

**Maplewood Nursing Home Subcommittee**  
**March 27, 2015**  
**Commissioners Meeting Room**  
**Cheshire County Courthouse**  
**12 Court Street**  
**Keene, NH 03431**

*Draft minutes are subject to review and approval of the Subcommittee.*

**Present:** Chair, Representative John Mann, Rep. Jim McConnell, Rep. Richard Ames, Rep. Paul Berch, Rep. Cynthia Chase, Rep. John Bordenet, Rep. Timothy Robertson, Commissioners Stillman Rogers and Charles (Chuck) Weed, Asst. County Administrator (ACA) Rod Bouchard and MWNH Administrator Kathryn Kindopp.

**Absent:** Representatives Michael Abbott and Susan Emerson and Commissioner Peter Graves

Chairman Mann, opened the meeting at 10:00 a.m. The first order of business was a discussion around posting the draft minutes of meetings on the web. It was agreed that this was a beneficial way to inform those who were absent and to refresh those who were present. Once minutes are approved by the subcommittee at a later meeting, they will be posted as official.

Secondly, the plans for a visit to the nursing facility in Cohoes, NY, on April 10, were discussed. Representatives McConnell, Mann and Robertson are expecting to attend and will ask others to accompany them. Representatives Chase and Bordenet have visited Cohoes. Rep. Chase asked if the group would be visiting the Green House Model facility in Chelsea, MA. She and Rep. McConnell agreed that it would be meaningful due to the urban setting and the integration of challenging resident health with more normal conditions lending insight to more diversity. All agreed that a trip to Boscawen to see the Merrimack County facility, a hospital type nursing home, would be valuable. Monday and Friday are the best days for most, with a goal of ending visits by the end of May. Commissioner Rogers and ACA Bouchard will schedule a visit to Boscawen, Merrimack County (Visits, possibly on May 1 and May 15, TBA).

Chairman Mann reviewed his suggestion at last meeting to check websites for impressions and followed up with his experience with the assignment. He reported that there were a number of Green Houses that had been added into high-end facilities and others focusing on patients with compromised memory. He also surmised that such high-end, broad-spectrum outfits would be able to supplement Green House staff with any level of nursing support as needed, so we need to keep looking for standalone Green House facilities. He passed around a handout of web pictures from his research. Other members then revealed that many of them had already carried out similar research.

Rep. Ames reported being impressed as to the high end factor but not necessarily meaning 'high end of need'. He reported finding that some Green House facilities were more like assisted living and not relevant to what we need to replace Maplewood Nursing Home (MWNH) care. This, he says, needs to be our focus. There was general agreement on that point.

The following are comments made regarding impressions from the visit to the Carroll County Facility:

Rep. Mann thought the amenities were excellent and described in detail the track lifts available to take resident from bed to bathroom. He described the vacated Carroll County building as a “poor facility, but with a good staff”. The entrance to the new building was a large open space, too big, too open, with Green House-like arrangement, comfortable, pleasing. He added that the central kitchen is being replaced with mobile steam cabinets for better convenience. On a light note, he related having spoken to a Legislative colleague from Carroll County who told him that many in Carroll County refer to the facility as their “Taj Mahal”.

Rep. McConnell told the members that the Carroll County facility has a capacity of 103 beds. The residents wear ankle bracelets to ease tracking for the staff. He noted that they are limited to 4 bariatric patients. He noted also, the tracks to take residents from bed to bath. The residents needing less care are housed on the first floor and others on the second floor. Laundry is done for the residents. They supply heat via a wood pellet-fired furnace located in the previous building. He added that he did not find the Carroll County facility totally applicable to MWNH’s population.

Rep. Ames said that he thought the Carroll County Facility ‘all good’, but agreed with the ‘Taj Mahal’ impression. He doesn’t think it is serving the level of need patient in a way comparable to MWNH, saying it lacks the therapy features and doesn’t serve adequate bariatric need. He added that he judges the vacancies that exist at MWNH to be largely attributable to the 4 residents to 1 bath arrangement. He also noted that the Carroll County facility was built on flat terrain making managing the facility easier and building the facility less costly. He added that the Capital Cost of \$23,000,000 for 103 beds translated to \$30-35,000,000 for 150 bed capacity on flat terrain. He added that the ‘communities arrangement’ of resident placement was somewhat isolating. He also cited the percentages of Medicaid, Medicare, and private paying residents to the percentages of each at MWNH as a point of interest.

Rep. Robertson liked the Carroll County facility, saying it gave the residents more space for socialization which he sees as being vitally important. He felt the arrangement of space and the amenities offered more humane quality of treatment to the residents. He thought the communities there made more sense than the Green House concept.

Discussion followed, touching upon matters of financial climate, County, State, National; behavioral issues present in eldercare today and the relationship in facilities and home-based care. There was mention of demographics, in that MWNH draws largely from the western part of our county; the need to serve those on Medicaid, the financially needy; that MWNH is a skilled nursing facility meeting those needs, thus there are some who can and do pay privately for this level of care.

More questioning evolved around private pay in County-based homes. Rep. Berch then added the questions: What is the overall picture of Nursing Homes in Cheshire County? What is the future landscape of Nursing Home care in Cheshire County? He added that looking only in

context of MWNH may be shortsighted. Rep. Mann added that if there were a greater move to homecare, perhaps reasonably priced apartments near the urban area would be an answer. Rep. Bordenet suggested we examine other local nursing home care, suggesting a report from another Representative who has had experience with this.

Rep. Berch stressed the importance of staffing and questioned Commissioner Rogers about the appeal to private pay suppressing openings available for needy patients.

Discussion around the limits placed on numbers of beds in New Hampshire and in our county and at MWNH. Rep. Chase explained the beginning of these limited numbers, hearkening back to a moratorium on nursing homes in the 1970s. Cheshire County's limit is 521 beds, with MWNH being at a 150 bed capacity.

The cost of building is a major issue. Rep. McConnell asked about monies for repairs at MWNH being tabled in April of 2014. This will be researched. Rep. Ames suggested that a guest speaker on the subject of long term care might be practical and Chairman Mann agreed to look into that.

Chairman Rep. Mann directed attention to the Draft Report of MWNH Subcommittee, drawn up by Rep. Ames, and asked members to study this and fill in answers, thoughts, questions prior to the next meeting. We will discuss this and add your suggestions.

On April 10, 2015, the subcommittee members will travel to Cohoes, NY to visit a facility. The next meeting of MWNH Subcommittee will be on April 24, 2015, 10 a.m., Cheshire County Courthouse, Keene, NH.

Respectfully Submitted

John Mann, Chairman

**See Appendix Below:**

## Appendix to Minutes:

From: Richard Ames [mailto:amesinjaffrey@gmail.com]

Sent: Sunday, March 22, 2015 11:06 AM

To: Paul Berch

Cc: Jim McConnell; John E Mann; Timothy N Robertson; Cynthia L Chase; Susan Emerson; John B Hunt; John Bordenet; Gladys Johnsen; Daniel A Eaton; Rod Bouchard; Jane Johnson

Subject: Re: Mountain View Community Visit - March 20th

Here, as a supplement to Jim McConnell's excellent report, are a few additional observations from our tour of the Carroll County Nursing Home – full name is “Mountain View Community - Nursing Home and Rehabilitation Center.”

1. Neither the Nursing Home Administrator nor the Superintendent were available to guide us – the substitute for the maintenance/engineering aspects of the tour was a very knowledgeable long-term employee, but the nursing home administration guide was a relatively new employee who was helpful but possessed more limited information. The following notes reflect some additional web research that I have done to verify and expand on the information we were given.

2. The \$23M construction cost mentioned by Jim and roughly confirmed by my research produced a roughly 85,000 sq. ft. facility with a 103 bed capacity. This translates to \$270/sq. ft. or \$223,000 per bed. Construction took about 1 year.

3. The facility was built with the explicit understanding that there would be significant numbers of private pay and Medicare skilled rehab patients producing profits to counter Medicaid losses. This is evident from the following excerpt from a 2009 Carroll County Nursing Home building committee report:

“[The option recommended is:] Building a new home to current market and design standards to optimize return on investment to the County. While we can never assume 100% occupancy, we can determine through our previous experience that we can increase our average population from 97 to 101 by having private and semi-private rooms. We can also increase our number of private paying (insured) residents and thus decrease operating losses ...”

4. We were told during the tour that the current payer mix is: 25% private; 5% skilled Medicare; 70% Medicaid. Roughly the same payer mix is reported in The County's 2013 Annual Report for 2012 and 2013.

5. The occupancy rate appears to be consistently at 98% to 99% of capacity. (We may have been told that it was about to be at 100% on the day of our visit – not sure of that.)

6. From my web research: the facility's skilled nursing home rate for private pay residents is \$320 per day.

7. There is nothing in Mountain View's mission statement and various admissions documents that identify the facility as a place of last resort that takes the neediest (however defined) of those eligible for skilled nursing home care. Sample excerpts:

“The Mountain View Community is a 103 bed Nursing Facility owned and operated by the County of Carroll. Additionally, the nursing home is a Medicare provider enabling us to offer skilled nursing services. But more important, it is a place to live - a home - for people who need care that is unavailable or impractical in a less restrictive environment.

“Your fellow residents live here for a variety of reasons. Some are here to take advantage of 24 hour professional nursing care, others are here because they need the services of our trained nursing assistants, still others enjoy the benefits of a full range of excellent ancillary services - physical therapy, recreational therapy, dietary, and social services as well as a host of excellent consultative services including speech therapy, occupational therapy, psychiatrist, etc. ...

“As our mission statement says, we are here to ‘... provide an environment in which (you) can enjoy the highest possible quality of life.’”

8. I think we were told that the facility’s census at present includes no bariatric residents, nor does it include anyone younger than 65. I may be misremembering on those points.

9. Showers are in each room’s private bathroom, but transport to a central bathtub room is necessary if that is needed for a particular resident. Every room is equipped with a ceiling mounted track and lift for patient movement as necessary. Each room has its own cooling system and thermostat.

10. There is a separate hairdressing room and a treatment room used by consulting MDs and DMDs.

11. The 4 communities (also called “neighborhoods”) mentioned by Jim are further subdivided into 2 wings of 12 beds each.

13. There is no specialized unit for behaviorally difficult residents comparable to Maplewood’s.

14. My overall impression is of an incredibly spacious facility, very quiet, good natural lighting, lots of space for resident indoor walking or wheelchair movement, possibly isolating for some because it is so spread out (which may be good for some and not so good for others).

15. Paul Berch’s note points us to the Medicare rankings on the web, where I find a middling ranking for Mountain View (and an excellent ranking for Maplewood). A caveat: the 2013 Carroll County annual report triumphantly announced: “First and Foremost I am pleased to report that Mountain View Community has achieved a 5 Star Rating from CMS (Centers for Medicare & Medicaid Services)! That is CMS’s top rating of which only 10% of nursing homes nationwide meet the stringent requirements for this designation. Mountain View was also recognized by the State of New Hampshire for having a Deficiency Free Nursing Survey.”

On Sat, Mar 21, 2015 at 9:04 PM, Paul Berch <pberch@myfairpoint.net> wrote:  
Thank you, Jim. Very helpful to those who could not attend.

This link is for the US government's comparison of nursing homes.

<http://www.medicare.gov/nursinghomecompare/search.html>

After one pulls up a specific nursing home, I have found it useful to look at the tab for "Quality Measures" and then for "Staffing". This would be the link for Mountain View:

<http://www.medicare.gov/nursinghomecompare/profile.html#profTab=3&ID=305087&Distn=1.0&loc=OSSIPPEE NH&lat=43.6853516&lng=-71.1166556>

Paul

Rep. Paul Berch

On Mar 21, 2015, at 8:07 PM, Jim McConnell <mcc@mindspring.com> wrote:

My notes from our trip.

Mountain View Community, Ossipee, NH (Carroll County)

March 20th Visit

- This facility is three years old, has a 105 bed capacity and cost \$23 million. It is two stories high with three elevators, a central kitchen and a central large room which serves as a dining room and activity center. It is part of an 800 acre county complex.
- The architects, EGA Architects, Newburyport, MA, [www.ega.net](http://www.ega.net), whose primary practice is senior living environments, did an excellent job of designing an extremely well lit, energy efficient and comfortable nursing home.
- The facility has four "communities," each in separate but connected parts of the building. Two are on each floor.
- We were unable to get a profile of their patient population, but my impression was that their population required less care than ours. Even so, their move from a hospital like setting required an expanded staff.
- Those patients requiring the most care live on the first floor and those requiring less care live on the second.
- Patients were required to wear ankle bracelets to prevent them from walking out the door and, if they did, ensure the staff was alerted.

- Only four bariatric rooms were available and the staff felt, for the moment, that that was adequate.
- A central kitchen feeds the entire facility with carts that take trays to each of the four communities. The kitchens in the four communities have refrigerators, ovens and microwaves. Some, but not all, have induction stove tops. The cooking in the communities is restricted to making cookies, muffins, sandwiches and the like.
- The ground floor has access to outside patios but there is ample space and light in the common indoor areas. There are long corridors which allow ambulatory patients opportunities to go for walks.
- They have less parking than they need and are planning to build a new parking lot.
- There is a laundry room where all the patients' laundry is done, and a wood pellet heating unit, which is the nursing home's primary source of heat and hot water. Both of these are located in the former one-story nursing home, which is about 100 yards away from the building and is otherwise used for storage.
- Administration and record keeping offices are centrally located within the building, except for HRA, which is in the County Administration Building, located 150 yards away.

All in all, this was a very worthwhile trip.

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Dick Ames  
State Representative, Cheshire County District 9,