

MEADOW BROOK MEDICAL CARE
FACILITY ASSESSMENT

July 18, 2024

This facility assessment is in accordance with F- 493 CFR 483.71 to meet the regulatory requirements in determining resources necessary to care for its residents competently during day-to-day operations (including nights and weekends) and emergencies.

The facility assessment will be reviewed at least annually or when there are substantial changes in facility practice or physical structure requiring modifications to this assessment.

This assessment will address resident population, resources, and the Community Hazard Risk Assessment, utilizing an all-hazard approach. Evidenced based documents are used to determine acuity, physical and cognitive abilities, health needs on admission and through the life span of the individual, cultural, ethnicity, gender and belief systems are reviewed. Evidenced based documents include but are not limited to MDS (Minimum Data Set) and various assessments (safety, H&P, nutritional, social hx), CMS Quality Measure Reports are utilized to determine resident population shifts such as gender, Diagnostic Characteristics, Prognosis, and demographic changes.

Active Inputs solicited when updating Facility Assessment include but are not limited to: Resident Satisfaction surveys from Great Lakes Marketing are used as resident input into improving care needs as well as minutes from Resident Council meetings. The DHS board members are given this assessment for review and comments at least annually. The assessment is reviewed by the QAPI team members including but not limited to: The Medical Director, DON, Administrator, Dietary, Maintenance, Social Worker, Finance and Activity Department Heads for review and comment. Direct Care Staff will be sent the Facility Assessment via email for their review and comments. The Facility Assessment will be provided on our website for family or public review and comments. Facility newsletter and billing notices will include a link to our website where residents' or their responsible parties can review the Facility Assessment and comment.

Major Elements of the Plan include:

- Capacity of SNF: 133 beds, 5 semi- Private Rooms and 128 private rooms. The facility utilizes the Household model. There are 7 households in our model:
 - Antrim Lodge – As of May 2021 this 20-bed household was put into the State Of Michigan approved Bed hold. Due to staffing shortages.
 - Lakeshore Cottage - As of November 2022 this 21-bed household was put into a State Of Michigan approved Bed Hold.
 - Orchard Hill - LTC skilled, dementia and custodial, 19 private rooms and 1 semiprivate; average census 19.
 - Jordan – Short term Rehab. Bed holds for 3 rooms with a census of 8. Unit 10 rooms; 1 semi-private and 8 private rooms; average census 8.
 - Grass Creek - LTC skilled, dementia and custodial, 20 private rooms; average census 20.
 - Glacial Hill - LTC skilled, dementia and custodial, 16 private rooms and 2 semiprivate rooms; average census 20.
 - Cedar River - LTC skilled, dementia and custodial, 20 private rooms; average census 20.

- Current average daily census: 96% (max capacity of 89 beds effective February 1, 2024)
- Types of Care offered: Skilled Nursing Care, Sub-Acute Care Rehab, Custodial, Dementia and Palliative / End of Life Care. We do not accept residents who require TPN, dialysis, or Ventilator assistance.
- Nurse Competencies and Skill Sets: Stoma cares, I.V. infusion, Gastro/J-tubes, Wound care, Dementia and Behavioral Management, Medication Management, Restorative Nursing, AED, Infection Control Preventionist, Certified Wound Care Nurses (1), and ANCC MDS Nurses, CPR/First Aid Nurse Certified, (1), CNA Trainer, Pain Management and Serv-Safe Trainer. COVID Point of Care testing trained.
- Social Services: Psychosocial support, Discharge Planning, Trauma Informed Care, MDS and Care Planning inputs.
- Community Based Risk Assessment: see *Antrim County Hazard Risk Assessment*
 - January 2023 to current- COVID Fallout Continues and poses the #1 threat to the viability of the facility, its residents, staff, and community. Due to ongoing staffing shortages causation factors including but not limited to rural area-limited housing, zero to limited labor force available, high job stress, less desirable workplace due to COVID protocols and demands, increased overtime, fatigue, burnout, ongoing and ever-changing testing protocols, increased regulatory burdens (intense PPE, ever changing political and legal fiats – CMS/CDC/MDHHS/OSHA).
 - Staffing issues are the high priority as they directly impact resident care and our ability to do business. Weekly meetings with HR, DH's, Scheduling teams to monitor / track staffing needs. Despite increased marketing efforts, financial incentives, benefit incentives, staff involvement, our on boarding efforts have remained stagnate since 2019. The facility has entered into contracts with ASHA recruitment/staffing agency to supplement the staffing shortage.
 - July 2024 the Administrator commissioned a Retention workgroup be started to review our current work place culture, training/orientation, feedback from new hires and to identify barriers/hardships for employees that leave the facility within the first 90 days.
 - The facility has had a long held Mandatory staffing policy in the event we have unforeseen call ins. This is to ensure staffing ratio's do not go below our standard minimum.
 - Implementation of Jr. Aide's started in 2022. Started as a reach out to high school kids wanting a job in the health sector. Goal 1- Focus was to ease the task burden of CNA duties that did not require direct resident care. Goal 2- Create a pathway for students to enter the health care field.
 - MCMCFC Council received a workforce grant in October 2023 to assist all MCF's with recruitment and retention. Website development, advertising, and project monies.
 - We have been and continue to be in workforce crisis and placing two 20 bed households: Antrim Lodge (2021-current) and Lakeshore Cottage (2022-current) and Jordan House (3 beds) in state approved bed holds.
 - IPRAT consults ongoing as needed.
 - Full time Infection Preventionist hired October 31, 2022.
- Training - Routine:
 - Monthly Fire Drill Training, Elopement Drills q.o.m., Severe Weather drills 2x/year April, and November, Mandatory's annually (Infection Control, Dementia, Fire / Disaster Safety, Dietary, Corporate Compliance, Abuse, Falls and Resident Rights). We participate with Lake Superior Quality Improvement Organization routinely as it pertains to Infection Control practices and Life Safety Code drills.

- CNA competencies are conducted prn and at least annually to assure skill sets are maintained.
- Nurses are given routine training on IV's, tube feedings, skin and wound needs, catheter care, medication pass, documentation practices etc.
- 2022 LEAN training to improve communications started for QAPI/PIP on 1/5/22 and will continue facility wide approximately until June 2022. We continue with the LEAN model for global communication and staff input in 2023.
- Physical Environment: The facility has a 3-story section that is comprised of 3 households and a basement with mechanical equipment. Attached to the 3 story are ground level wings that include 4 households, Community Room, Administrative Offices, Therapy / Restorative room, lab, main dietary and laundry services and front desk area.
 - Several out buildings are included on our campus and are used for storage of equipment, historical data, and disaster preparedness.
 - Vehicles – Are stored in a garage onsite. We have one van and two maintenance work trucks, a UTV, Kubota Tractor with attachments- (2 mowers, pallet forks, and snow pusher), 2 portable generators, 2 portable high-capacity diesel heaters, 2 walk-behind snow blowers.
 - One Lift King Telehandler with man basket - Used for Christmas lights, and any needs requiring elevation.
 - Two employee break rooms – currently under remodel est time of finish fall of 2024.
 - 1 breast feeding area for nursing mothers, located between Meadow Brook and MVA.
- Equipment (Medical and Non-Medical): Common medical equipment onsite and available for staff and resident use are but not limited to: Mechanical lifts for either non or partial weight bearing status; bath chairs, tubs, showers, Oxygen concentrators, I.V. and Tube feeding machines, AED's, vital sign towers, pulse oximeter, wheelchairs, nebulizer machines, glucometers, hospital electronic beds, pressure reducing mattresses, gait belts, gloves, gowns, eye protectors, computers, Ipads, phones, pagers, fax machines, call lights, mat tables, balance machine, work out weights, exercise equipment- sitting riding bikes, thera bands, balls, balloons, steps, parallel bars, fall mats, safety alarms, code alerts, plethora of assistive devices and splints, braces. All resident room have a T.V. and a phone if desired. All staff, resident's and guests have access to the internet.
- Contracted Services Provided: Theoria Medical Group is our medical provider: Medical Dr. and Nurse Practitioner on site 4-5 days / week, Concept Rehab is our Therapy provider and provides PT< OT< ST 4-5 days per week. Home Town is our Pharmacy provider, Mobile X-ray, LabCor provides Laboratory services, Medical Transport via Antrim county transportation (ACT), Mobile Medical provides onsite Podiatry, Vision, and Dental services, CMH (extremely limited and unreliable) and Behavioral Care Solutions (BCH) offers behavioral health.
- Social Services: We have 2 full-time Masters Prepared Social Workers; a part-time Social Service Technician and currently (1) full time opening with active recruitment.
- Activities: All households are fully equipped with a variety of games, puzzles, books, TV's, radios. The household coordinators assist with meeting the Activity needs in the households. We have 2 certified Activity Therapists on site and 5 part-time T.R. aides. Person centered activities are developed via individualized assessments and MDS data.
- Personnel: Staffing numbers are posted in the front lobby for the public and changed each shift. We use On Shift as our scheduling software. Schedules are posted for staff to access outside of the scheduling office.

- Business Office: We use UKG and Point Click Care for our Business office software. We use Policy Stat to house facility policy and procedure through all departments. We use Laserfiche for document retention and archiving.
- Medical Management: We use Point Click Care as our Medical Records software and Laserfiche to archive medical records not stored in Point Click Care.
- Contracts/MOU's: See our multiple volumes of contracts and memorandum's of understanding as it relates to Emergency Preparedness and daily operations.
- Health Information Technology.
- Office Furniture: In February 2022 five cubicle stations were upgraded by Dunn's Business Solutions in the business office and one in the DON's office. The new office furniture replaced the aging office furniture with more functional and ergonomic furniture for staff.
 - This included four sit-to-stand desks within the business office for the Finance Director, AP/GL Clerk, Payroll Clerk and Administrative Assistant, and two straight front desks for the DON and HR Assistant. All six stations also have credenza shell desks with a storage hutch in a U or L formation. The AP/GL clerk has a single four-drawer lateral file cabinet and a single five-drawer lateral file cabinet located in their area. The Payroll Clerk, Administrative Assistant and HR Assistant have a single four-drawer lateral file cabinet in their respective areas. The Finance Director has a single two-drawer lateral file cabinet in their area. The DON has two, two-drawer lateral file cabinets in their office. Four office chairs were ordered for the Finance Director, AP/GL Clerk, HR Assistant and Administrative Assistant for their respective areas.
- Facility Pond: We have a pond with stocked trout for the resident's to fish and visit.
- Wildlife Support: We live in a naturally scenic area. This aesthetic is vital to our culture and provides quality of life for us all. Bird feeders are placed throughout the grounds for maximum viewpoints for residents to enjoy. Turkey feeders are also placed seasonally in concert with DNR directives. Various other wildlife sightings are common and enjoyed by residents, visitors, and staff.
- Facility Pets: Scout, our facility dog has lived in Glacier Hill House since he adopted us circa 2016. Cosmo our cockatiel was given to us by a community member in 2020 and Willow our cat, adopted us in 2024, she resides in Grass Creek.
- Facility Garden: (seasonal) We currently as a resident directed activity within the households have small container gardens for the residents to assist with and enjoy.

Nursing:

1. **Staffing Plan**: The facility bases its nursing staffing patterns to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident as determined by resident centered assessments and individualized plans of care.
 - Staffing Ratio's / Analysis: The facility has been in staffing crisis since 2019. At that time, we moved our CNA's from the traditional 8 hour 3 shifts to 12-hour 2 shifts model to reduce overtime, instill a sense of fairness and provide work life balance. The overall model reflects an emphasis of direct caregivers cross trained and competent in Nurse Aid and Activities. We use Household Assistants as supportive roles within the households trained in Dietary and Housekeeping functions.

- Jr. Aides: To support the CNA staff and maintain resident care we reinstated Jr. Aide positions mid-year of 2022. Jr. Aide's is a part time position targeted for young High school students or retired individuals who may have an interest in the skilled nursing setting. The primary function of this job is to provide necessary supports to the resident's that do not require special certification or licensing. Examples of these tasks are water pass, stocking linens and attends, cleaning and busing dining areas and various non-clinical duties. Rationale is to take these tasks from the CNA's, so they have more time to devote to clinical needs of the resident and to save from burnout.

MINIMUM STAFFING PATTERN			
Household	7a-3p	3p-11p	11p-7a
Antrim Lodge			
• CCC- RN			
• HHC			
• Nurses (RN/LPN)			
• CNA			
• HHA			
Lakeshore Cottage			
• CCC- RN			
• HHC			
• Nurses (RN/LPN)			
• CNA			
• HHA			
Orchard Hill	7a-3p	3p-11p	11p-7a
• CCC- RN	1		
• HHC	.5		
• Nurses (RN/LPN)	1	1	.5 (Split)
• CNA	7a-7p	7p-7a	
	3	2	
• HHA	7a-7p		
	1		
Jordan House – Rehab UNIT	7a-3p	3p-11p	11p-7a
• CCC- RN	1		
• HHC	.5 (Brooke)		
• Nurses (RN/LPN)	1	1	1
• CNA	7a-7p	7p-7a	
	1	1	
	7a-7p		
• HHA	1		

Grass Creek	7a-3p	3p-11p	11p-7a
• CCC- RN	1		
• HHC	.5		
• Nurses (RN/LPN)	1	1	.5 (Split)
• CNA	7a-7p	7p-7a	
	3	2	
• HHA	7a-7p		
	1		
Glacier Hill	7a-3p	3p-11p	11p-7a
• CCC- RN	1		
• HHC	.5		
• Nurses (RN/LPN)	1	1	.5 (Split)
• CNA	7a-7p	7p-7a	
	3	2	
• HHA	7a-7p		
	1		
Cedar River	7a-3p	3p-11p	11p-7a
• CCC- RN	1		
• HHC	.5		
• Nurses (RN/LPN)	1	1	.5 (Split)
• CNA	7a-7p	7p-7a	
	3	2	
• HHA	7a-7p		
	1		
Supervisor	1	1	1

- **RN's and LPN's:** Responsibilities include but is not limited to: Medical management, restorative functions, supervision of CNA cares.
 - Medications – Routine / PRN medication administration
 - Fall / Safety Prevention
 - Wound / Skin Management
 - Skilled Nursing Assessments and Documentation
 - Transfer / Readmission to Hospital
 - Infection Control Practices
2. **Nurse Competencies / Skills:** Based on identification of services offered and resident population the targeted competencies are Medication Administration, Stoma and Wound cares, I.V. infusion, Gastro/J-tubes, Catheter care, Dementia and Behavioral care, Infection Control: COVID and routine practices, Restorative Nursing functions, Pain Management, AED and CPR certification.
 3. **CNA Competencies / Skills** are conducted on hire, prn and annually using a competency skills evaluation check list. This is completed by the Staff Educational RN or designee.

Food & Nutrition:

1. Facility Resource Assessment:

- Dietary Staffing Plan: Monday-Friday: 1 Director of Food and Nutrition Services, 1 Dietary Manager, 1 cook, 1 cook helper and 1 or 2 stock persons. Saturday & Sunday: 1 cook 1 cook helper and 1 or 2 stock persons.
 - 9 kitchens in total: 7 household kitchens, 1 Main and 1 satellite Kitchen in Therapy.
 - Only 4 household kitchens are in use at this time due to closures.
 - In room and dining room deliveries
 - Individualized meal service
 - 7 Dining rooms: 5 in use due to closures.
 - On Average for a full census of 133 residents 399 meals served/day.
 - Convenience vs scratch: We utilize a combination of both. Example: soups and desserts are homemade.
 - Time to prepare: It takes an average of 8.5 hours in the main kitchen to prepare meals and in the household: 5.5 hours approximately.
- Ethnic, Cultural, Religious Preferences: See MDS Facility Characteristics Report and Dietary Assessments.
 - Special dietary requests or needs are accommodated to the greatest extent possible.
 - Kosher, vegan, gluten free, allergies, etc.
 - Meals outside of normal dining hours: open 24/7 meals and snacks are available at resident request.
 - Types of meal service:
 - Scheduled meal times vs rise to dine. We utilize both depending on individualized resident preference. We have open breakfast dining, scheduled lunch, and dinner along with the offering of a substantial HS snack routinely and prn.
 - Population: Our population is predominately Anglo/Christian, female, 65-85+ years old. This data is obtained via our Casper and Facility Characteristics Report.

Administration:

1. The Administrator is delegated the responsibility by the Antrim County Human Services Board to oversee direct and daily operations of the facility. The Administrative Management team consists of Department Heads: Administrator, Director of Nursing, Finance Director, Social Services Director, Dietary Director, Therapeutic Recreation Director, Maintenance Director, and Housekeeping/Laundry Director.
2. Organizational Chart: *See attached, Exhibit A*
3. Management Team: Includes the Administrative Management team outlined above; Household Management Teams include Clinical Care Coordinators and Household Coordinators, Charge Nurses, CDM's, Social Workers and Shift Supervisor's.
4. Employees: - We have approximately 142 employees.

Administrative Office	ADMIN/IT/ Social Services	Days	Afternoons	Nights
Full time		12		
Part time				
Social Services		2		
IT		2		
Maintenance	Supervisor	1		
	Asst. Supervisor	1		
Full time	Gen Maintenance	5		
Part time	Gen Maintenance			
Laundry				
Full time	Aides	2		
Part time	Aides			
Housekeeping	Supervisor	1		
Full time	Aides	8		
Part time	Aides	4		
Dietary	Director	1		
	Asst. Supervisor	1		
Full time	Cook/Aides	5		
Part time	Cook/Aides	2		
HHA				
Full time		9		
Part time		1		
Nursing Admin	DON / CCC / ICP			
Full time		10		
Part time				
Nursing - Supervisory				
Full time			1	2
Part time				
Health Info Services				
Full time		3		
Part time				

Nursing - RN				
Full time		3	1	1
Part time		2	3	1
Nursing - LPN				
Full time		3	1	2
Part time		2		
Nursing - CNA				
Full time		22	13	
Part time		3	0	
Nursing - Support Svc	Jr. Aides			
Full time				
Part time		12		
Household Coord.				
Full time - CDM		1		
Full time - TR		1		
Therapeutic Rec.		1	5	

- **Contracted Services:** Lab, Mobile X-ray, Theoria Physician Services-Medical Director, ACT-Medical Transport, Podiatry, Dental, Vision (Mobile Medical), Hospice's, Pest Control, Dietician, Lawn and Grounds Care, Snow Removal, Waste Management, Allied Waste (Records destruction) Concept Rehab-Therapy Services, Compass Communications, HVAC, Nursing Contract Agencies.

5. **Volunteers:** Our Therapeutic Recreation Director functions as our Volunteer Coordinator. The facility has a dynamic volunteer population with a history of generous support. Volunteers consist of these sub groups: Resident volunteers, Pet Visitors, Clergy, Transitional Companions, Community Groups, and Individuals.

As volunteerism moves and changes with issues and challenges of our time, it is important to capture what the presence of volunteering means to our residents. Meadow Brook acknowledges and appreciates all our volunteers as well as resident volunteers who dedicate time, talents, and energy to making a difference in so many ways.

6. **Competencies:** Depends on the job. Focus on Nursing, Dietary, Housekeeping, Social Work.
 - SW/Nurses
 - Behavioral Health
 - Mental Illness
 - Psychosocial disorders
 - Dementia
 - Hx of Trauma

- PTSD
- Nursing
 - Infection control
 - CPR
 - Wound care
 - Ostomy Care
 - IV's
 - Medication Pass and Order Entry
- Dietary
 - Main Kitchen staff are Serv-Safe Certified
 - Equipment usage and handling
 - Infection control practices as they relate to dietary functions.
- Housekeeping
 - Infection Control practices as they relate to cleaning.
 - Equipment handling
- Maintenance
 - Lock Out / Tag out.
 - Life Safety Code - Fire drills, flood
 - HVAC management
 - Small repairs of equipment

7. Infection Control: 2024

- Priority #1: Enhanced Barrier Precautions
- Surveillance: is conducted weekly and monthly by the Clinical Care Coordinators and the ICP.
- Infection Control Preventionist: oversees routine surveillance and conducts trend analysis. He / She reports this trend analysis to the DON, (chair) and Infection Control Sub-Committee which reports to the QAPI oversight committee.
- Antibiotic Stewardship: participates in Antibiotic stewardship program and is overseen by the Infection Control Sub-Committee. The Medical Director and Physician input is routinely sought and is the main driver in developing protocols concerning treatment and management of healthcare acquired infections, "HAI".
- We use HealthConnex software application for mapping and surveillance.

8. Third Parties:

- MOU's: We have a variety of agreements with business, organizations, vendors, other Health Care facilities. All contracts and business associate agreements are kept in the Health Information Office and are monitored by the Corporate Compliance Officer.
- Providing services or equipment:
 - Day to day operation
 - Emergencies: Detailed in the Emergency Preparedness Manual
Example: Therapy, Food services, X-ray, Medical Director, Lab, Pharmacy and Water.

9. HIS - Health Information Systems:

- Systems used to manage health info:

- Electronic Health Records: Point Click Care is the software used for EMR, billing and trust accounts.
- Patient Portal: we use PCC patient portal for residents and their families to access healthcare records. Implemented 01/01/24.
- Other Electronic Systems: UKG and Point Click Care are used for payroll, A/P, Benefits and Human Resources, In-service Tracking. Power Chart, Compass Communication's is used for call lights and paging staff, On Shift is used for employee scheduling, UKG is used for employee time keeping. Works Hub is our work order system used by maintenance, we are currently working on integrating I.T. and housekeeping into the work order system. Laserfiche is used for long-term document archiving for medical records and A/P documentation not stored in other systems.
- We contract with Allied Waste Company for safe, secure destruction of any records that fall under HIPAA.
- The EMR workgroup is continuing its work implementing an electronic cloud-based storage system to archive historical/paper medical records. This project is planned to achieve substantial completion in 2025.
- Records Storage Update 2024: Vendor: ICC Community Development Solutions Software Package: Laserfiche is a document management system offering secure document archival services and workflow processing in a cloud environment. Meadow Brook's objective is to use this product to end the long-term storage of paper documentation for our clinical, business, and HR teams.
 - Interoperability
 - Safeguards with other entities who we share HIPAA with.
 - Monitored by the Corporate Compliance Officer and I.T.
- Meadow Brook is currently using this software in the following ways:
 - Digital, searchable archives of medical records and A/P documentation necessary to meet regulatory document retention requirements.
 - Secure delivery of documents to individuals and organizations with built-in logging of document delivery and access.
- Meadow Brook is currently implementing this software in the following ways:
 - Internal Workflow functionality to track AP invoices and replace our current paper processing of invoices.
 - Digital, searchable archives of Staff HR records.

10. Physical Plant:

- Buildings, Structures and Vehicles: The facility has a 3-story section that is comprised of 3 households and a basement with mechanical equipment. Attached to the 3 story are ground level wings that include 4 households, Mechanical rooms, I.T. closets, Community Room, 2 Break Rooms, Administrative Offices, Therapy/Restorative room, lab, main dietary and laundry services and front desk area.

- Several out buildings are included on our campus and are used for storage of equipment, historical data, and disaster preparedness.
- Vehicles: Are stored in a garage onsite. We have one van and two maintenance work trucks, a UTV, Kubota Tractor with attachments- (2 mowers, pallet forks, and snow pusher), 2 portable generators, 2 portable high-capacity diesel heaters, 2 walk-behind snow blowers.
- One Lift King Telehandler with man basket: Used for Christmas lights, and any needs requiring elevation.
- Preventative Maintenance Plan: Equipment is placed on a routine preventative maintenance program in an app-based automated work order system and monitored via the Director of Maintenance.
- **Inventory of Equipment:** Common medical equipment onsite and available for staff and resident cares are but not limited to: Mechanical lifts – 1 set (sit to stand & full body lift) for every household + an extra pair in case of malfunction. 7 bath chairs, 2 shower/transport lifts, 16 Oxygen concentrators, I.V. pumps are on demand via Pharmacy and 4-Tube feeding pumps, 7 narcotic medication carts, 8 AED's- 1 for each household and one in the lobby, 150 wheelchairs, 18 nebulizer machines, glucometers/resident need , 8 Vital signs monitoring towers, 135 hospital electronic beds, 135 pressure reducing mattresses + 12 air mattresses, gait belts, gloves, gowns, eye protectors, 82 computers (clinical and business staff), approx. 11 iPad, 32 iPhone, 6 fax machines, approximately 280 call lights, 1 mat tables, 1- balance machine, work out weights, exercise equipment- sitting riding bikes, therabands, balls, balloons, steps, parallel bars, fall mats, safety alarms, code alerts and 2 bladder scanners. 12 Multichannel Radios and (2) 800mghz are on site. The facility has an anti-bonking device to improve communications for emergency personnel and within the building.

11. Risk / Hazard / Disaster Plan:

- **Facility Disaster Plan:** is reviewed annually and PRN to identify and update identified catastrophic hazards: Fire, Severe Weather, Tornado's, Active Shooter, floods etc. Resources needed to respond to an emergency depend upon the type, severity and quantity of people affected.
- Meadow Brook's Disaster Team and QAPI have reviewed Antrim County's Hazard Risk Assessment and have incorporated mutual hazards in the facility's disaster plan.
 - Prevention includes Regular drills in these areas. Bulletins, newsletter, and email info to staff about Disaster policies. Disaster Team meetings monthly to review/ potential hazards, threats, and risk mitigations along with training needs of staff. Disaster team report's findings to Quality Assurance team that meets every other month. Employee / Resident incident reports are reviewed by Safety Committee and Management staff; if injury is involved or potential hazard is in question this is brought forth to Disaster Team or QAPI for further follow up and recommendations to changes in practice or policy updates.
 - Most current Disaster Policy is available in house, on the website and a copy is on all households, administrative area, housekeeping office, maintenance area for reference.

- Key staff attend training sessions- General training sessions include webinar's, meeting attendance, and communications from CMS, LEPC and Region 7. The outcomes of training sessions will be evaluated by the Management team, Disaster Team and QAPI with recommendations for other areas of concern.
- COVID Pandemic 2019-2023 has been the major focus and source of Disaster training, preparation, procuring and utilization of resources and operations.
- March 21, 2024, Virtually Facilitated Table-Top Exercise for Skilled Nursing Facilities. Working with Superior QIO.
- Vulnerabilities include power outages, computer malfunctions, internet disruption or outages, disruption or outages with heating systems and extreme snowfall or rain.
 - Power Outages: the facility has a generator that fully backs up the entire facility. Further surge protection has been identified (after blowing out two transformers after thunderstorms) and the facility added on roof net surge protection in 2015 to protect the generator.
 - Computer / Internet Protection and Backups: A server refreshed occurred in 2024. Two secondary computer backup systems are kept – one is located in a separate location in the facility, with a second system located externally at the county building. Paper backup systems for medical records are kept and protocols are in the current Disaster plan. SPAM and Antivirus software is in use to protect against hackers. A secondary internet system via 186 Networks was added in the summer of 2018. An Ad-hoc network using cellular data is available as a tertiary internet backup using hot-spot capabilities of facility owned cellular devices.
 - Common Angle completed a computer and wireless assessment/audit September 23, 2023, of the facility for cyber-attacks and health of current systems. A full wireless system upgrade was completed in early 2024.
- Disaster / Preparedness Events (2024)
 - Elopement Drill – 2.29.24 at 8:00 a.m.
 - Table Top Disaster Exercise – (QIO) Cyber Attack 3.21.24
 - Severe Weather Event 4.02.24
 - Elopement Drill – 4.24.24 at 11:15 p.m.
 - Severe Weather Event – Sump Pump Failure 6.25.24
 - Disaster Event – Vending Machine Fire 5.29.24
 - Elopement Attempt – 7.10.24 at 5:24 a.m.
 - Elopement Attempt – 7.11.24 at 7:00 p.m.
- Business operations will be maintained either onsite or offsite depending on the situation. Computer and internet access are essential. Software used for H.R., Billing, A/R are utilized via Web Based systems requiring internet access. We have off-site backup systems at the County building should we need internet and server access. Our offsite areas also have internet capability.
- Communication: If the main phone systems are down, we have walkie talkies located in every household emergency totes (see Disaster Plan), All D.H. and CCC have cell phones with

activated Hot spots should we need internet and additional phones. We have additional cell phones for the front desk and ward clerks to assist with fielding calls and notification of family/emergency personnel/clinical and staff. Maintenance also has special 800-megahertz, Departments have 12 multichannel Radio is and (2) 800mhz are on site. The facility has an 800mhz Bi-directional Amplifier device to improve communications for emergency personnel and within the building.

- Radio in case all other forms of communication are down. RAVE software in place on all provided facility cell phones: households, Department heads, Supervisor, CCC's, in the event we have a terror threat. The facility uses a Robo call system to contact Family, Staff, and MVA for routine communication and emergencies.
 - Social Media: The facility has an active website: www.meadowbrookmcf.com
 - Facebook and Instagram are other social media tools we use to stay current provide general information and, in an emergency, would use to keep the general public informed.
- I.T. recovery Plan: Where possible, business critical systems have been migrated to the cloud (Point Click Care, UKG, Policy Stat, The WorxHub). Local Servers are backed up daily. We also have an additional back-up housed at an off-site location at the county building that can be accessed as needed.
- Facility uses ROBO Call System to inform staff and responsible parties of important events, disasters or routine COVID communications.

12. Governance and Leadership:

- The facility is County owned and operated by Antrim County. Meadow Brook is governed by a 3-member Board of Directors. Two members are appointed by the County Commissioners, and one is appointed by the Governor of State of Michigan. The Secretary to the board is the Director of the Department of Human Services of Antrim County. Day to Day operations of the facility has been delegated to the Administrator who is responsible for everything.
- Ethics and Resident Rights: The facility has a Code of Conduct and Ethics. The Quality Assurance (QAPI) team along with the Corporate Compliance and Administrator review ethics questions and violations as they occur. Occurrences are documented and brought to the QA team for review and follow up. The same applies to Resident Rights, respectively. Resident Rights are addressed with residents and their families on admission, at Resident Council meetings and throughout their stay at the facility. A variety of ways to educate residents is given in written formats, verbally and in Resident Council meetings discussions. Resident Rights are also incorporated into Mandatory educational topics for staff and via newsletter format.
- Facility Mission Statement: To enhance the quality of life in the community by providing the highest level of health care to our residents by:
 - Emphasizing disease prevention, health promotion and wellness.
 - Participating in community activities and encouraging the community to support the activities of Meadow Brook.
 - Managing our resources to meet the needs of our residents and the community.

13. Quality Assurance:

- QAPI Focus 2024
 - Priority #1 Staff Recruitment and Retention.
 - Priority #2 Communications
 - Cyber Security
 - Wireless system upgrades to better utilize internal equipment such as cell phones, call light systems, Vital signs towers and integration with EMR
 - Priority #3 Policy development- Purchase of RLDATIX system Laser Fish
 - Integration of all nursing policies into one system. Ability to update and send out to all staff as needed.
 - Eventually all policies will be put into this system.
 - Priority #4 COVID Compliance and Infection Prevention
 - Enhanced Barrier Precautions
 - Ongoing COVID monitoring and surveillance

Quality Assurance Performance Improvement

(QAPI)

MISSION STATEMENT

We, the Governing Body and staff of Meadow Brook Medical Care Facility, are dedicated to providing residents with the highest practicable level of well-being and functional independence by ensuring that the quality and quantity of care given all residents are appropriate and proactive. This will be accomplished by an integrated and comprehensive program coordinating the activities of all departments.

Subject: Quality Assessment and Assurance Committee

Policies and Procedures

Policy Statement: The facility shall have a Quality Assurance Performance Improvement Committee.

Statement of Purpose: To establish a committee which identifies issues which impact Quality of Care and services provided to residents at Meadow Brook Medical Care Facility.

Procedure:

1. The facility will maintain a Quality Assurance Performance Improvement Committee that consists of:
 - a) Administrator
 - b) Director of Nursing
 - c) A physician designated by the facility
 - d) At least three other members of the facility staff
2. The Quality Assurance Performance Improvement Committee:
 - a) Meets at least quarterly to identify issues with respect to which QAPI activities are necessary.
 - b) Develops and implements appropriate plans of action to correct identified quality deficiencies.
3. The effectiveness of the QAPI committee will be assessed at least annually and presented to the governing board for review. The committee will vote to continue specific programs, or to accept alterations, additions, or deletions, based on documented activities. The summary of problems and Corrective measures will be approved by the quality assurance committee, Administrator, and the Governing Board.

SUBJECT: Quality Assurance Performance Improvement

Policy Statement: It is the policy of this facility to develop, implement, and maintain an ongoing program designed to monitor and evaluate the quality of resident care, pursue methods to improve quality care, and to resolve identified problems.

Purpose and Guiding Principles

The primary purpose of the Quality Assurance Performance Improvement Plan is:

1. To provide a means whereby negative outcomes relative to resident care and safety can be identified and resolved through an interdisciplinary approach, and effective systems of services and positive care measures rendered can be reinforced and expanded to improve care;
2. To establish and provide a system whereby a specific process, and the documentation Relative to it, is maintained to support evidence of an ongoing Quality Assurance Performance Improvement Program, encompassing all aspects of resident care including safety, infection control, and quality of life applicable to nursing home residents;
3. To develop monitoring tools that provide an effective mechanism to assure each Resident receives the necessary care and service to attain or maintain his or her highest practicable physical, mental and psychosocial well-being;
4. To assist departments, consultants, and ancillary services that provide direct or Indirect care to residents to delineate lines of authority, responsibility, and accountability so that open lines of communication and negative outcome resolutions may be achieved for optimum resident care on a continuous basis;
5. To develop plans of correction and evaluate corrective actions taken to obtain the desired results; and;
6. To provide a centralized, coordinated approach to quality assurance performance improvement activities so as to bring about a comprehensive program of quality assurance to meet the needs of the facility.

POLICIES AND PROCEDURES

SUBJECT: Quality Assurance Performance Improvement

1. The effectiveness of the Quality Assurance Performance Improvement will be assessed and presented to the Governing Board for review.
2. The committee will assess all programs, and accept alterations, additions, or deletions, based on documented activities.

QUALITY ASSURANCE PERFORMANCE IMPROVEMENT COORDINATOR

1. The QAPI coordinator shall attend meetings of other committees or departments as deemed appropriate or as directed by Quality Assurance Performance Improvement Committee.
2. The QAPI coordinator will assist other committees, individuals, departments and /or services in the development of monitoring tools, criteria and standards assessment methodologies, and the evaluation and selection of priority concerns impacting on resident care and safety.
3. The QAPI coordinator will serve as liaison among committees, individuals, services, and/or departments to focus on quality assurance and improvement in the ongoing operation of the facility.

FOCUS OF THE QUALITY ASSURANCE PERFORMANCE IMPROVEMENT PROGRAM

1. QAPI activities will be integrated and coordinated among all departments and services providing direct or indirect resident care.
2. The quality and appropriateness of resident care, including the identification of trends in performance, are monitored and evaluated in the following areas:

- Resident Rights
- Pharmacy Services
- Quality of Life
- MI/MR prescreening
- Safety
- Medical Records
- Staff Development
- Administration
- Physical Environment
- Admissions/Transfers/Discharges
- Infection Control
- Nursing Services

- Utilization Review
- Physician Services
- Resident Care plans
- Quality Indicators
- Dietary Services
- Rehabilitation Services
- Resident Behavior/Facility Practices
- Disaster Preparedness

3. Each department or service will submit to the Quality Assurance Performance Improvement Committee an evaluation of its own monitoring systems, all tools used for assessing provided services, all standards against which tool is measured, and all activities assisted with providing quality resident care.
4. Each department or service will develop applicable standards relating to the services it provides. Such standards are reviewed and approved by the Quality Assurance Performance Improvement Committee.
5. Criteria and standards may be adapted from the standards of practice of professional organizations or regulatory agency requirements pertinent to the department and service being provided.
6. Other departments or services such as maintenance will be required to participate in QAPI activities by establishing standards, identifying and prioritizing problems, implementation of corrective action, and follow-up. Such departments and services will be required to submit written reports to the committee, as necessary.
7. Reports will be evaluated to determine problems, plan solutions, implement actions, and ensure follow-up as well as consistent monitoring of results over a specified time frame.
8. Quality Assurance Performance Improvement evaluations will be done on an on-going basis by each department, as well as by the QAPI committee.

Quality Assurance Performance Improvement Committee

1. The administrator may delegate the necessary authority for actions and processes inherent in our quality assurance performance improvement program to the QAPI Committee.
2. The committee shall be a standing committee of the facility, and its chairperson shall have direct access and reporting ability to the administrator and the Governing Body.
3. In the interest of coordinating all activities of the committee with all other Committees, services and departments, the Director of Quality Assurance shall be appointed as chairperson of this committee.

Subject: Quality Assurance Performance Improvement Plan

Authority:

1. The Governing Board, body, of our facility shall be ultimately responsible for the Quality Assurance Performance Improvement Program.
2. The administrator has been delegated the responsibility for assuring this program is in compliance with federal, state, and local regulatory agency requirements. The Quality Assurance Director has been given the responsibility by the administrator to co-ordinate this program.

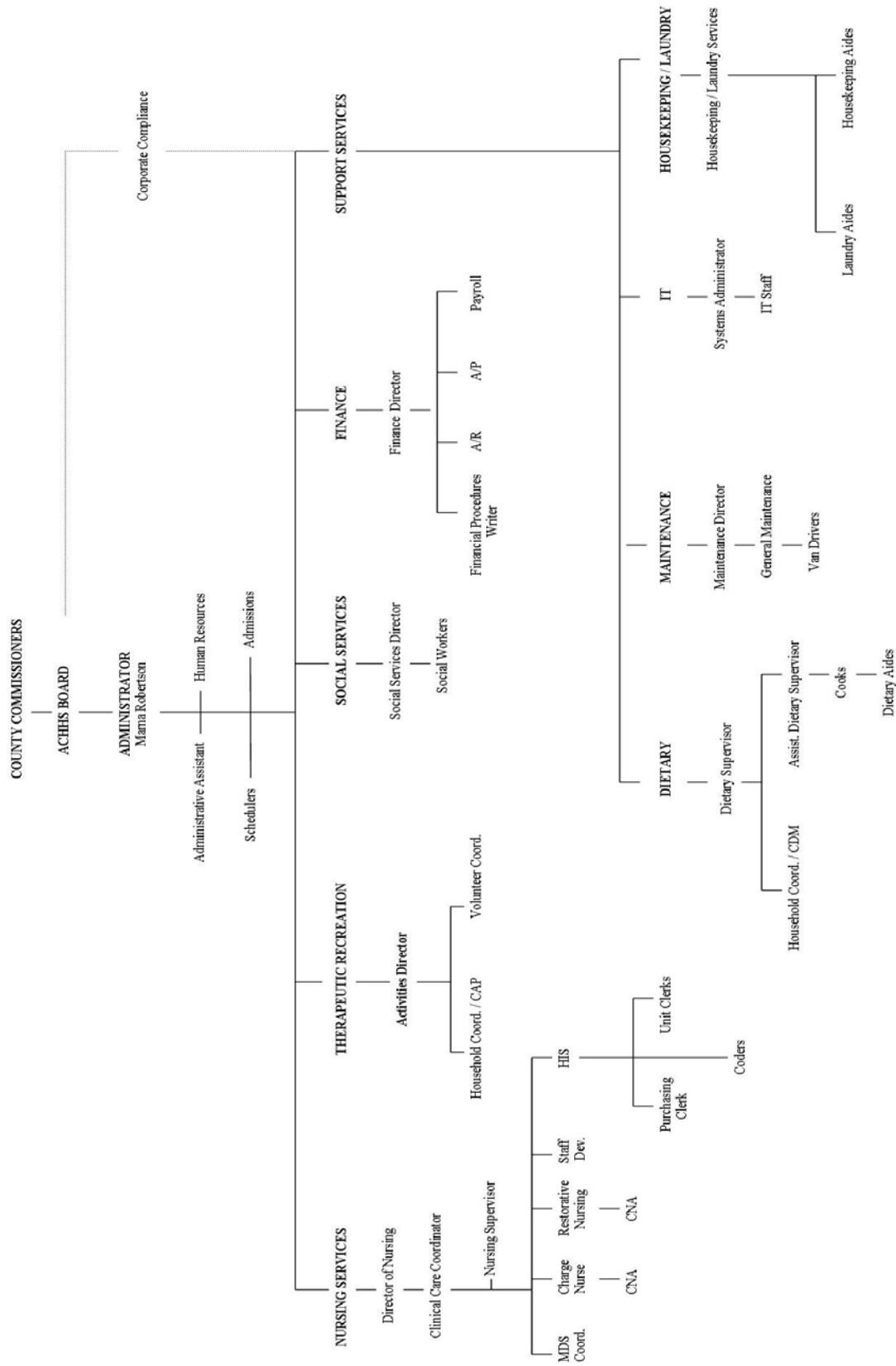
Implementation of the Quality Assurance Performance Improvement Plan

1. The implementation of the Quality Assurance Performance Improvement Plan shall be the responsibility of the Quality Assurance Performance Improvement committee.
2. The committee shall meet at least quarterly.
3. The Quality Assurance Performance Improvement Committee shall determine the types of QAPI activities to be used and shall approve all data collection tools, monitoring tools, and activities that encompass all categories of care rendered to determine:
 - a) their appropriateness
 - b) the standards against which they measured; and
 - c) their effectiveness to meet resident care needs
4. Any and all activities if correction change in policies and /or procedures, employment Practices, etc., will be approved by the committee. All corrective activities will be monitored to determine appropriateness and /or need for alternative measures.
5. Reinforcement or identified positive outcomes will be carried out by specific Departments or services on the recommendation of the committee.
6. Individual departments or services will be responsible for monitoring and evaluating all resident care in which they are directly or indirectly involved.

7. Reports made by departments, services or committees shall be submitted to the QAPI committee. Information regarding quality assurance activities may not be disclosed and is strictly confidential except to the extent it demonstrates compliance with the requirement to have the committee.

Exhibit A: Organizational Chart

**MEADOW BROOK MEDICAL CARE FACILITY
ORGANIZATIONAL CHART — CHAIN OF COMMAND 2022**



Revised 1.14.22
RT/Publisher/Worddata/FacilityForms/OrganizationalChart