to join your board.

A commitment to diversity requires sustained action within your whole organization, not quick fixes or superficial recruitment. Recruiting a diverse board is only worthwhile if you have an inclusive organization climate, as some individuals will otherwise feel uncomfortable once they arrive. This will mean you can ultimately find and retain the type of board members who will help push your organization into innovative directions and bolster success in the years to come.

6. Make sure that your environment is conducive to diversity

Discussions about diversity, equity and inclusion are fortunately on the rise across many industries, and your organization is hopefully staying up-to-date and working to create a positive change within your own walls. However, it's important to make sure that you're not just paying lip service or doing this work because you feel like you have to keep up with the times.

Doing surface level diversity work won't do anybody any good. So before you start looking for new board members to recruit, make sure that your organization is ready. There's nothing worse than having a new board member join who's passionate and ready to get involved only to find that their ideas are shut down by fellow board members who aren't on the same page.

What you can do today:

Engage in conversations with your staff and existing board members about what diversity, equity and inclusion means to them, what changes they'd like to see within your organization and how they'd like to be involved. If these conversations haven't historically been happening at your nonprofit, challenge the status quo and invite others to do the same. Create a culture and environment where everyone's voice is welcome and people aren't afraid to offer their perspective.

You can start by booking a regular meeting time for everyone to come together and discuss diversity issues, inviting people to complete a survey and share their thoughts, bringing on an expert to educate your staff and board members about diversity, or forming a committee of passionate and dedicated employees who'll help drive this work forward.

If you don't have one already, you should also consider creating a board diversity policy. This is a document that will help guide your board recruitment process in a way that supports your diversity, equity and inclusion efforts. Read on to learn how to put one together.

How to Create a Board Diversity Policy

There's no right or wrong way to create a board diversity policy, and what you choose to include in it is largely up to your board or your diversity committee. It can range from just a few paragraphs or a few pages long.

It's not advised to follow a template — your diversity policy will be most effective if everyone involved takes the time to put it together and come up with points that are most important to them. Expect to have a lot of input and go through a few rounds of revisions. As you learn new information or deal with new challenges, you may also need to revisit and update your policy.

Some common items to include are:

- clear definitions and examples of diversity, equity and inclusion (DEI)
- an explanation of what those definitions mean for your organization and why your commitment to DEI is important
- a statement about your board recruitment process and how it ensures that the board members you'll be bringing on are representative of your community
- a statement about the actions your organization is taking to improve the diversity of your board and staff members
- the values you expect existing and new members of your organization to uphold

If you're looking for some inspiration, check out these sample board diversity policies:

- [Sample Board Diversity Policy from BoardEffect](#)
- [Sample Board Diversity Policy from GovernanceSolutions](#)

Does your nonprofit already have a nonprofit board diversity policy? What's your organization doing to ensure a diverse board? Let us know in the comments!

Related Resources:

- [How to Catch a Unicorn: Diversify Your Nonprofit Board Like You Mean it](#) (BoardSource)

- [How To Build an Effective Nonprofit Board: The Complete Guide](#) (WildApricot)
- [A Fresh Look at Diversity and Boards](#) (Blue Avocado)
- [Does Your Board Need to be More Diverse? Here's How to Do It](#) (Community Centric Fundraising)

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