MINUTES
Cheshire County Commissioners Meeting
Wednesday, August 17 2022

This meeting was conducted electronically via Zoom

Conference Call Information
Phone Call-in Number: +1 646 558 8656
Meeting ID: 409 748 8803
Pin #: 6031233

Present: Commissioners Robert Englund and Terry Clark - Commissioner Wozmak absent with notice.
Staff: County Administrator Coates, Finance Director Trombly, Nursing Home Administrator Kindopp, and Assistant County Administrator Bouchard
Guest(s): Terry Johnson, Senior Project Manager, Southwest Regional Planning Commission (SWRPC)

At 08:35 AM, Vice Chair Englund opened the meeting, and a roll call vote was conducted with Englund and Clark responding as "present".

I. Public Comments

Upon recognition from the Chair, a Public Comment on topics of interest may be made, not to exceed three (3) minutes in length.

II. Elected Officials & Department Head Updates

To receive, as informational, departmental updates requiring Commissioner review, participation, approval, and impactful departmental and operational issues.

Superintendent Iosue was recognized and reminded that next week the Department of Corrections would be hosting a Correctional Officer graduation at 10:30 AM.

III. Scheduled Items

Master Agenda Item #1010: CDBG Process and Procedural Application Public Hearing Clarification Needed - T. Johnson.
Action Expected: To receive as informational a required change in procedure for CDBG Public hearings.

Johnson said that the State had requested clarification for a previous CDBG Monadnock Peer Support CDBG public hearing. Vice Chairman, Commissioner Englund, then read the following into the meeting minutes to satisfy the request.

"A Community Development Block Grant (CDBG) Application Public Hearing for Monadnock Peer Support was conducted during the June 29, 2022, Cheshire County Commissioners meeting. Meeting participants were able to and did attend the meeting in person or remotely via Zoom.

There were both in-person and remote attendees at the meeting. At the beginning of the meeting, the public was invited to comment on the application. As noted in the June 29, 2022, meeting minutes, no public comments were received. The application was submitted on July 22, 2022."

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Johnson will make a change to the CDBG documentation to reflect the needed changes in language for future CDBG public hearings.

Nursing Home Administrator Kindopp was recognized to discuss Master Agenda Item # 1011: Maplewood Semi-Annual Report – K. Kindopp provided the following written report and spoke to items at length**.** She displayed a sample binder that she stated was one of more than a dozen that covers the rules and regulations for nursing homes and discussed the onus burden put on all nursing homes by the CDC and CMS. She stated the number of rules and regulations controlling the physical facility's operation are updated as needed and thoroughly reviewed once a year in great detail. She pointed out that the State and Federal regulations are often at odds with each other and that between the CDC and CMS and State regulations, it is a full-time job just trying to keep abreast of the changes and then disseminating those changes to the staff.

She presented the following letter recently sent to the CDC concerning the operation of the Nursing Home.

Request for CDC to reconsider guidance impacting nursing homes

Aug 9th, 2022

To whom it may concern at the CDC:

Thank you for your guidance and support for health care entities since the beginning of the pandemic. I would, however, like to take this opportunity to advocate for nursing homes and residents:

I've worked at the same facility for 28 years. Since early 2020, residents have not seen our faces. Wearing masks at all times no longer feels like the provision of good care, particularly to our residents with cognitive or hearing impairment.

There is no argument that our residents are frail. They do, however, have the same rights as anyone living outside of long-term care; rights to make decisions good or bad including experiencing the consequences. My own mother lives in assisted living and has said she would rather have important people visit (including without masks) and have valuable times in her remaining years. She understands the risks and has chosen all available vaccinations. Many residents in nursing homes would like the same opportunity, but can't have it due in part to the ongoing CDC guidelines. CMS holds nursing facilities to CDC guidelines as though they are set standards subject to punitive actions, fines, and threats of closure. These ongoing

recommendations run contrary to the ability for our residents to be afforded the same rights to return towards the new normal as have the rest of the citizens in this country.

When the CDC introduced the 2 levels of risks; one for the broader community and one for healthcare, it became most difficult for staff, families and residents of nursing homes to understand our masking requirements. On one hand, community levels have remained in the green for the most part in our region allowing the larger community to choose to mask or not; whereas the transmission rates nursing homes are to follow have remained in 'high' or 'substantial' transmission, requiring masking, eye protection and ongoing testing. We may, in fact, be discriminating against our elders in nursing homes by the continuous use of these differing standards.

Our elders want to see our faces; they want to see our eyes. Our community has only once gone to 'yellow' for one week in the healthcare transmission rates since the inception of the differing standards. During this same time frame, the community levels have almost consistently remained in the 'green'. Our staff and residents are held hostage to our community's choices; even though we consistently wear PPE; we are 'punished' by the choices our community makes.

I would also implore the CDC to reconsider the reporting requirements added to long term care facilities (NHSN). The required weekly input into NHSN (which also has punitive actions including fines adjudicated by CMS) is time consuming. We are struggling like no other time with staffing. As executive director, I spend time routinely helping in our kitchen, laundry or housekeeping due to unprecedented staffing challenges. CMS tends to translate CDC changes in guidance into CMS requirements. This takes time away from recruiting and retention efforts. There are 4 of us with level 3 CDC clearance, but when my nurses are having to routinely pick up extra shifts, I can hardly ask them to prioritize data entry over resident care. Our alternative is to accept the punitive actions and fines we'll get from CMS for delayed entries. It is past time to reconsider the impact this constant reporting has on our operations.

National data indicates that staffing is improving in most other sectors except for healthcare. I am even losing staff tired of having to wear PPE throughout their shift with only a few minutes of PPE breaks. What is even more confusing is that my staff goes to our local hospital, and they don't have to sign in, nor have their temp taken, nor wear a medical mask – let alone eye protection. At most, they answer a question about if they have signs of COVID, take a drip of Purell, and any old mask is acceptable. Local medical offices don't even require masks by anyone – neither clinician nor patient.

It feels like nursing homes are being discriminated against. I reiterate; my residents, who are able to make their needs known, want autonomy and to have the same rights as those living in the

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larger community. They want the right *not* to continually be encouraged to wear a mask during care, or when they come out of their room or when they leave the unit to join with their friends from other units. They want to see the faces of their caregivers and their friends and family. They understand the risks of this virus, and are happy to have survived through the pandemic thus far, but many express that they too want to 'resume living' just like the broader community has been allowed.

To advocate for my staff; I don't see prevention of illness or outbreak through the daily screening including temperature taking nor twice weekly testing. Fever has rarely been the leading symptom. What we do find is that testing prior to each shift if there has been a household contact has found some positive staff – though not many actually end up being sick themselves from household contacts. We also pick up some positive staff due to symptoms. We have had staff note a symptom partway through a shift. Once reported, they are removed from the resident unit and tested. Regardless of the outcome of the test, they are sent home and we require at least 2 negative tests around 24 hours apart and improvement if any symptom(s) remain before we allow them to return to work. At times, it has taken up to 4 days with symptoms before a test (POC or PCR) has picked up a positive. The twice weekly testing due to community transmission rates are NOT finding positive staff, and are an immense drain on our dwindling staffing resources. I do thank-you, however, for removing the requirement for entering all negative POC's into NHSN.

Please know we truly appreciate all of what the CDC has done. We are just asking for the CDC to reconsider some recommendations influencing CMS. Nursing homes have been raked over the coals in the media, and while most all of us have done an amazing job keeping our residents and staff safe; we are tired, burned out, and we need relief. It saddens me to talk with colleagues in private on how close we are to giving up. I fear the ongoing 'great resignation' is going to lead to a collapse of many nursing homes. If this happens in any measured way, the very elders we are trying to protect will be the ones paying the price. It's possible we're at a tipping point where the harder we try to save them from harm, the more risk we are actually bringing to them; directly through loss of staffing, as well as psychosocially through the restrictions placed on them in their own homes, as well as to their caregivers and families.

Thank you for taking the time to consider this narrative from a 'front-line' perspective.

Respectfully,

Kathryn Kindopp, B.Sc.P.T., NHA
Administrator, Maplewood Nursing Home

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Kindopp then provided the following written six-month operations report to the Commissioners and addressed many of the areas at length.

Maplewood Overview to Commissioner's
Covering Jan-June FY 2022

Regulatory Requirements:
Ongoing fluctuations relative to the pandemic continue, but much less frequently; we continue to have many pandemic regulations that seem outdated based on how other healthcare entities operate at this point.

QAPI and PIPs:
QAPI means Quality Assurance/Process Improvement (formerly known as CQI or Continuous Quality Improvement). PIP means Performance Improvement Practice and intends all staff at all levels of the organization to be part of performance improvement and participate in PIP teams. Anyone is welcome/encouraged to be on a PIP team. We have been able to focus more on necessary improvements to our operations due to changes relative to construction, most significantly in our meal operations.

Corporate Compliance:
Review compliance activities; Commissioner Englund participates in quarterly CC/CQI/QAPI meetings. The following Commissioners annual review for CC will be in October 2022.

Facility Assessment:
The Facility Assessment is an ongoing working binder that is updated as needed and reviewed/revised annually; the next review is due November 2022.

Accomplishments: (ongoing worldwide pandemic since March 2020)
- Construction; frequent audits still find minor construction corrections needed.
- COVID; the Omicron variants have been dominant and are more transmissible. We did have a significant resident outbreak impacting 17 residents, but no hospitalizations or deaths
- Booster clinics held on 2/9 and 6/2; only a few residents are not 'up to date; all are vaccinated
- Ongoing COVID-19 testing for staff and residents happened per ever-changing rules, and every positive staff/resident.
- Mandatory daily and weekly reports to the Feds through NHSN. No missed reports or fines.

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- Family letters continue (new cases and approximately weekly updates)
- Worked with the Governor's program to admit some residents from hospitals not yet on Medicaid with a guarantee for payment. Received 3 National Guards people to help at MNH (dietary/testing)
- Meetings with DHHS regarding ongoing issues with MCOs and NEMT
- Reviewed pharmacy proposals; Omnicare was the best offer; signed revised 2-year contract
- Created new resident phone install policy with help from IT and social services
- MNH now has 2 OWLs to assist with virtual meetings, i.e., A weekly SNF meeting with finance
- Long-time hairdresser retired; new hairdresser has started up in salon
- Completed the first of 2 required disaster drills for the year (table top on 'missing resident')
- Nursing loan repayment project completed in June
- Hosted a resident carnival in June; invited some animals and held all activities outdoors
- Youth engagement program participation by MNH therapies through Monadnock HCWG
- MNH Budget approved by Delegation in March
- 'All hands-on deck' has many staff picking up different shifts/tasks to meet unmet needs due to unfilled positions and exacerbated by illness at various times throughout this reporting period
- Bargaining with AFSCME continued but went to mediation in June; the next step is ratification
- RVCC nursing student did an observation in Feb at MNH; planning a cohort of students in fall
- Primex (risk management partners) assessed new building/renovation
- ALF had their life safety assessment; deficiency-free
- Updated the MNH resident handbook
- Modest celebrations for National Nursing home week; a special meal was offered to staff
- Mini Health Fair offered in May
- MNH, ALF, and RN Sabrina Priest all won "Gold" for Choice Awards in the Monadnock Region

Staff Turnover

- 30 staff hired for MNH first half of 2022
- 33 staff left MNH first half of 2022
    - Involuntary terminations continue to be primarily due to time and attendance issues or unacceptable job performance.

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- Voluntary departures included: finding another job 'closer to home', and fuel costs/transportation issues are still frequent reasons. There have been a few retirements. Still seeing 'moving out of state often cited as a reason for leaving. We lost two clinical staff to travel work. Recently we had someone leave because they refused to work weekends.

Grievances/concerns

- There were no grievances for the Administrator's level review during this period.
- There were six suggestions to review and post during this period.
- Staffing shortages: Our greatest need is LNAs and nurses, followed by entry-level positions in housekeeping, laundry, and dietary. There are some applicants and some new hires. We rely heavily on travelers to fill LNA and nursing positions. We have had a contract with a local cleaning agency for over one year. We are now at a point to staff a housekeeper on the ground and first floors and halt our contract for a cleaning service at the end of this reporting period. We keep our 3rd floor empty and use it for COVID-positive residents during their transmission period.
- Unable to hold an LNA class this reporting period; insufficient potential participants.
- All health care facilities in NH are struggling with having sufficient staff, and most are not admitting or admitting a few new residents on a very limited basis. Hospitals continue to have difficulties in discharging those appropriate for long-term care.

Admissions/discharges

- Admission/discharges during these six months:
  - 15 admissions
  - 1 Discharge (home or lesser care level facility)
  - 12 Deaths (none to COVID)
- CMS continues to require us to set aside beds for COVID-19. We have half of the 3rd floor open for a COVID-19 unit always on the ready space-wise; however, we don't have extra staff.

Medicaid

- Rate during **Q1+2 FY2022**= $201.47

Revenue/Census goals (revenues are rounded off – see finance statements for actual figures)

- 2022, set a goal of a census of 120. With ongoing staffing realities, we struggle to support 100 beds being filled. Census for this time frame = 98 Average
- 2022 overall part A goal set at five residents; actual period ending = 1.5

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    - part A gross revenue goal set for 483K for 6-month reporting; actual = 123K
- Medicaid revenues set 3M for 6-month reporting; actual = 2.4M
- Private pay goal set at 911K for 6-month reporting; actual = 643K
- Atypical pay goal set 730K for 6-month reporting; actual = 819K

Meetings Review

- CQI/QAPI meetings; mandatory quarterlies completed including Corporate Compliance, additional monthly meetings continue for Infection Control and CQI/QAPI
- Ongoing meetings: Monthly DH meetings, KK attends monthly Falls Comm meetings and Safety Comm meetings. Other ongoing meetings that KK may or may not participate in; Weekly Medicare and Resident care plan meetings and monthly Weight Comm meetings.
- Medical Staff meetings are generally every 2 – 3 months
- Appointed by Governor to the Opioid Abatement Commission (meets monthly)
- Attended an outdoor NHHCA conference in June (first in-person in 2.5 years)
- Meetings with NH JAG and with Rural Health for ideas for LNA and nurses (recruit/retention)
- Assisted in DON interview for Cedarcrest
- Met with Melinda Treadwell from KSC on potential partnerships between students and MNH
- KK's meetings continued primarily via Zoom platforms; some began to shift to in-person.
    - Weekly NHAC NHA meetings
    - Bimonthly NHHCA board and executive staff meetings; currently serving as treasurer
    - Monthly Monadnock Regional Healthcare Workforce Group about the ongoing worker shortage
    - One OLTCO meeting during this period

Coates related a time in the past when a housing project was given special privileges in how local housing programs are managed and said that the hope is to be able to modify CMSs behavior as well.

An extended discussion concerning how residents are triaged during nonprimary operation times was covered in depth.

The Commissioners thanked Kindopp for her report.

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IV. County Administrator

Weekly Operations Report - The County Administrator will update the Commissioners on activities that have taken place since the previous meeting.

Coates said he had registered the Commissioners for the upcoming NH Association of Counties annual conference in October, and that they were set to attend as they wished.

He then said that leave time availability had been changed from six months to three months based on changes with the various Union agreements now in place. Trombly explained that the current use of leave time is contingent upon completing the six-month probation period. The new policy would change that to a three-month qualification of time in position regardless of the competition of the probation period.

Coates said that he was given eight Radically Rural passes for the upcoming annual conference in Keene and asked the Commissioners if they were interested in attending the events. Englund and Clark both indicated that they would plan to attend.

Coates said a Press Release was sent to the Sentinel announcing hiring the new EMS Chief. A discussion of the work being completed on the EMS building was discussed.

The Administrator then said that the meeting at the Department of Corrections (DOC) next week, would begin at 8:30 AM with the graduation of the Correctional Officer trainees at 10:30. The Annual Commissioners Cookout will start at the National Grange Mutual Park on West Street at 11:30 AM.

He then said that a discussion with the Restorative Justice manager to create a separate office focusing strictly on Restorative Justice issues was held last week. The new unit would be named Restorative Practices and available to the community at large, opening up the services to a broader audience presently served through the County Attorney's office. He said that a number of details need to be worked out before this could happen, but the budget impact would be negligible.

Coates said that a follow-up with the IT Director on personnel and compensation issues occurred.

Lastly, he said that the Opiate Trust Fund has opened up for funding requests and the program funding focuses explicitly on Medication-Assisted Treatment (MAT) issues.

V. Old Business

– Regional Workforce Housing was discussed, and some of the local initiatives were covered.

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VI. New Business

VII. Consent Agenda Items:
Vote to accept the Weekly Manifests and Minutes of August 03, 2022. **Commissioner Englund moved to accept the Manifests and was seconded by Commissioner Clark. Upon roll call vote, the motion passed unanimously.**

VIII. Calendar
Action Expected: To accept the calendar as informational and to make necessary changes/additions.

IX. General Discussion for Commissioners
Master Agenda Item #673: Commissioners - State Cost Shifting Letter and Restorative Justice Program

X. Nonpublic Sessions
At 10:22 AM, Commissioner Englund moved to enter a nonpublic session to discuss a matter related to RSA 91-A:3, II(c) Matters which, if discussed in public, would likely affect adversely the reputation of any person, other than a member of this board, unless such person requests an open meeting. This exemption shall extend to include any application for assistance or tax abatement or waiver of a fee, fine or other levy if based on the inability to pay or poverty of the applicant.

At 10:36 AM, the Commissioners voted unanimously to return to the public session.

XI. Adjournment
At 10:37 AM, there being no other public business, Commissioner Englund moved to adjourn the meeting and was seconded by Commissioner Clark. Upon roll call vote the motion passed unanimously.