

## **JOHN J. FOLEY SKILLED NURSING FACILITY**

### **OVERSIGHT COMMITTEE**

A regular meeting of the John J. Foley Skilled Nursing Facility Oversight Committee was held in the Rose Y. Caracappa Auditorium of the William H. Rogers Legislative Building, 725 Veterans Memorial Highway, Smithtown, New York on Monday, August 22nd, 2011.

#### **MEMBERS PRESENT:**

Len Marchese, Chairman/Director of Management/Department of Health Services  
Kim Brandeau, County Executive's Budget Office

#### **ALSO IN ATTENDANCE:**

Kevin Carey, Administrator at John J. Foley Skilled Nursing Facilities  
Leg. Kate Browning, Third District  
Leg. John M. Kennedy, Jr., Twelfth District  
Dr. James Tomarken, Commissioner Health Services  
Leslie Kennedy, Aide to Leg. Kennedy  
Terrence G. Pearsall, Chief of Staff, Presiding Officer Lindsay's Office  
Michael Pitcher, Aide to Presiding Officer  
Marge Acevedo, Aide to Presiding Officer  
Robert Lipp, Deputy Director/Budget Review Office

#### **TRANSCRIPT TAKEN BY:**

Diana Flesher, Court Stenographer

#### **TRANSCRIPT TRANSCRIBED BY:**

Denise Weaver, Legislative Aide

## THE MEETING WAS CALLED TO ORDER AT 10:22 AM

### MR. MARCHESE:

Okay, thank you. I guess we'll start the John J. Foley Oversight Committee meeting of August 22nd. I don't think we have someone from BRO here today so we'll just kind of wing it without it. And we can just get right into the facility update from Kevin Carey.

### MR. CAREY:

Hi, Kevin Carey, Administrator, John J. Foley Skilled Nursing Facility. Our current census as of yesterday is 213. Our day-care census is 46. We've been averaging 26.6 Monday to Friday.

Recently we had our annual survey August 2nd to August 8th. The survey team found no harm level deficiencies at all but we do expect a large number of minor tags. We're expecting it the beginning of this week.

We had our open house. It served its purpose for getting the message out that we were open, which is what we wanted. A poor turnout actually at the facility.

Right before -- right before the annual survey, I felt it was necessary -- I let the Director -- current Director of nursing that was there with {inaudible} Thompson go. Barbara {Ferillo}, the Supervisor, is now the Acting Director of Nursing once again.

Recent staffing, social work: I want to add on one agency social worker to free up another social worker to go across to assist in admissions. Dietary, currently we're down -- we were down two to start with, we have four dietary people out with medical. So dietary's down six, which is leading to a large increase in overtime. We have four agency food service workers coming in this week to backfill for the ones who are out on medical leave and to reduce the overtime.

Changes I've actually implemented: putting one extra supervisor on. We used to have two CNA's specifically assigned to do nothing but ambulation. I removed that position, put them back into the floors. We're going to make these nursing -- ambulating the residents strictly under the nurse managers' observation and supervision. It eliminates two positions and it also has more accountability for the ambulation.

Under medical, we're currently looking this week and next week at a nurse practitioner part-time through an agency to come in and assist. We anticipate one of our doctors who's a -- in the Navy Reserve to be going away for an extended period of time. So we're going to bring in an agency nurse practitioner as a backfill while she's out.

We did have a spike in overtime in the last pay period. But due to the amount of employees, fifteen, out medical leave and the height of the summer vacation and preparing for survey, it was necessary.

In the immediate future I have two goals: One, we're going to get our statement of deficiency this week. We'll be working on the plan of correction. That would be my number one. And my number two will be to reduce the overtime further. That is it.

### LEG. KENNEDY:

Can I ask about the food service again; you have a total of six folks that are out right now?

### MR. CAREY:

Four out. They were down two since the layoffs. We lost two. We never backfilled when we started the closing.

**LEG. KENNEDY:**

Okay.

**MR. CAREY:**

And then we have four out with medical leave so they're actually down six, which is leading to a large number of overtime. So we're bringing in four agency people.

**LEG. KENNEDY:**

Okay. I had contact with Shaun McKay from the Community College and spoke specifically about getting some assistance from some of our students in the culinary institute and dietary prep. And this goes back about two weeks ago. Shaun did say that somebody was supposed to be reaching out to you. It sounded like it was definitely doable and it sounded like we could go ahead and get some folks, some students into at least, you know, assist. As part of their curriculum, as a matter of fact, they do institutional work and things like that. So I will speak to Shaun again today. I presume whoever it is from the College should be reaching out and contacting you?

**MR. CAREY:**

They already did. They came for a visit about two weeks ago and they're calling me on Friday and they're coming back for a return visit. In the event that all comes to pass, then that's the beauty of agency, I'll just call them up and cancel them.

**LEG. KENNEDY:**

Excellent, good. All right. I'm glad that that's come to bear. I had a broader conversation with him about some of the other areas. I know we have a occupational therapy assistant curriculum at Suffolk as well but I -- at our last meeting it seemed that food service was kind of like the most immediate need so we focused on that.

**MR. CAREY:**

Yes.

**LEG. KENNEDY:**

I'll follow-up with him about the OT and the PT stuff as well.

**MR. CAREY:**

Thank you.

**MR. MARCHESE:**

Just, Kevin, on those two other positions, the Director of Nursing, you got my word, we can actually rehire on those two. We can reuse those SCIN's.

**MR. CAREY:**

Yeah, I did.

**MR. MARCHESE:**

So I don't know if there's any candidates, but those are the two jobs we actually can fill.

**MR. CAREY:**

Okay. No, no candidates. Yeah, a social worker. We actually -- we interviewed him. We have one scheduled to come back.

**MR. MARCHESE:**

Okay. Legislator Kennedy, I don't know, a couple of meetings back, we had proposed about ten jobs. And then we needed about 50 to 75,000 in extra money to roll out EMR. Both of those items are still holdup, whatever. So we can't move to implement that unless we get some of that money

and/or those jobs freed up. So that's one thing that I find that it's going to come back to us and you're going to say, *well, what happened with the EMR?* And I'm telling you this is what's happening with it. That's why we can't get to that next step. Kevin, you want to elaborate on that a little?

**MR. CAREY:**

Well, yeah, it's holding up organizing the building. One of the positions is Head of Dietary. Dietary is currently functioning with two of their supervisors. The daycare is -- the social worker -- it's functioning with the social worker running day-care and minus a recreation person. Our recreation person from the skilled nursing side goes over and takes care of the charts.

**LEG. KENNEDY:**

How about with dietary, though? In other words, don't -- for license purposes, don't we have to have a registered dietician?

**MR. CAREY:**

Yeah, we have one of them that we're using, {Maryann Morrow}. She's a licensed dietician.

**LEG. KENNEDY:**

Uh-huh.

**MR. CAREY:**

But I wouldn't -- she's not in the position to be the Director of the Food Service.

**LEG. KENNEDY:**

Okay. So, we're making -- you know, one of the things that occurs to me is, is obviously we're working with the deficit of positions to go ahead and adequately staff. I understand that. But in the alternative, none of us have any way of, you know, compelling the 12th floor to go ahead and to sign SCIN's. Many of us have had discussions and, you know, I try to focus on what we can accomplish.

But is there any ability to reclassify or earmark up some of the positions that we do still have at this point? In other words, if Kevin needs somebody who's an RDA that's got the skill set to actually administer and run a department, is there any position there that we could earmark up temporarily to allow you to canvass for an RDA?

**MR. MARCHESE:**

If somebody qualified for a higher title we can do a, you know, a desk audit. And we would be willing to do that, sure. I don't -- that would be fine. We don't have a problem with that. But I don't know if we've identified individuals that meet the quals of the higher exams or the higher titles. So what we're looking, I think, primarily, Kevin, you can give us details is actually new people that's the, you know --

**LEG. KENNEDY:**

No, I understand, Len, I do. And, you know, all of us, I think, realize at this point whether it's, you know, by virtue of the 2012 budget, somehow we're going to get to, you know, the key positions. I'm just thinking in the short-term different ways to try to achieve what your need is from a day-to-day administrative perspective. And I have nobody in mind that I know that may be working in the facility; that's not what I'm trying to infer. I'm just suggesting, you know, maybe if there's a dietary aide position that's not filled and it could get earmarked up to an RDA, maybe that would allow the ability to go ahead and canvas and bring a person in.

**MR. MARCHESE:**

We actually have -- again, I have some SCIN's. We'll have a conversation with the 12th floor when

we can and we'll see what we can do with that. Because also when you do an earmark, you need to sign off on that as well. So we'll try with that as best we can. And the way we're managing the operations, as Kevin is saying, is we've expanded the scope of our temporary agencies to include pretty much every title in the facility. So when there's a need for us to manage it because we have to provide for the care, we can't not, we're reaching out to the agency. And that's how we're maintaining the level of care that we're giving to them without bringing our standards below. So that's just kind of an update on that.

**LEG. KENNEDY:**

How about -- one other question. We opened the day today at 213. Obviously that's moving definitely in the right direction. We've come up probably, I don't know what, about 13, 14 patients over the last two weeks, which is a good thing. Is that a function of you just seeing more discharge, are we getting patients that are more amenable to the facility? What's -- how do we account for that and what can we project?

**MR. CAREY:**

Just good work by the admissions staff. We had -- well, one or two people -- in the last two or three weeks we just had one, he was an RN supervisor, {Savy} was out doing a decent job. And just the Admissions Coordinator doing a good job.

**LEG. KENNEDY:**

Okay.

**MR. CAREY:**

And I attribute some of it to left over from the open house, getting the word out to all of the hospitals that the -- we're open. And I think that increased us, the {POI's} that we got from the hospital. A combination of all three.

**LEG. KENNEDY:**

So is it reasonable to expect that that trend -- we should see that trend continuing where we're going to have census continue to build?

**MR. CAREY:**

I think so, yeah. I anticipate in another month we'll be up around 220, I hope so. And then I think by the end of year well be up over 240 easy.

**LEG. KENNEDY:**

Very good. Okay.

**DR. TOMARKEN:**

Len, what do we need to get EMR implemented?

**MR. CAREY:**

Money.

**MR. MARCHESI:**

We need money. But more specifically we have a contract with the vendor that's supplied the EMR. And basically it's for them to come out and train us again. And then what we would do is we'd run through the shift so they have to -- the way we do it is we train the trainer. But you still need training dollars from the vendor to come out. And we need to redeploy all of the tablets and whatnot that we corralled at the end of the year and we brought them to Hauppauge because we didn't want them to get lost. So they're all in our inventory in Hauppauge so we'd have to redeploy everything.

**DR. TOMARKEN:**

Is the money available this year or is it going to be next year?

**MR. MARCHESE:**

Well, no. The money that was given to us for the rest of this year was just enough to run operations to get us through the year. It wasn't more or less. It was just enough to get us through. So if we wanted to roll this out, we would need another 75 or a \$100,000.

**LEG. KENNEDY:**

Based on what it's taken to get us to the point where we've gotten a resolution passed for funding through the end of the year, and the fact that it was vetoed and the fact that we overrode it, I don't want to speak on behalf of all 18 Legislators, but I think it's clear that, you know, we've indicated that's the direction that we want to go in. The only thing that I can think of that would help us get that additional funding is if we could point very specifically to the fact that we would be somehow increasing our reimbursement or our revenue stream. In other words, if we could say a 100 in is going to bring us 300 back, then maybe we could sell it. If all we can offer right now is, is that EMR is going to give us greater efficiencies, this, that or the other thing, my own prediction is, is that would be an extremely tough sell. It's just based on, you know, what we're looking at for the budget holes. Intuitively I know it makes sense from a care perspective, but my sense is that we would have to be able to demonstrate that it was going to somehow increase our revenue or reimbursements.

**MR. MARCHESE:**

Well, it will increase our revenue only because we'll be capturing more of the therapies, treatments, etcetera that we're doing that perhaps when we chart them now, we're missing them and whatnot. So that would -- one of the overall benefits that we find in the Health Department with all our EMR systems is that it helps the quality of care, helps with capturing all those things that a lot of times we do, but we don't document it. And when you don't document it, you can't get the higher level of reimbursement. We saw that with our Medicare revenue. When we started doing the physical therapy under Peter Degere's Leadership, we were able to increase our Medicare revenue from almost nothing because we weren't billing 'til like a million dollars. So we've increased it in that area. And so this would also lead to that. It would lead to us capturing more of what we do do now, but we just don't document it. And so we should score higher. Is that correct, Kevin?

**MR. CAREY:**

That's correct. There was another small issue as far as the longer you wait -- it's been right now about eight or nine months since the entire staff were trained once. So I'm told, once or twice before I got there. The longer you wait to retrain them, the more it costs to retrain them, the more they forget. The longer it'll take the -- our outside vendor to come in to get them up to speed.

**LEG. KENNEDY:**

We purchased the software? Do we own the software?

**MR. MARCHESE:**

Yes.

**LEG. KENNEDY:**

Okay. And so in the process of that contract there was a training component that was built into the contract.

**MR. MARCHESE:**

Yes.

**LEG. KENNEDY:**

Okay. Are they going to -- they're not going to bill us again to come back out to go ahead and work on another training, are they?

**MR. MARCHESE:**

Absolutely.

**MR. CAREY:**

Yes, they are.

**MR. MARCHESE:**

Yeah, they invest their time. They charge a 100 or \$200 an hour, I'm not exactly sure of their rate. But as much time as we want them to be on-site training, they charge a fee per hour to train.

**LEG. KENNEDY:**

Okay. And the software itself, I mean, we've demonstrated that the software is functional, that it can actually accomplish what it purported to do, that we've tested it in a test environment and all those types of things. Our issue is implementation, not the software itself.

**MR. MARCHESE:**

Yeah. We're pretty happy with it. ADL has been a vendor in this area for a long time. We've used ADL, we use for our financial systems. We use it, basically, it's an integrated system. We're just not using certain modules of it right now, which is the EMR portion. But it's a totally integrated system with our financial management system out there. So when it's fully implemented, it has an enormous capability. And it actually even works with an interface with our dietary system as well. So it's -- you know, when we shopped around, they were the best vendor and they provided the best solution for us. So we're pretty happy with it.

**LEG. KENNEDY:**

Is this something that you could do incrementally? Can you do it floor by floor or does it having to be facility wide? Let's just say, you know, for example you're happy with the way your operations work on, I don't know, three. And it's -- you look at it and you say to yourself, *okay, if we took that crew, you know, around the clock, got them all trained up and then rolled out and deployed;* could we approach it in that perspective?

**MR. MARCHESE:**

You do roll it out floor by floor, but it's not like you could do one floor then you wait three months. You know, it's like you're rolling it out almost instantaneously. Again, the staff, although we try to keep them relatively constant where they might be, but any given time a nurse's aide that might be working on two, might go to three or four.

**LEG. KENNEDY:**

Oh, sure. Absolutely.

**MR. MARCHESE:**

So you need to make sure that you pretty rapidly train the whole staff. So that they're -- when they touch a patient and when they do something, they can get it into the medical record. You want to not have to run dual systems because that's a big, big burden for us.

**LEG. KENNEDY:**

All right, so if you're going at a 100 bucks an hour, you're realistically figuring you got to do a 100 hours, 200 hours? What do you figure?

**MR. MARCHESE:**

I don't know if it's a 100 an hour. I just threw that out. It's in the contract. We're anticipating, I

think, 50 to \$75,000 we needed to free up for on-site training. I think that's we put in number two when we talked to the vendor.

**LEG. KENNEDY:**

All right. Then maybe we should talk to BRO or, you know, get a look at whether or not there's any ability to do anything else. Okay.

**MR. MARCHESE:**

All right. Thank you. I just wanted to provide an update then. Anything else operationally do you want to discuss?

**MR. CAREY:**

No.

**MR. MARCHESE:**

Okay. As far as the -- okay, budgetary. We're submitting our budget. We submitted a budget for 2012, a request. Basically it's the same budget as this year. It's a cost to continue budget based on the same level of census that we have now. If we were to build census, I think you would need more in terms of appropriations, etcetera. So we, you know, I'm not sure what's going to happen with the County Exec's budget when they prepare it, but we've submitted our budget as such.

The other thing I wanted to talk about was the RFP for this sale or lease. The Health Department submitted that to purchasing, I think last week, and it was advertised on Thursday. So that's out on the street. As far as the other RFP, which is the one being led by BRO, I'm not sure, Robert, if you have an update on that or --

**MR. LIPP:**

(Shaking head no)

**MR. MARCHESE:**

No. But we're pretty close in terms of getting that finalized as well but I'm not sure exactly where that is.

**LEG. BROWNING:**

It was in the County Attorney's Office more than a week ago. I guess we're waiting to get their comments. I haven't heard anything new.

**MS. BRANDEAU:**

There was a review of it. I know that was -- we met with BRO and the County Attorney, we went over it and there were a number of items that had to be corrected and I thought it was going to come back to you. Did you see it again?

**LEG. BROWNING:**

We haven't seen it.

**MS. BRANDEAU:**

Okay. I can see if I can find out what's going on with it. I know that Craig was in charge of it and he's out today. So, I don't know. But I know that we were working on making the changes that were requested. We, I mean, the County Attorney was making changes.

**LEG. BROWNING:**

Your requested changes. Okay.

**MS. BRANDEAU:**

Your requested changes; through BRO.

**LEG. BROWNING:**

We made the requested changes and it's now in your hands.

**MS. BRANDEAU:**

Yes; that you requested changes through BRO, we met with it, with BRO and the County Attorney, they were taking it back and trying to make all those changes. That's the last I had heard of it. And I can make a call today and see what I can find out.

**LEG. BROWNING:**

Okay. I know it's been a couple of weeks, so it'd be nice to get it out asap.

**MR. MARCHESE:**

Okay. I don't have anything else unless any other comments? Anybody? Commissioner?

**DR. TOMARKEN:**

No.

**MR. MARCHESE:**

Okay. Let's set another -- next meeting. This doesn't have to be on the record.

**(OFF THE RECORD DISCUSSION)**

**MR. MARCHESE:**

We'll have it out at Yaphank on Thursday, September 29th at 3:00.

**THE MEETING CONCLUDED AT 10:46 AM**

**{ } DENOTES SPELLED PHONETICALLY**