

# Lourdes Senior Community Boards



Tuesday, February 11, 2025  
 1:30 – 3:30 p.m.  
 Committee Member Meet and Greet  
 3:30 – 4:30 p.m.  
 In-person Meeting held at  
 LRHC – Main Chapel

If joining by telephone only:  
 Dial: 646-558-8656  
 Meeting ID: 856 0021 7649  
 Passcode: 329930

**Click for Zoom meeting (with video and audio):**

<https://us02web.zoom.us/j/85600217649?pwd=StmXGj9iK0Vo0DxXuEwI7Wi1Htlmhm.1>

## Agenda

Time	Subject	Presenter	Action/Disposition	Supporting Document	Page
1:30	I. Welcome	Rich Acho	Welcome		
1:35	II. Prayer	Leadership	Pray	Prayer	3-4
1:40	III. IL Expansion – Villa Project Update	Rich Acho	Update		
1:45	IV. Property Tax Update	Rich Acho	Update		
1:50	v. Angela Hospice at Lourdes	Jennifer Dale CFRE CNM, Director of Community Outreach and Philanthropy, Angela Hospice	Overview		
2:10	VI. Skilled Nursing and Healthcare in 2025	Dr. Fadi Salloum	Overview		
2:25	VII. Department Spotlight - Activities	A'Lexuss Stewart, Activity Coordinator at LRHC Christina O'Neil, Activity Coordinator at CM	Information		
2:40	VIII. Management Reports A. Human Resources B. Lourdes Rehabilitation and Healthcare Center (LRHC) C. Finance and Information Technology D. Clausen Manor E. Fox Manor F. Mendelson Home G. Compliance H. Plant Operations	Rebecca Latta Maureen McGee  David Krolikowski  Cori Sharrard Robin McClintock Robin McClintock Compliance Jason Mize	Information	Report Report  Report  Report Report Report Report	5-8 9-18  19-20  21-22 23-25 26-27 28-70 71
2:50	IX. Break				

## Lourdes Senior Community Boards



Time	Subject	Presenter	Action/ Disposition	Supporting Document	
<b>EXECUTIVE SESSION</b>					
3:00	X. Dominican Sisters of Peace	Sr. Janice Bachman, OP	Discussion		
3:05	XI. Report of the Chair	John Noone	Discussion		
3:10	XII. Report of the President/ Chief Executive Officer	Rich Acho	Discussion	Report CFCS Employee Benefit Program	72-75 76-77
3:20	XIII. Committee Reports A. Audit and Compliance B. Finance C. Human Resources D. Philanthropy E. Governance and Nominations • Motion: Merge Audit Committee & Finance Committee F. Quality Resident Care G. Continuing Support Fund	Sr. Peggy Martin, OP John Noone Erin Asdell Paul Propson John Noone  Linda Gifford Rich Acho	Information      Vote	Report	78-79
3:25	XIV. Consent Agenda: A. Approval of November 18, 2024, Meeting Minutes B. Testimonials C. Educational Article	All	Approve  Information Information	Minutes  Testimonials "Philanthropy in Aging Services," <i>Marts &amp; Lundy,</i> 2022	80-85  86-90 91- 108
3:30	Adjournment				
3:35	Welcome Committee Members to Meet and Greet	All			
3:40	Prayer and Blessing	Sr. Teresita Lipar, OP Fr. Joseph Lang			
3:50	Meet and Eat	All			
4:30	Tours and Adjourn	All			

Lourdes Senior Community Mission Statement

Lourdes Senior Community, inspired by the gospel of Jesus and sponsored by the Dominican Sisters of Peace, provides a broad continuum of care for older adults and their families. All who minister at Lourdes honor the uniqueness of each person with compassion, love, respect and dignity.

*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.*

Meeting of the Board  
Lourdes Senior Community  
February 2025

***OPENING PRAYER***

**Prayer for the Feast of Our Lady of Lourdes**

**Leader:**

In the name of the Father, and of the Son, and of the Holy Spirit. Amen.

**Reader 1:**

Blessed Virgin Mary, Our Lady of Lourdes, you appeared to St. Bernadette in the grotto of Massabielle, bringing a message of love, healing, and hope.

**Reader 2:**

You called the world to prayer and penance and revealed yourself as the Immaculate Conception. Today, we come before you as your children, seeking your intercession and guidance.

**ALL:**

Our Lady of Lourdes, pray for us.

**Reader 3:**

Mother of the sick and suffering, you invite all who are burdened to come to your Son, the source of healing and strength. We pray for those who are ill in body, mind, or spirit.

**Reader 4:**

May they find comfort in their afflictions, and may your loving presence bring them peace and renewal.

**ALL:**

Our Lady of Lourdes, comfort the afflicted.

**Reader 5:**

Mother of mercy, you showed Bernadette the healing waters of Lourdes. We ask for the grace to be cleansed of sin and to turn our hearts to God.

**Reader 6:**

May we trust in His mercy and share His love with others, especially those who are most in need of His grace.

**ALL:**

Our Lady of Lourdes, lead us to your Son.

**ALL:**

Mother of pilgrims, just as you welcomed St. Bernadette, welcome all who seek care within Lourdes Senior Community. Guide us to care for them with compassion, love, respect, and dignity.

**ALL:**

Our Lady of Lourdes, guide our steps.

**Leader:**

Loving Mother, we entrust ourselves and our residents to your care. Teach us to pray with sincerity, to serve with humility, and to love with the heart of Christ. Through your intercession, may we one day share in the eternal joy of heaven.

**ALL:**

Amen.

**Rebecca Latta, Director – Human Resources**  
**REPORT TO THE LOURDES SENIOR COMMUNITY BOARDS**  
**February 2025**

## **Health Plan Enhancements**

This year we have added some exciting changes to the health plan.

- HealthCheck 360 Weight Loss program – free to participants. This program helps employees who want to live a healthier lifestyle. They give the participants tips for losing weight and have weekly phone calls to employees.
- Telemedicine: MDLive - \$0 copay for Urgent Care, employees just need to register
- Explanations of Benefits are now paperless.
- Aging Services Assistance Program – ASAP is a Medicare education service for members at or nearing the Medicare eligibility age (64-65+).

## **Work Force**

### **Recruiting –**

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

- Online recruiting – we continue to see an increase in applications and interviews for our open positions. The majority of our applicants come through Indeed ads and from our Lourdes website.
- Response time – we continue to respond within 24 – 48 hours upon receipt of the applications. Depending on the response from the applicant we are scheduling interviews within 72 hours.
- International hiring – We have requested two RNs through the agency. Terms have changed since the initial request – will evaluate if an RN becomes available.

### **Retention –**

Our employees are our best asset. Retaining our current talent is a top priority. We are hoping to use the insights from the survey to assist us in retaining our talent.

- Survey – our ongoing surveys have provided us with insights and immediate feedback from our employees. We meet with employees within 48-72 hours when they indicate there are concerns.
- Wages – we continue to monitor the market to ensure our wages are competitive. Our recent completion of the union negotiations has increased the wages for our CNAs, laundry, and housekeepers to stay in line with market conditions.
- Reduced work weeks – This continues to be a popular benefit for our employees. We have made four successful transitions to a four-day workweek.

- Employee Engagement– We continue to have fun activities for our employees. Crossword puzzles, candy jar contests, and our annual picnic. The coloring poster has been a big hit at the homes. We are on our second round and one home has requested another poster.

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**  
 February 2025

<b>STAFFING:</b>			
<b>CLAUSEN MANOR</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>HIRES</b>	10	14	27
<b>TERMINATIONS</b>	18	19	30
<b>TURNOVER RATE</b>	86%	86%	100%
<b>FTE'S*</b>	15.3	15.6	15.9

<b>FOX MANOR</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>HIRES</b>	12	8	12
<b>TERMINATIONS</b>	11	9	6
<b>TURNOVER RATE</b>	57%	45%	21%
<b>FTE'S*</b>	9.2	9.7	10.8

<b>LOURDES REHABILITATION AND HEALTHCARE CENTER</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>HIRES</b>	31	30	44
<b>TERMINATIONS</b>	50	30	45
<b>TURNOVER RATE</b>	51%	32%	45%
<b>FTE'S*</b>	73.0	70.0	72.0

<b>MENDELSON</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>HIRES</b>	36	30	35
<b>TERMINATIONS</b>	45	34	40
<b>TURNOVER RATE</b>	71%	54%	63%
<b>FTE'S*</b>	47.0	47.8	44.7

<b>CAMPUS (average/facility)</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>HIRES</b>	22.3	21	30
<b>TERMINATIONS</b>	31	23	30
<b>TURNOVER RATE</b>	66%	54%	57%

\* 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**  
**February 2025**

<b>Breakdown of Terminations</b>			
<b>CLAUSEN MANOR</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
Resident Assistants	15	19	25
Housekeeper	0	0	2
Admin/Activities Assistant	3	0	3
<b>Total</b>	<b>18</b>	<b>19</b>	<b>30</b>

<b>FOX MANOR</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
Housekeeping	5	2	3
Dietary	5	5	2 (1 retire)
Massage Therapist	0	2	0
Administration	1 (retire)	0	1
<b>Total</b>	<b>11</b>	<b>9</b>	<b>6</b>

<b>LOURDES REHABILITATION AND HEALTHCARE CENTER</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
Nurses	15	14	17
Nurse Aides	13	10	14
Housekeeping/Laundry	9 (1 retire)	1	0
Dietary	5 (transfer to unidine)	0	1
Administration	5 (2 retire)	4	8
Activities	3	1	5
<b>Total</b>	<b>50</b>	<b>30</b>	<b>45</b>

<b>MENDELSON</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
Resident Assistants	30	24	27
Dietary	9	4	8
Activities	3	2	3
Administration	1	1	0
Housekeeping	2	3	2
Massage Therapist	0	0	0
<b>Total</b>	<b>45</b>	<b>34</b>	<b>40</b>

<b>Total all four facilities</b>	<b>124</b>	<b>92</b>	<b>121</b>
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**Requested Action: For Your Information**

**Maureen McGee – Nursing Home Administrator  
Lourdes Rehabilitation and Healthcare Center  
February 2025**

**Staffing Mandate:**

The federal court denied Leading Age’s motion for a preliminary injunction against enforcement of the CMS Staffing Rule. Although this is not the outcome they had hoped for, the opinion does discuss many of the troubling aspects of the rule and sets a prompt briefing schedule for dispositive motions.

The standard that is required to be met during this process is lower than the standard for preliminary injunctions. During this process, each side will now be required to provide the court with a brief arguing the merits of their side of the case. This process is often referred to as “extraordinary relief” and can result in the end of parts of or the entire case. The opening brief on the merits is due March 3 with rebuttals due on April 3.

See the attached new Critical Element Pathway that will be utilized to determine sufficient and competent nursing staff.

**QSO-25-0-NH**

Revised Long-Term Care (LTC) Surveyor Guidance: Significant revisions to enhance quality and oversight of the LTC survey process

Multiple updates to the following:

- Admission, Discharge, Transfer – clarifies new citations for inappropriate transfers and discharges
- Chemical Restraints/Unnecessary Psychotropic Medications – prevent the use of unnecessary psychotropic medications
- Professional Standards and Medical Director – Clarifies responsibilities related to the implementation of resident care policies, specifically ensuring physicians and other practitioners adhere to facility policies on diagnosing and prescribing medications.
- Accuracy/Coordination/Certification – MDS assessment accuracy
- Pain Management – guidance for acute, chronic and subacute pain to align with CDC definitions.
- Infection Prevention and Control – guidance regarding Enhanced Barrier Precautions.
- COVID 19 Immunization – requirements to educate residents and staff regarding the benefits and potential side effects associated with the vaccine.

Effective March 24, 2025

**5-Star Rating**

Lourdes continues to be a 5-star facility through the refresh in December 2024. We were also a recipient of the US NEWS Best Nursing Homes for 2025 for short-term and long-term care.

**Director of Nursing:**

Christina Mahan RN, BSN, joined Lourdes in December 2024 as the Director of Nursing. She came to us from Trinity Bellbrook in Rochester where she had practiced as the DON for 6 years. Prior to working in long-term care, she practiced in both acute care hospitals and hospices. Christina is passionate about resident care and mentoring staff to be their best.

**Infection Prevention/Staff Development:**

Claudette Pringle LPN joined Lourdes in December 2024 as the Infection Prevention/Staff Development Director. Claudette also joined us from Trinity Bellbrook where she practiced as a clinical manager. She recently received her certification from the CDC in infection prevention and has been implementing new processes as they relate to Enhanced Barrier Precautions. Claudette is enthusiastic and willing to help with any need that arises.

<b>Nursing Home Compare</b>						
<b>Star Rating</b>	<b>December 2024</b>					
	<b>Average # of Residents</b>	<b>PPD</b>	<b>Health Inspection Star Ratings</b>	<b>Staffing Star Rating</b>	<b>Quality measures Star Rating</b>	<b>Overall Star Rating</b>
Canterbury - 128 beds	96.8/76%	4.21	1	2	3	1
Wellbridge of Clarkston - 100 beds	88.1/88%	3.61	3	2	5	4
Lourdes - 80 beds	70.9/89%	3.85	4	4	5	5
Regency of Waterford - 150 beds	124.4/83%	3.97	1	4	3	1
Woodward Hills - 190 beds	143.7/76%	4.57	1	4	4	1

## Sufficient and Competent Nurse Staffing Review

*Evaluate whether the facility has sufficient and competent nursing staff to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and*

*Surveyors conduct observations, interviews, and record reviews throughout the survey, on different shifts and units to determine the staff's availability and competency to meet the needs of the residents.*

*During team meetings, discuss whether there are any issues indicating concerns related to sufficient or competent staff.*

*CMS expects the survey team to cite noncompliance when a minimum of one day is identified through investigation as not meeting the staffing requirements for a Registered Nurse (RN), Licensed Nurses (LN) and/or other nursing staff, OR the facility is unable to provide evidence of RN and/or LN coverage for dates identified in the PBJ Staffing Data Report.*

### ***PART I – COMPLETED BY TEAM COORDINATOR (during offsite prep and on day one of survey)***

#### ***Mandatory Submission of Staffing Information:***

*During offsite preparation, the TC reviews the information in the CMS survey system Payroll-Based Journal (PBJ) Staffing Data Report to determine if the facility submitted the required staffing information.*

***1. Did the facility submit the required staffing information based on payroll data?  Yes  No F851, cite scope and severity at "F"***

#### ***RN Serving as Full-time Director of Nursing (DON)***

*If the facility does not provide information on the RN designated to serve as the full-time DON during the entrance conference cite F727.*

***2. Does the facility have an RN to serve as the DON on a full-time basis?  
 Yes  No F727, cite scope and severity at a minimum of "F"  N/A, the facility has a waiver for the DON requirements.***

#### ***RN and LN Coverage:***

*If RN hours and/or LN coverage is triggered on the PBJ Staffing Data Report, review the information provided by the facility, as requested during the entrance conference, to verify the accuracy of the RN and LN absences on the PBJ Staffing Data Report. Acceptable evidence is timecards, timesheets, or payroll information that clearly shows RN and/or LN coverage on the dates in question. A schedule of who was supposed to work is NOT acceptable. If the facility is unable to provide evidence of RN and/or LN coverage for the dates identified, non-compliance must be cited at F725 for LN and/or F727 for RN.*

## Sufficient and Competent Nurse Staffing Review

**3. Does the facility ensure licensed nurse coverage 24-hours a day?**

- Yes  No F725, cite scope at a minimum of "F"  N/A, the facility has a waiver for LN coverage 24-hours per day.

**4. Does the facility have an RN at least 8 consecutive hours a day for 7 days a week?**

- Yes  No F727, cite scope at a minimum of "F"  N/A, the facility has a waiver for the daily RN hours requirement.

**PART II – COMPLETED BY ALL SURVEYORS** (record negative responses at each appropriate CE below)

**OBSERVATIONS:**

- Are there offensive odors? If so, what is the source?
- Are residents still in bed and not dressed mid-morning or remain unkempt or unclean for extended periods of time?
- Do staff rush when providing resident care (e.g., neglecting to explain what they are doing when assisting residents)?
- Do residents receive timely assistance with care needs, such as toileting and eating?
- Are residents care activities consistent with the time of day/night and their individual personal preferences rather than at a time that is convenient for staff (e.g., bathing residents during normal hours of sleep)?
- Are call devices and alarms responded to timely? If concerns about staff responsiveness exist, monitor when the resident's call device is activated and record the response time of the staff.
- Are residents yelling out, crying, sitting around the nurse's station or in hallways without staff intervention, or wandering unsupervised and at risk or creating issues?
- Are residents subdued or sedated making it easier (i.e., convenient) for staff to care for or monitor residents, indicating the potential use of unnecessary psychotropic medications/chemical restraints?
- Are devices or practices in use that restrict freedom of movement (e.g., position change alarms or reclining chairs) making it easier for staff to care for or monitor residents, indicating the potential use of physical restraints?
- Are there delays in residents receiving their medications timely?
- When observing care or services provided by nursing staff, do they demonstrate competency according to professional standards?

## Sufficient and Competent Nurse Staffing Review

### INTERVIEWS

#### *Residents/Resident Representatives or Family Members:*

#### *Staff Sufficiency (probes addressed during the initial pool process and/or investigations):*

- Do you feel that there is enough staff to meet your needs without having to wait a long time? If no, can you provide an example of your concern? Is there a specific time of day or weekends that are more problematic?*
- Has anything occurred because you had to wait for staff to respond and assist you? How often does this occur? For example, not being assisted per toileting plan and incontinence occurs, or staff taking too long to respond to call light resulting in a fall.*
- Do you routinely eat in your room? If so, is this your choice? If it is not your choice, why are you routinely eating in your room?*
- If needed, is assistance provided to help you get to and from areas in the NH, such as the dining room or activities?*
- Are you able to wake, dress, eat, or engage in other activities at times you prefer? If not, why not?*
- Do you get your medications on time?*
- Has the facility informed you that care could not be provided because there wasn't a LN available?*

#### *If the surveyor is aware of the absence of an RN for at least 8 consecutive hours a day on one or more days also ask:*

- Has the facility informed you that care could not be provided because there wasn't an RN available (e.g., IV medication)?*

#### *Staff Competency:*

- Do you think the nursing staff are experienced and knowledgeable when providing your care? If not, what concerns have you experienced? For example, was there a time when you didn't feel well, if so, did staff assist you? Did you require hospitalization?*

#### *Front-Line Nursing Staff (nurses and nurse aides) Interviews:*

*During interactions with staff ask if they feel they have enough staff to meet resident needs and the training/skills needed to provide the care required. If no, interview staff further using the probes below to further evaluate staff sufficiency and competency.*

#### *Staff Sufficiency:*

- If staff indicated they do not feel they have enough staff to meet the resident's needs, ask them to share why they feel this way.*
- How many residents are you responsible for on a regular basis during your shift? Are you able to meet all their needs? If no, please explain.*

## Sufficient and Competent Nurse Staffing Review

- Do you have enough time to complete your required assignments each day, including weekends?
  - If not, why, and what assignments are you not able to complete?
  - Are you able to participate in care planning, attend team meetings and trainings, take meal breaks and provide the care residents need?
- How often are you asked to stay late, come in early, or work overtime? *Tip: this assists in determining the frequency of open shifts, which provides insight into the extent of any staffing issues in the facility.*
- Are you aware of who is the designated charge nurse on each shift?

**If the surveyor is aware of the absences of an RN for at least 8 consecutive hours a day on one or more days, also ask:**

- Are you aware of a resident who needed care or services that only an RN can provide (i.e., intravenous medications, assessment) and did not receive it? If so, please explain. *Tip: this could assist identifying incidents that occurred directly related to non-compliance with RN staffing requirements.*

**If the surveyor is aware of the absence of licensed nursing staff in a 24-hour period on one or more days, also ask:**

- Are you aware of any residents who needed LN services (i.e., medications or treatments) and did not receive it due to no available licensed nurse? If so, please explain. *Tip: this could assist identifying incidents that occurred directly related to non-compliance with LN staffing requirements.*
- Who do you notify in the event of an emergency when there is no licensed nurse available? *Tip: this provides insight into severity, specifically IJ, if the staff are not aware of what to do or fail to act due to no licensed nurse being available.*
  - If the staff member is not aware of who to notify, ask if they've ever experienced this situation and what actions did they take? Was any resident harmed?
  - If the staff member is aware of who to notify, what direction were they given? Was any resident harmed?

### **Staff Competency:**

- If staff indicated they do not feel they have the training/skills to meet resident needs, ask them to share why they feel this way.
- Do you receive training before taking care of a resident who requires care that you are not familiar with or haven't performed in a while?
- Have you been asked to do something that you didn't feel you were adequately trained to do? If so, please explain.
- How do you know when a resident has had a change in condition? What kinds of things do you look for? What do you do when you identify a change in a resident's condition? *Tip: prompt identification of changes in condition and actions to address a change may prevent and/or decrease adverse outcomes in residents.*

## Sufficient and Competent Nurse Staffing Review

- Have you been trained on proper use of resident care equipment?*
- Do you receive periodic evaluations of your skills and knowledge?*
- Does your facility use agency staff? If so, do you have any concerns about resident care when agency staff are used? If yes, please explain.  
Tip: facilities are responsible for ensuring all nursing staff, including temporary staff, are competent to care for residents.*

### ***Dietary/Kitchen/Dining Staff Interviews:***

*Interview staff if concerns related to resident food, weight loss, or nutrition are identified and are potentially related to nurse staffing.*

- Do you hear residents complain about their food getting cold while they wait to be assisted by nursing staff?*
- Do you see food trays come back untouched that might indicate short nursing staff?*
- Are you aware of any residents that might be absent because nursing staff was not available to assist them to the dining room?*

### ***Additional Front-Line Staff Interviews: (e.g., dietary, housekeeping, activities, and/or maintenance)***

***If Triggered for One Star Staffing Rating, interview at least 2 additional front-line staff with focused questions such as:***

- Have you noticed the facility not having enough staff, especially during the last six months?*
- Have you observed the facility not having enough staff to meet residents' needs, such as residents waiting a long time for someone to help them?  
How often does this happen?*
- Do you ever smell bad odors when you are walking through the facility for example, a resident did not receive toileting or incontinence assistance in a timely manner?*
- Do you ever hear residents, or their friends and family complain about not enough staff to provide the care needed?*

***If Triggered for Excessively Low Weekend Staffing interview at least 2 additional front-line staff with focused questions such as:***

- Are there ever times when there are not enough staff to take care of the residents on the weekends? For example, are any residents calling for assistance for extended periods of time? If so, can you describe what happened to any residents affected?
  - *If there have not been enough staff during those times, do you know who you can alert to ensure that the residents needs are met?*
  - *If you have ever notified that person, what was their response?**
- Have weekend activities ever been canceled due to low staffing to get residents up and dressed to attend (e.g., church services or day trips)?*
- Are beds left unmade and rooms messy on the weekend?*

## Sufficient and Competent Nurse Staffing Review

***DON or Staff Development Coordinator Interviews:*** conducted by the surveyor assigned to complete Part III if concerns with staff competency are identified.

- How is staff evaluated to assess their competencies, skills, and knowledge to meet the needs of the residents? Tip: if the DON/SDC cannot explain how they assess staff competencies, skills and knowledge, this may indicate a breakdown in competency evaluation.
- Do you use temporary/contract staff? If so, how do you ensure these staff are competent and have the knowledge and skills to care for residents?
5. Does the facility have sufficient nursing staff on a 24-hour basis to care for each resident's needs in accordance with their care plans?  
 Yes  No F725
6. Does the facility's nursing staff have the knowledge, competencies and skills required to provide care and respond to each resident's needs?  
 Yes  No F726
7. Does the facility have an RN at least 8 consecutive hours a day for 7 days a week?  
 Yes  No F727, cite scope at a minimum of "F"  N/A, the facility has a waiver for the daily RN hours requirement.

### ***PART III - ONLY COMPLETED BY THE TEAM COORDINATOR OR ASSIGNED SURVEYOR***

#### ***Observations***

- Is nurse staffing information prominently posted at the beginning of each shift, in a clear and readable format, that is accessible to residents and visitors, and includes the facility name, date, census, the total number and actual hours worked for RNs, LPNs, and CNAs who are responsible for resident care?
8. Is nurse staffing posted daily and includes facility name, date, census, and the total number and actual hours worked per shift for licensed and unlicensed staff responsible for resident care?  Yes  No F732

#### ***Record Review***

- If triggered for Excessively Low Weekend Staffing, review the Facility Assessment to evaluate if the facility assessed resident needs and acuity to determine the number of qualified staff needed to meet each resident's needs.
9. Did the facility evaluate residents needs and acuity in their Facility Assessment to determine the number of qualified staff needed to meet each resident's needs?  Yes  No F838  N/A, the facility did not trigger for excessively low weekend staffing.

## Sufficient and Competent Nurse Staffing Review

### *Director of Nursing and/or Administrator Interviews:*

Does the DON serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents?

### *If concerns with sufficient staff are identified ask:*

Have you ever been concerned that there weren't enough staff to meet each resident's needs? If so, how often and please explain.

How do you handle callouts or unanticipated staffing shortages? How often are you not able to replace a call out? Tip: frequent inability to fill open slots assists in determining the extent of staffing issues in the facility.

Do you use temporary/contract staff? If so, how often and why?

### *If the surveyor is aware of the absence of an RN for at least 8 consecutive hours a day on one or more days also ask:*

How often are there days with no RN available to provide care for residents?

What types of services or care are not provided when an RN is not onsite for 8 consecutive hours per day?

### *If the surveyor is aware of the absence of licensed nursing staff in a 24-hour period on one or more days also ask:*

How often are there days with no licensed nurse onsite available to provide care for residents?

What types of services or care are not provided when there is no LN(s) staff in a 24-hour period?

### **10. Does the facility ensure licensed nurse coverage 24-hours a day?**

Yes  No F725  N/A, the facility has a waiver for LN coverage 24-Hrs per day.

### **11. Does the facility ensure the DON serves as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents?**

Yes  No F727, cite scope at a minimum of "F"

### ***NURSE AIDE (NA) TRAINING AND COMPETENCY EVALUATION (Required when NA competency concerns are identified)***

Review a minimum of five personnel files, including any specific NAs with whom concerns were identified, to determine if the facility:

- ensured NAs were certified within 4 months of start date, if they were not certified when hired;
- obtained registry verification that the individual has met competency evaluation requirements before their start date. Exceptions: 1) when the individual is a FT employee in a state-approved training and/or competency evaluation program, or 2) can prove they recently successfully completed a state-approved program and has not yet been included in the registry;

## Sufficient and Competent Nurse Staffing Review

- *verified information from every State registry they believe will include information about the employee before their start date;*
- *verified the most recent completion of a training and/or competency evaluation program; if there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation;*
- *completed a performance review at least once every 12 months;*
- *provided regular in-service education based on the outcome of the performance review;*
- *provided at least 12 hours of in-service training in a year that is sufficient to ensure continuing competence; and*
- *provided training that addresses dementia management, abuse prevention, areas of weakness identified in performance reviews and the facility assessment, special needs of residents as determined by staff, and care of the cognitively impaired for staff who provide services to cognitively impaired residents. Note: these are the minimum training topics required in F947.*

**12. Does the facility ensure full-time nurse aides complete a state-approved training and/or competency evaluation program within 4 months of starting work in the facility?**  Yes  No F728  N/A, no concerns were identified with NA competency.

**13. If a NA has not performed nursing or nursing-related services for monetary purposes in a continuous period of 24 months, did they complete a new training and/or competency evaluation program?**  Yes  No F729  N/A, no concerns were identified with NA competency.

**14. Does the facility complete a performance review of nurse aides at least once every 12 months, and provide regular in-service education based on the outcome of the review?**  Yes  No F730  N/A, no concerns were identified with NA competency.

**15. Does the facility provide nurse aide in-services, at least 12 hours in a year, sufficient to ensure continuing competence, including dementia management, abuse prevention, areas of weakness as determined in the NAs performance reviews, facility assessment, special needs of residents determined by facility staff, and care of the cognitively impaired resident for those nursing aides providing care for individuals with cognitive impairments?**  Yes  No F947  N/A, no concerns were identified with NA competency.

**Other Care Areas to consider:** Pressure Ulcer/Injury, Bowel or Bladder, Dental, Positioning/Mobility/ROM, Accidents, Nutrition, Catheter/UTI, Tube Feeding, Respiratory, ADLs, Environment, Abuse, Neglect, Physical Restraints, Quality of life, Quality of Care, Unnecessary Medications, and Behavioral-Emotional Status.

**David Krolkowski, Director of Finance**  
**REPORT TO THE LOURDES SENIOR COMMUNITY BOARDS**  
**February 2025**

**December 2024 YTD Financial Statements:**

**Statement of Operations** – Entity specific and consolidated financial statements for YTD ending December 31, 2024, are summarized below. The Consolidated Income from operations was \$2,079,463 to a budget of \$290,147, a favorable variance of \$1,789,316. The consolidated operating margin is 10.65% to a budget of 1.57%. The December 2024 YTD results are reflected by entity as follows:

	Actual	Budget	Variance	Operating Margin
Lourdes	1,127,449	(155,822)	1,283,271	9.41%
Mendelson	586,030	102,236	483,794	13.43%
Clausen	63,961	2,620	61,341	4.14%
Fox	453,882	401,090	52,792	26.12%
Campus	(151,859)	(59,977)	(91,882)	0.00%
<b>Total</b>	<b>2,079,463</b>	<b>290,147</b>	<b>1,789,316</b>	
<b>Consolidated Margin</b>				<b>10.65%</b>

Lourdes occupancy has operated at an average YTD census level of 70.1 residents (87.59% of occupancy) with a Medicare/HMO mix of 23.2 residents or 33.0% of actual occupancy payer mix. We are receiving an average Medicare per diem of \$613, budgeted to be \$595, favorable by \$18, and a rate increase of 4.2% beginning in October. Medicaid represents an average census level per day of 40.0 or 57.1% of payer mix. Our Medicaid rate increase was 3% in October. We received a large settlement from Medicaid for the years 2022 & 2023 of \$487,600 related to the pandemic rate setting policies. The total Angela Hospice rental revenue was \$287,700 for 2024.

On a YTD basis, Mendelson has operated at an occupancy rate of 96.6%, to a budget of 88.3% and Fox has operated at 93.0% occupancy to a budget of 94.4%, Clausen has a YTD occupancy rate of 90.6%, budgeted to be 90.0%.

Our organization has achieved significant financial progress, surpassing both our budgeted expectations and last year’s performance. On a consolidated YTD basis, revenue is favorable \$1,020,386 to budget, and expenses are favorable \$768,930. The YTD operating income is \$2,079,463, compared to last year’s YTD income through December of \$1,092,460, favorable by \$987,003 year-over-year.

Lourdes Nursing and Rehab operating income exceeded budget by \$1,283,271 and is emerging as a financial leader across our operations. A primary factor is driven by improved Medicaid and Medicare/HMO reimbursements and the one-time cost settlements of \$487,600. Across the campus, we also realized \$768,930 in expense budget savings, thanks to favorable medical insurance premiums and credits to our workers’ compensation policy,

further strengthening our financial position. Mendelson is also demonstrating strong results, outperforming the budget by \$483,794. A key factor behind this success has been our targeted approach to offering courtesy discounts, which has effectively increased occupancy and strengthened our census.

**Statement of Financial Position** - Consolidated operating cash as of December 31, 2024, is \$6.92MM.

Overall Net Assets increased \$3.79MM in 2024. Investment valuations increased \$2.29MM, a 7.71% return. Philanthropy efforts for twelve months totaled about \$418.8K, netted down to \$112.2K when factoring in direct costs to raise the contributions (excluding salaries) and utilization of the funds.

**Audit Status / Tax Return / Cost Report:**

The Medicaid audit for FYE 2022 was completed and passed with no adjustments. The 2023-2024 Workers' Comp audit was completed in October. The Payroll Based Journal "PBJ" Audit was completed in August and passed. The 2024 financial audit/tax returns/cost report by Plante Moran is underway and will be complete by the next board meeting in April.

**2024 Capital Spend:**

As of December 2024, the total capital spend was \$939.6K compared to a budget of \$1.3MM. The Fox Villas project costs throughout 2024 have been \$256.9K.

**2024 Continuing Support Fund:**

The continuing support committee met on December 12, 2024. The committee approved spending for 2025 of \$94.7K based on the residents at the time who applied. We will continue to evaluate courtesy discounts on a case-by-case basis for up to \$1,000. Through December 2024, we have given support in total of \$406.3K.

**Cori Sharrard RN, BSN – Director of Clausen Manor**  
**REPORT TO THE LOURDES SENIOR COMMUNITY BOARD**  
**February 2025**

<b>CENSUS INFORMATION: As of January 29, 2025</b>	
CURRENT NUMBER OF RESIDENTS	16 (2 receiving hospice)
TOTAL NUMBER OF ADMISSIONS 2024	10
FROM CAMPUS 2024	12
TOTAL NUMBER OF DISCHARGES 2024	11
DISCHARGES TO CAMPUS FACILITIES 2024	0
OFF-CAMPUS DISCHARGES 2024	4
NUMBER OF DEATHS 2024	7
TOTAL NUMBER OF ADMISSIONS 2025	2
FROM CAMPUS 2025	1
TOTAL NUMBER OF DISCHARGES 2025	2
DISCHARGES TO CAMPUS FACILITIES 2025	0
OFF-CAMPUS DISCHARGES 2025	0
NUMBER OF DEATHS 2025	2
<b>ACTIVITIES FOR RESIDENTS</b>	
<ul style="list-style-type: none"> <li>• With the assistance of the Activity Coordinator, Christina, the residents welcomed the holiday with Christmas Carols, cookie baking, and lots of presents.</li> <li>• Christina is focusing on three areas for activities: large group, small group, and individual activities. The turnover of residents has allowed the admission of higher-functioning residents. The change in the level of cognition of the resident has changed the type of activities Christina prepares for them. She has been providing activities that are well-balanced for all of the residents.</li> </ul>	
<b>FACILITY ISSUES</b>	
<ul style="list-style-type: none"> <li>• All complaints that were previously made against the facility have now been cleared. The facility received a citation for “not protecting a resident from abuse” perpetrated by a former staff member. The Plan of Correction was submitted to the state and accepted.</li> <li>• To this date 12 staff have participated in an eight-hour program focusing on Dementia Care. The program provides each participant with a “Dementia Care Practitioner” certificate. The goal is to eventually have all employees of the facility certified as “Dementia Care Practitioners.” Leading Age is offering this program free of charge to its members. The feedback from the staff has been extremely positive.</li> </ul>	
<b>RESIDENT CHALLENGES</b>	
<ul style="list-style-type: none"> <li>• It is important when admitting new residents to memory care for the staff to establish an open line of communication with the resident and their family members. Opening communication from the beginning helps to provide a reasonable expectation of care while the resident is living within the facility.</li> <li>• Behavioral changes in a person with dementia can be extremely challenging. Having an agency in place to offer guidance and assistance as needed is crucial to the care the resident receives. We are fortunate to have a great Nurse Practitioner working with us in this area.</li> </ul>	
<b>FACILITY UPGRADES</b>	
<ul style="list-style-type: none"> <li>• New flooring was installed in the perimeter of the facility. The addition of the new flooring was a vast improvement to the facility and has been admired by visitors and staff.</li> <li>• Plant Op will continue to upgrade closets to the resident rooms and the kitchen is in the capital budget to receive some new cupboards.</li> </ul>	

<p><b>TRENDS</b></p> <ul style="list-style-type: none"> <li>• Average Age: 85</li> <li>• Range of ages: 64-94</li> <li>• Length of Stay: 571 Days</li> <li>• There are currently five men and 11 women</li> <li>• 14 residents are under the care of Dr. F. Salloum however our facility is covered by a Nurse Practitioner, Deb Sperry.</li> <li>• YTD occupancy for 2024 was 92%.</li> <li>• Two residents utilize the services of an outside physician</li> <li>• One resident receives services from Trinity Hospice. One resident is receiving care from AdvisaCare Hospice</li> <li>• Two Residents are receiving the services of Trinity Home Care (both residents have indwelling catheters)</li> </ul>
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<p><b>DIRECTOR'S ADDITIONAL THOUGHTS:</b></p> <ul style="list-style-type: none"> <li>• Staff training and development is an ongoing concern. Investing in educating staff is always a costly endeavor. It is imperative that the facility continue to provide adequate training which hopefully will lead to employee retention.</li> <li>• Highlighting the fact that the facility is working towards certifying all staff as Dementia Practitioners has been a valuable tool to entice new resident admissions.</li> </ul>
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<b>STAFFING (All categories not applicable at all facilities)</b>	<b>Days</b>	<b>Afternoons</b>	<b>Midnights</b>
<b>DIRECT CARE</b>	Total of 23 team members		
<b>STATE REQUIREMENTS</b>	3.0	2.0	2.0
<b>FACILITY GOALS (census of 18)</b>	4.0	4.0	2.0
<b>ACTUAL STAFFING</b>	3.8	3.5	2.0
<b>RN</b>	Director is an RN		
<b>DIETARY</b>	Shared with Mendelson		
<b>ACTIVITIES</b>	1 70 hours per pay		
<b>HOUSEKEEPING</b>	1 70 hours per pay		
<b>ADMINISTRATION</b>	1 (+ share LSC Campus MSW and Admissions Coordinator)		

\*\*With the census at 16, staffing has been dropped to 3 direct care staff on days and afternoon shift and 2 on the midnight shift.

**Robin McClintock, CTRS, CALD, CDP – Fox Manor**  
**REPORT TO THE LOURDES SENIOR COMMUNITY BOARDS**  
**February 2025**

<b>CENSUS INFORMATION: As of January 29, 2025</b>	
<b>NUMBER OF RESIDENTS</b>	55
TOTAL NUMBER OF ADMISSIONS 2024	13
FROM CAMPUS 2024	2
TOTAL NUMBER OF ADMISSIONS 2025	2
FROM CAMPUS 2025	1
TOTAL NUMBER OF DISCHARGES 2024	13
DISCHARGES TO CAMPUS FACILITIES 2024	4
OFF CAMPUS DISCHARGES 2024	7
NUMBER OF DEATHS 2024	2
TOTAL NUMBER OF DISCHARGES 2025	3
DISCHARGES TO CAMPUS FACILITIES 2025	2
OFF CAMPUS DISCHARGES 2025	0
NUMBER OF DEATHS 2025	1
<b>MAJOR ACTIVITIES FOR RESIDENTS</b>	
<ul style="list-style-type: none"> <li>• In November, the residents made a trip to Bronner’s and had lunch in Frankenmuth. On Thanksgiving, the dining room is decorated for a traditional Thanksgiving meal for those residents that do not go out of the building. This year about 20 residents attended the dinner.</li> <li>• December was a very busy month. The residents went to a variety of stores and crafters were brought in to provide the residents with an opportunity to buy Christmas gifts. A bake sale was held supporting the Fox activities department. The residents were treated to a performance by the Big Chief Chorus. The year ended with a New Year’s Eve dinner party.</li> <li>• After a COVID outbreak last December where fourteen residents were infected after the family Christmas party, the decision was made not to invite family to the resident Christmas party this year. The residents were a little disappointed by this but understood the reasoning behind it.</li> <li>• On January 15<sup>th</sup>, the residents kicked off the cold weather by making snow angels. Six residents participated in the fun, including Fern Walch who turned 101 years of age that day.</li> </ul>	
<b>MAJOR FACILITY ISSUES</b>	
<b>COVID 19 Strategies</b>	
<ul style="list-style-type: none"> <li>• Reporting to the Oakland County Health Department only must be completed if the facility has a positive COVID case.</li> <li>• Per the CDC, the length of isolation has changed. If a resident or employee tests positive for COVID, isolation only lasts until they are 24 hours symptom-free. A mask is recommended once out.</li> </ul>	
<b>COVID 19 Cases:</b>	
<ul style="list-style-type: none"> <li>• Residents 2024 = 10</li> <li>• Residents 2025 = 0</li> <li>• Employees 2024 = 0</li> <li>• Employees 2025 = 0</li> </ul>	
<b>VACCINE:</b> On November 14, 2024, Fox Manor partnered with OneCare pharmacy to provide the most recent COVID vaccine. Seventeen residents and two staff received the vaccine.	

**TRENDS**

- The average age is 85 years old.
- The average length of stay is 3.33 years. The resident with the longest length of stay is 11.03 years.
- The youngest resident is 69 years old, and the oldest resident is 99
- 38 of our 55 residents (69%) are Catholic.
- 45 women and 10 men
- Two married couples are living at Fox Manor.
- Occupancy YTD 2024: 98.1%      Budget 2024: 94.4%  
                   YTD 2025: 96.4%      Budget 2025: 96.3%

**STAFFING:**

<b>DIETARY</b>	1 full-time cook 1 part-time cook 13 part-time wait staff
<b>ACTIVITIES</b>	1 part-time activities coordinator
<b>HOUSEKEEPING/LAUNDRY</b>	1 full-time resident apartment housekeeper 1 part-time resident apartment housekeeper 1 part-time common area housekeeper
<b>ADMINISTRATION</b>	1 full-time building director 2 part-time receptionists 3 in-house security staff

**DIRECTOR'S ADDITIONAL THOUGHTS:**

- Currently Fox has two vacancies.
- One apartment is spoken for. There is one resident in house who will be moving from a one bedroom to a two bedroom apartment.
- Three residents are currently receiving support services from non-medical assistance companies and Concept Rehab.
- In January, two residents transitioned to Mendelson and one resident to Angela Hospice at Lourdes.
- The health department made their bi-annual inspection of the Fox Manor kitchen on January 15<sup>th</sup>. There were no deficiencies cited.
- A nurse and clinic tech from Mendelson came to Fox Manor in early October to give the residents their flu shots. This year, twenty-one residents received the vaccine.





**Robin McClintock, CTRS, CALD, CDP - Mendelson Home**  
**REPORT TO THE LOURDES SENIOR COMMUNITY BOARDS**  
 February 2025

<b>CENSUS INFORMATION: As of January 29, 2025</b>	
<b>NUMBER OF RESIDENTS</b>	58
<b>TOTAL NUMBER OF ADMISSIONS 2024</b>	24
<b>FROM CAMPUS 2024</b>	9 (4 respite)
<b>TOTAL NUMBER OF ADMISSIONS 2025</b>	3
<b>FROM CAMPUS 2025</b>	2
<b>TOTAL NUMBER OF DISCHARGES 2024</b>	25
<b>DISCHARGES TO CAMPUS FACILITIES 2024</b>	8
<b>OFF CAMPUS DISCHARGES 2024</b>	8
<b>NUMBER OF DEATHS 2024</b>	9
<b>TOTAL NUMBER OF DISCHARGES 2025</b>	2
<b>DISCHARGES TO CAMPUS FACILITIES 2025</b>	0
<b>OFF CAMPUS DISCHARGES 2025</b>	2
<b>NUMBER OF DEATHS 2025</b>	0
<b>MAJOR ACTIVITIES FOR RESIDENTS</b>	
<ul style="list-style-type: none"> <li>• In November, the residents enjoyed the baking club, entertainment, outings for shopping, and lunch. The residents also enjoyed food items being brought in from Jet’s Pizza and Pete’s Oven Bakery</li> <li>• December was a busy month with all the holiday festivities, including a performance by the resident chimes choir.</li> <li>• After a COVID and norovirus outbreak last year after the family Christmas party, the decision was made not to invite family to the resident Christmas party this year. The residents were served heavy hors d’oeuvres and punch. The dining room was beautifully decorated for the event. Once lunch was over, they were treated to entertainment by Kevin Wills. The residents did not seem to mind the absence of their families, and we heard many say this was one of the best parties ever.</li> </ul>	
<b>MAJOR FACILITY ISSUES</b>	
<b>COVID 19 Strategies</b>	
<ul style="list-style-type: none"> <li>• MDHHS has removed most of the COVID rules they had in place. If a resident tests positive, testing will have to begin. If contact tracing limits the possible exposure to others, only those in contact would need to be tested.</li> <li>• Per the CDC, the length of isolation has changed. If a resident or employee tests positive for COVID, isolation only lasts until they are 24 hours symptom free. A mask is recommended once out. However, as a facility, we are isolating the residents for at least 5 days and evaluating their symptoms.</li> <li>• Vaccination status no longer needs to be tracked.</li> <li>• Reporting occurs only to the Oakland County Health Department if a resident or employee tests positive.</li> </ul>	
<b>COVID-19 Cases:</b>	
<ul style="list-style-type: none"> <li>• Residents 2024 = 8</li> <li>• Residents 2025 = 0</li> <li>• Employees 2024 = 2</li> <li>• Employees 2025 = 0</li> </ul>	
<b>VACCINES:</b> On November 14, 2024, Mendelson Home partnered with OneCare Pharmacy to provide the residents with the COVID-19 vaccine. Thirty-five residents received the vaccine.	



**Robin McClintock, CTRS, CALD, CDP – Compliance**  
**REPORT TO THE LOURDES SENIOR COMMUNITY BOARDS**  
**February 2025**

**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. 2024 was our tenth 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.

2024 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 and a sample letter we receive from CRC 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 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 248-886-5102,
- 2) Emailing the Compliance Office at [compliance@lourdes-sc.org](mailto:compliance@lourdes-sc.org), or
- 3) Calling the Anonymous Compliance Hotline at 248-886-5050.

Over the course of 2024, 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. For those that are new to the board, please read through the Ethics Guide, sign the Acknowledgement and return it to me ([rmcclintock@lourdes-sc.org](mailto:rmcclintock@lourdes-sc.org)) or Debi Batchelder ([dbatchelder@lourdes-sc.org](mailto:dbatchelder@lourdes-sc.org)). You can also bring the signed Acknowledgment with you if you are attending the board meeting in person.

**Audit Schedules**

Lourdes Rehabilitation and Healthcare Center and Mendelson Home have audit schedules that we adhere to. Most are dictated by the state to be done annually, some are derived from citations received from the state and some are created due to a process evaluation and improvement that needs to be made. Attached are the audit schedules for both facilities.

**Attachments:**

1. 2024 Excluded Provider Results Spreadsheet
2. Sample Excluded Provider Results Letters (Employee and Entity)
3. LSC Ethics Guide
4. Audit Schedules:
  - a. LRHC- created by Maureen McGee
  - b. Mendelson – created by Robin McClintock

2024 Excluded Provider Checks

2024	Number of Entities Tested	Potential Hits	Possible Matches	Confirmed Matches	Number Ruled out by investigation	Number of Individuals Tested	Potential Hits	Possible Matches	Confirmed Matches	Number Ruled out by investigation	Number ruled out by Affidavit
January	441	42	0	0	n/a	788	222	0	0	n/a	n/a
February	441	42	0	0	n/a	809	225	0	0	n/a	n/a
March	441	42	0	0	n/a	782	230	0	0	n/a	n/a
April	441	42	0	0	n/a	721	214	0	0	n/a	n/a
May	441	42	0	0	n/a	660	197	0	0	n/a	n/a
June	441	42	0	0	n/a	675	209	0	0	n/a	n/a
July	441	41	0	0	n/a	684	209	0	0	n/a	n/a
August	441	41	0	0	n/a	687	210	0	0	n/a	n/a
September	441	41	0	0	n/a	707	215	0	0	n/a	n/a
October	441	42	0	0	n/a	719	217	0	0	n/a	n/a
November	441	40	0	0	n/a	730	221	0	0	n/a	n/a
December	442	40	0	0	n/a	737	225	0	0	n/a	n/a

## SANCTION SCREENING AND VERIFICATION REPORT FOR INDIVIDUALS

### Description of Services

Compliance Resource Center (CRC) provides sanction screening services to help clients identify sanctioned, excluded and/or high-risk individuals and entities across various federal and state health care agencies. In accordance with federal sanction screening guidelines, CRC provides screening against the Department of Health and Human Services (HHS) Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the General Services Administration (GSA) System for Award Management (SAM), as well as state Medicaid exclusion lists per the HHS Center for Medicaid and State Operations state Medicaid screening guidelines. Whereas the OIG LEIE has a user friendly system to aid in verification of potential hits, the GSA SAM does not. The only identifiers that they maintain within their system are Social Security Numbers (“SSNs”), Tax ID Numbers (“TINs”) and Dun and Bradstreet Numbers (“DUNS Number”).

### Background and Methodology

CRC conducts sanction screening services on behalf of clients using the Sanction Screening Services (S<sup>3</sup>) tool. The S<sup>3</sup> tool screens a list of individuals and/or entities provided by the client against the LEIE, SAM and applicable state databases. A unique series of algorithms identifies an exact match between the individuals and entities submitted and the names contained in the source data from the screened databases. The CRC also has the entire National Plan and Provider Enumeration System (NPPES), referred to as the NPI File that is checked. The OIG has recently upgraded their LEIE system to include NPI numbers that has facilitated a more efficient system of identification where incomplete or inaccurate information on individuals and entities have been provided.

In addition to the Sanction Screening and Verification Report, the results are displayed in three types of accompanying files:

- **Summary Results File:** Provides a summary as to whether each individual screened matched any of the source data.
- **Detailed Results File:** Provides all the available data from the source agencies for names where there was a name match. If an individual is found during the screening process not to match the source data, the Detailed File indicates “Not Found.” Individuals that are found to match the source data are further investigated to determine the validity of the match.
- **Master Final Results File:** Provides the investigative results from the verification process. It defines results as “Confirmed Matches,” “Possible Matches,” and “Not a Match.” In the event of a Possible Match, the action needed to complete the investigation is indicated in the Sanction Screening and Verification Report.

If an individual matches a name in one of the screened databases, CRC investigates to determine if the finding is a Confirmed Match. A Confirmed Match for an individual is the result of an exact name match (last name, first name, and middle name/middle initial, if available) and one or more of the following: date of birth, Social Security Number, UPIN/NPI, Medicaid Provider Number, or state license number.

### Contact Information

For questions related to the services provided or the content of the report, please contact CRC at 1-855-272-1011 Option 1 or [support@complianceresource.com](mailto:support@complianceresource.com).



## SANCTION SCREENING AND VERIFICATION REPORT RESULTS

### Executive Summary

The following table provides a summary of the services performed, as well the number of Potential Hits, Possible Matches, and Confirmed Matches.

Lourdes Senior Community – Employee	
File Name(s)	CRC Individual template
Report Date	December 30, 2024
Agencies Screened	<ul style="list-style-type: none"> <li>• Department of Health and Human Services (HHS) Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE)</li> <li>• General Services Administration (GSA) System for Award Management (SAM)</li> <li>• Michigan Medicaid Sanction Provider List</li> </ul>
Number of Records Submitted	737
Potential Hits	225
Possible Matches	0
Confirmed Matches	0

### Investigation and Verification

In general, a list of Potential Hits is investigated to determine whether the individual names submitted for screening are a Confirmed Match to the information contained in the source data. Based on the investigation into the Potential Hits, CRC concluded that none of the individuals submitted are a Confirmed Match to any records in the exclusion databases searched.

### Conclusion

Based on CRC's screening and investigative efforts, none of the individuals provided were determined to be a Confirmed Match to an exclusion record in any of the databases searched and therefore are not excluded from participation in federal health care programs and/or the state Medicaid program(s) for which the searches were completed.

### Review Certification

CRC certifies it conducted the sanction screening process in accordance with the independence and objectivity guidelines of the Generally Accepted Government Audit Standards of the Government Accountability Office. The work entailed an objective and systematic examination of evidence to provide an independent assessment of the results. Staff assigned to perform the independent review possessed the necessary professional proficiency for the tasks required. They were free from impairments that could hinder objectivity and exercised



due professional care in the review and preparation of the report of findings. This report presents factual data accurately, fairly and objectively with findings, determinations and conclusions.

Independently reviewed and certified by

*Ekaterina Malinova*

Ekaterina Malinova  
Compliance Resource Center



## SANCTION SCREENING AND VERIFICATION REPORT FOR ENTITIES

### Description of Services

Compliance Resource Center (CRC) provides sanction screening services to help clients identify sanctioned, excluded and/or high-risk individuals and entities across various federal and state health care agencies. In accordance with federal sanction screening guidelines, CRC provides screening against the Department of Health and Human Services (HHS) Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the General Services Administration (GSA) System for Award Management (SAM), as well as state Medicaid exclusion lists per the HHS Center for Medicaid and State Operations state Medicaid screening guidelines. Whereas the OIG LEIE has a user friendly system to aid in verification of potential hits, the GSA SAM does not. The only identifiers that they maintain within their system are Social Security Numbers (“SSNs”), Tax ID Numbers (“TINs”) and Dun and Bradstreet Numbers (“DUNS Number”).

### Background and Methodology

CRC conducts sanction screening services on behalf of clients using the Sanction Screening Services (S<sup>3</sup>) tool. The S<sup>3</sup> tool screens a list of individuals and/or entities provided by the client against the LEIE, SAM and applicable state databases. A unique series of algorithms identifies an exact match between the individuals and entities submitted and the names contained in the source data from the screened databases. The CRC also has the entire National Plan and Provider Enumeration System (NPPES), referred to as the NPI File that is checked. The OIG has recently upgraded their LEIE system to include NPI numbers that has facilitated a more efficient system of identification where incomplete or inaccurate information on individuals and entities have been provided.

In addition to the Sanction Screening and Verification Report, the results are displayed in three types of accompanying files:

- **Summary Results File:** Provides a summary as to whether each entity screened matched any of the source data.
- **Detailed Results File:** Provides all the available data from the source agencies for names where there was a name match. If an entity is found during the screening process not to match the source data, the Detailed File indicates “Not Found.” Entities that are found to match the source data are further investigated to determine the validity of the match.
- **Master Final Results File:** Provides the investigative results from the verification process. It defines results as “Confirmed Matches,” “Possible Matches,” and “Not a Match.” In the event of a Possible Match, the action needed to complete the investigation is indicated in the Sanction Screening and Verification Report.

If an entity matches a name in one of the screened databases, CRC investigates to determine if the finding is a Confirmed Match. A Confirmed Match for an entity is the result of an exact name match and one or more of the following: address, DUNS Number, Tax Identification number, Medicaid Provider Number, or state license number.

### Contact Information

For questions related to the services provided or the content of the report, please contact CRC at 1-855-272-1011 Option 1 or [support@complianceresource.com](mailto:support@complianceresource.com).



## SANCTION SCREENING AND VERIFICATION RESULTS REPORT

### Executive Summary

The following table provides a summary of the services performed, as well the number of Potential Hits, Possible Matches, and Confirmed Matches.

Lourdes Senior Community – Entity	
File Name(s)	CRC Vendor Template
Report Date	December 30, 2024
Agencies Screened	<ul style="list-style-type: none"> <li>Department of Health and Human Services (HHS) Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE)</li> <li>General Services Administration (GSA) System for Award Management (SAM)</li> <li>Michigan Medicaid Sanction Provider List</li> </ul>
Number of Records Submitted	441
Potential Hits	40
Possible Matches	0
Confirmed Matches	0

### Investigation and Verification

In general, a list of Potential Hits is investigated to determine whether the entities submitted for screening are a Confirmed Match to the information contained in the source data. Based on the investigation into the Potential Hits, CRC concluded that none of the entities submitted are a Confirmed Match to any records in the exclusion databases searched.

### Conclusion

Based on CRC's screening and investigative efforts, none of the entities provided were determined to be a Confirmed Match to an exclusion record in any of the databases searched and therefore are not excluded from participation in federal health care programs and/or the state Medicaid program(s) for which the searches were completed.

### Review Certification

CRC certifies it conducted the sanction screening process in accordance with the independence and objectivity guidelines of the Generally Accepted Government Audit Standards of the Government Accountability Office. The work entailed an objective and systematic examination of evidence to provide an independent assessment of the results. Staff assigned to perform the independent review possessed the necessary professional proficiency for the tasks required. They were free from impairments that could hinder objectivity and exercised



due professional care in the review and preparation of the report of findings. This report presents factual data accurately, fairly and objectively with findings, determinations and conclusions.

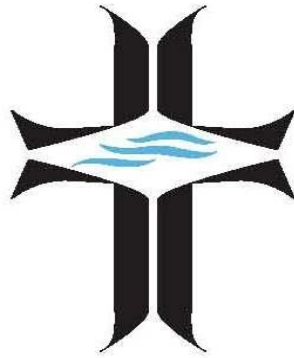
Independently reviewed and certified by

*Ekaterina Malinova*

Ekaterina Malinova  
Compliance Resource Center







**LOURDES**  
SENIOR COMMUNITY

# **Our Values and Ethics at Work Reference Guide**

September 2017

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## OUR VALUES AND ETHICS AT WORK

Each of us helps shape our culture by acting in accordance with our core values of compassion, dignity, spirituality, service, and standards of conduct. We all have a personal responsibility to behave ethically and appropriately.

The provision of health care is a complex industry. Many of the laws and regulations that govern health care are difficult to understand and to apply consistently. Lourdes Senior Community has created this booklet to help us understand these laws and regulations. This reference guide describes our standards of conduct and how to apply them.

The examples in this reference guide will help us to understand the importance of having honesty, directness, and respect in all of our interactions with residents and their family members, as well as co-workers.

The Lourdes Senior Community Our Values and Ethics at Work Reference Guide is designed to help us make decisions at work, however simple or difficult they may be. Of course, it is not possible to cover every situation in this reference guide. If you are struggling to determine the right thing to do in a particular situation, this booklet has information to help you.

Support for ethical decision-making is available at all times. For example, you may consult with the Director of Human Resources, or you may speak with your supervisor. Please call on that support to be confident in your decisions as you help shape and strengthen our healthcare ministry.

Many blessings,



Rich Acho

President and Chief Executive Officer

## **LOURDES SENIOR COMMUNITY MISSION AND CORE VALUES**

### **Mission Statement**

Lourdes Senior Community, inspired by the gospel of Jesus and sponsored by the Dominican Sisters 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.

### **Core Values**

#### ***Dignity***

##### **In caring for our residents, we will:**

- Treat everyone with empathy and fairness
- Be attentive to resident's personal appearance and behaviors
- Invite and appreciate the uniqueness of people and their viewpoints

#### ***Service***

##### **In all we do, we will:**

- Put forth our personal and professional best, providing the highest quality of care of which we are capable
- Be responsible for and follow through on the commitments we make
- Listen well, communicate openly and honestly, and encourage others to do the same

#### ***Spirituality***

##### **In honoring the missions, ministries, and heritages of the Catholic Church and our Dominican sponsors we will:**

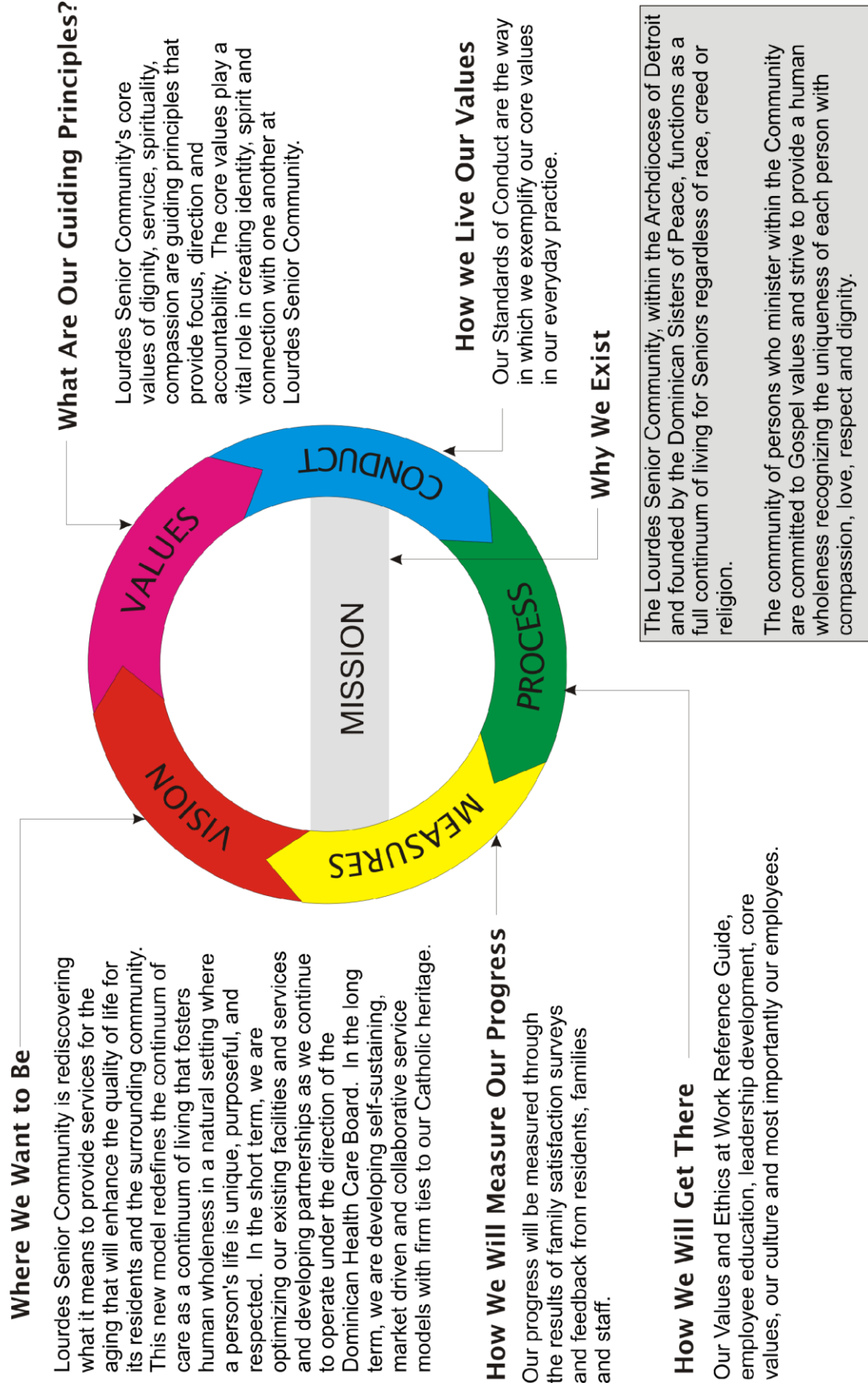
- Add meaning and purpose to the lives of our residents
- Celebrate the role of spirituality in healing for each individual
- Serve each other and our community in harmony and with the inclusiveness, wholeness and touch that characterized Christ's healing ministry

#### ***Compassion***

##### **In serving the residents and their loved ones, we will:**

- Honor the individuality of each person
- Treat each other with dignity, taking the time to be present, to listen, to explain and to understand
- Create a caring environment that exudes humanity, humility, grace and love

# Lourdes Senior Community Framework



## **INTRODUCTION TO LOURDES SENIOR COMMUNITY RESPONSIBILITY PROGRAM**

Lourdes Senior Community is committed to continuing the healing ministry of the Catholic Church by creating a healthy community and defending the human dignity of each community member. Our Catholic identity calls us to recognize God's presence in every man and woman. We serve God by caring for those in need and for each other. Our core values of spirituality, compassion, dignity and service provide focus, direction and accountability.

This reference guide provides a framework for ethical behavior based on the attributes that define our distinctive Catholic culture. Our cultural attributes call us to:

- Create a culture that supports open and honest communication.
- Exhibit high ethical standards of conduct that promote doing the right thing.
- Cultivate our human, financial and material resources as gifts entrusted to us.
- Be accountable for our actions and performance.
- Commit to the common good.
- Share wisdom and knowledge and develop individual and organizational potentials.
- Find ways to improve work processes, service and care delivery.
- Create a healing environment and collaborative spirit.

To support you in making the right decisions and getting answers to your questions or concerns contact your Compliance Officer, manager, director, administrator, or the Director of Values Integration.

**Our Values and Ethics at Work Reference Guide** is designed to help you do what is right and to ensure that your behavior demonstrates our values. At a minimum, this means obeying the law and avoiding improper activities.

This reference guide includes examples of how the standards of Lourdes Senior Community apply to your daily work. These applications are arranged alphabetically by topic for ease of reference.

**Our Values and Ethics at Work Reference Guide** is one of the many tools that can help you work in a responsible, professional and ethical way. Other tools and resources include:

- Local and national policies and procedures, including those specific to healthcare responsibility.
- Compliance reference and guidance documents.
- Educational offerings, including training in complicated or high-risk areas.
- Federal and state laws and regulations.

**Our Values and Ethics at Work Reference Guide** is a resource for all of us as we strive to achieve our mission. By understanding and using this reference guide, we demonstrate our commitment to our core values.

## **STANDARDS OF CONDUCT**

Our Values and Ethics at Work Reference Guide describe our standards of conduct as practical applications of our core values and cultural attributes. All board members, employees, volunteers, medical staff and others working with Lourdes Senior Community must act in accordance with the following standards of conduct:

- Exercise good faith and honesty in all dealings and transactions.
- Create a workplace that fosters community and honors and cares for the dignity, safety and well being of all persons in mind, body and spirit.
- Maintain a high level of knowledge and skill among all who serve in order to provide high quality care and safety.
- Observe all laws, regulations and policies that govern what we do.
- Maintain the integrity and protect the confidentiality of resident, employee and community information.
- Avoid conflicts of interest and/or the appearance of conflict.
- Use our resources responsibly.

## **APPLICATIONS OF THE STANDARDS OF CONDUCT**

This section includes examples of how the standards of conduct of Lourdes Senior Community apply to daily activities within the community. As you read, keep the following questions in mind:

- Are my decisions and actions based on the mission and core values of Lourdes Senior Community?
- Do I show values-based behavior at work?
- Do I make decisions with sound judgment and common sense?
- Do I communicate with honesty?
- Am I doing anything I would be concerned about if it was on the front page of a newspaper?
- Have I been asked to do something that may be dishonest, unethical or illegal?
- Do I make personal use of Lourdes Senior Community assets or know others who do?
- Have I shared confidential resident information with people not directly involved in the resident's care, or in a public place where others may have overheard me?
- Have I shared confidential business information with a competitor, potential supplier, vendor or contractor?

**Our Values and Ethics at Work Reference Guide** does not cover every decision-making situation. It provides general guidelines on acceptable and ethical business practices. Please talk with the Compliance Officer or your manager if the following examples and applications of the standards of conduct are not clear to you.

## **ANTI-KICKBACK STATUTUE AND STARK SELF-REFERRAL LAW**

### **Anti-Kickback Statute**

The federal anti-kickback statute prohibits individuals and entities from knowingly offering, paying, soliciting or receiving “remuneration” (or kickbacks) to induce referrals or items or services paid for by a federally funded program. Medicare and Medicaid are examples of federally funded programs covered by the anti-kickback statute. In short, we may not directly or indirectly pay residents, physicians or other health care providers to refer residents to us. The law is complex and has limited exceptions. Many states have similar laws. Avoid any conduct that violates, or appears to violate, federal or state anti-kickback laws.

The anti-kickback statute is intended to prevent: (1) medical judgment and treatment decisions being compromised because of an expectation of kick-backs; (2) the overutilization of items or services covered by federal health programs; (3) increased costs to the Medicare/Medicaid programs because unnecessary or excessive care has been provided; and (4) unfair competition.

Q. What are “kickbacks?”

A. Kickbacks are gifts, gratuities or anything of monetary value given to or from someone with the expectation or understanding that they will make referrals to us. Examples include:

- Gifts and incentives given with an expectation of future referrals or as a reward for past referrals.
- Free supplies or equipment.
- Excessive discounts (other than those defined in the charity care or other discount policies of Lourdes Senior Community).
- Written off accounts receivable (other than those defined by policy guidelines).

### **Stark Self-Referral Law**

The federal Stark Self-Referral Law prohibits a physician from referring Medicare/Medicaid recipients to a health care provider of the physician (or an immediate family member of the physician) and providers that have any type of financial relationship. However, referrals are permitted if the financial relationship is structured to comply with certain exceptions to the Stark Law.

If the relationship does not comply with an exception, (1) the physician cannot refer residents to the provider with whom he/she has a financial relationship and (2) the provider cannot bill for services provided to those residents. The Stark Law is complex and numerous exceptions exist. Many states have similar laws.

Unlike the anti-kickback statute just reviewed, which requires that the parties knowingly violate the law, the Stark Law is a “strict liability” statute. This means that even unintentional violations of the Stark Law may have significant consequences to the individuals involved and their organizations.

## **ANTI-TRUST COMPLIANCE**

We comply with laws that regulate competition in health care and avoid activities that are anti-competitive. Examples of actions that may be illegal under the antitrust laws include:

- Agreeing with competitors to fix prices, agreeing with competitors to fix wages or divide markets
- Boycotting or participating in certain exclusive arrangements.
- Bribery, deception, intimidation and other unfair trade practices.

Q. My friend works in human resources at another retirement community in my city. She wants to do a survey of health care salaries. May I share salary information with her?

A. No. Sharing salary information may appear to be an effort to fix wages and limit competition in the marketplace.

## **CODING AND BILLING (Also see Documentation Standards pg. 15)**

Federal and state laws control third-party billing for residents and others in our care. We submit accurate, complete and timely claims for payment. We could be prosecuted and/or asked to refund payments for filing inaccurate or fraudulent claims. Clinical, nursing, medical record, billing and/or coding employees and others responsible for creating charges must:

- Ensure that their work is accurate, complies with Lourdes Senior Community policies, complies with federal and state laws and regulations and is completed on a timely basis.
- Bill only for services provided and appropriately documented, using accurate billing codes.
- Immediately notify a manager or the director/administrator so mistakes can be corrected.
- Retain billing and medical record data as required by law and Lourdes Senior Community’s record retention policies.

Q. If documentation is not available when we are ready to submit a bill, is it okay to submit the bill?

A. No. Do not submit a bill until appropriate documentations is on file. This verifies the services were provided to the resident.

Q. Can we perform services for residents who are not living in one of our homes?

A. No. All services must be documented and appropriately billed.

## **CONFIDENTIAL INFORMATION**

In fulfilling our duties, we see a wide range of confidential information. We treat information about our residents and our business as confidential and proprietary information. This means that Lourdes Senior Community does not share this information with the public and is careful to share it with business partners only when they have a need to know the information. Confidential and proprietary information is maintained in different forms such as paper records, electronic records, films and verbal discussions. Sharing information improperly can harm our mission, individuals in our care and our business partners. We have implemented specific policies and procedures to maintain and protect the confidentiality of resident, employee and organizational information. Feel free to contact a manager or director/administrator if you have any questions or wish to report any concerns.

### **Resident Information**

Individuals in our care expect us to maintain the confidentiality and security of their health information. At Lourdes Senior Community we not only follow the Church's teachings and apply its moral principles, but we also follow the standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Breaking these laws may result in civil and criminal penalties for Lourdes Senior Community and/or the responsible individuals.

The employees, affiliated physician and health care partners of Lourdes Senior Community are permitted to use or disclose protected health information (PHI) only to serve residents. We do not use, disclose or discuss resident-specific information with others unless the resident authorized the release of his/her information or we are required or authorized by law to release the information. Lourdes Senior Community and the individuals who improperly use or disclose a resident's information may face civil and/or criminal penalties for breaking these laws. If you think that PHI is being improperly used, accessed or disclosed, report your concerns to the Compliance Officer, manager or director/administrator.

### **Employee Information**

We keep employee information confidential by following human resources policies and state and federal laws. Employee personal information includes wage and salary information, employment agreements, employment history and status, Social Security numbers, and financial and banking information.

Q. I work in payroll. A friend who works at one of the facilities is being promoted to a management position. She asked me how much other managers are making. Can I share this information if I do not give specific names?

A. No. You must keep employee information in strict confidence and may not share it with anyone who does not have a legitimate business purpose for the information. Feel free to contact your manager or director/administrator to report any concern.

## **Confidential Information About Our Business**

We maintain and protect the confidentiality of our proprietary information. This includes information about our competitive position, business strategies, contract terms and negotiations, payments, reimbursements and negotiations with employees or outside organizations. Proprietary information is used only for legitimate business purposes and protections are in place to prevent unauthorized use or disclosure. If your employment or association with Lourdes Senior Community ends, you have an ongoing obligation to maintain the confidentiality of this information.

Competitive information obtained in violation of a covenant not to compete, a prior employment agreement or other contract may not be used to conduct business on behalf of Lourdes Senior Community.

## **CONFLICTS OF INTEREST**

Conflicts of interest occur when personal interests or activities influence, or appear to influence, our ability to act in the best interest of Lourdes Senior Community. Actions or relationships that could create a conflict of interest must be disclosed in writing, in advance and approved according to the policies of Lourdes Senior Community. Avoid situations in which your personal interests conflict or appear to conflict with the interest of the community.

### **Contracts/Vendor Relations**

Business relationships with contractors must be conducted fairly and in the best interests of Lourdes Senior Community. Avoid personal ties to or bias towards contractors. Feel free to contact your manager, director/administrator to (1) ask questions if you are concerned about a contractor relationship and (2) report attempts by contractors to inappropriately influence business activities.

Q. My sister-in-law is a health care consultant. Would it be a conflict if I recommend her to work on a project at Lourdes Senior Community?

A. No, unless you do something to provide her with an advantage or special consideration. Your family member may apply to work as a consultant. However, do not use your position to influence a decision to hire your relative. Do not share information with your relative that other prospective vendors would not have.

### **Requesting and Accepting Gifts and Gratuities**

Do not request or accept gifts from a business source that could influence your decisions or create the impression of influence over your decisions. Do not request or accept personal gifts of cash or cash equivalents from any business source. Use the policies of Lourdes Senior Community to determine whether a gift is appropriate for your particular situation. **See Appendix B for Gifts, Gratuities, and Business Courtesies Policy.**

Q. Why can't I accept some gifts from business sources?

A. While gifts from business sources are commonly accepted in some industries, health care is different. Because federal government programs pay for health care services with taxpayer dollars, federal laws regulate financial relationships between health care providers and business sources.

Q. What type of gifts may I accept from a business source?

A. To safeguard you and anyone you work with, the policy of Lourdes Senior Community is to accept no gifts of any kind from business sources. By adhering to this policy you will not come under question about practices should Lourdes Senior Community or yourself be scrutinized by any government or other agency. If you are given a gift, please report it to your supervisor so it can be dealt with in an appropriate manner.

Q. What types of gifts should I refuse?

A. To protect yourself and Lourdes Senior Community do not accept any gift. Do not request or accept gifts from a business sources that is in the process of conducting business with our community, or in any situation in which business is conditional on the receipt of a gift. Do not ask residents or members of their families for gifts.

Q. Can I ask a vendor, supplier or other business associate to donate to a department celebration?

A. No. It is not permissible to request donations from a vendor, supplier or other business sources. Any request for donations need to be made by the Development department. If a vendor, supplier, or other business associate offers to sponsor a department celebration, they need to be referred to your supervisor and or the Human Resources Department.

Q. May I accept a gift from a resident or family member or his/her family?

A. Only the director/administrator may accept small gifts from a resident or their family members in the form of perishable or consumable goods (candy, fruit baskets, flowers, etc.). Perishable or consumable gifts from a resident or family member should be shared with your co-workers. Never accept cash or cash equivalents from residents or members of their families.

### **Outside Interests and Activities**

If you own or have any type of employment or consulting relationship with an outside organization from which we buy goods or services, you must review the situation with the Compliance Officer or your manager because of a possible conflict of interest. Conduct any outside consulting or other business activities on your own time. These activities must not conflict with or affect your work performance. If you are employed elsewhere, you must report the name of the employer and the type of employment to your manager, who can determine if there is a conflict of interest.

As a representative of Lourdes Senior Community, do not provide testimonial statements or endorsements for use in a vendor or contractor's advertisement, brochure or other marketing material. Do not speak on behalf of Lourdes Senior Community unless you have written approval from our Chief Executive Officer.

Q. I sometimes need to conduct personal business on work time. Is this okay?

A. Infrequent local telephone calls for personal reasons are allowed; however, such calls should be of limited length and should not interfere with your job. Personal long-distance calls may not be charged to Lourdes Senior Community.

Q. I am an employee of Lourdes Senior Community. To earn extra money, I sell cosmetics and candles. Can I advertise my business on the community e-mail or post an advertisement on the bulletin board in my department?

A. No, because Lourdes Senior Community is a charitable tax-exempt organization. Activities that are not related to charitable purposes put the organization at risk of financial penalties or, in extreme cases, loss of tax-exempt status.

Q. It's Girl Scout cookie time. May I take the cookie order sheet to work to help out my daughter?

A. Lourdes Senior Community limits such activities on its premises because they can interfere with business operations. In general, you may leave pre-approved non-profit literature such as a Girl Scout cookie order form (Girl Scouts is a non-profit organization) on a table in a break room or other designated area as defined in your organization's policies. You should not directly solicit employees on company premises or use company resources such as e-mail, telephone, etc.

### **Participation on Outside Board of Trustees/Directors**

Lourdes Senior Community encourages us to be active in our communities. This may include serving on the boards of charitable and civic organizations. When serving on such boards:

- Obtain management approval before serving on the board of any organization that may conflict with the interests of Lourdes Senior Community.
- Do not vote on matters that might affect the interests of Lourdes Senior Community.
- When speaking as a board member, do not identify yourself as speaking on behalf of Lourdes Senior Community, unless you have written approval from our Chief Executive Officer.
- Consult management or human resources before accepting payment from an outside group for services performed during regular work hours.

Lourdes Senior Community retains the right to prohibit membership on any outside board.

Q. I am a board member of a local company that does business with Lourdes Senior Community. Will I need to resign from the board?

A. Your involvement on the board may be a conflict of interest. Discuss the situation with the Chief Executive Officer to determine whether this is a conflict of interest, and, if so, whether you should resign.

## **COPYRIGHTED, TRADEMARKED OR LICENSED MATERIALS**

In most instances, copyrighted, trademarked or licensed materials may not be copied or used without written permission. Certain exceptions may apply such as the Fair Use Doctrine for copyrighted materials. The Fair Use Doctrine allows limited use of copyrighted material without

getting permission from the copyright holder. Examples of fair use include commentary, criticism, news reporting, research and teaching. As a general rule if you are unsure whether something is protected by copyright, trademark or license or whether it may be copied or used, check with your supervisor to determine the status.

Q. I recently attended a conference and received a notebook of material that will benefit my department. May I make copies of the information for co-workers?

A. If the materials are copyrighted, do not copy them without written permission from the license holder. You may summarize the information for your co-workers or let them use the original materials.

Q. Is it okay for employees to have personal software on their computers at work?

A. No. Unlicensed software is forbidden on any computer that belongs to Lourdes Senior Community.

## **DEALING WITH GOVERNMENT AND REGULATORY AGENCIES**

We respond to federal, state or local government requests for information on a timely basis and in a cooperative manner while preserving our organization's legal rights. If a government agent approaches you or you receive a subpoena, either at work or home, you should:

- Be calm and respectful.
- Ask for identification and verify the authority of the agent.
- Immediately call your manager, the director/administrator, the Compliance Officer or Chief Executive Officer until you reach one of them.

If a government agent asks to speak with you, you may volunteer to talk with the agent but are not required to do so. Do not feel frightened or pressured to speak with a government agent without first contacting your manager. You may ask to have a representative or legal counsel from Lourdes Senior Community attend any interview with a government agent.

If a government agency conducts an interview or investigation, do not:

- Alter, remove or destroy documents or records belonging to Lourdes Senior Community, including paper, electronic or computer records.
- Lie or provide false, misleading or incomplete information.
- Persuade any employee or other person to provide false, misleading or incomplete information.
- Persuade any employee or other person to not cooperate with government investigators.
- Offer any item of value to a government official, which may be interpreted as a bribe.

## **DOCUMENTATION STANDARDS**

We are responsible for the accuracy of Lourdes Senior Community's documents and records. Complete documentation helps us comply with regulatory and legal requirements and supports our business practices.

Corrections to documents and records must be made according to the applicable laws and regulations. Place a line through, initial and date incorrect entries. Do not use correction materials to remove an original entry in a legal document. Correcting documentation and errors in electronic records requires specific procedures.

### **Business and Financial Records**

Financial and business records (including cost and research reports, time sheets, mileage reimbursement reports, expense reports and other documents) must be accurate. Sign and date business and financial documents as appropriate. Fraudulent accounting and financial reporting is illegal, as well as any fraudulent documentation.

### **Medical Records**

We are responsible for accurate and timely documentation of services provided to individuals in our care. Ensure that medical records meet the requirements of all medical staff bylaws, accreditation standards and relevant laws and regulations.

Q. Physicians on our unit sometimes perform a service or provide treatment to a resident but do not document it in the chart until later. Is this okay?

A. Documentation should always be accurate and completed on a timely basis. A delay in documentation may jeopardize resident care and could impact our ability to receive payment from a federal or state health care program. We are obligated to follow our community's policies and procedures, bylaws and all applicable federal and state laws regulating documentation.

## **ENVIRONMENTAL RESPONSIBILITY**

We are committed to being good stewards of the environment. We recognize that our well-being, and the well-being of future generations, depends upon our reverence for the environment. We should, whenever possible, conserve our natural resources, recycle, reduce waste and pollution, promote energy-efficient technologies, eliminate toxins and use environmentally preferable purchasing. We comply with environmental laws and regulations for health care pollutants.

## ETHICAL AND RELIGIOUS DIRECTIVES

Employees and individuals associated with Lourdes Senior Community are required to abide by the *Ethical and Religious Directives for Catholic Health Care Services*. You may hear this document referred to as the “directives” or the “ERDs.”

The directives were revised in 1994 to respond to new developments in medical science and technology. There was an additional revision in 2009 resulting in the 5<sup>th</sup> edition. The United States Conference of Catholic Bishops states the purpose of the directives is to reaffirm the ethical standards of behavior in health care that flow from the Church’s teaching about the dignity of the human person. These directives also provide guidance in applying the moral teachings of the Catholic Church when handling select ethical issues in health care.

The current education of the directives is divided into six parts. They are:

**The Social Responsibility of Catholic Health Care Services**—Catholic health care is a ministry of the Church called to care for persons who are poor and to contribute to the common good of the community.

**The Pastoral and Spiritual Responsibility of Catholic Health Care**—A Catholic health care institution is a community of healing and compassion, embracing the physical, psychological, social and spiritual dimensions of the human person.

**The Professional/Patient Relationship**—Catholic health care nurtures a truly interpersonal professional/patient relationship that requires mutual respect, trust, honesty and appropriate confidentiality.

**Issues in Care for the Beginning of Life**—Catholic health care ministry is rooted in a commitment to respect the sacredness of every human life from the moment of conception to death.

**Issues in Care for the Dying**—A Catholic health care institution provides compassionate care and related relief of pain and suffering for the dying.

**Forming New Partnerships with Health Care Organizations and Providers**—Catholic health providers, when forming new partnerships with other healthcare organizations, should require systematic and objective moral analysis and respect for Church teaching.

## ETHICAL BEHAVIOR

We value open, honest communication and ethical decision-making. We communicate with candor and honesty when performing our jobs. We seek out information and resources when faced with operational and ethical dilemmas.

Q. What resources can help me address issues of clinical, organizational and social ethics?

A. Lourdes Senior Community has resources for dealing with ethical issues. Lourdes Senior Community's Ethics Committee provides a forum for dealing with clinical ethics. The senior leadership team is your point of contact for organizational ethics. Your board of directors provides oversight for social ethics.

## **EXCLUDED PROVIDERS**

The federal government will not pay for services provided by an individual or entity that the government has excluded from participating in a federally funded health care program. Lourdes Senior Community does not knowingly employ, conduct business with or contract with excluded providers. Any relationship with an employee, individual or entity found to be an excluded provider will be terminated. Any revenue and costs associated with the excluded provider will be appropriately handled so that the federal health care program does not pay for these services.

## **FALSE CLAIMS ACT POLICIES**

Lourdes Senior Community is required by law to establish certain policies and provide employees, agents and contractors with information regarding: (1) the federal False Claims Act and similar state laws, (2) their right to be protected as a whistleblower, and (3) national and local policies and procedures for detecting and preventing fraud, waste and abuse. **Our Values and Ethics at Work Reference Guide** establish our policies and contain information required by law under Section 6032 of the Deficit Reduction Act of 2005.

### **What is the Federal False Claims Act?**

The federal False Claims Act (31 USC 3729033) helps the federal government combat fraud and recover losses resulting from fraud in federal programs, such as Medicare and Medicaid. A person or entity violates the False Claims Act by “knowingly” (1) submitting a false claim for payment, (2) making or using a false record or statement to obtain payment for a false claim, (3) conspiring to make a false claim or get one paid, or (4) making or using a false record to avoid payments owed to the government, or (5) concealing or improperly avoiding an obligation to pay the government. “Knowingly” means that a person: (1) has actual knowledge that the information is false, (2) acts in deliberate ignorance of truth and falsity of the information, or (3) acts in reckless disregard of the truth or falsity of the information.

Examples of potential false claims include:

- Billing for services that were not provided at all.
- Billing for services that were provided, but were not medically necessary.
- Submitting inaccurate or misleading claims about the type of services provided.
- Making false statements to obtain payment for products or services.
- Failing to repay the federal government for an identified overpayment.

The False Claims Act contains provisions that allow an individual who has original information concerning fraudulent activities involving government programs to file a lawsuit on behalf of the

government. If the lawsuit is successful the individual may be eligible to receive a portion of the recoveries received by the government.

Penalties for violating the federal False Claims Act are significant. Financial penalties for submitting a false claim can total as much as three times the amount of the claim, plus fines of \$5,500 to \$11,000 per claim.

### **What is a State False Claims Act?**

In addition to the federal False Claims Act, many states have adopted or are in the process of adopting false claims acts.

### **Rights of Employees to be Protected as Whistleblowers Under the False Claims Act.**

Federal and many state false claims acts protect employees from retaliation if they, in good faith, report fraud. Employees are protected against retaliation such as being fired, demoted, threatened or harassed as a result of filing a false claim act lawsuit. An employee who suffers retaliation can sue, and may receive up to twice his/her back pay, plus interest, reinstatement at the seniority level they would have had if not for the retaliation; and compensation for costs or damages.

Amendments to the federal False Claims Act in 2009 extend whistleblower protections beyond employees by also safeguarding contractors and agents from retaliation for investigating or preventing a potential false claim.

## **MARKETING PRACTICES**

Lourdes Senior Community provides reliable, responsible sources of information about health care to the community. Marketing, communications, fund raising and advertising activities can educate the community about health issues, increase awareness of our services and facilitate employee recruitment. Lourdes Senior Community promises to do the following:

- Present truthful information to the public in all marketing, communications and advertising materials.
- Distinguish opinion from fact when presenting issues.
- Take care not to exploit the fears of residents or their families in our marketing, communications, fund raising and advertising activities.
- Comply with applicable federal and state law for marketing and advertising activities, including any marketing and advertising activities provided for non-employed physicians and physician groups.

## **NON-RETALIATION**

Lourdes Senior Community promotes an environment that encourages all of us to seek clarification of issues and report questions and concerns. It is our duty and responsibility to report possible violations of our standards, guidelines or policies. You will be protected from retaliation if you make a good-faith report, complaint or inquiry. A person who retaliates against you for making a good-faith report is subject to discipline up to and including dismissal from employment or termination of a business relationship with Lourdes Senior Community. Non-retaliation policies do not protect you if your actions violate the policies of Lourdes Senior Community or applicable laws.

## **OUR VALUES AT WORK**

We are committed to enabling all employees to reach their fullest potential by:

- Providing meaningful, rewarding work with competitive pay and benefits.
- Ensuring a safe, supportive work environment.
- Providing the opportunity to learn and grow.
- Sharing information about the performance of Lourdes Senior Community.
- Encouraging innovation and achievement.
- Hiring and developing values based employees.
- Recognizing employee contributions and celebrating success.
- Supporting a healthy balance of work and personal life.
- Complying with laws that regulate employment and the workplace environment.

Together, as a values-driven work community, we can fulfill our mission to bring new life, energy and viability to our health care ministry today and in the future.

### **Provider Qualifications**

We retain licensed and credentialed individuals to provide resident care. Each individual is responsible for performing his/her job duties within the scope of his/her licensure and practice authority.

### **Exit Interview**

Employees who leave Lourdes Senior Community are encouraged to participate in an exit interview with human resources. Information that you provide in an exit interview helps Lourdes Senior Community identify and resolve workplace problems and increase employee satisfaction and retention. An exit interview allows an employee to report in good faith any situation he/she believes is contrary to our standard of conduct and is important for us to know.

## PROTECTING OUR ASSETS

We are committed to protecting our assets, including our financial resources, supplies, equipment and reputation. We do so by making wise and ethical decisions to ensure that our assets are used to support our healing ministry. As responsible stewards of our resources, we:

Follow **Our Values and Ethics at Work Reference Guide** and the policies and procedures of Lourdes Senior Community.

Keep accurate and reliable financial records and reports.

Ensure that our assets are used only to further our health care mission, not for our personal business or benefit. We do not use community equipment, supplies, materials or services for unauthorized purposes. There are many experts within Lourdes Senior Community who provide education at external work-related functions. If you speak at an external function during work time and receive payment, you must submit the money to the Development Office.



## RECORD RETENTION

All clinical, financial and employee records of Lourdes Senior Community are stored according to record retention policies. You can request a copy of the policy from management.

## **RESIDENTS CARE AND RIGHTS**

We deliver quality resident care without regard to race, color, religion, gender, sexual preference, national origin, citizenship, age, disability, payer source or ability to pay. We treat every person in our care with dignity and respect. Our commitment to quality and service is shared by board members, committee members, employees, officers, volunteers, medical staff and other representatives of Lourdes Senior Community. Our commitment to our distinctive Catholic culture enables us to obtain these desired outcomes.

We respect the rights of each individual in our care. We provide individuals in our care with information regarding their rights and responsibilities and we endeavor to protect those rights. Individuals in our care have the right to accurate, timely information about their health, payment options (including charity care) and other information which helps them make decisions about their treatment. It is our responsibility to provide this information. Please refer to the guidelines of your home for a description of resident rights.

Q. To whom should I report quality of care issues?

A. Such issues include many aspects of care and should first be discussed with your manager. More serious issues may need to be evaluated by the Compliance Officer, manager, director/administrator of your home.

## **TAX EXEMPT STATUS**

Lourdes Senior Community is a nonprofit, tax-exempt organization and operated solely for religious and charitable purposes. This status provides Lourdes Senior Community certain benefits in support of building a healthy community. To keep our tax-exempt status, we use our resources to further the religious and charitable purposes of our mission. Tax laws prohibit our tax-exempt organization from:

- Paying more than fair market value for services, products or leases.
- Taking part in a joint venture, partnership or similar transaction that results in an improper private benefit (gain) to a third party.
- Recruiting physicians with incentives or compensation plans that are in excess of fair market value or do not serve an identified community need.
- Permitting any person to buy, sell, lease or use Lourdes Senior Community property at less than fair market value.

## GETTING HELP

If you are unsure about how to respond to a particular situation, this section of Our Values and Ethics at Work Reference Guide provides guidance.

### Report Concerns

Every staff (staff is defined as all persons providing services to Lourdes Senior Community) in the organization has the responsibility to comply with the laws, regulations, policies and procedures, and to ensure that others do as well. Any staff or vendor who has firsthand knowledge of activities or omissions that may violate applicable laws and regulations is required to report such wrongdoing. Reporting suspected violations is mandatory, not optional. It is the right thing to do. Staff will be informed that in some instances, failure to report a suspected violation may be the basis for disciplinary action against the staff. Compliance violations may be reported to the Compliance Officer through either the hotline, emailing, calling the compliance office direct, in person, or in writing. All reports of wrongdoing shall be investigated to the extent necessary to determine their validity. No staff or agent making such a report in good faith shall be retaliated against by Lourdes Senior Community, staff, or vendors and will be protected by the Michigan Whistleblower's Protection Act. For more information on Lourdes Senior Community non-retaliation policy see page 19. Discipline for engaging in acts that violate applicable laws and regulations, making knowingly false reports, or discipline for any other performance – related reason unconnected to reporting potential violations is not retaliation.

Lourdes Senior Community Reporting Contact Information:

- Anonymous Compliance Hotline: (248) 886-5050
- Compliance Officer: (248)674-2241 ext. 5841
- Compliance Office email address: [compliance@lourdes-sc.org](mailto:compliance@lourdes-sc.org)
- Human Resources: (248) 674-2241 ext. 5610

### Resources for Guidance

Staff or agents may seek clarification to the Compliance Program, organizational policies, or questions to the Compliance Officer through either the hotline, e-mail, in person, or in writing.

### Confidentiality

All staff or agents making reports are encouraged to disclose their identity, recognizing that anonymity may hamper complete and timely investigation. Nonetheless, anonymous reports are better than no report at all, and no report shall be refused or treated less seriously because the reporter wishes to remain anonymous. Confidentiality and anonymity of the reporter/complainant and the content of the report will be preserved to the extent permitted by law and by the circumstances. Information about reports, investigations, or follow-up actions shall not be disclosed to anyone other than those individuals charged with responsibility in investigation and remedial action as well as legal counsel.

## **Training and Education**

Comprehensive training and education is available to help you understand and comply with our expectations that you conduct yourself ethically and responsibly. This education and training is provided at the time you join Lourdes Senior Community at the mission orientation. In addition, employees receive annual specialized training on subjects such as confidentiality, safety, environmental issues and regulations that relate specifically to their jobs.

## **Consequences of Failure to Comply With Our Values and Ethics at Work Reference Guide**

As a minimum standard, all persons associated with Lourdes Senior Community will conduct their activities in compliance with applicable laws. We have a duty to act in a manner consistent with our core values, policies and the **Our Values and Ethics at Work Reference Guide**. We are subject to a variety of serious consequences if we fail to comply with laws, regulations and organizational policies and procedures. The consequences to Lourdes Senior Community may include risks to resident safety, refund of payments from government programs, civil or criminal liability, and exclusion from federal payment programs and loss of tax-exempt status. In addition, responsible individuals may be subject to disciplinary action, including suspension or termination of employment, termination of contractual relationships or removal from office or board membership. Individuals may also be prosecuted and subject to substantial fines.

## APPENDIX A

### Definitions

- **Abuse:** provider practices that are inconsistent with sound fiscal, business or clinical practices, and result in an unnecessary cost to the Medicaid or Medicare program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program.
- **Fraud (per Centers for Medicare and Medicaid Service {CMS}):** an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person. It includes any act that constitutes fraud under applicable federal or state law including but not limited to the Federal False Claims Act and the Michigan False Claims Act.
- **Fraud (per Michigan Medicaid):** Michigan law permits a finding of Medicaid fraud based upon “constructive knowledge.” This means that if the course of conduct reflects a systematic or persistent tendency to cause “inaccuracies” then it may be fraud, rather than simply a good faith error or mistake.
- **Waste:** overutilization of services, or other practices that result in unnecessary costs. Generally not considered caused by criminally negligent actions but rather the misuse of resources.
- **The Michigan Whistleblowers' Protection Act (469 P .A. 1980) creates certain protections and obligations for employees and employers under Michigan law.**

### **PROTECTIONS:**

It is illegal for employers in Michigan to discharge, threaten or otherwise discriminate against you regarding your compensation, terms, conditions, location or privileges of employment because you or a person acting on your behalf reports or is about to report a violation or a suspected violation of federal, state or local laws, rules or regulations to a public body.

It is illegal for employers in Michigan to discharge, threaten or otherwise discriminate against you regarding your compensation, terms, conditions, location or privileges of employment because you take part in a public hearing, investigation, inquiry or court action.

### **OBLIGATIONS:**

The Act does not diminish or impair either your rights or the rights of your employer under any collective bargaining agreement.

The Act does not require your employer to compensate you for your participation in a public hearing, investigation, inquiry or court action.

The Act does not protect you from disciplinary action if you make a report to a public body that you know is false.

### **ENFORCEMENT:**

If you believe that your employer has violated this Act you may bring civil action in circuit court within ninety days of the alleged violation of the Act.

**PENALTIES:**

Persons found in violation of this Act may be subject to a civil fine of up to \$500.00.

If your employer has violated this Act the court can order your reinstatement, the payment of back wages, full reinstatement of fringe benefits and seniority rights, actual damages, or any combination of these remedies. The court may also award all or a portion of the costs of litigation, including reasonable attorney fees and witness fees to the complainant if the court believes such an award is appropriate.

## APPENDIX B

### **Lourdes Senior Community Gifts, Gratuities, and Business Courtesies Policy**

#### **Purpose**

The federal anti-kickback statute prohibits the acceptance of any item of value (remuneration) made directly or indirectly, in cash or in kind, that may induce or appear to induce the purchase or referral of any kind of health care goods, services, or items reimbursed by a federal or state health care program (Medicare or Medicaid). Consequently, the acceptance of any gifts or business courtesies from vendors or others with whom we presently or potentially conduct business that would violate the federal law or state law is strictly prohibited.

Lourdes Senior Community (LSC) has adopted a clear standard of behaviors to ensure that activities and business interactions conducted by and on behalf of LSC are in compliance with federal and state laws and regulations relative to business gifts and gratuities. Adherence to these guidelines will insure protection of LSC's business practices and avoid even an appearance of improper relationships with vendors, service providers, or individuals who conduct or seek to do business with LSC.

The policy is intended to provide guidelines for appropriate decision making regarding the acceptance or provision of gifts and business gratuities. It should not be considered exhaustive. Rather, it provides guidance for various circumstances, and it sets the standard for all who represent LSC. Any questions regarding a particular relationship, gift, or gratuity should be directed to a supervisor, Human Resources Director or the Compliance Officer.

#### **Scope**

This policy applies to all employees, volunteers, board members and other agents working on behalf of Lourdes Senior Community.

#### **Policy**

Employees of LSC may not solicit personal gifts, business courtesies, or services from any resident, family member, visitor, vendor, or contractor.

- Unsolicited gifts of nominal value (total value of \$100.00 or less in any one year from any individual or organization) may be permissible.
- Gifts that are intended to influence or which may be considered by an objective observer to have the potential to influence an individual in the conduct of his/her duties or responsibilities at LSC are prohibited.
- Gifts of cash or cash equivalents (i.e. gift cards) are never permissible.

#### **Procedures**

##### **I. Gifts**

###### **A. Receiving of Gifts**

1. It is acceptable for a department, clinical unit, or building to accept modest perishable gifts such as floral arrangement, cookies, candy or similar food items to be shared by staff members. However, meals sent from non-employed individuals to LSC staff are not permissible.

2. Promotional items such as pens, notepads, mugs, or similar items may be accepted from a vendor or business associate as long as they are nominal in value (\$10 or less per instance and no more than \$50 in the aggregate annually).
3. Cash or cash equivalents such as gift certificates, stocks, bonds, etc. from outside entities or non-employed individuals are prohibited.
4. No gifts or items of value of any kind should be solicited from residents or their families.
5. An employee will keep a written record of gifts received to ensure the value does not exceed the total limit of \$100.00. The employee will turn in the tracking form in to their supervisor at the end of the fiscal year.

**B. Offering of Gifts**

1. Food, beverages, gifts and entertainment (even of nominal value) may not be offered to any government official. Such gifts could be misinterpreted as an attempt to improperly influence an official and must be avoided.
2. Any gift intended to induce or reward referrals or results in the purchase of goods or services is prohibited.
3. The Marketing Department and/or other entities of LSC may develop promotional items of nominal value (e.g., pens, notepads, coffee mugs, etc.) that promote awareness of LSC programs for referral sources or residents.
4. Gifts given to physicians currently practicing at LSC should be of nominal value (\$50 or less annually). Gifts of cash or cash equivalents are prohibited.

**II. Social Events and Business Courtesies**

**A. Permitted Business Courtesies**

1. There may be times when it is permissible to accept a meal or other invitation offered by a current business associate. However, the purpose must never be to induce or influence a business transaction. As a general rule, the cost must be reasonable (not to exceed \$50 per person). If the occasion appears extravagant or if the invitation could be perceived as intended to influence a business decision involving LSC, attendance is prohibited. To be acceptable, the occasion should conform to the following guidelines
  - a. The cost and location must be reasonable and not extravagant
  - b. Paid expenses for any travel or overnight lodging for the individual or his/her family is prohibited.
  - c. The invitation is for an ordinary business meal or gathering during which the host is present and or business is conducted.
  - d. Acceptance of such an invitation from an individual or entity is rare unless expenses are shared by both parties.

**B. Prohibited Business Courtesies**

1. Business courtesies of personal benefit such as a pair of tickets or invitations to sporting events, theatrical events, or golf outings unaccompanied by the host may not be accepted.
2. Accepting a meal or other invitation by a vendor or contractor that is not a current business associate is prohibited.

C. Sponsoring Business Events

LSC may routinely sponsor events with a legitimate business purpose (board meeting, retreats). For these events reasonable and appropriate meals and entertainment may be offered. Gifts of nominal value (\$100.00 or less annually) may be distributed to attendees of these events.

D. Lourdes Senior Community Fund Raising Events

1. Any current or potential vendor wishing to sponsor a LSC fundraising event, whether the vendor plans on attending or not, may offer the sponsorship (event tickets, greens fees, etc.) to the Development Office. The Development Office will coordinate with senior management and the CEO to determine the most appropriate way to distribute the sponsorship. LSC employees are prohibited from accepting this type of sponsorship directly from the vendor.
2. Those doing business at LSC and who are not current or perspective vendors (i.e., donors, board members) may offer sponsorship (event tickets, greens fees, etc.) to LSC fundraising events and may request specific employees to participate with them in the event. The sponsorship should be offered to the Development Office. The Development Office will notify the specific employee of the invitation.

E. Other Non-Profit Organization Events

LSC employees are permitted to attend other regional non-profit organization events sponsored by current vendors or others with business relationships with LSC provided the event is reasonable (valued at \$100 or less), directly supports the non-profit organization and the host and recipient are present at the event.

F. Referral Sources

3. Any gifts or entertainment involving physicians or other persons in a position to refer residents are subject to federal laws, rules, and regulations regarding these practices and must be undertaken with the utmost integrity and good judgement. Individuals uncertain about whether a particular event or function may be accepted should contact their supervisors, Human Resources Director or the Compliance Officer for advice. The following elements must be present when accepting a business courtesy from a referral source.
  - a. Cost and location must be reasonable.
  - b. Paid expenses for any travel or overnight lodging are prohibited.

- c. A business courtesy from an individual or entity should be of such limited value (\$50 annually) that it would not be reasonably perceived by anyone as an attempt to affect the judgement of the recipient or induce referrals.
- d. Subsidies for hospitality and business courtesies should not be accepted beyond modest meals or socializing opportunities held as a part of a conference or meeting.
- e. A conference or meeting must primarily be to discuss business. A modest meal associated with the meeting or conference is acceptable if the host is present.

### **III. Honoraria and Consultation**

1. Individuals who are invited to speak or provide genuine consulting services can accept reimbursement in the form of honoraria or compensation for times and expenses under the following conditions:
  - a. Travel, lodging and meal expense reimbursement is reasonable and directly related to the engagement.
  - b. Compensation fees received are fair market value.
  - c. Presentations or consultation engagements must be of academic merit and/or benefit LSC.
  - d. Those accepting honoraria or consultation engagements must have received prior approval from the CEO.
  - e. Individuals may not do private consulting work for a vendor who conducts business with LSC, without receiving prior approval for the activity from the CEO.

Nothing in this policy is intended to prohibit the development of good and ethical relationships between representatives of LSC and its business partners. To ensure compliance with this policy and to avoid the appearance of impropriety, expenses for multiple social outings with the same individual should be shared equally by both parties.

The guidance provided in this policy is intended to communicate LSC's ethical standards regarding gifts, gratuities and business courtesies. Although all possible instances of gratuities and courtesies cannot reasonably be addressed in a single policy such as this, employees, officers, and agents of LSC are required to abide by the letter and spirit of these guidelines.

Questions regarding the appropriateness of any gift, gratuity, or business courtesy should be directed to the supervisor, Human Resources Director, or the Compliance Officer.

## Attributions

This guide is based on information provided by the generosity of Catholic Health Initiatives (CHI) from their “Our Values and Ethics at Work Reference Guide”.

The information in Appendix A was obtained from:

Ferrara, Laura. “Corporate Compliance Series: Understanding The Value and How to Create an Effective Program”. Aging Service of Michigan [Organization]. Lansing. 14 Nov. 2012.

**ACKNOWLEDGMENT AND CERTIFICATION**

I acknowledge that I have received a copy of Lourdes Senior Community **Our Values and Ethics at Work Reference Guide** and I agree to read it completely. I also agree to discuss any questions or concerns regarding this reference guide with my supervisor or a Lourdes Senior Community leader.

I certify that I will comply with the **Our Values and Ethics at Work Reference Guide** standards and guidelines and any other standards and policies set by Lourdes Senior Community that apply to me in my role throughout my association with Lourdes Senior Community. I understand that it is my responsibility to report any concerns regarding possible violations of these standards, guidelines and/or policies. Furthermore, I understand that Lourdes Senior Community will not retaliate against me for making a report in good faith.

I understand that Lourdes Senior Community will conduct a background check prior to my employment. I understand that Lourdes Senior Community reserves the right to terminate my employment or other association.

I understand that **Our Values and Ethics at Work Reference Guide** contains guidelines for behavior within Lourdes Senior Community and is not an employment contract. I also understand that these guidelines may be amended, modified or clarified at any time, and that I will receive periodic updates to these guidelines.

Please print:

Name \_\_\_\_\_

(Check all that apply)

Fox Manor \_\_\_\_\_ Mendelson Home \_\_\_\_\_ Clausen Manor \_\_\_\_\_

Lourdes Rehabilitation & Healthcare Center \_\_\_\_\_

Lourdes Senior Community \_\_\_\_\_

Corporate Member \_\_\_\_\_ Board Member \_\_\_\_\_ Committee Member \_\_\_\_\_

Employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete the certification as acknowledgement and certification as stated above and return to the Compliance Officer.

**QAPI Audit Schedule**

Monthly	Quarterly		Annual
Accidents ADL/ROM Behavior Monitoring Careplans Dining Room Observations Discharge Environmental Observation Exit Seeking Family Interview Hospital Readmissions	January April July October	Activities Advance Directives Communication and Sensory Problems Death Diabetes Disaster/ER Preparedness Personal Funds Pharmacy Services Restraints	Policies/Procedures Facility Assessment
Hydration Bowel/Bladder Infection Prevention Control Immunizations Kitchen/Food Service Medication Administration Medication Storage & Labeling Neglect Nutrition	February May August November	Abuse ABN/NOMNC Dementia Dental Employee Files Hospice PASARR Respiratory	
Pain Patient Interview Pressure Ulcers/Skin Psychoactive Medications Resident Assessment Staff Interview Tube Feeding Urinary Catheters	March June September December	Change in Condition Intravenous Fluids QAPI Resident Council Sufficient and Competent Staff Therapy Unnecessary Drugs	

**Mendelson Home Audit Schedule**

Agenda Item VIII. G.  
 Lourdes Senior Community Boards  
 11 February 2025

<b>Daily</b>	<b>Monthly</b>	<b>Quarterly</b>	<b>Annual</b>
Staffing Levels Medication Administration	TB Screening Completion New Hire Paperwork Completion New Hire Orientation Checklist Elopement Assessments  Excluded Provider Checks	<b>Enable Bars</b> January April July October	Policies/Procedures

**Jason Mize- Director of Plant Operations  
Report to the Lourdes Senior Community Board  
February 2025**

**FOX APARTMENTS**

- Seven balconies have been constructed thus far. Living room windows have been replaced with sliding glass doors out to the balconies.
- Apartments are being remodeled as they become available.
- The exterior siding will be replaced in the spring.

**MENDELSON**

- A movie theatre is being built inside the old library on the 2<sup>nd</sup> floor.
- The library has been moved to the 3<sup>rd</sup> floor.
- Apartments are being remodeled as needed.
- Quotes are being received to replace the hallway HVAC units as the controls have failed.

**CLAUSEN**

- HVAC units are being replaced in resident rooms.
- Looking at different options for closets in resident rooms due to the high cost of the current ones.
- Getting quotes to replace the cabinets in the main kitchen area.

**CAMPUS**

- Quotes are being received to install a boat launch.

**Rich Acho, President and CEO**  
**REPORT TO THE LOURDES SENIOR COMMUNITY BOARDS**  
**February 2025**

We are in the brunt of Winter and I think at this point we are all ready for Spring to arrive. Not sure if Mother Nature agrees or not. We are fortunate to have ended 2024 with record operational income. Thank you to the board and our leadership team for your continued diligence and guidance.

**CEO - Update**

Below is a snapshot of the items I am focused on at the current moment:

- Angela Hospice began seeing patients on December 4, 2024. They have cared for 12 patients since their opening. Lourdes has seen an increase in the number of visitors since the opening of Angela Hospice.
- Discussions about the Philanthropy Department will occur at the April retreat. Debi has been assisting with mailings and other development-related tasks.
- The township approved the Villas project in October, despite some unexpected challenges. We are now focused on selecting a contractor. While our project is approved, we still DO NOT have final permits to move forward. Our initial opening goal of Q4 2025, is now being pushed back to Q2 2026. The delays with the township permit, the holidays, and the election have all caused us to be pushed back. We did however get the St. Jude building demolished in December 2024.
- I'm pleased to report tentative approval from Waterford for our new apartment building. This is a significant achievement, as initial meetings with the Fire Chief and Planning Director in June indicated opposition due to concerns over EMS and fire service demands. We have since collaborated on an ordinance to impose fines on facilities that overuse emergency services, expected now in Q2 2025.
- In my role as a "Sales Representative" for the Villas, one of our depositors has withdrawn from a Villa. I am not concerned about this, as once the project gets ramped up, we will be able to showcase the progress.
- Our property tax appeal remains with the Tax Tribunal, and we anticipate it could take six months or more to receive a decision. We submitted our case in May 2024.
- A few team members recently completed a Dementia Training program, earning certification as Certified Dementia Practitioners. This insightful course will help us better serve our residents with dementia.
- We continue to upgrade our buildings. Some of the items in 2025 will be:
  - Adding two more balconies at Fox Manor, enhancing curb appeal and resident satisfaction.

- Exterior renovations and upgrades to shared areas and resident rooms are ongoing.
- The Lourdes donor wall has been completed in the Lourdes building. The theme is around trees and leaves.
- Windows and doors for Mendelson
- Fox Manor siding project
- Mendelson is getting a movie theater – thank you to Joe and Barb Mendelson for the donation to bring this project to life
- We are in preliminary discussions to bring in a café or coffee shop into the Lourdes building. Stay tuned for exciting news.

### **Business Growth and Marketing Initiatives**

#### **Henry Ford Health System**

Linda has been kind enough to put us in contact with individuals with Henry Ford. We are looking to strengthen our relationship with them due to the Ascension and Henry Ford partnership.

#### **Catholic Funeral and Cemetery Services**

We have been participating in the end-of-life workshop planning series being hosted by CFCS. This gives us a chance to visit parishes and continue to spread the name of Lourdes.

#### **Magazine Refresh**

We are refreshing our Senior Life Magazine thanks to some generous donors. This will be given to our local residents and families.

#### **Website refresh, SEOs, Google Reviews**

We are working to refresh our website again. We continue to focus on SEOs and increasing our positive Google reviews.

#### **Institutionalized Special Needs Plan (ISNP) Contract**

We have finalized a contract with an ISNP to support our Medicaid long-term residents at Lourdes. This partnership provides additional clinical oversight and potential revenue, with a growing ISNP model that reduces strain on the Medicare system. We may explore similar managed care plans for Mendelson and Clausen in the near future. To date, we have nine residents signed up for it.

#### **Trinity Oakland Partnership**

We continue to strengthen our partnership with Trinity Oakland. Our shared-risk program has been successful, and we emphasize our high star rating compared to our peers. With a recent change in the Director of Discharge Planners, we are working closely with the new physician leading this team, as changes may impact their resident placement decisions.

### **Recruitment of International Nurses**

In light of the ongoing healthcare workforce shortage, we are recruiting two international RNs from the Philippines to join Lourdes, with an anticipated arrival in late 2025. The process has been lengthy, as we initiated this request in Q1 2023.

### **Future Partnerships**

Currently, our only affiliation is with Angela Hospice. We are, however, interested in partnering with a home care agency to support future development projects. We are still looking for a potential home care partnership of sorts.

### **Dominican Sisters of Peace Founded Ministries Meeting**

John and I participated in the Ministry gathering in January. We heard from Father Timothy Radcliffe who is a Dominican Priest. He discussed the idea of reciprocity and the synod in the Vatican.

### **Governance and Nominating Committee**

The committee convened on January 28, 2025, to discuss key topics including:

- **Board Seats and Membership:** Reviewed current board seats, potential candidates, and strategies for member cultivation.
- **Committee Structure:** The committee will be recommending to this board the combination of the Finance and Audit Committee.
- **Retreat Planning:** Discussed preliminary ideas for the April retreat to include Strategic plans, strategic initiatives, Dominican Mission, Presentation by Ziegler regarding senior living, Plante Moran Philanthropy assessment, five-year proforma, and finance projections for the IL expansion.

New appointments:

- Dr. Boal to be added to the Quality Committee

### **Risk Management**

#### **Clausen Manor Allegations**

- Clausen Manor allegations have been cleared with the State of Michigan.

### IT and Cybersecurity Update

- **Network Upgrades:** We are actively upgrading network switches and replacing outdated devices across the campus to improve reliability and performance. Currently completing the Lourdes building upgrades.
- **Cybersecurity:** No cyber breaches were reported in 2024, reflecting our commitment to maintaining a secure environment.

### Board and Council Participation

- **Catholic Funeral and Cemetery Board:** I recently joined this board, with my first meeting scheduled for November 21, 2024. I believe this role will support future events and strengthen our partnership with Angela Hospice.
- **Mission Based Health Benefits:** As board chair of the MEWA we established with Leading Age, we are currently managing an 8.22% increase in healthcare premiums for this year. We also have a potential new LA member who wants to join the plan.
- **Senior Living Advisory Council with Marsh and McLennan:** I participate in this quarterly council to discuss industry-wide challenges. Our last meeting focused on the scrutiny faced by the assisted living sector.

### Priests and Religious

Currently, one priest (Father Lang) resides at Fox Manor. Father Lang serves as our campus Priest in a full-time capacity. He has been extremely accommodating to our resident needs, last rites, sacraments, rituals, etc. We currently have one Dominican associate residing at Lourdes Rehabilitation and Healthcare Center.

### Upcoming Events

Donor Wall Unveiling – TBD

Golf Outing – June 12<sup>th</sup> – information being released soon

Legacy Event – Honoring Sister Frances Mary – August 14th

### External Events

Ziegler Conference – April 21st - 24<sup>th</sup>

Leading Age Conference – May 19th – 21st

### Personal Wellness

2/13/25 – 2/17/25

## ARCHDIOCESE OF DETROIT CEMETERIES

# Employee Benefit Program

CFCS offers a special program for the employees of the Archdiocese of Detroit who work in our parishes, schools, the Chancery and other diocesan organizations. All full-time, part-time and retired employees are eligible.

When selecting services at CFCS, whether it is in advance of need or at the time of need, the employee and their families will receive a discount of the end-of-life services they choose.



## Following Our Faith.

### Caring and Compassionate

The loss of a loved one is always difficult. Celebrating the gift of faith with family and friends is an essential part of the healing process. We walk with you through this most difficult moment ensuring that your wishes are fulfilled.

### Serving our Community

As a ministry, we have been a vital part of community life for more than 100 years. We continue to give back to the community, balancing the needs of families today with the needs of the community tomorrow. We are committed to providing assistance to families in need, and no family is ever turned away.

### The Benefits of Advanced Planning

Planning ahead is one of the most loving and responsible things you can do for your family. With the assistance of CFCS in planning for your family's funeral and cemetery needs, you can ensure your wishes are met, avoid emotional overspending, and provide peace of mind for yourself and your loved ones.

#### CONVENIENT LOCATIONS

##### **Holy Sepulchre Cemetery**

25800 W. Ten Mile Road  
Southfield, MI 48033  
(248) 350-1900

##### **Holy Cross Cemetery**

8850 Dix Avenue  
Detroit, MI 48209  
(734) 285-2155

##### **Our Lady of Hope Cemetery**

18303 Allen Road  
Brownstown, MI 48193  
(734) 285-2155

##### **St. Joseph Cemetery**

909 N. Monroe Street  
Monroe, MI 48162  
(734) 241-1411

##### **Mt. Carmel Cemetery**

900 Ford Avenue  
Wyandotte, MI 48192  
(734) 285-2155

##### **Mt. Hope Cemetery**

727 Orchard Lake Avenue  
Pontiac, MI 480535  
(248) 350-1900



CATHOLIC FUNERAL & CEMETERY SERVICES  
A MINISTRY OF THE ARCHDIOCESE OF DETROIT



Visit us online at:  
[cfcsdetroit.org](http://cfcsdetroit.org)

## ARCHDIOCESE OF DETROIT CEMETERIES

# Employee Benefit Program

Current Archdiocesan employees and employees of Catholic schools or other Catholic Institutions listed in the official Directory of the Archdiocese of Detroit or current Kenedy Directory are eligible.

## FULL-TIME EMPLOYEE DISCOUNT

25% discount for pre-need and 10% discount for at-need cemetery property.

## IMMEDIATE FAMILY

Full-time employees and the employee's immediate family members (*spouse, children and parents*) are also eligible.

## EXTENDED FAMILY

Extended family (*siblings, grandchildren and grandparents*) are eligible to receive a 10% discount on pre-need cemetery property.

## PART-TIME EMPLOYEE DISCOUNT

10% discount for pre-need cemetery property.

## RETIRED ARCHDIOCESAN EMPLOYEES

Former employees who have retired in good standing from the Archdiocese, Archdiocese parishes and parish schools, or other Catholic institutions as listed in the current Kenedy directory are eligible for a 10% discount on pre-need cemetery property. Former employees who have resigned, or were otherwise released from employment are not eligible.

## FINANCING

Space and services may be financed at 0% interest for up to 5 years following the current Archdiocese of Detroit Cemeteries Finance Policy.

## THE CFCS ADVANTAGE

*As a resource you can trust today and tomorrow, we guide our families to make educated decisions about end-of-life services.*

- Flexible and Affordable
- Welcoming Staff
- Convenient Locations
- People You Can Trust
- Resource for Information on Funeral, Cremation, and Cemetery Services

## CONVENIENT LOCATIONS

**Holy Sepulchre Cemetery**  
25800 W. Ten Mile Road  
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727 Orchard Lake Avenue  
Pontiac, MI 480535  
(248) 350-1900

## Find us on Facebook:

- Holy Sepulchre Cemetery
- Our Lady of Hope & Mt. Carmel Cemetery



CATHOLIC FUNERAL & CEMETERY SERVICES  
A MINISTRY OF THE ARCHDIOCESE OF DETROIT



#### **A. Audit and Compliance Committee**

- The Audit and Compliance Committee has not met since the last meeting of the Boards.

The next meeting date is scheduled for April 11, 2025.

**Requested Action: For your information.**

#### **B. Finance Committee**

- The Finance Committee will meet on February 5, 2025. The following topics will be discussed:
  - Finance and Audit Committees merging
  - Ziegler Linkage Fund
  - Schwartz and Company presentation
  - Financial statements of December 2024
  - Investment summary

The next meeting date is scheduled for April 23, 2025.

**Requested Action: For your information.**

#### **C. Human Resources Committee**

- The HR 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. Philanthropy Committee**

- The Philanthropy Committee met on January 29, 2025. The following topics were discussed:
  - Philanthropy key points from Plante Moran
  - Boosting larger donations
  - Reengagement of donors through Donor Wall
  - Donation comparison of 2023 and 2024
  - Development and Marketing plans
  - New grant opportunities
  - Upcoming events

The next meeting date is scheduled for April 16, 2025.

**Requested Action: For your information.**

#### **E. Governance and Nominating Committee**

- The Governance and Nominating Committee met on January 28, 2025. The following topics were discussed:
  - Board/Committee member update
  - Merger of the Audit and Finance Committees
  - Retreat planning

The next meeting date is scheduled for April 8, 2025.

**Requested Action: A motion is needed to approve the merging of the Audit & Compliance and the Finance Committees.**

#### **F. Quality / Resident Care Committee**

- The Quality/Resident Care Committee met on November 20, 2024. The following topics were discussed:
  - Administrator's report
  - Facility reports
  - Psychiatric services report

The next meeting date is scheduled for February 19, 2025.

**Requested Action: For your information.**

#### **G. Continuing Support Fund Committee**

- The Continuing Support Fund Committee met on December 12, 2024. The following topics were discussed:
  - Review of the charter
  - Fund balance
  - 2024 report and requests

The next meeting date is scheduled for December 11, 2025.

**Requested Action: For your information.**

# Ourdes Senior Community Boards

Tuesday, November 19, 2024, 1:30 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*

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## **BOARD MEMBERS PRESENT**

Richard Acho, President and CEO  
Erin Asdell  
Sister Janice Bachman, OP  
Dr. James Boal  
Linda Gifford  
Peggy Holden  
Msgr. Michael LeFevre  
Joseph Manuszak  
Sister Peggy Martin, OP  
John Noone, Secretary/Treasurer  
Barbara Mendelson, Vice President  
Paul Propson  
Sr. Barbara Rund, OP

## **STAFF PRESENT**

David Krolkowski, Director, Finance  
Rebecca Latta, Director, Human Resources  
Robin McClintock, CTRS, CASP, Director, Fox Manor and Mendelson Home  
Maureen McGee, Administrator, Ourdes Rehabilitation and Healthcare Center  
Jason Mize, Director, Plant Operations  
Cori Sharrard, Director, Clausen Manor

## **WELCOME**

Mr. John Noone called the meeting to order at 1:30 p.m. A full quorum was present. Mr. Richard Acho welcomed Mr. Noone as the new Board Chair and Dr. James Boal as a new Board Member.

## **OPENING PRAYER**

The Leadership Team read the prayer.

## **FY 2025 BUDGET**

Mr. Noone congratulated the LSC Leadership Team on a prosperous FY 2024. Mr. David Krolkowski began the budget presentation with a wrap-up of the 2024 goals. Ourdes Senior Community strives to provide quality of care, maintain a 5 star rating at LRHC, retain staff and avoid turnover, maintain occupancy levels at all facilities, aim for operational breakeven, continue to review contracts for better pricing, maintain a strong balance sheet, flex staffing as census changes, strive for strategic partnership opportunities. Challenges in 2024 have been the delayed opening of Angela Hospice, the 10% increase in CNA wages following the union negotiations, and the ongoing property tax dispute.

The goals for 2025 include remaining competitive in the market, providing quality of care across all buildings with at least a 4-star rating at LRHC, continuing to monitor employee retention and recruit top talent, aiming for 93% occupancy levels across campus, completing the construction of the ranch-style villas, continue plans for a 3-story independent living apartment building, continue to develop existing partnerships and leverage the Angela Hospice partnership, maintain paid staffing/census mix, maintain a strong balance sheet, boost philanthropic efforts, and investigate and pursue opportunities with the Ziegler Linkage Fund for strategic growth and innovation.

Mendelson residents will receive a proposed 4% rent increase with occupancy of 56 of the 60 rooms, or 93%. Fox Manor residents will receive a proposed 4.5% rent increase with occupancy of 52 of the 54 rooms. Clausen Manor residents will receive a proposed 2% rent increase with occupancy of 18 of the 20 rooms. Ourdes Rehabilitation and Healthcare Center will receive a 3% increase from Managed Care, private pay residents will receive a proposed 4% increase. The census mix at LRHC will follow the trends that are currently being seen.

The consolidated operating income for 2025 is budgeted at \$448K, half of the 2024 operating income of \$880K. This amount is attributed to the increase in wages following the union negotiations and the minimum staffing requirements that may be enforced. The Earned Sick Time Act (ESTA) is expected to go into effect in February

# Ourdes Senior Community Boards

Tuesday, November 19, 2024, 1:30 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*

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with an estimated cost of \$70K. Health insurance premiums have been budgeted at a 15% increase. Employee rate increases are budgeted at 3% for non-union staff. The negotiated union contract gives union employees a first-year increase of 10%, a second-year increase of 1%, and a third-year increase of 5%. The total budgeted salary increase is \$191K for 11 months.

The capital improvements are budgeted at \$1.1M, with an available spend of \$1.7M based on cash flows. The remaining highlights of the budget were presented, including the budgeted increase in housekeeping services, supplies, and food with the opening of Angela Hospice at Ourdes.

## MANAGEMENT REPORTS

- A. Plant Operations – Jason Mize:** The report stands as written. The flooring replacement has begun at Clausen Manor. The demolition of St. Jude will take place in December. Compliments were given on the new campus signage.
- B. Human Resources – Rebecca Latta:** The union representatives from Detroit wanted many concessions. LRHC concentrated on wages to help retain the long-time union staff. Medical insurance premiums increased by 8.6%. There were no increased costs to the dental insurance. Life insurance premiums through Mutual of Omaha remained the same. The Earned Sick Time Act (ESTA) is still uncertain. Eight employees were nominated for the Thanksgiving gift card giveaway and all received \$100 Meijer gift certificates.
- C. Ourdes Rehabilitation and Healthcare Center – Maureen McGee:** The report stands as written other than the Director of Nursing that was named in the report. The new Director of Nursing's name is Christina Mahan, coming with six years of experience from Mercy Bellbrooke. She comes highly recommended by Dr. Violeta Grivej.
- D. Finance and IT – David Korlikowski:** Year-to-date consolidated operating income is at \$848K, outperforming the budget by \$600K. The two highest performers are LRHC at \$475K above budget and MAL at \$234K above budget, driven mostly by the census. From an audit perspective, LSC is required to have a minimum debt service coverage ratio of 1.2 or 20% above the principal and interest loan amount. LSC is currently outperforming that at a 4-5 debt service ratio. \$5M is required in free cash flow. LSC has a balance of \$6M in cash with over \$30M in investments.
- E. Clausen Manor – Cori Sharrard:** The report stands as written.
- F. Fox Manor – Robin McClintock:** Fox Manor held a COVID-19 vaccine clinic on November 14<sup>th</sup>. 20 Fox residents and two staff members received vaccines. One vacancy and one upcoming vacancy have already been spoken for.
- G. Mendelson Home – Robin McClintock:** Mendelson Home also participated in the COVID-19 vaccine clinic. 39 residents and no staff. There is one vacancy at Mendelson.

The group broke for 5 minutes to repair technical issues.

## FY 2025 BUDGET RECAP

Mr. Acho quickly ran through the budget again due to the earlier technical issues.

Mendelson Home will have a proposed rent increase of 4%. Fox Manor will have a proposed rent increase of 4.5%. Clausen Manor will have a proposed rent increase of 2%.

The 2024 fiscal year is at an operational income of nearly \$900K YTD. At the same time last year LSC was at negative (\$50K). The 2025 budget calls for an operational income of just over \$400K due to an increase in union wages, the ESTA rule, minimum staffing standards being driven by CMS through the federal government, health

# Ourdes Senior Community Boards

Tuesday, November 19, 2024, 1:30 p.m., LRHC Chapel

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insurance costs rising, short term rehab reimbursement challenges, and a potential census drop due to the construction project.

A 3% increase is budgeted for employee wage increases in 2025. The capital spend is budgeted at \$1.7M, the largest of that being windows for Mendelson Home and siding for Fox Manor.

Expense variances include a salary increase of \$500K, a benefit increase of \$300K, and several worker's compensation liability refunds.

Inflation has been a challenge for several years. Managed care payers continue to dictate how long residents may stay at LRHC. Blue Cross no longer contracts with NaviHealth and is now handling Blue Cross authorizations directly. Authorization periods and length of stay have been shorted. Medicaid currently pays \$290 per day, but may change to a PDPM model like Medicare to save money. Staffing continues to be a challenge.

## **IL EXPANSION – VILLA PROJECT**

The consultant to our villa project and member of our Finance Committee, Mrs. Laura Hester, joined the meeting in person. The site plan and floor plan of the duplexes were reviewed. The Board Members were able to see the interior finishes that had been chosen. Mrs. Hester explained the timeline and budget for the villa project. It is expected to take 8-9 months to build the villas with an opening date of October 2025. The overall costs are projected at \$3.3M with a \$413K per unit cost. An entrance fee of \$300K will be charged prior to move-in, with a guarantee of 70% or \$210K back upon move-out or death. The entrance fee saves in the monthly market rate rental fee. Rent includes pastoral and chaplain services, water, property taxes, maintenance inside and outside, five meals per week in the independent living apartment building, activities, garbage removal, and priority placement at one of the other facilities if care needs change.

100% occupancy of the villas has been assumed. Two units have firm commitments, two units will be occupied by the Sisters, and four units are available. Marketing of the units will be on the website and communicated through email.

The \$90K that is not refundable will be amortized over five years for insurance, property taxes, bad debt, IT fees, and depreciation. The expected net profit per year from the villas is \$120K.

Work continues on the apartment development. Due to township property setback rules, the original size of the building will need to be decreased. This project has not been presented to the township yet. Once the emergency services ordinance is in place, the project will be resented to the planning department.

## **STRATEGIC PLAN**

Mr. Acho explained the 5-year strategic plan for Ourdes Senior Community. Mr. Noone developed a living document to use to ensure the mission and vision of LSC are included in the strategic plan. The previously identified priorities were reviewed and updated.

Indeed is being used to gather the resumes of job applicants. Job fairs and recruiters have proven less effective. Job postings are going up on our social media pages with good success. We Care Connect is being used for employee surveys twice a year. Employees receive \$100 for completing each survey. The HR Director follows up on survey comments that need attention, both negative and positive. Employee engagement includes cookie treats, crossword puzzles with prizes, Thanksgiving coworker nominations, candy guessing jars, and all campus gatherings. The workforce assessment has been put on hold until deemed necessary.

# Lourdes Senior Community Boards

*Tuesday, November 19, 2024, 1:30 p.m., LRHC Chapel*

*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*

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A development manager is currently being sought. The best approach to revamp the development department is being explored. Marketing ventures have included commercials run on WDIV, collaboration with competitors to offer services that they do not offer, advertising with the Archdiocese of Detroit, and hosting community events onsite which have included estate planning and the Matter of Balance classes. Plante Moran has been engaged to conduct a philanthropy assessment of the current environment before we hire a new development manager.

The Catholic Funding Guide is being utilized to apply for a variety of grants. Relationships with residents continue to be fostered and nourished. A donor wall is being developed for the main hallway at LRHC. The announcement of the upcoming wall with past donors has helped us to reconnect. An event will be planned for the donors being honored on the wall in the new year.

Various technological opportunities continue to be explored to assist employees along with IT collaborations. Capital needs are evaluated each year. A technology strategy assessment will be performed if needed.

The relationship with Trinity Health continues to be nurtured to remain strong. Collaborations with Henry Ford/Ascension are being explored. The home health provider assessment was completed by the Quality Resident Care Committee and is updated as needed. The partnership with Angela Hospice is coming to fruition with the opening of their inpatient hospice unit at Lourdes. They expect to open by December 6<sup>th</sup>. Additional teaming opportunities will be explored as they arise.

This strategic plan is a written, living document that will be worked through for the next five years.

DRAFT

# Ourdes Senior Community Boards

Tuesday, November 19, 2024, 1:30 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*

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## EXECUTIVE SESSION

### DOMINICAN SISTERS OF PEACE

Sr. Janice Bachman, OP, will deliver the budget to the Corporate Members for approval. The annual ministry leaders meeting is being held in January. The key speaker is Fr. Timothy Radcliff who is the past leader of the Dominican Order.

### REPORT OF THE CHAIR

Mr. Noone highlighted the need for a motion during the Finance Committee report to recommend the budget to the Corporate Members for approval. The Governance and Nominating Committee will be focusing on the upcoming April Board retreat.

### REPORT OF THE PRESIDENT AND CEO

Mr. Acho noted that the property tax appeal is still at the Tax Tribunal. The appeal is reaching the six-month mark with an expected judgment at any time. The CEO Metrics were displayed on the screen and reviewed. The CEO Metrics will be updated for 2025.

## COMMITTEE REPORTS

- A. Quality Resident Care Committee – Linda Gifford:** Mrs. Gifford noted that the Quality committee is well supported by staff and former Board members. Mrs. Gifford is the only Board member on the committee and her term will be up in November 2025. The committee meetings are all virtual. Engaging the committee members by having them visit LSC is being discussed.
- B. Audit and Compliance Committee – Sr. Peggy Martin, OP:** Plante Moran and Baker Tilly were interviewed to conduct the 2024 audit. Both were well qualified. Plante Moran was chosen because the staff is familiar with them and the software that is used. Plante Moran lessened their fees to meet what LSC was comfortable with. Plante Moran also promised not to raise their fees for the next 2-3 years of more than 2%. Baker Tilly's fee would have been raised 5% each year.
- C. Finance Committee – John Noone:** The Finance Committee went through the budget thoroughly before it was presented to the Board. Merging the Finance and Audit Committees will be discussed further and brought to the Board if agreed upon.

**MOTION: MSGR. MICHAEL LEFEVRE MADE A MOTION TO REQUEST THAT THE CORPORATE MEMBERS APPROVE THE FY 2025 BUDGET FOR FOX MANOR, INC., LOURDES, INC., LOURDES ALZHEIMER'S SPECIAL CARE CENTER, LOURDES ASSISTED LIVING CORPORATION, AND LOURDES CAMPUS FUND. SECONDED BY SR. PEGGY MARTIN, OP. ALL IN FAVOR. MOTION CARRIED.**

**MOTION: SR. BARBARA RUND, OP, MADE A MOTION TO APPROVE THE BUDGET FOR THE INDEPENDENT VILLA PROJECT AS PRESENTED. SECONDED BY ERIN ASDELL. ALL IN FAVOR. MOTION CARRIED.**

- D. HR Committee – Erin Asdell:** The Committee met on September 16, 2024. The union ratification was discussed.
- E. Philanthropy Committee – Paul Propson:** Nothing to report.

# Ourdes Senior Community Boards

Tuesday, November 19, 2024, 1:30 p.m., LRHC Chapel

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- F. Governance and Nominating Committee – John Noone:** The Committee members who are not Board members will be invited to attend a Board meeting. This will allow the Board members a chance to get to know the Committee members.
- G. Continuing Support Fund Committee – Rich Acho:** The Committee meets in December to review current residents who are receiving the fund and those who are applying for the fund.

## **CONSENT AGENDA**

- Meeting minutes of August 27, 2024
- FY 2023 Annual Report to the Dominican Sisters
- 2025 Board Meeting Dates
- Policy
- Testimonials
- Educational Article

**MOTION: LINDA GIFFORD MADE A MOTION TO APPROVE THE CONSENT AGENDA AS PRESENTED. SR. PEGGY MARTIN, OP, SECONDED. ALL IN FAVOR. MOTION CARRIED.**

## **ADJOURNMENT**

The meeting adjourned at 3:58 p.m.

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John Noone, Board Chair

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Debi Batchelder, Recorder



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Nov. 9, 2024

Dear Sister,

Thank you for the  
comfy lap blanket, &  
I have enjoyed it over  
my shoulders & laps  
while reading and  
watching T.V.

Also, thank you for  
your visits & care.

Sincerely,  
Julia Carter

Dear Sr Mercedes, and the  
entire nursing staff of Lourdes,

Words cannot express the  
gratitude we have in our  
hearts for the wonderful care  
that was given to our mom.  
It's never easy watching your  
loved ones slip away, but we  
know she was well cared for  
when we couldn't be with her.

Thank you for helping us take care  
of her in her last months here  
on earth. It brings us great comfort  
knowing she is reunited with our Dad  
in the kingdom of heaven.

May God bless you all for the  
beautiful gift you are to the elderly in your care.  
With much love, Kristen Swan + the entire Margy Campbell family

A friendly smile,  
A casual touch.  
These are the things  
that mean so much.  
To know you are with us  
in our time of sorrow.  
Sharing our prayers, today  
and tomorrow.  
God gives us comfort  
in the form of good family and friends.  
May His peace be with you.  
His love never ends.

The Family of  
Margy Campbell

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Oh THANK YOU SO MUCH!! Good news for the New year. I really do appreciate it! Merry Christmas Sincerely,  
Pam  
Sent from my iPhone

On Dec 13, 2024, at 9:31 AM, Mary Hyde <[mhyde@lourdes-sc.org](mailto:mhyde@lourdes-sc.org)> wrote:

Good morning, Pam  
Attached is the approval letter for 2025.  
I wish you and your family a happy holiday season!  
Best,  
Mary

**Mary Hyde, LMSW**  
**Campus Social Worker**  
[mhyde@lourdes-sc.org](mailto:mhyde@lourdes-sc.org)  
**Phone 248-886-5118**  
**Fax 248-618-6376**

<image001.jpg>

**WINNER OF US NEWS BEST NURSING HOMES FOR 2025 FOR SHORT TERM AND LONG TERM CARE** <https://health.usnews.com/best-nursing-homes/area/mi/lourdes-rehabilitation-and-healthcare-center-235252>

2450 Watkins Lake Road  
Waterford, MI 48328

[www.lourdesseniorcommunity.org](http://www.lourdesseniorcommunity.org)

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Hi Mary,

On Behalf of Rose and the entire Hickey Family could you please pass on our thanks and gratitude to the committee for renewing and increasing the amount of support for Rose through the Lourdes Continuing Support Fund. We are so happy and blessed that Mom is being taken care of at Lourdes.

Mary, your guidance, support and advocacy are truly appreciated thank you.

Happy Holiday season to you the committee and the entire staff at Mendelson.

Dave Hickey

---

**From:** Mary Hyde [<mailto:mhyde@lourdes-sc.org>]

**Sent:** Friday, December 13, 2024 9:29 AM

**To:** [ldhickey@comcast.net](mailto:ldhickey@comcast.net)

**Subject:** Continuing support 2025

Good morning, Dave.

Attached is the approval letter for 2025 support.

Wishing you and your family a happy holiday season!

Best,

Mary

**Mary Hyde, LMSW**

**Campus Social Worker**

[mhyde@lourdes-sc.org](mailto:mhyde@lourdes-sc.org)

**Phone 248-886-5118**

**Fax 248-618-6376**

From an online donor in memory of her mom:

*My mom spent eight years at Lourdes. The care from the staff extended her life. She loved all the activities and especially being able to go to Mass.*

PASS | 2023

# Philanthropy in Aging Services

A national benchmarking study for leaders of organizations serving older adults

Researched and Written by Marts&Lundy Aging Services



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# Communities Built on Generosity

It is an honor to share the second edition of the Philanthropy in Aging Services Study (PASS). Our publication comes at a time when our sector is still feeling the lingering impacts of COVID-19, amid rumblings of a recession, and when staffing challenges have left their mark on many aging services organizations.

Nevertheless, we see anecdotal evidence—and the latest data in this study supports this conclusion—that fundraising in the aging services sector continues to grow in magnitude and reach. From enabling cutting-edge technology to updating or building state-of-the-art health centers that bring communities closer together, the impact of philanthropy can be truly transformative.

Thanks to the leaders who recognized long before 2023 that fundraising in aging services deserved the same robust data that other sectors have enjoyed for decades, foundational research including the 2017 LeadingAge Virginia Philanthropy Benchmarking Survey and Giving USA's Giving and the Golden Years, emboldened the sector's drive to elevate the study of philanthropy. PASS exists thanks to their foresight and efforts.

This year's data helps to further our understanding from the 2021 report. We see ongoing evidence of maturation in the sector: impressive returns on investment and increasing adoption of sophisticated techniques and tools like campaigns and endowments.

We are especially pleased to present the first new line of research focused specifically on transformational giving, in line with other Marts&Lundy studies, which we believe represents ongoing evidence of the maturation of the aging services sector, and sheds light on both the potential for an increasing number of significant gifts to aging services organizations and the importance of investing the resources necessary to yield transformational results.

As you consider your organization's position in the context of these national benchmarks, we invite you to reach out to us with how you're utilizing this information as well as what additional questions you feel could be addressed in future research projects.

Together, we can shine an ever brighter light of understanding on philanthropy in aging services so that we can continue to work smarter and advance the critical mission of our sector.



**Irina Thompson**

Consultant

Marts&Lundy



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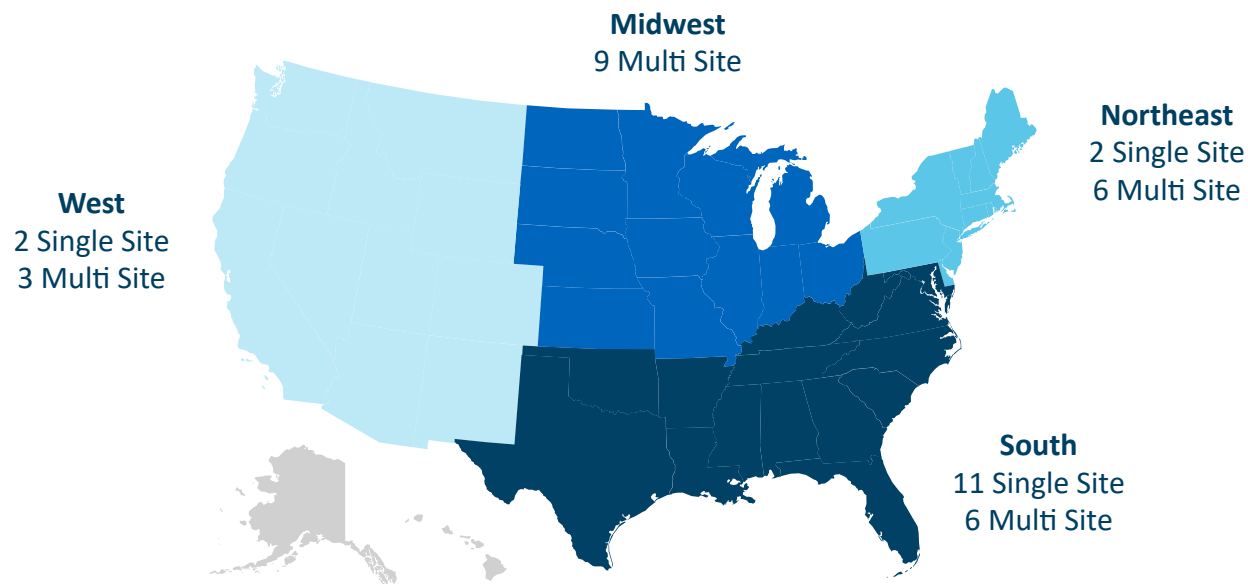
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# Introduction to the Data

Expanding on the 2021 findings, the 2023 data includes 257 sites across 41 organizations, 20 states, and thousands of residents. Most organizations in the data set are continuing care retirement communities. Respondents provided data based on their most recently completed fiscal year for which the organization had data; years ranged from 2020 through 2022, and as such this data begins to tell the story of COVID-19's impact on fundraising in this sector.

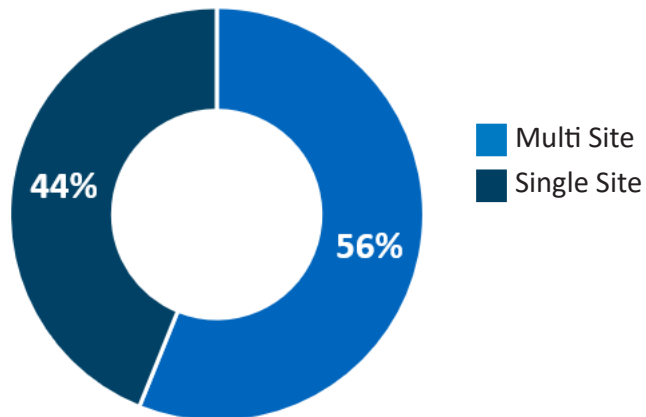
Since the responding organizations represent a wide spectrum of philanthropic practices—from volunteer-run organizations to sophisticated foundations with many staff and operations spanning multiple states—the results are presented as medians rather than averages.

This line of research is the most comprehensive self-reported data set on fundraising in the aging services sector, and it continues to evolve, giving us a more in-depth understanding of trends and best practices at the overlap of philanthropy and aging services.

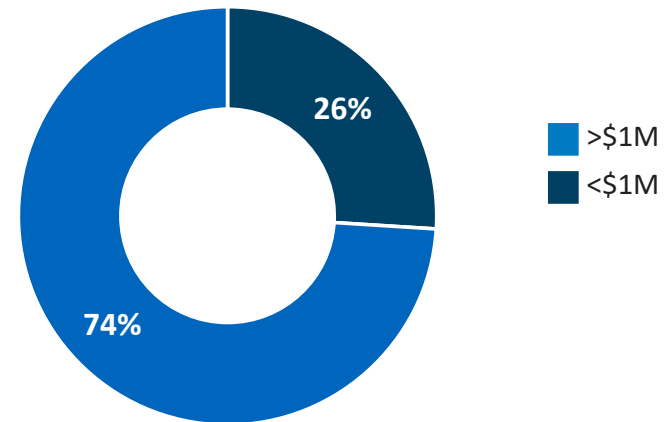


# About the Data Set

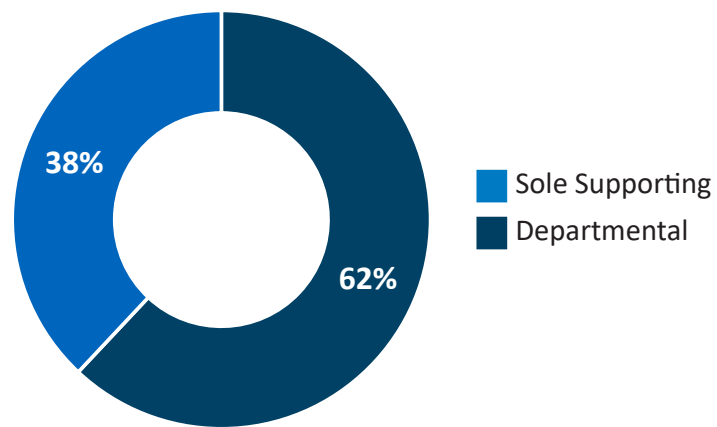
Respondents demonstrated a nearly even representation from single-site (44%) and multi-site (56%) organizations. Multi-site organizations ranged from 2 to 59 campuses



74% of organizations are raising more than \$1 million annually



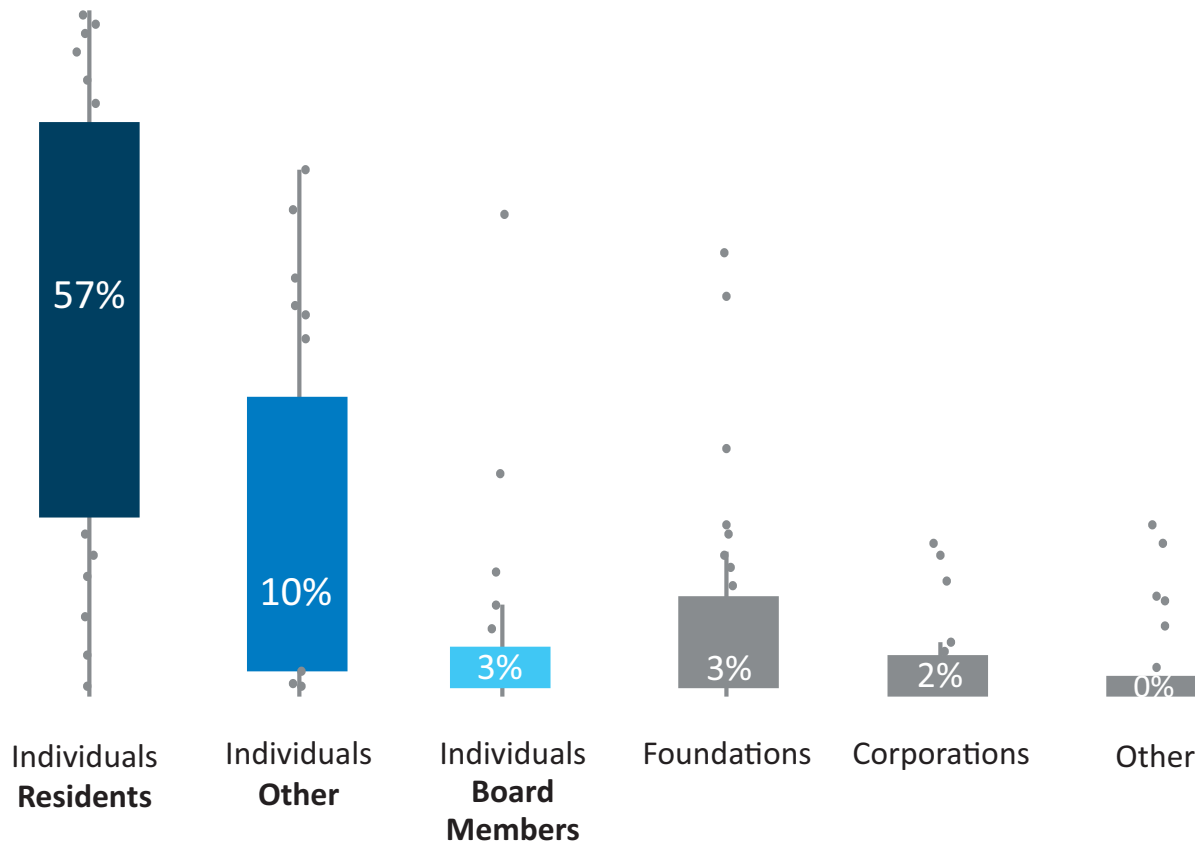
A majority (62%) of respondents are fundraising through a departmental model.



# The Building Blocks of Philanthropy

## Individuals Continue to Be the Primary Sources of Giving

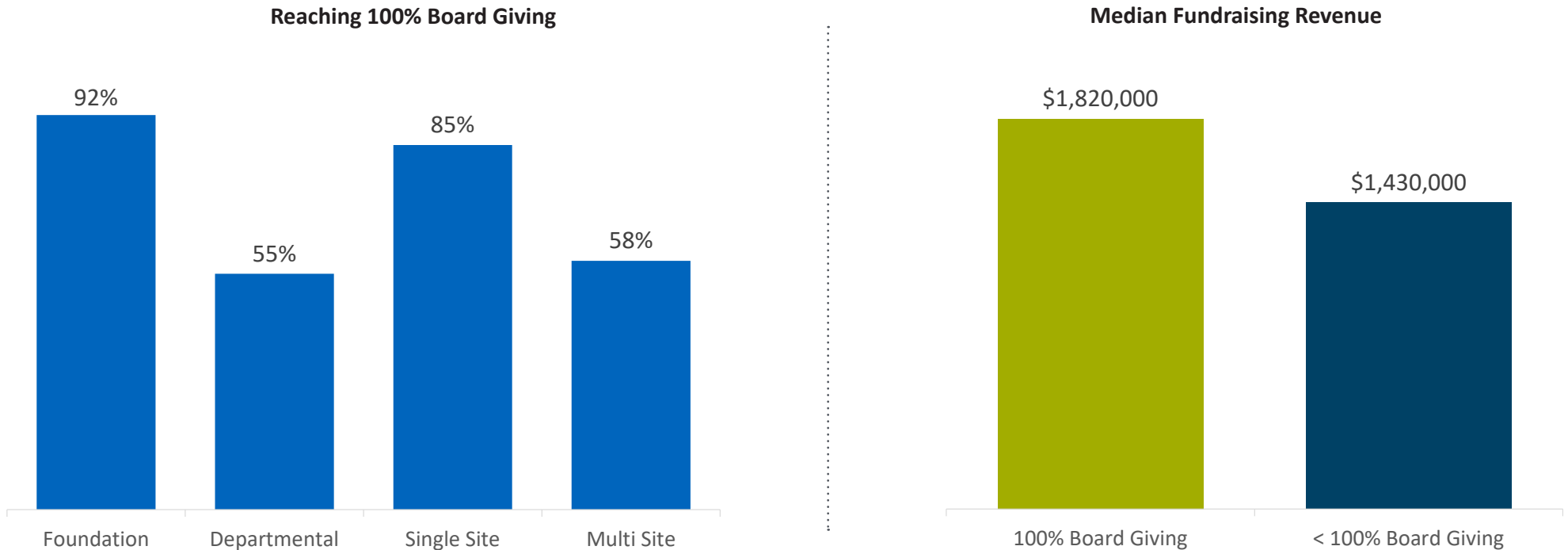
Individuals, particularly residents, remain the most consistent and significant donors to the sector. Institutional funders (foundations and corporations) continue to be underrepresented. There is substantial variation among responding organizations, particularly across groups of individual donors, as evidenced by the graph below. The “other individuals” sub-category can include family members of residents, organization staff, and gifts made in memory or in honor of others. Organizations should evaluate their ideal donor distribution based on their unique prospective donor makeup and consider the findings in this study as a useful starting barometer.



*This “box and whisker plot” shows both the median and range of data points in a particular category; a larger box indicates more widely distributed data. The percentage noted within each box indicates the median value. The box displays the middle half of data points, and the lines generally represent the full range of data distribution.*

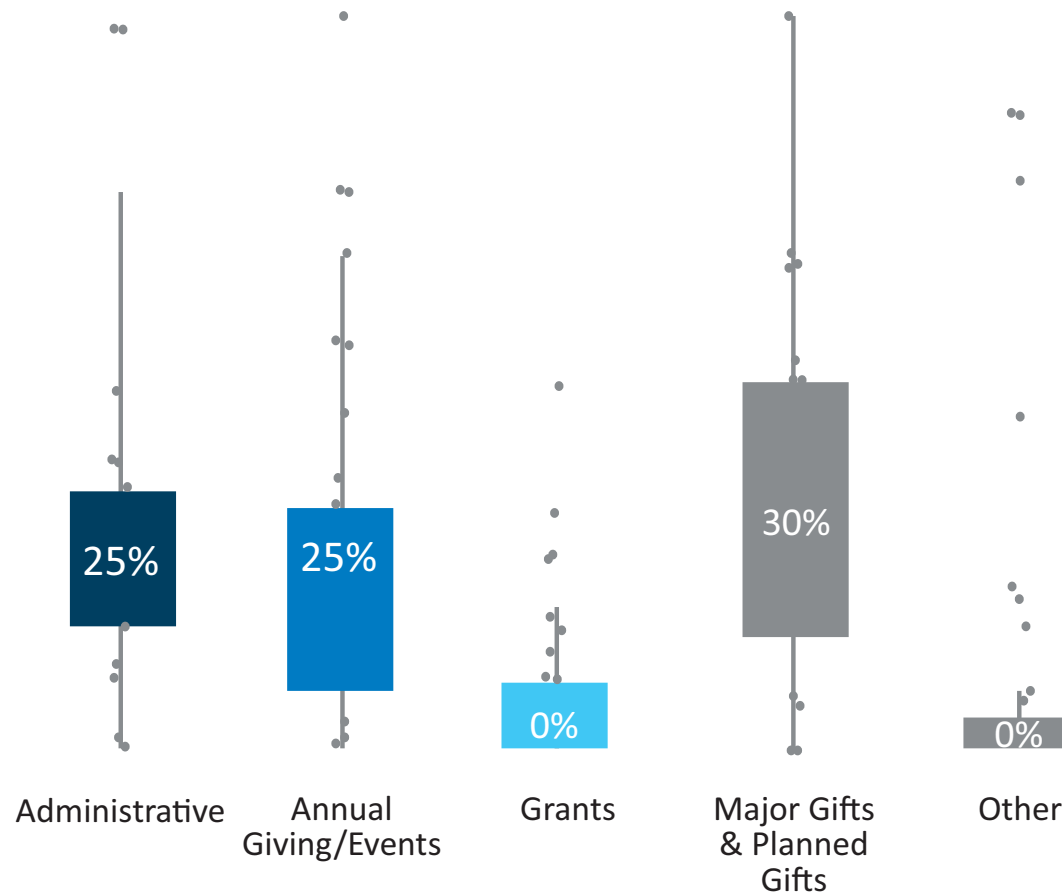
## Higher Board Giving is Associated with Higher Fundraising Revenue

Median board participation in fundraising is now at 100%. Organizations with a foundation model report higher instances of reaching 100% board giving – 92% vs. 55% in organizations operating in a departmental model. Single sites report higher instances of 100% board giving at 85% vs. 58% at multi-site organizations. Organizations reporting 100% board giving saw higher median fundraising revenues than organizations reporting less than 100% board giving (\$1.82M vs. \$1.43M).



## Investment in Fundraising

Median investment in staff was 2.25 full-time equivalents (FTE) per organization, with focus areas in major gifts and planned gifts, annual giving/events, and administrative functions.

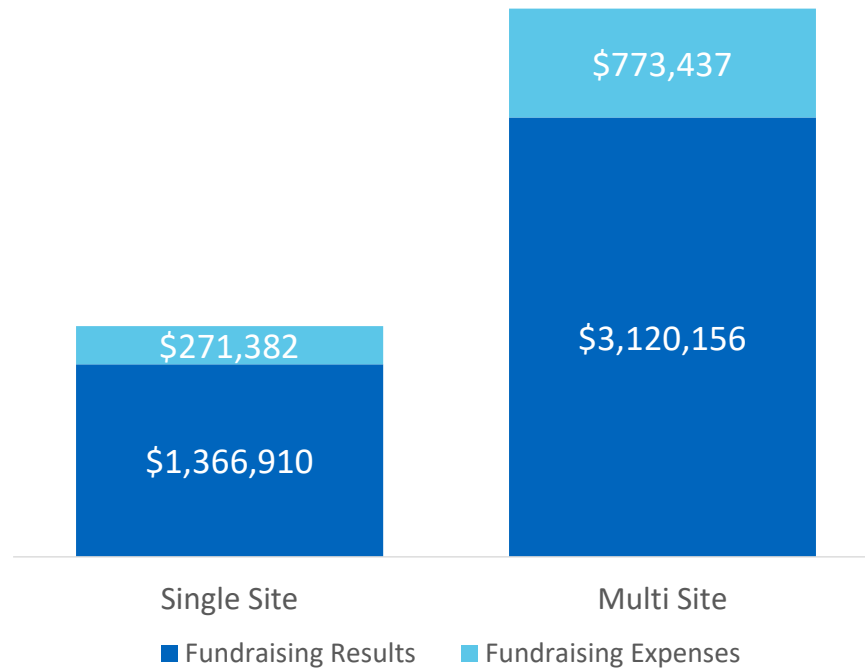


*This "box and whisker plot" shows both the median and range of data points in a particular category; a larger box indicates more widely distributed data. The percentage noted within each box indicates the median value. The box displays the middle half of data points, and the lines generally represent the full range of data distribution.*

Organizations investing in the fundraising function saw remarkable returns: medians of over \$800,000 in fundraising revenue per each FTE, and nearly \$700,000 in net fundraising revenue per FTE.

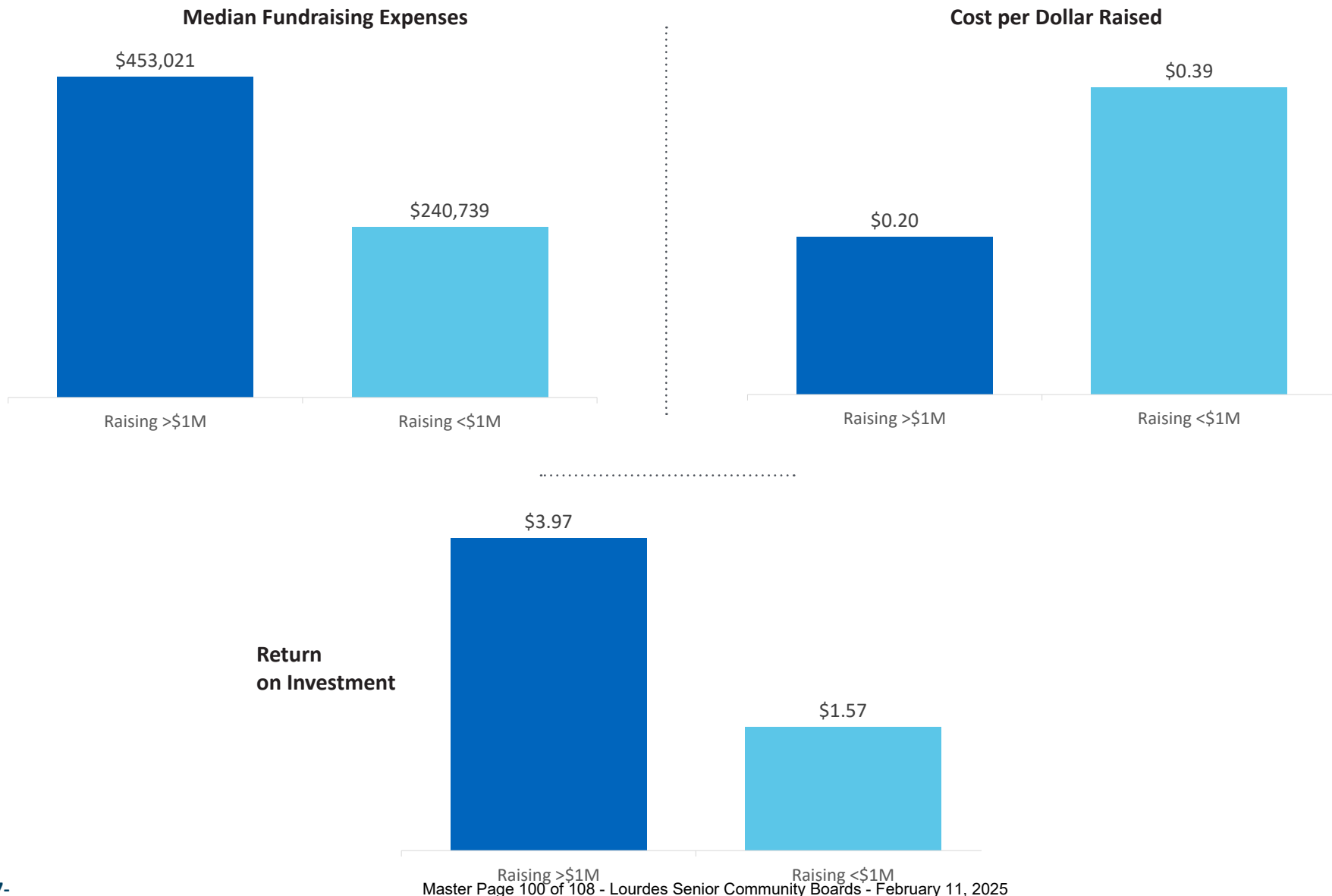
	Minimum	Median	Maximum
Fundraising Staff FTE	0	2	18
Fundraising Staff Revenue per FTE	\$170,000	<b>\$803,580</b>	\$3,933,333
Net Revenue per FTE	\$85,000	<b>\$697,207</b>	\$3,586,000

Multi-site organizations are more likely to invest more in fundraising, and they also raise higher amounts than single-site organizations.



# The Significance of \$1 Million

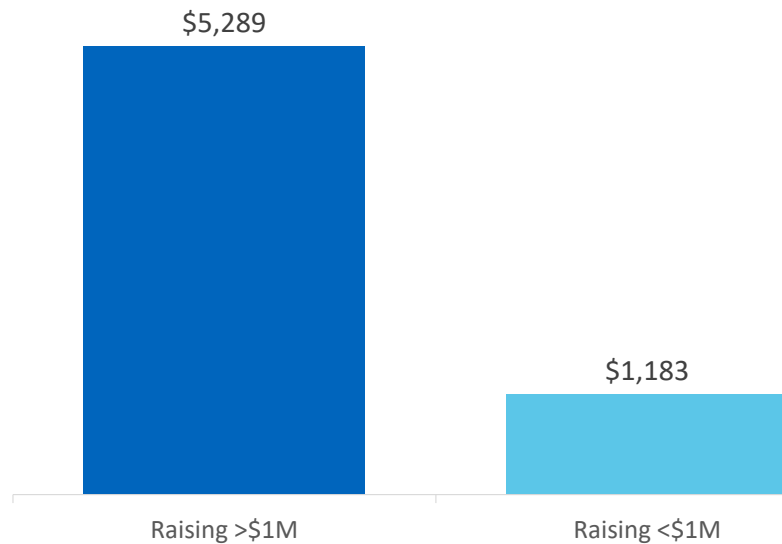
\$1 million in philanthropic revenue remains a clear dividing line for performance, scale, sophistication, and investment from the organization. Investment in the fundraising function, particularly at scale, leads to significant returns. Organizations raising more than \$1 million annually were able to maximize efficiencies so that it cost less to raise money, and were able to realize a higher return on investment.



Funds raised per independent living unit is a useful metric that is unique to aging services philanthropy and was first deployed in the 2017 LeadingAge Virginia study. It allows us to compare fundraising results across a variety of organization types and sizes. Single-site organizations demonstrated higher medians in funds raised per independent living unit and return on investment, as well as a lower cost per dollar raised, which is likely due to the fact that the prospective donor pool is typically more concentrated than at multi-site organizations.

	<b>Funds Raised per Individual Living Unit</b>
Overall	\$3,553
Single Site	\$4,416
Multi Site	\$2,934

**Median Funds Raised per Independent Living Unit**



# Operational Performance

All responding organizations were well under the Better Business Bureau standard of 35 cents per cost per dollar raised. Multi-site organizations slightly outperformed single sites in both cost per dollar raised and return on investment. Regardless of type of organization, it is clear that fundraising’s median return of over three-fold the original investment can make a compelling difference for aging services organizations.

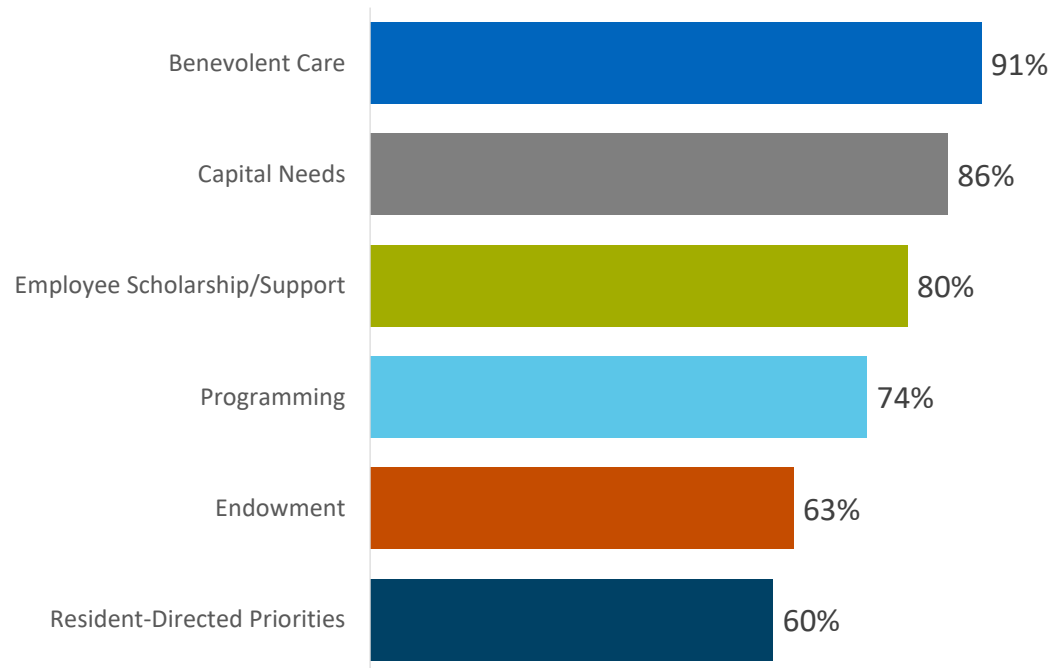
	Cost per Dollar Raised	Return on Investment
Overall	\$0.22	\$3.56
Single Site	\$0.21	\$3.73
Multi Site	\$0.24	\$3.23

When analyzing foundation and departmental performance, each model demonstrated strengths and weaknesses. Organizations fundraising through a foundation model clearly show the benefit of having a body that is solely focused on philanthropy, with larger gifts, bigger campaigns, and overall higher annual fundraising totals. This performance comes at a price, however: foundations are costlier to operate, and as a result have marginally higher costs to raise a dollar and conversely slightly lower return on investment.

	Foundation Median Values	Departmental Median Values
Campaign Total	\$4.71M	\$1.14M
Endowment Size	\$16M	\$9M
Total Annual Fundraising	\$3.12M	\$1.43M
Funds Raised per Independent Living Unit	\$3,750	\$3,357
Largest Gift	\$2.26M	\$1.8M
Fundraising Expenses	\$641,100	\$271,400
Cost per Dollar Raised	\$0.24	\$0.18
Return on Investment	\$3.15	\$4.56

# Inspiring Generosity

Benevolent care, capital needs, and employee scholarship/support take the top spots as destinations for philanthropic investment in 2023.



## Of Note: Endowments

Endowments can act as a buffer in times of economic or organizational uncertainty. 65% of responding organizations in 2023 reported endowment holdings, a sharp increase from LAVA's 10% in 2017, and a dip from 2021's 81%. Median reported endowment grew to \$14.1M and the largest reported endowment is \$90M.

## Of Note: Campaigns

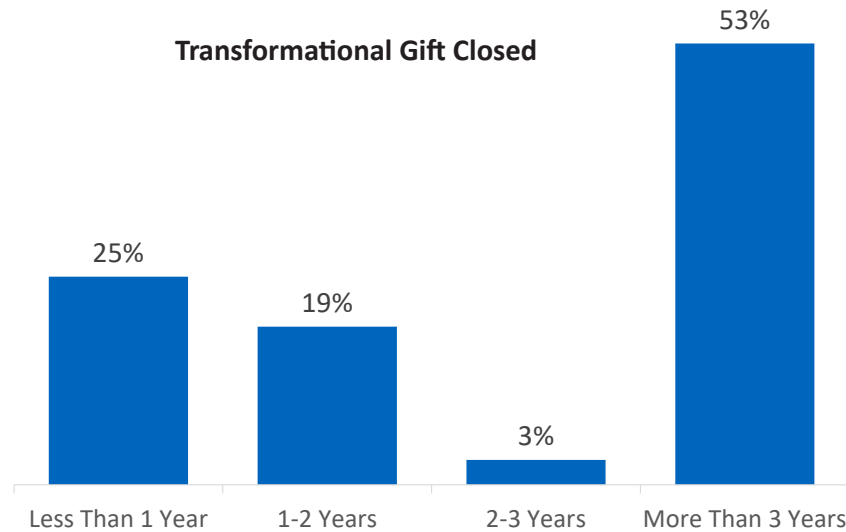
Among participating organizations, 59% report they are either in a campaign or have completed a campaign within the past five years. Of respondents reporting campaign goals, single-site organizations reported higher median campaign goals (\$4.7 million) versus multi-site organizations (\$1.8 million).

# Transformational Gifts in Aging Services

What constitutes a transformational gift varies widely. Largest-ever gifts reported by responding organizations ranged from \$150,000 to \$23,000,000, with a median of \$1.9 million.

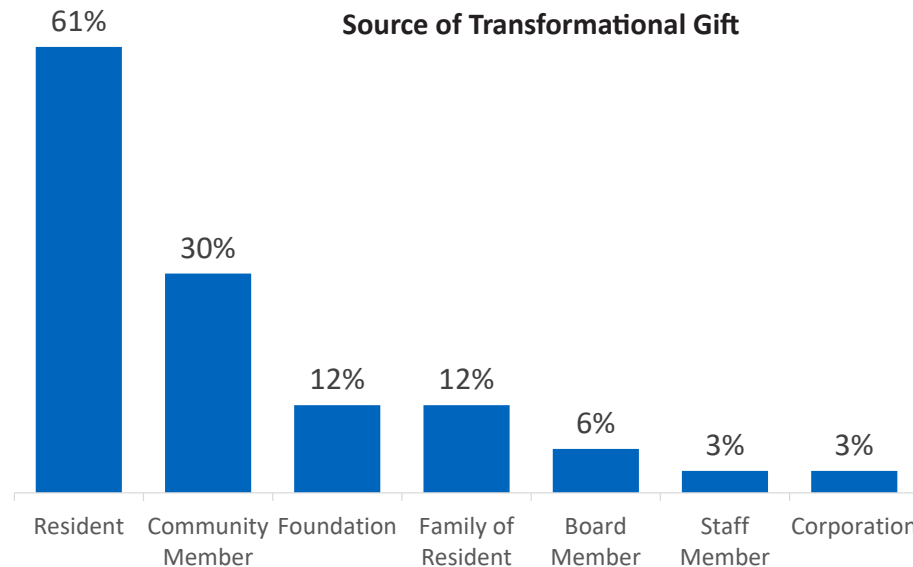
## Closing transformational gifts takes time.

For 53% of respondents, closing a transformational gift took at least three years, yet fundraising positions have a median tenure of only three years.\*

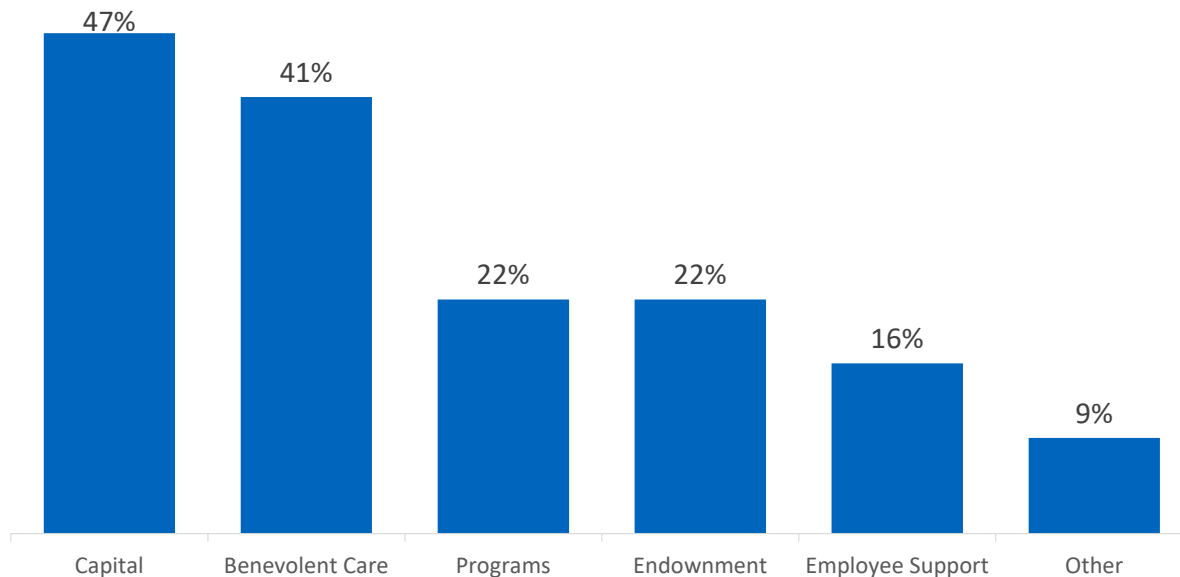


## Residents drive transformational giving.

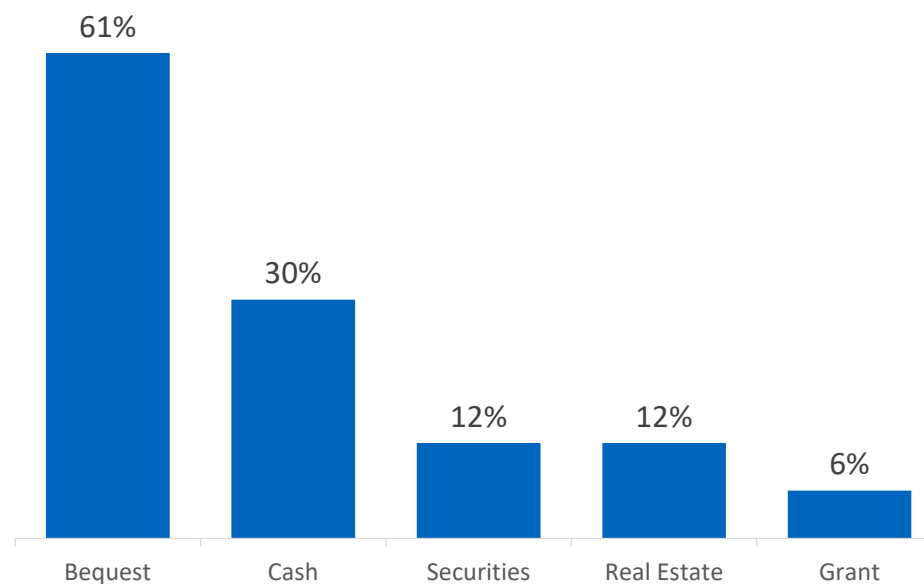
61% of respondents reported that their organization's largest ever gift was made by a resident.



**Capital projects and benevolent care inspire transformational gifts.** 47% of reported transformational gifts supported capital initiatives. Over a third (41%) of reported transformational gifts supported benevolent care.



**A significant majority of largest gifts came in the form of bequests.** This signals the importance of a proactive and robust planned giving programs in the aging services sector.



# A Word of Thanks



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Without your leadership and support, PASS|2023 would simply have not been possible.

Thank you!

# Key Takeaways

**Know your prospective donor constituency.** For the majority of CCRCs, this will mean those closest to your mission: your residents and your leadership, volunteers and staff. Focusing fundraising efforts on the constituencies closest to your mission will yield the most successful and sustainable results.

**Develop a well-rounded menu of opportunities for philanthropic investment.** In the 2021 data, we saw capital needs take the top spot for donor-designated funds; in 2023, benevolent care regained that honor. We anticipate that these priorities, and others, will continue to jockey for the top position and will be responsive to current events and other factors, like how COVID inspired generous giving to employee support funds. The most important takeaway is not which priority comes first, but that your organization has a diversified set of options for prospective donors to invest in, aligned with their individual donor interests.

**Fundraising returns take time, and are significant.** Organizations can and should be considering fundraising returns as part of their revenue planning – with the right talent and systems in place, the 2023 data reveals over \$800,000 in gross fundraising revenue for every fundraising full time employee. Simultaneously, the research on transformative gifts shows these gifts take time and nurturing to develop, often more than one year. This should inform how organizations think about fundraising staff retention as well as long-term donor cultivation.



*Quality of life is best measured by meaningfulness and purpose. Philanthropy liberates the soul to experience deep and satisfying joy, helping our residents truly live every day of their lives.*

-Z. Allen Abbott, Baptist Homes Foundation



*We have incorporated the benchmarks on cost to raise a dollar and return on investment in our monthly KPIs that go to the Foundation board. They agree that it is useful to have some level of benchmarking to measure our work against the sector.*

-Mark Dobosz, John Knox Village of Florida Foundation, Inc.



*The Philanthropy in Aging Services Study is a publication for CEOs, volunteers, residents, and professional fundraisers in the aging services sector. Our goal is to provide a review of philanthropy in the sector to help inform decisions and strategies. © 2023*

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