

Pennsylvania Soldiers' and Sailors' Home

Advisory Council Meeting

Erie, Pennsylvania

September 8, 2022

9:00a.m.

ADVISORY COUNCIL MEMBERS PRESENT

Mr. Gary Fry, President, AMVETS

Mr. Richard DiGiacomo, Secretary, Military Officers Assoc. of America

Mr. David Price, Military Order of the Purple Heart

Mr. Anthony DiGiacomo, County Director of Veterans Affairs, VIA TEAMS

Mr. Harry Stewart, American Legion

Mr. Joe Benacci, Director of Veterans Affairs

The Honorable Daniel Laughlin, PA Senator

ADVISORY COUNCIL MEMBERS ABSENT

Mr. Eric Cepek, Director, Veterans Office

Mr. Raymond J. Chambers, Vice President, Marine Corps League

Mr. Walter Simpson, Disabled American Veterans

The Honorable Curt Sonney, PA House of Representatives

Mr. Robert C. Eiler, Veterans of Foreign Wars

Mr. Gregory Smith, PSSH Resident Council President

Mr. Richard Supak, Catholic War Veterans

OTHERS PRESENT

Mr. Travis J. Davis, MHA NHA, HSE, Executive Director, Long-Term Care

Mrs. Barbara Raymond, RN, NHA, Director of Veterans' Homes

Mrs. Elizabeth Seibert, PSSH Deputy Commandant

Ms. Alyssa Cooley, PSSH Commandant Assistant

Mr. Ken Vybiral, PSSH Volunteer Coordinator

Mr. Josh Spigner

CALL TO ORDER

Mr. Gary Fry called the meeting to order at 9:00a.m.

MOMENT OF SILENT AND PLEDGE OF ALLEGIANCE

Mr. Gary Fry led a moment of silence, and the Pledge of Allegiance was recited.

ROLL CALL

Ms. Alyssa Cooley took roll call for all present.

SWEARING IN OF COUNCIL MEMBERS

No Council Members were sworn in.

APPROVAL OF PREVIOUS MEETING MINUTES

The minutes were approved from the prior meeting.

MEDICAL DIRECTOR UPDATE

Mrs. Seibert provided update on behalf of Dr. Eric Milie:

Currently on our campus we are in full compliance with all of the regulatory survey agencies. That includes the DOH, DHS and VA. We are, from a covid standpoint, all green, which means that all of our residents are free of covid at the moment. We continue to monitor and test according to the testing protocols that are laid out via the CMS and DOH. Which for us means, with the Erie County transmission rate being as high as it is right now, this morning it was at 23%, we continue to test twice weekly for all residents and staff who are not up to date with their vaccination status. All the residents again are clear and free of covid at this moment. We do have 3 staff members who have tested positive for covid. 2 as recently as yesterday afternoon. Our testing location continues to be outside, which is really advantageous. Our staff when they exhibit any symptoms are educated and have been doing a really good job adhering to this. They call in if they any symptoms, they come in and test at the outside testing location, so there is no resident crossover. They will continue to be off the schedule and will return once they're cleared by nursing administration. As far as resident impact, we continue to watch any of the activities to make sure there appropriate, given some of the covid mitigations that are at hand, but we encourage the outside activities. Visitation is without restricts. We are trying to be as back to normal as we can make it as evidence by the " Sharing and Caring" trip that was enjoyed by a lot of folks yesterday down in Pittsburgh. I was greeted by some residents that said they had a wonderful time yesterday and it was very much appreciated.

ADMISSIONS AND MARKETING UPDATE

Mrs. Seibert provided update on behalf of Pamela Jenkins:

From an admissions standpoint we are seeing a lot of referrals coming in. we continue to receive them and field the calls. We are continuing to send out applications and to provide tours as needed. We have from a bed occupancy level we have 6 veterans on the waiting list for the dementia unit, which currently has 15 residents. We have 3 non-vets on the waiting list for the dementia unit. You might remember

from the last meeting the ACU unit “E” and “D” are being renovated with all new flooring, so we have by design left some of those beds vacant as a matter of accommodating during the renovations of that unit. We are pretty confident as soon as the renovations happen, we can open up for full occupancy and we have established a waiting list to be able to fill those beds.

On the nursing care unit, we have 65 out of the 75 beds occupied. We have 20 veterans that are on the active waiting list and 10 non-vets on the waiting list. Again, a condition of the renovations, once the renovations are finished, we will be able to fill those beds off of the waitlist.

On the PCU side we have 55 residents we’re caring for right now. We have 4 that are on the waiting list and 2 that are non-vets on the waitlist. The renovations to the bathrooms, which are going really well, we are on phase 3 of the phase 5 construction project. So, again, some of the census is the result of the bed fill availability.

Any questions? There were no questions.

MARKETING UPDATE

From a marketing end, we did participate this summer in some really fun outreach opportunities. The “8 Great Tuesday” nights we participated in as well as the “Tall Ships” festival. What was interesting with the “Tall Ships” is that there were a lot of people from the Pittsburgh area. I think Ken mentioned, next year we will have our Pittsburgh facility represented there as well. Ken and Emily did a real good job of providing info, not just on PSSH but also for the folks that came up from Pittsburgh. So that was a really successful event. We have been participating in some senior citizen expos. The Curt Sonney senior expo. We will be participating in the Albion fair next week and the Mercer County Veteran Resource Fair we will be participating in. In the month of August, we were able to assist 5 veterans that were otherwise homeless, prior to coming to our Personal Care unit. So that was an active month and very much a support for our veteran homeless population. Again, the waitlist continues to grow which is always a good thing.

Ken Vybiral added:

It has been a real active summer especially since the last time we met. Life here at the Home has probably been the best its been since the onset of the pandemic. We were able to have a performance by the Erie Philharmonic which was exclusive to us. It was a really great celebration of patriotic music. It was really fantastic. We mentioned the “Sharing and Caring” trip, but just a lot of activity that was brought back this summer. A lot of the State Representatives have been offering their expos and fairs. So, we’ve been engaged and participating in all of those, getting out and talking to the community and making sure they’re aware of our services. From an employment standpoint, admissions standpoint, volunteer recruitment standpoint we’re all working very hard to build all those areas back up again. we’re excited for where we are at right now and looking forward to a lot of great events coming this fall.

Any questions? There were no questions.

REPORT OF THE EXECUTIVE DIRECTOR OF LONG-TERM CARE

Mr. Travis Davis provided update:

First, I want to say thank you all for your time and dedication to our Home up here in Erie. We certainly respect and appreciate all the time that you dedicate to our veterans here and our staff.

The Governor's budget was signed in July, and it had a significant investment in Pennsylvania long-term care. Close to \$500 million dollars. There hasn't been a significant investment in LTC in Pennsylvania in over a decade, so it was something that our industry really needed, and I think it was highlighted during the pandemic. Part of this \$500 million dollar investment, there is about \$190 million that's going to support retention bonuses, professional development and recruitment efforts for our staffing, and that's something I can you right now we desperately need. Its why our hands are pretty much tied to provide the things we can do for our staff. Because we are state employees, things like bonuses, incentives, appreciation gifts, those are all things that the private industry does routinely to boost the morale and attract staff and those are things that we can't do. So, I'm hoping that with this \$190 million dollars that's being funneled into the state, I'm hoping that we are granted some flexibility with what we can do for our staff.

Staffing still continues to be our biggest challenge today. It's the reason that our facilities are not full. We have extensive waiting lists. We have vets that are trying to get into our Homes, but we don't have the staff right now to do it. So right now, our census is around 980 at the 6 Homes. That's about a 68% occupancy rate. Again, we have a lot of closed wings, some due to construction like here in Erie, some is due to staffing.

The DOH proposed an increase to the minimum staffing requirement. We right now surpass what the minimum state requirement is and we're going to continue to staff accordingly so we can meet our residents needs. However, our goal moving forward is going to be, to be above what the state minimum is. It's going to require additional positions for us to fill. So, we've gotten approval to add about 140 additional, mostly nursing positions to meet that goal. As you know, we have hundreds of vacancies right now. So, on top of that, it's going to be a big task to try and fill these positions.

Five-star ratings. That's how we are rated through the Centers of Medicare and Medicaid. We have 2 of our 6 facilities bump up a star rating which is a great sign. Gino Merli and Southeastern Veteran Center are both now 4 overall stars.

We recently wrapped up 2 annual Department of Health surveys at Hollidaysburg and Southeastern Veteran Center. Both of those went very well. Southeastern Veteran Center had a deficiency free survey this year.

Covid, we have 3 Homes currently in outbreak. All of our county transmission rates remain very high. What that does to us is it increases the amount of testing that is done. Every week were doing hundreds of tests on our staff and our residents. The PPE burnout and fatigue it puts on our staff members, we're really starting to see that. We've been seeing it over the years but never were in an outbreak, which again is 1 resident that could trigger the outbreak. Our staff are in their googles, they're in their N95s and gowns, and it's really starting to wear on our employees. I will say between the 3 outbreaks we have right now, all of our residents remain stable. We have 15 Covid deaths year to date throughout the 6 Homes. None of those cases was Covid the primary cause of death. We are still required to record it as a Covid though.

On the construction end president Biden signed a federal bill called "Build America by America". What that says is anyone whose receiving federal funds for construction they want all the materials purchased by American manufacturers. We have a 2-year waiver in effect for our current construction projects. For example, we have a replacement project going on in Hollidaysburg where we are constructing a 200 bed nursing facility to replace 2 outdated facilities. That's about an \$80 million project. If the "Build America by America" was in effect today, that would raise our costs about 29% for that project. So, this is in the back of our heads that we really have to go back to the drawing board and look at our 5 year and 10 year construction plans so we can see what that impact is going to have on us. This is relatively new, were working with the VA closely on this to see how it may impact some of our larger projects down the road. As you can see there is a lot of construction going on in Erie, we're getting really close to the finish line. We're about 90% done with the nursing side. Its going to be a great addition for our residents up here in Erie. Also, at Southeastern we have some flooring projects going on.

2 other positive notes I want to mention, we're seeing a decrease in grievances across all of our Homes. Those grievances are whether a family member or a resident has a complaint about something. Were seeing that those numbers are going down, which is a great sign for us.

Also, we are seeing an increase in employee satisfaction. I told you today about staffing challenges, PPE burnout, with all of that burden on our staff, we're seeing their satisfaction go up. So, when I look at quality, I think those 2 measures tell us that we are moving in the right direction.

Any questions?

You mentioned President Biden "Building America" and its going to run the cost up almost 30%, is there some metrics that go with that? Where did you get that number from?

What we did when this originally came out, we didn't know that there would be a 2 year waiver, so we looked at our current construction projects right now and we estimated the things we were outsourcing out of the country for this project and what would it cost to buy in America if we did that. That's where we got that 29% increase. Luckily the VA said, no, we're going to put out a 2 year waiver for any existing projects. So, we're okay on that project going forward but, we have major projects down the pipeline in Southwestern Veterans Home in Pittsburgh. We have a bout a \$24 million project going on down there and renovations to that building. So, that is what the team is working on right now is estimating those costs.

I have one question on staff. Is there any particular area where we're really hurting at this location?

Nursing. RNs LPNs and nursing assistants. And that's across all 6 Homes. The one Home we have adequate staffing at is Hollidaysburg, but we are preparing to downsize that facility because of this new construction project. Right now, the Hollidaysburg campus is enormous, and it's spread out in multiple buildings. We're going to consolidate a lot of services under one roof and looking at staffing to see what are appropriate numbers going forward. Hollidaysburg is the one location right now that if we have a veteran that needs placement right away and he's lives up in the Erie area, we tend to go towards Hollidaysburg to get them that care right away and then they can transfer when a bed becomes available.

First on your metrics there, there are not too many organizations anywhere that have those 2 causes of metrics going on at the same time. So that is a tremendous kudos.

On the nursing, and only because all the kids I've coached, so many are now in colleges and studying to be nurses etc., before they get to that point they all look for nurse's aide positions while in school. I'm sure you guys could try to take advantage of that.

Probably one of our biggest challenges with that are the schools. There are no teachers in the nurse aide training courses anymore. Across the country there is a teacher shortage to train the nurses aides. That's one of the problems. The other problem actually dates back probably more than a decade ago. The Department of Education pulled the nurse aide training from several different entities so that has been a major problem. Red cross use to hold it and that's where we would get a lot of our individuals from. The other change that happened about a decade ago, for an RN in school, after he/she completed there initial first year, which involved their clinical rotation to be in a nursing home, that counted as their nurse aide training, it no longer counts. So even if you were an RN going through college you still would have to take the nurse aide training course that there is no teachers for.

But I'm saying kids that already have that certification.

So, what we're doing actually this summer, we're going to do a government internship program. That's where we are going to try to pull those individuals that maybe are in school and they don't want to work during the school year, so like a summer job. So those are the type of people we are going to try to pull in for summer type employment. As far as going to the different colleges, we're doing job fairs, those kinds of things.

And that's tough because everyone is doing that, right? What we're trying to do also is work with our sister agencies. The Department of Human Services and we have the similar needs on the nursing end. So, we're talking about doing personal videos where we show how you kind of grow a nurse. How you can get into one of our Homes, whether it's by housekeeping, dietary or CAN, you can grow your career. We're pushing this movement with our Office of Administration in Harrisburg. We've talked about the colleges so much, lets talk about high schoolers when they're trying to figure out what they want to be, how can they go to school and get things paid for. That's where I think we need to start building that pipeline because I am concerned about the future of caregivers for this industry.

REPORT OF THE DIRECTOR OF VETERANS' HOMES

Mrs. Barbara Raymond provided update:

Good morning, everyone. It's wonderful to see you all in person. Cheri is unable to join us today. Probably about 2 years ago I involved her in a project and its just finally wrapping up today. Thank you to Beth for pinch-hitting again. Cheri does send her regards that she wasn't able to join us today at this meeting.

Speaking of "Sharing and Caring", this facility, Southwest facility and Hollidaysburg facility were all on the boat trip yesterday as well as today. I did hear that Cheri was our captain, she must have taken over for me. I was captain for about 5 years. PSSH and our Hollidaysburg facility they won the dance contest. They had a really good time yesterday down in Pittsburgh. It's a long busy day for our Erie and Hollidaysburg folk, its quite the trip but everybody really enjoys it. Hopefully next year I can join them again.

From a Covid perspective, we have 15 positive residents across our 6 Homes. We have our Gino Merli facility in Scranton in outbreak. Currently they have 11 positive residents. Our Southeast facility has 1. That individual, though stable from a Covid perspective, has other comorbidities and that family is currently looking to go on hospice or comfort measures. Because that individual is currently positive with Covid, depending on when the individual does indeed expire, we would then count that as a Covid death. So, depending on the timeframe of when this individual were to move on in their lives would determine whether or not we count it as a Covid death. Our Hollidaysburg facility has 3 individuals positive. Everybody other than that 1 individual is currently stable.

We currently have 28 staff members positive with Covid across the 6 Homes. Our vaccine rates, we are well above 80% for our staff members. We are 100% compliant with the Federal mandate. Any of our individuals not fully vaccinated and or up to date either have a religious accommodation or an ADA accommodation so we are 100% compliant.

We talked about our recent surveys. We had a very busy survey the last few weeks. Our Hollidaysburg was surveyed by the VA, Department of Health Life Safety, Department of Health Clinical and Department of Human Services all within just the last few weeks. They are doing quite well though, no major concerns out of any of our surveys. Travis mentioned we're really excited for our Southeast facility they ended up deficiency free out of their most recent annual survey.

We are doing job fairs, they are coming up this coming fall late in September is when the first one starts and then we will hit them throughout the 6 Homes to again, try and fill those nursing positions which is definitely are greatest need. Which is where we put those additional positions due to our wanting to have higher hour per patient per day then the private sector does. The private sector, the government was initially looking at a 4.1 per hour per patient per day, which if you take a 100 bed building, that is 410 hours nursing care that is required. Currently it is 2.7 hours, again with that 100 bed building it would be about 270 hours. So, you can see in the current staffing crisis some facilities are struggling to maintain that 2.7 hours per patient per day, let alone increasing it to the 4.1. so, the Governor's Office did back that off a little. We don't have the finals on that yet, but the Governor's Office did back that off significantly. However, we want to keep our staffing as high as we possibly can, so we budgeted ourselves at 3.8 hours per patient per day. With those additional positions that we were budgeted, we did also move to some maintenance positions, some housekeeping positions across the 6 facilities, some activities positions to help support the overall operations of the 6 Homes.

The other thing on our list from a fun perspective are cooking contests. So, we're doing our cooking contest across the 6 Homes. It's really fun the staff are enjoying it. We had some hiccups here and there on how to process everything and make sure everything was going smoothly and according to plan, but the kitchen staff were really excited about it. Its been neat to do that quality check on the food as well as boost a little morale.

Any questions?

When we were working with the budget this year, the staffing hours were a big point. From my standpoint, when I see 2.7, and correct me if I'm wrong here, that's basically 1 person taking care of 3 people all day?

Not quite. We'll use that 100 bed example. If you take that 2.7 and times your 100 residents, so you have 270 hours in 24 hours then divide that by 8.

Is that 2.7 really low?

So, the 2.7, it all depends quite honestly on the acuity of the resident. Our resident population, though they may not be sick from a clinical perspective, we don't have a lot of tracheostomies, we don't have a lot of wound care, we don't have a lot of tube feedings, those types of things that take nursing time in that manner. However, our population is primarily male, and I love all you men dearly, however, men don't listen. They tend to get up because they think they can do it and then with weak legs and that sort of thing, they fall. So, that is where some of our biggest challenges are. The gentlemen that we take care of tend to be a little more aggressive, they tend to have more mental health issues. So that is where our time is spent, not necessarily on those skilled needs if you will. So, 2.7 hours truly depends on acuity however, it is low. Even in a private sector we didn't run a 2.7. now with the staffing crisis, most places are running below a 2.7.

What do you feel is the sweet spot?

Honestly, outside of our folks, I would say a 3.2. Again, depends on the acuity. As an average I would say 3.2.

What's the standard to protect staff and the residents from some of those difficult patients?

Once we take them in, which is why we're very judicial as far as watching what's the history, what's the diagnosis, what's the medications, because once we have them, we can only discharge somebody for lack of payment or a situation where we can no longer care for them if they're a danger to themselves or others however the caveat is we have to have somewhere safe to place them. So, if they're a challenge for us are you going to take them in?

So, it's rare?

Yes, very rare. Depending upon the scenario, if someone is threatening with a knife, bodily harm, things like that, we do have the option to transfer them to a hospital depending on the diagnosis though the hospital may or may not admit them and still the hospital is obviously not a discharge plan, so they still end up coming back.

I understand the difficult patients, but I don't think the ones who can't pay get thrown out, correct?

Correct. Our situation is uniquely different. We don't look at finances at all until they come in. A lot of people think that it's free, it's not free. In a very simplistic way, we take 80% of the individual's income and they keep 20%. There are very formulas involved in it, depending on if they have a community spouse, depending on if they have a community home, because the home in the Medicaid world as long as the individual goal is to discharge home then the home is never taken until the individual then passes on or there is no community spouse. We don't discharge anyone because they can't pay. That being said though, if they should be paying us, we go through the process, but it is very difficult.

REPORT OF THE COMMANDANT

Mrs. Elizabeth Seibert provided update:

I just want to highlight some of the construction projects briefly. Some that you see from being on campus and some that are kind of behind the scenes. The first one that is kind of behind the scenes is the boiler house. The roof was changed out and that is complete. We're just waiting to have Labor and Industry complete their final inspection.

We did have a freezer and a cooler which was installed down in our storeroom which will be very advantageous for the dietary inventory flow. That is almost ready to be up and running. We're just waiting for some final work to be done.

The front of the PCU entrance, work is still being completed there. We thank you for using the ramp as an alternate way of egress in and out. We're just waiting on the new railings that were made to be installed and that should be by the next time you guys come it should be completed. They also in that area, fixed the porch roof. It was needing of some repair.

The renovation project over on the nursing side is coming along very nicely. We'll be excited to tour you guys once it is complete. The therapy gym just has some final touch ups. The HVAC contactor just needs to do some things behind the scenes with some of the tubes and then it will be completed.

The NCU kitchen, that whole area, we are waiting on a service line and a beverage counter which is here and just needs to be installed. According to the walk around yesterday, the end of October is the date they are hopeful for.

On your drive in you may have seen the new security building that is out by the front gate. There is a few more things that need to happen before that is completely turned over. One final inspection of.

On PCU the bathrooms are all being renovated in this building. As you can imagine it is quite a feat and it does entail going all the way down to the basement so whenever they work on one bathroom, it might be on the second floor, but it's involving the plumbing trunks all the way down in the basement. It is a 5 phase project that was initiated a while ago and we are on phase 3.

The front of the NCU building, you'll notice they laid some additional sidewalk space for residents to be able to ambulate with their wheelchairs and some sitting areas that will be enjoyed by them once the full gates and everything with that project is completed.

On the ACU, both units' "D" and "E", all the flooring on the units including the resident's rooms is being lifted and all new flooring will be laid down. It's a really nice project for the Alzheimer unit.

As far as the compliance goes, I want to mention we are in our open window for our DHS survey on the Personal Care side.

From a staffing angle I want to report off the actual numbers. We are authorized for 268 employees, we have 227 filled, which leaves us with 41 vacancies. We will continue to recruit and fill those positions.

Lastly, I wanted to mention we do have in the works, after many years, a resident and staff photo. It's going to be taken in front of the facility. When you walk out, you'll see everyone gathered for that.

Any questions?

There were no questions.

COMPLIANCE REPORT

Mr. Josh Spigner provided update:

The first issue is monthly exclusion checks. We've found that those are being done inconsistently throughout the BVH and so we are trying to link with OA downtown so that we can be on a contract with a vendor that will do this automatically for us, thus eliminating the risk of human error and also taking some of the workload off of the Homes themselves.

The second issue for us is PBJ (Payroll Based Journaling). We are in the midst of having different vendors who are going to be able to help us stay in compliance with PBJ and also eliminate the risk of human error so none of our numbers are at risk to PBJ reporting issues.

Any questions?

There were no questions.

REPORT OF THE COUNCIL MEMBERS

Mr. R. DiGiacomo:

Every time I come here, the residents are always pleasant, they always want to talk, and they don't know who I am, I'm just walking around and that is good evidence that they're getting good care here. Likewise, the employees, they might have an idea of who this stranger is walking around but they're also always cheerful and engaged and when I sit back and watch the interactions with the residents, they're always positive.

My generation, Sunday is September 11th, we don't have that many residents here who are that generation yet but I think we will down the road, so one of the things you guys keep performing well and this will be here for my generation. When I need somewhere to go, I would have no problem living here at the Soldiers' and Sailors' Home. I know that I will be taken care of.

Mr. Harry Stewart:

It's really nice to see the residents getting out. We had them down for our picnic and they loved every minute of it, the staff were great.

Will we be able to do the Christmas tour this year?

Mrs. Raymond: I'll talk with Cheri. I think so. I'm going to tentatively say yes, but I will talk to Cheri and make sure she is okay with it. I'll let her know what we've done in the past.

Mr. Benacci:

Good morning, I don't have a lot other than we all know that the PACT Act was passed here in August, so they added a lot of new presumptive's for 9/11 all the way down to the Vietnam and Agent Oranges. The big one is the hypertension. I'm sure your house VSOs are aware, but I just wanted to make sure that all the residents know and if they need to go back and file a claim they should. If they got denied in the past for hypertension they should go back in, don't wait for the VA to contact them.

Mrs. Raymond: We have 2 VSO's that support the east and the west side of the state as well as individual VSOs in all of the Homes and yes, they are on top of it.

The Honorable Daniel Laughlin:

The Veteran's breakfast that's coming up in a couple of weeks, I didn't get a chance to get the update from , my staff, so I brought Katie with me. Katie, can you give us a little update please?

Katie: The Veterans Appreciation Breakfast is September 23rd at the Zem Zem Shriners Club. It's a smaller sit down breakfast. The guest speaker will be Joe. Each attendee will receive an appreciation certificate from the Senate.

The Honorable Daniel Laughlin: Thank you, Katie. We're looking forward to having some residents from here attend. I have to tell you, I've been on this for 6 years now. This is one of the things that I'm most proud of is being on this Advisory Council. I don't know how much of a positive impact that had but I certainly do my best and take messages back to the Senate.

Mr. Gary Fry:

We get these little emails that update us about Covid and the situation with the residents and employees and the construction going on and I like that because living out in Warren County I feel like I'm kept in the loop. They come quite frequently, and I like it.

We've got a new meeting setup here. Is this better or worse? Do we like it away from the wall?

The audio is much better. We are still working on the acoustic situation, but you guys know we had challenges when we were downstairs in the chow hall.

Well, it looks like it is pretty well accepted so we're moving in the right direction.

I see this morning that the VA announced that the flu shots are ready. If you're in that area and want to go get your flu shots. Please spread work out for that.

The building and grounds looks nice. I was impressed pulling in this morning. I see most of the construction is coming right along.

I want to bring up one other thing. Last time we inducted two people into the hall of the fame. I was taken back by the crowd that was here. how nice it was and showcased in the chapel. I just thought it was very great. I heard a lot of people when I was walking around the room saying how nice they thought it was. I don't know who in particular put it together, but they should be commended, I'm sure it was a group effort.

OLD BUSINESS

No old business to discuss.

NEW BUSINESS

No new business to discuss.

GOOD OF THE COUNCIL

Nothing was added.

ADJOURNMENT

Meeting was adjourned at 10:06a.m.

The next Advisory Council Meeting is scheduled for Thursday, December 8, 2022, at 0900.

Delaware Valley Veterans' Home, Philadelphia PA - Peter Ojeda - Commandant											
Level of Care	Authorized Beds	Available Beds [Auth Beds Less Pending Cert.]	Beds Assigned	Beds Vacant	Pending VA Certification	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran/Placing	Waiting List Non-Veteran/Placing
Nursing Care	141	100	98	2	41	98%	5	0	2	45	14
Memory Care	30	30	30	0	0	100%	0	0	0	23	9
Total	171	130	128	2	41	99%	5	0	2	68	23
Non-Veteran Census Percent						5%					
Gino J. Merli Veterans' Center, Scranton PA - Vito Ruggiero - Commandant											
Level of Care	Authorized Beds	Available Beds Equal Auth. Beds	Beds Assigned	Beds Vacant	Infrastructure Beds on Hold	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran/Placing	Waiting List Non-Veteran/Placing
Nursing Care	156	156	102	54	0	65%	1	1	9	17	18
Memory Care	40	40	27	13	0	68%	0	0	2	3	3
Total	196	196	129	67	0	66%	1	1	11	20	21
Non-Veteran Census Percent						12%					
Holidaysburg Veterans' Home, Holidaysburg PA - Sam Dunkle - Commandant											
Level of Care	Authorized Beds	Available Beds Equal Auth. Beds	Beds Assigned	Beds Vacant	Infrastructure Beds on Hold	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran/Placing	Waiting List Non-Veteran/Placing
Nursing Care	231	231	143	88	0	62%	6	3	2	11	3
Memory Care	26	26	21	5	0	81%	1	0	0	0	0
Personal Care	167	167	74	93	0	44%	0	1	0	1	1
Total	424	424	238	186	0	56%	7	4	2	12	4
Non-Veteran Census Percent						19%					
Pennsylvania Soldiers' & Sailors' Home, Erie PA - Cheri Spacht - Commandant											
Level of Care	Authorized Beds	Available Beds Equal Auth. Beds	Beds Assigned	Beds Vacant	Infrastructure Beds on Hold	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran/Placing	Waiting List Non-Veteran/Placing
Nursing Care	75	75	62	13	0	83%	0	0	1	30	10
Memory Care	32	32	16	16	0	50%	0	0	0	0	4
Personal Care	100	100	57	43	0	57%	0	0	0	3	2
Total	207	207	135	72	0	65%	0	0	1	33	16
Non-Veteran Census Percent						11%					
Southeastern Veterans' Center, Spring City PA - Brian Gula - Commandant											
Level of Care	Authorized Beds	Available Beds Equal Auth. Beds	Beds Assigned	Beds Vacant	Infrastructure Beds on Hold	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran/Placing	Waiting List Non-Veteran/Placing
Nursing Care	208	208	122	86	0	59%	7	2	5	24	6
Memory Care	30	30	29	1	0	97%	0	0	0	32	13
Personal Care	54	54	39	15	0	72%	1	4	0	10	3
Total	292	292	190	102	0	65%	8	6	5	66	22
Non-Veteran Census Percent						8%					
Southwestern Veterans' Center, Pittsburgh PA - Richard Adams - Commandant											
Level of Care	Authorized Beds	Available Beds Equal Auth. Beds	Beds Assigned	Beds Vacant	Infrastructure Beds on Hold	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran/Placing	Waiting List Non-Veteran/Placing
Nursing Care	196	196	101	95	0	52%	0	1	4	13	11
Memory Care	40	40	30	10	0	75%	0	0	0	0	4
Total	236	236	131	105	0	56%	0	1	4	13	15
Non-Veteran Census Percent						15%					
Summary / Pennsylvania Bureau of Veterans' Homes											
Veteran Census/Events	Auth Beds	Available Beds [Auth Beds Less Pending Cert.]	Beds Assigned	Beds Vacant	Pending VA Certification	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran/Placing	Waiting List Non-Veteran/Placing
Nursing Care	1007	966	628	338	41	65%	19	7	23	140	62
Memory Care	198	198	153	45	0	77%	1	0	2	58	33
Personal Care	321	321	170	151	0	53%	1	5	0	14	6
Totals	1,526	1,485	951	534	41	64%	21	12	25	212	101
Veteran Status: Non-Veteran/Veteran	Total Non-Vets (f)	Male Non-Vet	% Non Vets (f)	Total Vets (f)	% Vets (f)	Male Vets	Total Male (f)	Female Non-Vets	Female Vets	Total Female (f)	VH Totals (f)
DVVH	7	0	5%	121	95%	120	120	7	1	8	128
GJMVC	16	3	12%	113	88%	110	113	13	3	16	129
HVH	45	2	19%	193	81%	182	184	43	11	54	238
PSSH	15	2	11%	120	89%	111	113	13	9	22	135
SEVC	15	1	8%	175	92%	164	165	14	11	25	190
SWVC	19	2	15%	112	85%	108	110	17	4	21	131
Totals	117	10	12%	834	88%	795	805	107	39	146	951