

Chief Executive Officer  
Christ Bjornberg



Mayers Memorial Hospital District

**Board of Directors**  
Jeanne Utterback, President  
Tami Vestal-Humphry, Vice President  
Beatriz Vasquez, Ph.D., Secretary  
Abe Hathaway, Treasurer  
Tom Guyn, M.D., Director

**Quality Committee  
Meeting Agenda**

March 9, 2022 1:00 PM

Zoom Meeting: [LINK](#)

Call In Number: 1-253-215-8782

Meeting ID: 848 0487 1231

**Attendees**

Jeanne Utterback, Board President, Quality Committee Chair  
Tom Guyn, Director

Chris Bjornberg, CEO  
Jack Hathaway, Director of Quality

Community Members:  
Laura Beyer

1	<b>CALL MEETING TO ORDER</b>		Chair Jeanne Utterback		<b>Approx. Time Allotted</b>
2	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>				
3	<b>APPROVAL OF MINUTES</b>				
	3.1	Regular Meeting – February 9, 2022		Attachment A	<b>Action Item</b> 2 min.
4	<b>REPORTS FOR: QUALITY STAFF</b>				
	4.1	Outpatient Medical	Michelle Peterson	Attachment B	Report 2 min.
5	<b>REPORTS: QUALITY PATIENT SERVICES</b>				
	5.1	Surgery/Anesthesia	Theresa Overton	Attachment C	Report 2 min.
	5.2	Med-Surg/Swing	Moriah Padilla	Attachment D	Report 2 min.
	5.3	Med Staff	Pam Sweet	Attachment E	Report 2 min.
	5.4	Infection Control	Dawn Jacobson	Attachment F	Report 5 min.
	5.5	SNF Events/Survey	Candy Detchon		Report 5 min.
	5.6	Blood Transition Quarterly	Jack Hathaway		Report 5 min.
6	<b>DIRECTOR OF QUALITY</b>		Jack Hathaway	Attachment G	
	6.1	Director of Quality Update			Report 5 min.
	6.2	Compliance Quarterly			Report 5 min.
7	<b>OLD BUSINESS</b>				

	7.1	Meeting Calendar Discussion		Discussion	5 min.
8	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			Information	5 min.
9	<b>ADJOURNMENT:</b> Next Regular Meeting – April 13, 2022				

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Board of Directors  
**Quality Committee**  
**Minutes**

February 9, 2022 @ 1:00 PM  
Fully Remote Zoom Meeting

*These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.*

1	<b>CALL MEETING TO ORDER:</b> Board Chair Jeanne Utterback called the meeting to order at 1:02 pm on the above date.			
<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>		
Jeanne Utterback, President Tom Guyn, MD., Secretary		Chris Bjornberg, CEO Jack Hathaway, Director of Quality Candy Detchon, CNO – SNF Events/Survey Ryan Harris, COO Alex Johnson, Facilities & Engineering Ryan Nicholls, IT Dawn Jacobson, Infection Control Jessica DeCoito – Board Clerk		
<b>Excused ABSENT:</b> Sherry Yochum Susan Garcia Val Lakey				
<b>COMMUNITY MEMBERS PRESENT:</b>				
Laura Beyer				
2	<b>CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>			
	None			
3	<b>APPROVAL OF MINUTES</b>			
	3.1	A motion/second carried; committee members accepted the minutes of January 12, 2022	<i>Guyn, Bjornberg</i>	<b>Approved by All</b>
4	<b>REPORTS: QUALITY FACILITIES</b>			
	4.1	Facilities & Engineering: written report submitted. Always working on updating the hospital like door skins from Acute all the way through St. 3, so that the facility is cohesive with finishes. Fully staffed!		
5	<b>REPORTS: QUALITY STAFF</b>			
	5.1	Safety: written report submitted. Very creative and competitive opportunities for the staff to learn and keep up to date.		
	5.2	Environmental Services: written report submitted. Ryan Harris reported and answered questions on behalf of Sherry. Also contract will be primarily for the linens at the Burney Annex, with the opening of the Laundry facility expected very soon. We will continue to track the issues with delivery times, number of linens being delivered, etc. Staffing levels are increasing.		
6	<b>REPORTS: QUALITY PATIENT SERVICES</b>			
	6.1	Purchasing: written report submitted. Excited about our collaborative effort with surrounding CAH facilities to help with procuring patient care supplies, when needed. PPE counts are good, and we are complying with the AB2537 90-day stockpile of PPE.		
	6.2	Information Technology: written report submitted. Thank you to Ryan and the IT staff for the help with the Board members iPads. Priority with IT Security and have formed a committee to keep up on the security measures. Grant opportunities for infrastructure like internet and other information technology processes/needs – Laura to keep an eye out especially with funds being allocated to rural areas.		
	6.3	Dietary: written report submitted. Closer to fully staffed at both FR and Burney Annex. No further questions.		

6.4	Infection Control: written report submitted. Weekly Employee testing has been going well. Antibiotic Tracker: tracking antibiotic use within the hospital. The Lab and Pharmacy have more robust programs to track antibiotics.
6.5	SNF Events/Survey: CDPH Surveyor has been here a lot the last 3 weeks. Investigation has been on 20 different instances including self-reported issues. A final report has not been submitted yet, but we are anticipating some minor tags and very little findings. Survey season has begun, and we anticipate a visit. FR is now in GREEN status, which means staff are no longer wearing N95s and we can admit. Burney Annex is remaining in the Yellow status with hopes to be out of yellow by end of next week. Morale for the residents is great with the option to bring in visitors. And we have also seen a morale boost with staff because of the visitors. AFL went out regarding the visitors and their vaccination status: those who are fully vaccinated and can show proof, may enter the facility without a test.
7	<b>DIRECTOR OF QUALITY</b>
7.1	Director of Quality Update – In the middle of our reporting timeframe. Reporting platforms have been updated which makes the reporting much easier. Will go through our records and apply the information. Some measures we don't meet and won't have to report on.
7.2	CMS Core Measures: Looking forward to the new EHR to help get more options for tracking the measures.
7.3	5 Star Rating: A new EHR system will be very beneficial in gathering data to meet the measures for 5 Star Rating on hospital side.
8	<p><b>OTHER INFORMATION/ANNOUNCEMENTS:</b> EHR (electronical health record) – work is in process. Working with both OCHIN on Epic and CERNER. A field visit of CERNER is being set up for next week.</p> <p>Grant Opportunity: RMOMS specifically aimed at creating a network for maternity care in rural areas. First meeting is set up for tomorrow for the network. Includes local clinics and surrounding hospitals. Very exciting opportunity.</p> <p>Monoclonal is now available for Tier 1,2 and 3. Allocations at the county level have increased and we are able to offer more.</p>
9	<p><b>ADJOURNMENT: at 2:17 pm</b></p> <p>Next Regular Meeting – March 9, 2022</p>

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Directors documents are available online at [www.mayersmemorial.com](http://www.mayersmemorial.com).

## Mayers Memorial Hospital District Quality Committee Report

<b>Meeting Date:</b>	03/9/22
<b>Department:</b>	Outpatient Medical Department
<b>Submitted By:</b>	Michelle Peterson RN CWCN
<b>List up to three things that are going well in your department.</b>	
<ul style="list-style-type: none"> <li>• COVID-OPM has moved 6 times in the last 2 years and have managed to be up and running and seeing patients during the moving process not closing a day. No interruption of patient care, and continuing to serve our communities needs during this pandemic. We are operating services out of only 2 patient rooms. This is challenging on wound clinic days.</li> <li>• OPM is conducting antibody infusions in the covid unit to help community members with covid 19 and keep people from being admitted to the hospital for covid 19.</li> <li>• Our skilled OPM team continues to provide valuable services in our facility that treats the increasing need of chronic wounds and outpatient treatments. We are able to treat patients with specialty wound care products, have wound debridement's done by physician and nursing staff, and access to for example: wound VACs, skin substitutes and specialty products.</li> <li>• Lab cultures are done in house at MMHD again and results are speedy which in turn provides improved patient care with antibiotic use and faster wound healing.</li> </ul>	
<b>Do you have any current quality improvement projects/activities underway? Please provide a brief description.</b>	
<b>Is this a LEAN project? Y/N</b>	
<ul style="list-style-type: none"> <li>• Small quarterly wound care and PICC education provided to nursing staff. Orienting new employee in OPM. Wound care class conducted in July/August to Acute team. More classes for wound product selection education class, PICC line dressing practice, pressure injury prevention.</li> <li>• Standard of care online classes for OPM employees to stay up to date on current and changing practices.</li> <li>• Starting diagnostic ABI (ankle brachial index) testing in OPM. This will generate revenue and is a great diagnostic tool for identifying issues to provide correct treatment plans.</li> </ul>	
<b>How does this impact on patients? Do you think this is acceptable?</b>	
<ul style="list-style-type: none"> <li>• Streamlining the charting process with a new computer system will impact our patients in a positive way. We will spend more time on patient care and less time on charting. Photo documentation will be very useful in the continuity of care for multiple departments.</li> <li>• Our patients have become very adaptable to the changes we have provided. Patients are thankful to get quality care here and not have to drive to Redding. OPM is really good about providing education for our patients and informing them of the constant changes with covid in order to be seen in OPM.</li> <li>• We currently have less patient rooms which will impact our wound clinic days only having two patient care rooms. We will probably borrow a surgery room on clinic days or increase our clinic days</li> </ul>	

<b>How does this impact on staff? Do you think this is acceptable?</b>
<ul style="list-style-type: none"> <li>• Covid has impacted each department differently. Staff has been very accommodating on seeing patients any way we can. It would be nice if we can start looking at future options of our permanent space, or if this is our permanent space.</li> </ul>
<b>What progress has been made on these projects since the last quality committee meeting?</b>
<ul style="list-style-type: none"> <li>• One class for Acute was conducted in July/Aug with positive feedback.</li> <li>• The OPM team is currently taking online wound care classes for CE's and get the latest wound care practices.</li> </ul>
<b>Has anyone in particular been instrumental in helping to progress/improve the problem?</b>
<ul style="list-style-type: none"> <li>• Pharmacy has been instrumental on keeping us up to date on the covid antibody infusions as the medication, requirements and availability are constantly changing.</li> <li>• Lab conducting in house wound cultures has expedited treatment times for wound care.</li> <li>• Dr Syverson has gone over and beyond to be available for higher acuity patients. He is accessible when needed for staff.</li> <li>• Hospitalist being present at MMHD has been great with quality of care for patients. Hospitalist gladly assessed situation with OPM patient and handled situation instead of having to bring to ED.</li> </ul>
<b>Which Strategic Goal does your quality issue BEST relate to (choose one)?</b>
<b>Outstanding Staff:</b> <ul style="list-style-type: none"> <li>• By 2025, we will be seen as an employer of choice in the area by providing and maintaining staff growth opportunities, flexible and safe working arrangements, and reducing the use of registry staff. (This is the box that applies the best with strategic goals supplied)</li> </ul>
<b>Have any new quality-related issues arisen? Briefly describe.</b>
<ul style="list-style-type: none"> <li>• Dr Syverson is planning to retire in October 2022. Do we have any physician prospects that are interested? Where are we at in the recruitment process for a new physician? OPM has been reaching out and networking to seek out possible interested physicians or PA's.</li> </ul>
<b>Are there any other issues to be discussed with the Committee?</b>
<ul style="list-style-type: none"> <li>• Computer system and wound photo documentation, OPM physician, OPM patient care space</li> </ul>

## Mayers Memorial Hospital District Quality Committee Report

<b>Meeting Date:</b>	Mar 9, 2022
<b>Department:</b>	Outpatient Surgery (OPS)
<b>Submitted By:</b>	Theresa Overton, DON-Acute Services
<b>List up to three things that are going well in your department.</b>	
<ol style="list-style-type: none"> <li>1. Communication within the department.</li> <li>2. Collaboration and workflow improving.</li> <li>3. Continued Adaptability.</li> </ol>	
<b>Do you have any current quality improvement projects/activities underway? Please provide a brief description.</b>	
<b>Is this a LEAN project? Y/N</b>	
OR is not meeting humidity requirements due to failing airflow; therefore, is out of compliance. This issue effects the humidity and temperature which is not meeting infection control requirements; infection rate is currently zero.	
<b>How does this impact on patients? Do you think this is acceptable?</b>	
Due to this failure we have had to close OR1 which means we are not able to do larger ortho cases such as total joints. We still have OR2 to be utilized for smaller ortho cases, general cases and EGD and Colonoscopies. This can affect the patient wanting to stay local for their total joint replacements.	
<b>How does this impact on staff? Do you think this is acceptable?</b>	
This impacts staff from scheduling as we are limited to what we can schedule in OR 2. This also impacts the OR crew and Surgeon as the space is tight and generally more equipment is needed for ortho cases.	
<b>What progress has been made on these projects since the last quality committee meeting?</b>	
A new HVAC system is the answer. The closure of OR1 occurred beginning of February. The Executive Leadership Team is working on a plan for a new HVAC system.	
<b>Has anyone in particular been instrumental in helping to progress/improve the problem?</b>	
Ryan Harris and Alex Johnson have been working closely with the Executive Team to develop a plan to replace the system.	
<b>Which Strategic Goal does your quality issue BEST relate to (choose one)?</b>	
Outstanding Patient Services—Patient Safety	
<b>Have any new quality-related issues arisen? Briefly describe.</b>	
General Surgeon retiring end of October (this is not new information). How to recruit for new surgeon with construction occurring in department? CRNA shortage—Ended contract with CRNA and difficulty attaining another one.	
<b>Are there any other issues to be discussed with the Committee?</b>	
The above information.	

## Mayers Memorial Hospital District Quality Committee Report

<b>Meeting Date:</b>	March 2022
<b>Department:</b>	Acute/Swing
<b>Submitted By:</b>	Theresa Overton, DON-Acute Services
<b>List up to three things that are going well in your department.</b>	
<ol style="list-style-type: none"> <li>1. The MMH RN's have taken some additional accountability in quality improvement and education. They have taken it upon themselves to utilize lower census shifts to complete chart audits and provide education on charting to other staff and travelers. This has shifted the atmosphere into a positive culture with an emphasis on teamwork that has been good to see.</li> <li>2. The Covid unit has become a part of our daily routine and seems to flow better. We have consistently been open since August of 2021 for the second round of our surge. Mayers staff have again taken accountability when scheduled in there to report concerns, clean during low census times, and attempt to create some standardization in there. We have also had a handful of traveling staff that have been wonderful to work with in there. We attempt to limit the amount of people that enter the unit. This means more accountability with less resources are expected of the staff in there. They have remained with a positive attitude and have worked towards improving the setting and creating standardization.</li> <li>3. We have been able to staff up to 3 licensed nurses per shift, and sometimes 4, depending on the needs and census of Acute and Covid since September 2019. The on-call schedule is rarely used and only tends to go into effect with rapid changes in census. The teamwork between SNF and Acute care has been tremendous, and we work hard to share staff and cover critical needs for one another. This has changed the culture of comparing units and truly been a great change.</li> </ol>	
<b>Do you have any current quality improvement projects/activities underway? Please provide a brief description.</b>	
<b>Is this a LEAN project? Y/N</b>	
<ol style="list-style-type: none"> <li>1. Our daily interdisciplinary team meeting (IDT) was halted due to covid restrictions in March of 2020 and in our mock survey in June of 2021 our process was noted to have some flaws. IDT was reinstated in January of 2022 with continuous process improvement measures made since to improve communication sharing through Microsoft Teams and meet the standards of care required by us. This was not a lean project, though many points of Lean were utilized through the process change.</li> <li>2. Communication sharing continues to be an area for process improvement. We are currently working to improve the accuracy of the Nursing Supervisor Communication Sheet to ensure proper data recording for many entities in the organization. This is a lean project, which includes the Acute Care Assistant Manager, Emergency department Assistant Manager and the ward clerks from Station 2 and Acute care.</li> <li>3. Education should always be an area for process improvement, as we routinely hire new RN's. We have a class scheduled with the Center of Excellence in April to go over recognizing the patient in distress, ARDS, Sepsis and more. These topics have been chosen based off recognized needs from the past quarter. We have been working closely with the managers of Wound Care and Respiratory Therapy to educate on gaps noted in standard care for the Acute nursing station. Additionally, Dr. Saborido wants to work jointly on some small</li> </ol>	



workshops for staff. Education is routinely asked for by staff in evaluations and in discussion of improvements. This makes us excited to be able to provide these opportunities.
<b>How does this impact on patients? Do you think this is acceptable?</b>
1. All these improvements indirectly impact patients in a positive way. They include improving patient care, patient outcomes and ensuring practice of standard of care. Collaboration through IDT creates a patient centric approach, discussing discharging planning appropriately and includes patients in the plan of care. Ensuring accuracy of the nursing supervisor sheet ensures proper reporting and communication. This helps aid in quality measures that provides funding to the organization and ensures we continue to have the ability to serve our communication. Education allows for empowering staff that can be competent and provide top quality of care.
<b>How does this impact on staff? Do you think this is acceptable?</b>
1. Improving communication, collaboration and education have had a positive outcome on employee morale. These were all areas in which staff had expressed concern over the past 18 months. Working towards improving these areas show that as an organization and management team we take their concerns seriously and strive to improve the workflow settings.
<b>What progress has been made on these projects since the last quality committee meeting?</b>
1. The IDT improvement and work on the nursing supervisor communication sheet are new projects since the last quality meeting. However, a cardiac arrhythmia class and standard PALS, ACLS & NRP classes have all been provided for staff since the last meeting.
<b>Has anyone in particular been instrumental in helping to progress/improve the problem?</b>
1. Acute Assistant Manager-Moriah Padilla 2. Jed Roca, RN has taken initiative on Noc shift to improve process and encourage staff to partake in process improvement. 3. Karen Tayler, RN has helped the audit process with Jed, but spearheaded education of coworkers for proper documentation
<b>Which Strategic Goal does your quality issue BEST relate to (choose one)?</b>
Outstanding Patient Services
<b>Have any new quality-related issues arisen? Briefly describe.</b>
1. Construction has been extended significantly at no fault of our Mayers team. We have fluctuated between the loss of 2-4 rooms (totaling 4-8 patient beds). This has put a hindrance on staff and admission capabilities at times. Along with this, we have been in room 104 as a nursing station for several months and lost 2 desktop charting locations. 2. Our Mindray cardiac monitor system was approved for an upgrade in 2019. With Covid, the ED expansion project, construction project and timeline errors, this was never completed. We are now at critical standpoint with only 1 cardiac monitored room and 1 telemetry box (due to construction room closers). New units have been ordered and we are hopeful that install will correlate with the completion of the nursing station. 3. The unit, and organization, continues to experience delays in supplies requiring work arounds, communication with administration, and teamwork with surrounding facilities to ensure critical supplies are available.
<b>Are there any other issues to be discussed with the Committee?</b>

## Mayers Memorial Hospital District Quality Committee Report

<b>Meeting Date:</b>	March 9, 2022
<b>Department:</b>	Med Staff
<b>Submitted By:</b>	Pam Sweet
<b>List up to three things that are going well in your department.</b>	
Physician Credentialing	
<b>Do you have any current quality improvement projects/activities underway? Please provide a brief description. Is this a LEAN project? Y/N</b>	
None underway	
<b>How does this impact on patients? Do you think this is acceptable?</b>	
<b>How does this impact on staff? Do you think this is acceptable?</b>	
<b>What progress has been made on these projects since the last quality committee meeting?</b>	
<b>Has anyone in particular been instrumental in helping to progress/improve the problem?</b>	
<b>Which Strategic Goal does your quality issue BEST relate to (choose one)?</b>	
<b>Have any new quality-related issues arisen? Briefly describe.</b>	
<b>Are there any other issues to be discussed with the Committee?</b>	

## Mayers Memorial Hospital District Quality Committee Report

<b>Meeting Date:</b>	04/02/2022
<b>Department:</b>	Infection Control
<b>Submitted By:</b>	Dawn Jacobson, RN
<b>List up to three things that are going well in your department.</b>	
Employee testing has started smoothly, the process is going well and no issues this first week. We have identified 4-5 positive employees through this process. I will be training a new employee for my department, she will primarily be in SNF.	
<b>Do you have any current quality improvement projects/activities underway? Please provide a brief description.</b>	
<b>Is this a LEAN project? Y/N</b>	
<ol style="list-style-type: none"> <li>1. ABX tracker is going well for the ED, SNF and Acute are still working on the process, for now, infection control is entering the data.</li> <li>2. Hand hygiene monitoring has improved substantially.</li> </ol>	
<b>How does this impact on patients? Do you think this is acceptable?</b>	
<ol style="list-style-type: none"> <li>1. ABX tracker will help with infection prevention and acceptable use of antibiotics by making up to the minute changes as opposed to only being monitored monthly, after the fact.</li> <li>2. Hand Hygiene monitoring is important for use in teaching and coaching.</li> </ol>	
<b>How does this impact on staff? Do you think this is acceptable?</b>	
<ol style="list-style-type: none"> <li>1. ABX tracker seems to be making staff anxious just because it is a process change but once they are familiar with the process, it should streamline the day to day use. Having a dedicated Infection Control nurse for SNF should help make the process better.</li> <li>2. Staff are aware that they are being monitored more closely and will be more compliant with hand hygiene.</li> </ol>	
<b>What progress has been made on these projects since the last quality committee meeting?</b>	
<ol style="list-style-type: none"> <li>1. ABX tracker is being used regularly in the ED with one nurse entering the data each week. SNF and acute are needing additional training and help with implementation.</li> <li>2. Hand hygiene compliance is being reported at 100% as opposed to the 66.7% in late October.</li> </ol>	
<b>Has anyone in particular been instrumental in helping to progress/improve the problem?</b>	
<ol style="list-style-type: none"> <li>1. Bridget Evans has been great at getting this started in the ED. She was actually working on a system herself before the implementation of ABX tracker.</li> </ol>	
<b>Which Strategic Goal does your quality issue BEST relate to (choose one)?</b>	
<b>Have any new quality-related issues arisen? Briefly describe.</b>	
Both SNF facilities continue to have Covid cases within staff and Burney has identified a resident as of 2/24/2022.	
<b>Are there any other issues to be discussed with the Committee?</b>	

# MAYERS MEMORIAL HOSPITAL DISTRICT COMPLIANCE REPORT

03/04/2022

FOR Q4- 2021

## TRAINING AND EDUCATION

Type	Completion Target	Actual
New Hire Compliance	100%	100%
POC Education	100%	100%

## EXCLUDED PROVIDERS

Type	Number
Employees	0
Physicians/Providers	0
Vendors	0

## EXPIRED LICENSES

Expired licenses
0

## PAYROLL-BASED JOURNAL (PBJ) FOR MOST RECENT AVAILABLE QUARTER

PBJ Issue	Number
Total Nurse Staffing	4 hours 24 minutes – last 5 Star report
Total RN	18 minutes – last 5 Star report
Total CNA	2 hours 46 minutes – last 5 star report
Days No RN Coverage	0 – last PBJ report
Staffing Domain Star Rating	4 star
Overall Star Rating	3 star

## INVESTIGATIONS BY INTAKE

Type	Number
Hotline	0
Direct to Compliance	0
RL6	305

**REPORTS AND INVESTIGATIONS BY TYPE**

Issue	New	Open	Closed	Unsubstantiated	Substantiated	Terminations
Abuse/Neglect	0	0	0	0	0	0
Code of Ethics/ Policy	0	0	0	0	0	0
Documentation	0	0	0	0	0	0
Elder Justice	0	0	0	0	0	0
False Claims	0	0	0	0	0	0
Gifts	0	0	0	0	0	0
HIPAA	0	0	0	0	0	0
Licensure	0	0	0	0	0	0
OIG Investigations	0	0	0	0	0	0
COVID	0	0	0	0	0	0
Resident Rights	0	0	0	0	0	0
Resident Charges	0	0	0	0	0	0
Non-Monetary	0	0	0	0	0	0
STARK	0	0	0	0	0	0
<b>Total</b>	0	0	0	0	0	0

**COMPLAINTS & INVESTIGATIONS**

Type	New	Open	Closed	Unsubstantiated	Substantiated	Terminations
Professional Liability	0	0	1	0	0	0
Loss of Property	0	0	0	0	0	0
<b>Total</b>	0	0	1	0	0	0

If you have any questions, please reach out and I will be more than happy to discuss.

Thank you,

JH