

# 2014 ANNUAL REPORT ARMED FORCES RETIREMENT HOME ADVISORY COUNCIL



January 1, 2014 – December 31, 2014

## Table of Contents

AFRH ADVISORY COUNCIL.....	3
Congressional Requirement.....	3
2014 Advisory Council Membership.....	3
AFRH ORGANIZATIONAL INFORMATION .....	6
The AFRH One Model for Operations .....	8
AFRH 2014 Resident Demographics.....	8
ADVISORY COUNCIL OBSERVATIONS AND RECOMMENDATIONS.....	10
AFRH Operations.....	10
Inspections .....	11
Senior Medical Advisor.....	14
Review of the Healthcare Structure .....	15
Adopting Person-centered Care .....	15
Strategic Planning.....	16
Budget/Financial Solvency .....	16
AFRH Staff Highlights.....	19
Internal Controls/Performance Improvement.....	20
Modernization .....	21
Information Technology Strategic Plan.....	23
Military Heritage.....	24
Resident Issues.....	24
Community Partnerships.....	25
Council Member Contributions.....	26
Commitment and Challenges: Preparing for Future.....	27
2014 FOLLOW UP ACTIONS FROM 2013.....	27
2015 FOLLOW UP ACTIONS FROM 2014 .....	27

The Armed Forces Retirement Home (AFRH) Advisory Council provides this report as a record of its activities during the calendar year 2014.

## AFRH ADVISORY COUNCIL

### Congressional Requirement

(As mandated by the National Defense Authorization Act (NDAA) for fiscal year (FY) 2012):  
“Not less often than annually, the Advisory Council shall submit to the Secretary of Defense a report summarizing its activities and recommendations with respect to the Retirement Home as the Advisory Council considers appropriate.”

### AFRH Advisory Council

**Establishing Authority:** 24 United States Code (U.S.C.), Title 10 – the AFRH Act of 1991, as amended

**Council Mission:** “The Advisory Council shall serve the interests of both facilities of the Retirement Home.” The Chair and members of the Advisory Council shall provide advisory guidance/ recommendations regarding any facet of the administration of the Home. “The Advisory Council shall provide to the Chief Operating Officer and the Administrator of each facility such guidance and recommendations on the administration of the Retirement Home and the quality of care provided to residents as the Advisory Council considers appropriate.”

**2014 Advisory Council Meetings:** During calendar year 2014, the Advisory Council held two advisory meetings: one in Gulfport, Mississippi, on June 6, 2014 and one in Washington, District of Columbia on October 30, 2014. Both were shared via audio/video teleconference for those not traveling to those sites.

### 2014 Advisory Council Membership

Colonel John Spain  
Army Pharmacy Program Manager and Pharmacy Consultant to the Surgeon General, Falls Church, Virginia  
**Council Position:** Council Chair

Mr. Paul Aswell  
Division Chief, Enlisted Accessions  
**Council Position:** Senior representative of one of the chief personnel officers of the Armed Forces

Dr. Raya E. Kheirbek  
Deputy Chief of Staff  
Washington, District of Columbia Department of Veterans Affairs Medical Center  
The George Washington University School of Medicine and Health Sciences  
**Council Position:** Civilian expert in gerontology from the geographical area of the facility (Washington, District of Columbia)

Mr. Charles Bowen  
Vice President, Government Relations  
**Council Position:** Enlisted representative of the Services' Retiree Advisory Council

Dr. Richard Allman  
Director, Home and Community Based Services  
Department of Veterans Affairs Central Office  
**Council Position:** Civilian expert in nursing home or retirement home administration and financing from the geographical area of the facility

Colonel Stuart A. Roop  
Director of Medicine, Walter Reed National Military Medical Center, Bethesda, Maryland  
**Council Position:** Senior representative of the military hospital nearest in proximity to the facility (Washington, District of Columbia)

Colonel Robert Edwards, U.S. Air Force, Medical Service Corps (MSC)  
Administrator, 81st Medical Group, Keesler Air Force Base, Mississippi  
**Council Position:** Senior representative of the military hospital nearest in proximity to the facility (Gulfport, Mississippi)

Ms. Cynthia Jones  
Budget Analyst, Office of the Under Secretary of Defense (Comptroller), Revolving Funds Directorate  
**Council Position:** Financial Expert

Master Chief Petty Officer of the Coast Guard  
Steven W. Cantrell  
**Council Position:** Senior noncommissioned officer of one of the Armed Forces

Sergeant Major of the Army  
Raymond F. Chandler III  
U.S. Army  
Office of the Army Chief of Staff  
**Council Position:** Senior noncommissioned officer of one of the Armed Forces

Master Chief Petty Officer of the Navy  
Michael A. Stevens  
**Council Position:** Senior noncommissioned officer of one of the Armed Forces

Chief Master Sergeant of the Air Force  
James A. Cody  
Headquarters Air Force/ Command Chief Master Sergeant (CCC)  
**Council Position:** Senior noncommissioned officer of one of the Armed Forces

Sergeant Major of the Marine Corps  
Michael P. Barrett  
Headquarters U.S. Marine Corps  
**Council Position:** Senior noncommissioned officer of one of the Armed Forces

Mr. Brian Hawkins  
Director, Veterans Affairs Medical Hospital (Washington, District of Columbia)  
District of Columbia (DC) Veterans Affairs Medical Center (VAMC)  
**Council Position:** Representative of the Department of Veterans Affairs regional office nearest in proximity to the facility (Washington, District of Columbia)

Mr. Anthony L. Dawson  
Director, Veterans Affairs Medical Hospital (Gulfport, Mississippi)  
Gulfport Veterans Affairs Medical Center (VAMC)  
**Council Position:** Representative of the Department of Veterans Affairs regional office nearest in proximity to the facility (Gulfport, Mississippi)

Colonel Thomas Zimmerman, U.S. Air Force  
Staff Judge Advocate for Air Force District of Washington  
**Council Position:** Senior judge advocate from one of the Armed Forces

Mr. Joseph Wachter (June 2014)  
Mr. S. Philip Ford (October 2014)  
Chairperson  
Resident Advisory Committee  
Armed Forces Retirement Home – Washington  
**Council Position:** Representative of the resident advisory committee or council of the facility (Washington, District of Columbia)

Mr. Raleigh Player (Interim) (June 2014)  
Mr. Henri Gibson (October 2014)  
Chairperson  
Resident Advisory Committee  
Armed Forces Retirement Home – Gulfport  
**Council Position:** Representative of the resident advisory committee or council of the facility (Gulfport, Mississippi)

Mr. Charles Dickerson  
Administrator, Armed Forces Retirement Home-Gulfport  
**Council Position:** Administrator of the facility (Gulfport, Mississippi)

Mr. Shaun Servais  
Administrator, Armed Forces Retirement Home-Washington  
**Council Position:** Administrator of the facility (Washington, District of Columbia)

Mr. Steven G. McManus  
Chief Operating Officer, Armed Forces Retirement Home  
**Council Position:** Agency Chief Operating Officer

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Non NDAA Council Members

Allen W. Middleton, Senior Executive Service  
Acting Deputy Director, Defense Health Agency  
Senior Medical Advisor to the Armed Forces Retirement Home

Ms. Margaret Class  
Program Analyst, Clinical Quality Division  
Office of the Chief Medical Officer, Defense Health Agency

Mr. Larry A. Bolton  
Director, Human Resources Division, Defense Health Agency  
Senior representative of one of the chief personnel officers of the Armed Forces

Mr. John W. Radke  
Chief, Army Retirement Services, Headquarters, Department of Army  
Representative of 1.1 million retired Soldiers and surviving spouses

Sergeant Major Bryan B. Battaglia, U.S. Marine Corps  
Senior Enlisted Advisor to the Chairman, Joint Chiefs of Staff



## AFRH ORGANIZATIONAL INFORMATION

### **Vision:**

A retirement community committed to excellence, fostering independence, vitality and wellness for veterans, making it a vibrant place in which to live, work and thrive.

### **Mission:**

To fulfill our Nation's Promise to its Veterans by providing a premier retirement community with exceptional Residential care and extensive support services.

### **Strategic Goals:**

#### Goal 1: Embrace Resident-Centered Care

Each person will understand each Resident's individual needs and take realistic action to fulfill them within AFRH resources and capabilities.

#### Goal 2: Maintain Exceptional Stewardship

Pursue and implement innovative ways to deflect, reduce, and manage costs by maximizing assets, resources, and programs to fulfill needs and wishes of current / future Residents.

#### Goal 3: Promote A Staff-Centered Environment

Expand staff knowledge that directly impacts the accountability and efficiency of the Agency, which will in turn empower all employees to be proactive.

#### Goal 4: Leverage External Stakeholders

Harness, cultivate and focus our external stakeholders to become increasingly active participants who are engaged in AFRH operations in each of the next five years.

### **Guiding Principles:**

**Person-centered:** Person-centered Care (PCC) is defined as the careful manner in which Resident needs are considered while developing responsive plans of care and delivering meaningful services.

**Accountability:** We expect our workforce to achieve what we promise to Residents, staff and service partners. To ensure success, we measure progress and provide feedback to our customers.

**Integrity:** We will strongly uphold the mission of AFRH. We are honest and ethical and deliver on our commitments. We recognize that good ethical decisions require individual responsibility enriched by collaborative efforts.

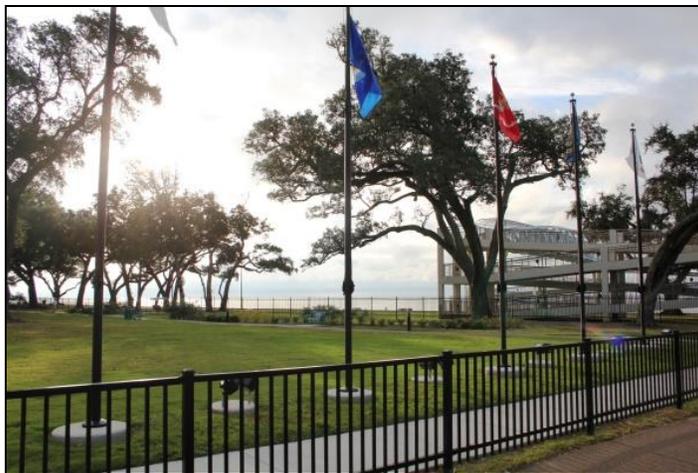
**Workforce Growth:** We strive to hire and retain the most qualified people. We maximize their success through training and development as well as maintaining and promoting open communication.

**Honor Heritage:** We honor the rich history of the US Armed Forces—from our Veterans to our victories. As such, our facility reflects that military heritage with memorabilia and tributes.

**Inspire Excellence:** We continuously work to improve each process, service and its delivery, while striving for excellence in all we do. We expect excellence and reward it.

**One Vision / One Mission / One Organization:** Success depends on our devotion to an unwavering Vision and Mission. Working together in different locations, under various managers and leaders, we maintain a distinct focus to serve our Residents. We collaborate and respond in a unified and single voice.

### Two Facilities



**AFRH-G, Gulfport, Mississippi**



**AFRH-W, Washington, DC**

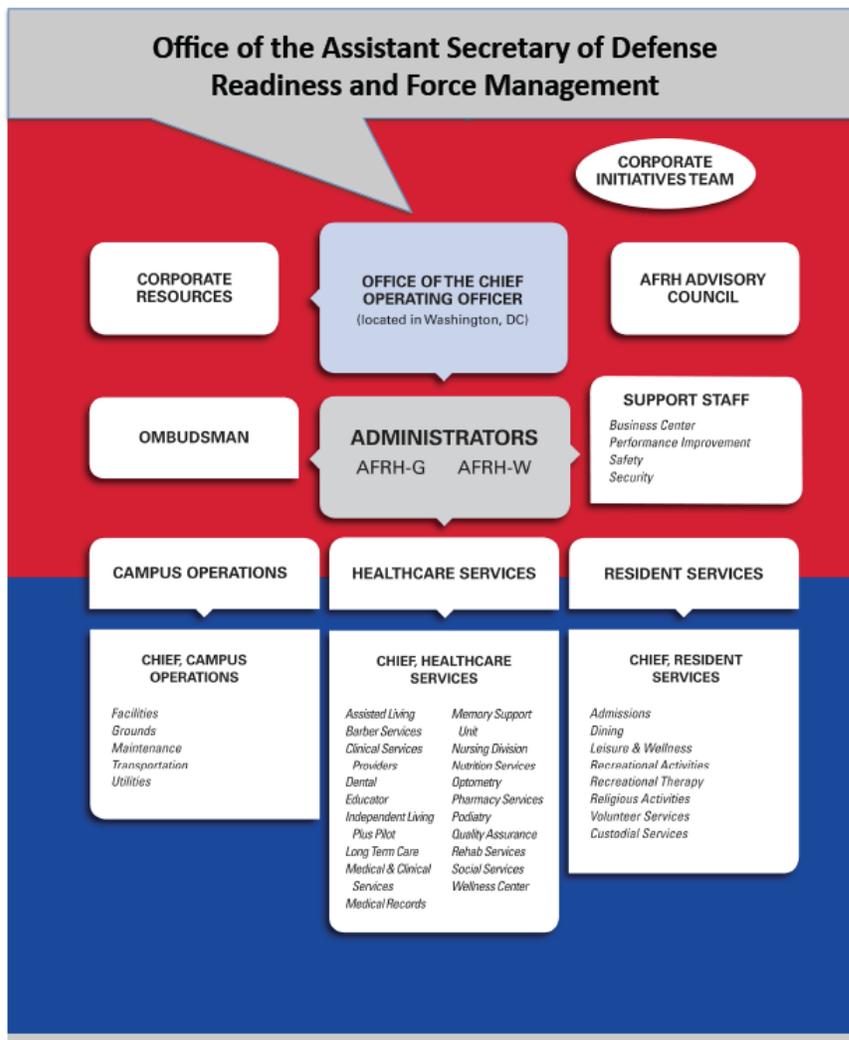
### **Under Secretary of Defense (Personnel & Readiness) (USD (P&R))**

The Secretary of Defense delegated duties of Chapter 10 title 24, U.S. Code to Under Secretary of Defense (Personnel and Readiness (USD (P&R))). Day to day oversight is delegated to the Assistant Secretary of Defense for Readiness and Force Management Program (ASD (R&FM))). USD (P&R) has supported and assisted AFRH in all aspects of its operations.

**One Model**

Both facilities use the same organizational model.

**The AFRH One Model for Operations**



**AFRH 2014 Resident Demographics**

(As of September 30, 2014)

BY GENDER

Male	916	(90%)
Female	99	(10%)

BY WAR THEATER\*

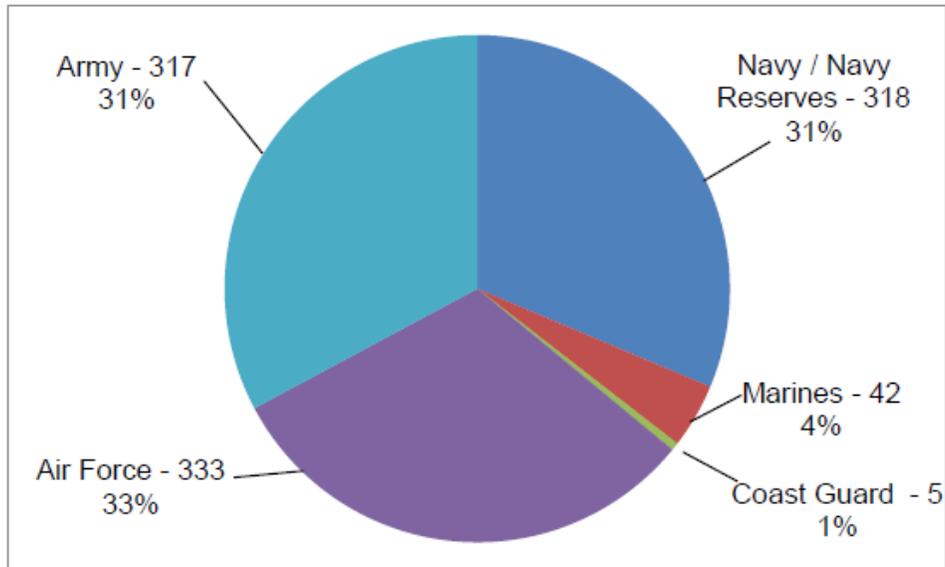
World War II	229
Korean War	441
Vietnam	557
Grenada	11
Panama	6
Gulf War	11

BY ELIGIBILITY\*

Retiree	827	81%
Service-connected Disability	30	3%
War Theater	106	11%
Female (served before 1948)	52	5%

*\*Some served in more than 1 war and are eligible under more than one criterion.*

### 2014 AFRH Resident Population by Military Service



## ADVISORY COUNCIL OBSERVATIONS AND RECOMMENDATIONS

### AFRH Operations

#### Compliance with Government Regulations

24 U.S.C., Title 10 and DoD Instruction 1000.28 dated February 1, 2010

#### **Council Observations:**

- All NDAA 2002, 2005, 2008 and 2012 legislative requirements have been satisfied, as well as the requirements of DoD Instruction 1000.28.
- Per the direction to inspect no less than every 3 years, the DoD Inspector General (IG) last inspected AFRH in August/September 2012 and released the report in 2014.

#### **Council Recommendations:**

- The AFRH Leadership team will provide the council with a review of the DoD IG findings and responses at the May 2015 council meeting.

### Chief Operating Officer

The AFRH Chief Operating Officer (COO) recognizes the important role the Advisory Council plays in assisting AFRH in fulfilling its mission. The relationships formed among the members are important and equal a force multiplier for AFRH.

#### **Council Observations:**

- The AFRH COO understands his responsibilities, completes them thoroughly and meets legislative requirements.
- The AFRH leadership provides accurate and timely information, when requested, concerning the AFRH's achievements, goals, and challenges.
- The COO encourages AFRH staff to brief and work with Advisory Council members.

#### **Council Recommendations:**

- None.

### AFRH Leadership

AFRH responded to changes in leadership positions. The Chief, Healthcare Services, AFRH-W resigned and the Ombudsman, AFRH-W retired. A new Inspector General for all AFRH was hired. Chief Medical Officers were appointed at each facility. A new Administrator, AFRH-W was also hired.

#### **Council Observations:**

- AFRH staff are available, eager and willing to brief and work with Advisory Council members, as needed.

#### **Council Recommendations:**

- Continue to inform the Council of key leadership vacancies and timelines for replacement.

## Policy

AFRH uses a two-tier policy issuance system. Agency-level guidance is issued as AFRH Agency Directives or Agency Notices. Each facility of the Home is responsible for implementing Agency-level policy. In turn each campus develops and issues facility-level Standard Operating Procedures (SOPs) at their individual Homes.

### **Council Observations:**

- Throughout this year AFRH updated its policies and the facilities revised procedures to bring them into alignment with The Joint Commission (TJC) current standards. Both facilities reviewed and updated their policies in preparation for the TJC surveys held in September 2014.
- Some Advisory Council members volunteered to assist in the development of the policies.

### **Council Recommendations:**

- In keeping with Advisory Council requirements to review policies annually, members are available resources for policy consultation and review based upon their area of expertise.

## Inspections

The National Defense Authorization Act for 2008 (Public Law 110-181) requires AFRH to secure and maintain accreditation by a nationally recognized civilian entity for every aspect of each facility of the Home (including medical and dental care, pharmacy, independent living, assisted living, and nursing care). The law requires that the COO request a nationally recognized civilian accrediting organization to conduct surveys to cover all aspects of the operations. The AFRH IG is the principal advisor to the COO on all matters relating to the detection and prevention of fraud, waste and mismanagement.

In 2014 AFRH maintained its accreditation with the Continuing Accreditation of Rehabilitation Facilities/Continuing Care Accreditation Commission (CARF/CCAC) which is valid through 2016. Although AFRH is accredited by CARF/CCAC, healthcare is not a strong point in the CARF/CCAC accreditation process. The decision was subsequently made to pursue TJC accreditation for healthcare. AFRH-Gulfport (AFRH\_G) and AFRH-W attained the Gold Seal of accreditation in Nursing and Ambulatory Care from TJC following surveys at both facilities in September 2014.

The upcoming inspection schedule is shown below:

<b>Inspecting Agency</b>	<b>Inspection Date</b>	<b>Anticipated Return</b>
DOD Inspector General (IG)	Aug – Sep 2012	2015
Commission on Accreditation of Rehabilitation Facilities/Continuing Care Accreditation Commission (CARF/CCAC)	Aug 2011	2016
The Joint Commission (TJC)	Sep 2014	2017

### **Commission on Accreditation of Rehabilitation Facilities/Continuing Care Accreditation Commission**

AFRH currently maintains a national CARF/CCAC accreditation for Continuing Care Retirement Communities (CCRCs). AFRH-W operation was first inspected by

CARF/CCAC in August 2008 and received accreditation for 5 years. The Washington facility was successfully reviewed again by CARF/CCAC in late September 2011. AFRH-G underwent their first CARF/CCAC review in October of 2011. CARF/CCAC reported that AFRH-G had no major findings and validated its accreditation through 2016. CARF/CCAC and AFRH maintain a Quality Improvement Plan (QIP) implementing recommendations that emphasize PCC, improve safety, break down silos and streamline guidelines for Resident transitions. Recommendation milestones are updated annually and reviewed by CARF/CCAC.

In 2012 to comply with CARF/CCAC accreditation standards AFRH developed a formal policy for the Council's participation. In 2014 the Council participated in the CARF/CCAC recommendations:

- Policy that addresses loans
- Stock ownership
- Other matters of financial interests
- Annual personal self-assessment of individual members
- Annual written and signed conflict of interest statement
- Written and signed Code of Ethics
- Annual review of policy and directive

***Council Observations:***

- The Advisory Council has incorporated CARF/CCAC requirements as directed in the AFRH directive into its governance process. AFRH administrative support assists the Advisory Chair in maintaining documentation and tracking council members compliance with these requirements. Compliance with these requirements are addressed at bi-annual council meetings. A schedule for completing these requirements has been shared with AFRH administrative support to ensure compliance.
- AFRH Agency Directive 1-13 addresses the list of CARF/CCAC recommendations as annotated above.
- About 85% of CARF/CCAC recommendations are implemented; need follow up on remaining 15% during 2015.

***Council Recommendations:***

- Brief the Advisory Council on any remaining CARF/CCAC requirements at the May 2015 meeting.

**The Joint Commission**

Accreditation for Nursing Care and Ambulatory Care is required by legislation and CARF/CCAC does not offer this accreditation. AFRH chose to pursue Nursing Care and Ambulatory Care accreditation with TJC because it is an independent, not-for-profit organization that accredits and certifies more than 20,500 health care organizations and programs in the United States. TJC accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

In October 2013, the Joint Commission Resources, Inc. (JCRINC) completed an operational assessment of AFRH's healthcare operations at both facilities in preparation for the accreditation survey in September 2014. This operational assessment allowed each Home to self-assess their processes for compliance with TJC's standards in Nursing Care and Ambulatory Care. To ensure the integrity of both operations there is a firewall between the services provided by JCRINC and TJC.

The September 2014 surveys for TJC accreditation were successful with TJC noting fewer recommendations than normally found for their initial surveys. TJC survey results are as follows:

Facility	No. of Direct Impact Standards Compliance Recommendations	No. of Indirect Impact Standards Compliance Recommendations
AFRH-G	1	4
AFRH-W	4	8

- The direct impact standards compliance recommendations required a 45-day correction and the indirect ones required a 60-day correction.
- Both AFRH-G and AFRH-W completed and submitted all correction actions to receive accreditation.

Both campuses received their TJC accreditation in both ambulatory and nursing care in October (AFRH-G) and November (AFRH-W) 2014.

**Council Observations:**

- A simultaneous joint site visit between Defense Health Agency (DHA) with JCRINC occurred at AFRH.
- The AFRH leadership prepared well for the TJC accreditation surveys in September 2014.
- DHA’s Office of the Chief Medical Officer (CMO) performed a joint site visit when TJC surveyed AFRH in September 2014.
- Sharing the survey was a good partnership and learning experience both for AFRH and DHA. It also reduced ‘survey fatigue’ for AFRH staff who have to participate in numerous surveys.

**Council Recommendations:**

- Council members will continue to be available for consultation to assist AFRH in maintaining CARF and TJC accreditation. AFRH leadership will provide of a summary of direct and indirect findings and the responses provided to TJC.
- DHA will continue joint site visits with TJC and JCRINC in the future.

**DoD Inspector General**

In 2011 regulatory changes (Public Law 112-81) made to Section 418, Inspections, 24 U.S.C. 10, requires the DoD IG to assess AFRH every 3 years. The last tri-annual DoD IG inspection was conducted in 2012. The AFRH Inspection Draft Report was reviewed by the DoD IG Office of General Council (OGC) during October 2013. The draft report was delivered to AFRH in December 2013 for comments. AFRH, working with ASD (R&FM), identified, resolved, and/or created an action plan for all recommendations in April 2014. Residents/staff were informed of the report findings in Town Hall meetings. The results of the 2012 IG report were released publicly in July, 2014.

**Council Observations:**

- The observations and findings from the 2012 DoD IG report are available online at the DoD IG website. At the October 2014 Advisory Council meeting AFRH reported that 101 of the 131 observations are closed. The remaining open observations only require updating information.
- The Council commends AFRH staff for the progress made on the responses and looks forward to preparations for the 2015 DoD IG inspection.

***Council Recommendations:***

- The AFRH Leadership team will provide the council with a review of the DoD IG findings and responses at the May 2015 council meeting.
- The Council members were advised to familiarize themselves with the 2012 DoD IG report prior to the May 2015 Council meeting.

**Senior Medical Advisor**

The NDAA of FY 2012 mandated the designation of a Senior Medical Advisor (SMA) to the AFRH by the Secretary of Defense. Title 24 directs the Secretary of Defense to designate the Deputy Director of the TRICARE Management Activity to serve as the SMA for AFRH (Note: Since the 2012 legislation, TRICARE has changed names to DHA. The information for request to update statutory language to reflect this change of name was provided to ASD (R&FM) staff.) Mr. Allen Middleton, Deputy Director, Defense Health Agency was the 2014 SMA. DHA staff provides support to SMA as requested, particularly from the Healthcare Operations Directorate, Clinical Support Division, and the Administration and Management Directorate, Human Resources Division.

The SMA Oversight Plan was approved by DHA Health Affairs and USD (P&R) in October 2013. The plan includes guidelines for organizing and coordinating SMA oversight reviews, oversight strategy, reporting oversight activities, findings and recommendations, SMA oversight plan review and revision. The plan also established a SMA Oversight Tracking Log to document DHA interactions with AFRH.

The DHA assisted AFRH in 2014 on several fronts:

- Provided advice on meeting accreditation requirements and measures.
- Participated in the selection process of several leadership positions at the AFRH.
- Implemented the SMA Oversight Plan by working closely with the AFRH Process Improvement Officer (PIO) in this endeavor.
- Continued to track, monitor, and resolve items on the DoD IG draft report.
- Assisted AFRH with the Veterans Affairs (VA) Clinical Practice Guidelines as they relate to AFRH and as they are to be integrated in the Electronic Medical Record (EMR).
- Conducted a full site visit simultaneously with TJC's survey at the AFRH in September, 2014.
- Both Keesler Air Force Base (KAFB) near AFRH-G and Walter Reed National Military Medical Center (WRNMMC) near AFRH-W provided CHCS access to AFRH-G practitioners. The last remaining hurdle at AFRH-W is the operability of the CAT card. WRNMMC is still working to get full implementation.

***Council Observations:***

- The DHA liaison continues to provide valuable insight and assistance as the SMA to AFRH.
- Joint site visits during surveys is a process that works very well. DHA and AFRH understand simultaneously what reviewers assess and how standards and practices are properly applied.

***Council Recommendations:***

- The Council strongly encourages continuation of alignment of the SMA annual review with the external healthcare review process to facilitate the overall assessment process and decrease unnecessary survey fatigue given AFRH's robust oversight requirements.
- The Council requests that surveys be shared with the AFRH staff.

**Review of the Healthcare Structure**

AFRH provides ambulatory care for Independent Living (IL) Residents in state-of-the-art Wellness Centers. AFRH also has four levels of care: Independent Living Plus (ILP), Assisted Living (AL), Memory Support (MS), and Long Term Care (LTC). The ILP pilot program (similar to a home healthcare model) was created to reduce the numbers of residents having to move to higher levels of care. ILP numbers continue to increase with more residents staying independent. Fewer falls, decreased medication errors, and improved environmental supports have been the hallmarks of AFRH's move to the home healthcare model. Throughout 2014 ILP was still a pilot. A proposal to charge Residents a fee for this level of care was introduced and vetted by the Residents for implementation during 2015.

AFRH is accredited by TJC for ambulatory and nursing care. The next accreditation being sought within the next year is home healthcare accreditation under TJC.

***Council Observations:***

- Working towards achievement of the home healthcare accreditation is an impressive endeavor.
- Efforts to maintain resident independence through the ILP is commendable.

***Council Recommendations:***

- Continue to seek ways that allow patients to maximize an independent living lifestyle.

**Adopting Person-centered Care**

Following the accreditation by CARF/CCAC, an emphasis on PCC has become a key component of the AFRH philosophy and service. Part of the culture change has involved a physical change in the buildings both in Gulfport and Washington. In 2010 AFRH opened the new Gulfport facility which has many features that promote PCC and in 2013 AFRH opened the new Scott Building which promotes the small house concept. Dining in both facilities was transformed in the past few years also to accommodate the personal schedules of Residents. The key to truly achieving PCC is to listen to the Resident population and individualize service delivery (within AFRH's capabilities and resources) rather than trying to fit the Resident's needs into pre-existing programs and services. Today AFRH's day-to-day operations and physical plant meet PCC principles.

Expanding PCC is an ongoing process at AFRH that includes staff-centered initiatives and examination of existing interactions with Residents.

***Council Observations:***

- The Council commends AFRH for the progress made in PCC.

***Council Recommendations:***

- Consider PCC tracer teams similar to efforts instituted to maintain TJC practice standards.

## **Strategic Planning**

AFRH has consistently followed a well-developed strategic planning process since 2002. The 2002 AFRH Strategic Plan emphasized right-sizing the two campuses. The next 5 year plan in 2006 had to focus on the rebuild of the AFRH-G facility after Hurricane Katrina and the construction of the new AFRH-W Scott Building to meet the AFRH's vision of PCC. Extensive repairs from the 2011 Washington, DC earthquake became a top priority in the next 5 year plan. These strategic plans have guided AFRH successfully to produce two communities with exceptional and equal care.

In conjunction with the improvements to the buildings and landscaping, management has significantly improved resident service, fiscal oversight, internal controls, environmental initiatives, and staff performance. Resident care is stronger than ever. Visionary planning by staff members and business partners made this goal a reality.

AFRH is committed, through its strategic vision, to create and maintain an environment that fulfills the mission of the health and wellness philosophy of aging with services and care designed to promote Aging-in-Place. AFRH's action plans shifted from an FY 2013 focus on infrastructure improvement projects to an FY 2014 focus of sustaining the Trust Fund and operating more efficiently. The strategic planning process is now aligned with the Presidential terms, as required per OMB Circular A11. The next plan will start with the next administration in FY 2017.

The strategic goals focus on Residents, Stewardship, Staff, and External Stakeholders. Each goal has objectives to expand PCC, maintain cost effective operations, encourage productive employees, and outreach to business, military, and civilian partners. Objectives and actions reach down to individual performance plans to ensure measures are met and goals achieved.

***Council Observations:***

- The AFRH leadership team is to be commended for their consistent execution of the Strategic Plan and ongoing efforts to ensure this living document remains relevant to meet future challenges.

***Council Recommendations:***

- Continue briefing Strategic Plan updates at council meetings.

## **Budget/Financial Solvency**

### **AFRH Trust Fund Balance**

AFRH's funding source is distinctive among Federal agencies. The 1991 Defense Authorization Act, Public Law 101-510, created an AFRH Trust Fund to finance the Gulfport and Washington Homes. The Trust Fund status is an integral part of the financial picture. With the fluctuations the military forces are now facing in Fines and Forfeitures, a major source of AFRH revenue, AFRH may be unable to maintain a balance of spending against income.

The AFRH Trust Fund is the self-funded investment that pays for the AFRH operations and capital improvements. In recent years, AFRH management has substantially reduced operating costs and undertaken several major construction projects to further reduce Operations and Maintenance (O&M) costs.

Prior to 2002, the AFRH Trust Fund was close to insolvency. Forecast models briefed to senior management at DoD, the Office of Management and Budget (OMB), and Congress described a financial state that would cause the Home to close in the 2005-2007 timeframe. Through innovative approaches such as the adoption of the AFRH "One Model Plan," necessary staff reductions, and improved operations, AFRH leadership not only turned this dismal projection model around, but actually went on to show a net growth of \$92 million in the AFRH Trust Fund (from \$94 million in FY 2002 to an all-time high of \$186 million in FY 2010).

While AFRH's achievements are impressive, high costs have been associated with recent capital improvements. As predicted, the withdrawal from the Trust Funds to support the 5-year Scott Project significantly reduced the Trust Fund Balance. As AFRH moves from a capital improvement period to a sustainability period, Trust Fund withdrawals for capital projects are expected to decline and stabilize.

The 2012 Trust Fund Solvency analysis concluded that the AFRH Trust Fund was solvent long term with the key assumption that revenue remained significantly within historical variation. AFRH's Trust Fund balance reflects reduced revenue from an unexpected decline in AFRH's largest revenue stream—Fines and Forfeitures. AFRH is working closely with its OMB and DoD leadership to address revenue concerns.

Since 2010, Fines and Forfeitures have fallen more than expected from normal variations or historical trends steadily declining from \$37.2 million in 2010 to \$28.2 million in 2014--a reduction of more than 24 percent. AFRH is seeking new revenue sources, proceeding with the lease of underutilized buildings/land, and continuing to contain operating costs.

To replace the reduced Fines & Forfeiture Revenue, AFRH, working with DoD leadership, is implementing a multi-tiered approach which includes:

- Increasing Active Duty Withholding from 50 cents to \$1 per month by June 30, 2015. DoD has had the authority to increase the monthly withholding paid by active duty enlisted, Warrant Officers and Limited Duty Officers since 1996. The Active Duty Withholding has not increased since 1977 when it was permanently established at 50 cents per month. The active duty withholding change will increase revenue by approximately \$1.7 million in FY 2015 and \$6.8 million in FY 2016.
- Implementing an equitable increase of Resident Monthly Fees in both the percentage of income and maximum fee amounts. Resident Fees have not been adjusted since 2002 or kept pace with the rising cost of healthcare. Even with the proposed increase AFRH is still the best value for veterans and offers services not available at other facilities. Increased Resident Fees will generate approximately \$.3 million in FY 2015 and \$1.4 million in FY 2016.
- Transforming the ILP pilot program to a permanent level of care with a fee structure that recognizes the costs associated with this level of care. The ILP program provides Residents with assistance in activities of daily living while allowing them to remain in their Independent Living rooms. This is a savings for

both the Resident and AFRH. Prior to the pilot programs, Residents who needed even the most minor assistance had to be moved to Assisted Living rooms with associated nursing costs and a higher monthly Resident fee. Currently, AFRH has over 100 Residents in the ILP level of care with an approximate cost of \$10,000 annually per Resident.

- Auditing Active Duty Fines & Forfeitures transferred from DoD to AFRH. Since the significant reduction in this revenue source is unprecedented and unexplainable based on over 50 years of historic trends, this audit will assist in better out year projections for AFRH's largest revenue source.
- AFRH-W Master Plan. AFRH has an approved Master Plan for 77+ acres of underutilized land in the southeast corner of the AFRH-W property. AFRH offered this area for a lease in 2008 but due to the downturn in the Washington, DC real estate market put the project on hold. AFRH working with the General Services Administration (GSA) will release the request for proposal in the second quarter FY 2015 and hopes to select a vendor by early FY 2016. Revenue from this lease is expected to begin in FY 2017.
- Leasing underutilized buildings and land. AFRH has identified several buildings, in addition to our Master Plan 77+ acres, which are underutilized due to our recent reductions in our footprint at AFRH-W. AFRH has been actively working to offer these buildings for lease to not only generate additional income but also to reduce the operations and maintenance obligations.

In addition to efforts to increase revenue, AFRH continues to identify and implement cost containment activities keeping operations efficient while providing quality services and amenities to Residents. Working with OMB and DoD leadership, these actions should assist in increasing the Trust Fund Balance and support out year budget requests.

***Council Observations:***

- The number one issue for Residents is the legacy of the Home. Trust Fund solvency is a topic of great concern for the Residents and they want to be kept informed. The Council applauds AFRH's efforts to give Residents a voice in the Master Plan.
- Approval of the increase in active duty withholding and the Resident fees are positive steps forward to help the ailing Trust Fund.
- Accepting gifts and donations is one area to explore. Some military are quite successful in their post-military careers.

***Council Recommendations:***

- The Council recommends continued periodic updates at the Resident Advisory Committee (RAC) meetings and Resident Town Halls to address Residents' concerns and to respond to questions.
- The Council requests continuing progress reports at Advisory Council meetings.

**FY 2016 Budget Request**

At the October 2014 Advisory Council meeting, the FY 2016 Budget Request to Office of Management and Budget was presented for discussion. The AFRH FY 2016 Budget Request of \$64.3 million covers O&M and Capital Improvements for both Campuses. The AFRH FY 2016 Budget Request is adequate to support Residents while absorbing a key cost driver—increasing health care staff and reducing reliance on contract personnel and federal employee overtime. The FY 2016 Budget Request will allow AFRH to absorb rising healthcare costs (the largest cost driver) while continuing to provide Residents the services and amenities they deserve while

maintaining two Campus facilities and grounds. The FY2015 budget was \$63.4 million (\$62.4 million for O&M and \$1 million for Capital). The increase from 2015 to 2016 is based on the increased healthcare costs needed to conform to the required 4.1 hours of licensed nursing healthcare services per Resident daily in upper levels of care.

***Council Observations:***

- The Council recognizes AFRH efforts to increase finance stability and understands additional efforts are needed to stabilize the Trust Fund.

***Council Recommendations:***

The Council will look forward to hearing about AFRH's progress in revenue generation.

**AFRH Financial Audit**

As required by legislation, the AFRH has sought and obtained a successful financial audit from Brown and Company CPAs, PLLC, an independent accounting firm. The AFRH received an "Unmodified" (clean) audit. Brown and Company did not report any material weaknesses. The 2014 audit is AFRH's 10<sup>th</sup> consecutive clean audit. Agency management, in partnership with the Bureau of the Fiscal Service (BFS), was accountable for the integrity of the AFRH's financial information. All financial statements and data have been prepared from the AFRH accounting records in conformity with General Accepted Accounting Principles (GAAP).

***Council Observations:***

- The Council commends AFRH on its successful accomplishments in financial management.

***Council Recommendations:***

- None.

**Statement of Assurance**

The AFRH COO has certified that the AFRH is in full compliance with all applicable requirements in accordance with the Federal Managers' Financial Integrity Act (FMFIA), Public Law 97-255 Section 2, and OMB Circular A-123 – Management's Responsibility for Internal Control (IC).

***Council Observations:***

- The Council commends AFRH on its successful accomplishments in Internal Controls and financial integrity.

***Council Recommendations:***

- None.

**AFRH Staff Highlights**

**Office of Personnel Management Federal Employee Viewpoint Survey**

- Completed in August 2014. Full results were not available at the October 2014 Advisory Council meeting. The 2014 results provided to AFRH in December 2014 showed that AFRH employees are not as satisfied working at AFRH as they have been in the past. OMB has required all agencies, not just AFRH, to prepare action plans to address employee concerns that have been captured in the 2014 FEVS. AFRH developed an action plan and will work with employees to understand their issues throughout 2015.

AFRH aims to have employees engage in problem solving and thereby improve the 2015 survey results.

### **AFRH Hiring Process**

- Applicants for key positions are screened by a managerial panel.
- The top 3 to 5 ranked applicants are selected to be interviewed by the panel. Applicants who are interviewed are scored.
- Best qualified candidates (highest scores) are recommended to Selecting Official who is the second line supervisor.

### **Recent Selections**

- Robert DuFour, AFRH Inspector General
- Dr. Dawn Hansen, AFRH-G Chief Medical Officer
- Shaun Servais, Administrator, AFRH-Washington

### ***Council Observations:***

- Hiring practices where market pay is applied means there is now a competitive pay structure. AFRH is producing results that are on track.
- AFRH staff are engaging and morale seems high.
- Compliments are directed to nutrition and housekeeping.

### ***Council Recommendations:***

- The Council is interested in hiring lag information.

## **Internal Controls/Performance Improvement**

### **AFRH Accreditation Preparations**

During 2014 AFRH focused on its staff to prepare for TJC accreditation surveys at both campuses in Ambulatory and Nursing care. DHA staff provided advice on meeting accreditation requirements and measures and participated in their own assessment during the actual TJC survey. Preparations for the TJC survey included reviewing all the standards, accomplishing a risk assessment and establishing goals for infection control areas, creating medical guidelines for providers, and holding weekly staff meetings to educate staff on all required standards. The results of these preparations are detailed in the section The Joint Commission section of this report (page 12).

### **Performance Improvement**

Realignment of component groups and performance measures with risk mitigation which had been the focus of AFRH's Performance Improvement (PI) in 2013 continued. Progress was tracked. Focus shifted to linking the performance measures to individual performance as noted in the Strategic Planning section of this report (page 16).

### **Credentialing**

The DoD IG recommended that the AFRH Credentialing process be improved. The list of all practitioners working at AFRH with their credentials was presented to the Advisory Council at the October 2014 Advisory Council meeting.

### ***Council Observations:***

- The TJC surveys will continue to strengthen healthcare at the AFRH facilities.

**Council Recommendations:**

- None.

**Modernization**

**AFRH-G**

Projects in 2014 included a collaboration on the Culvert Drainage Project with Naval Construction Battalion Center (Gulfport Design Phase), the addition of 22 more parking spaces, improved and expanded nurse call system, installation of a front gate panel alarm system, the outdoor pool resurfacing project, and installation of fire pull stations (9 total) in the upper levels of care.

**AFRH-W**

Projects in 2014 spread across a large spectrum to include planting of cherry trees, the addition of Resident parking spaces and parking lot speed bumps, activation of TekTone and Resident alert systems, the implementation of the Scott/Sheridan public announcement (PA) system, restriction of elevator access to the Scott penthouse and the Wellness Center, expansion of outdoor sports for Residents (a new shuffle board court, a horse shoe pit, and a Bocce court), installation of bird netting at the Sheridan loading docks, and putting in safes in the Sheridan Assisted Living rooms. The new aquatic program by Recreational Therapy staff for upper levels of care began during 2014.

**AFRH-W Master Plan**

The most promising opportunity to significantly increase revenue is from the leasing of 77+ underutilized acres in Washington, DC. In 2014 AFRH began moving forward with the AFRH-W Master Plan. The plan, originally approved and followed in 2008, had been on hold until the local real estate market recovered after its crash in 2008. AFRH, working with GSA, is soliciting a ground lease which will provide an additional revenue source to support our Trust Fund. By working with GSA and the United States Army Corps of Engineers (USACE), AFRH expects to gain maximum benefit from the development of this property. The Request for Proposal is scheduled to be released in 2015.

**Capital Improvement Plans**

As a Federal Agency, management recognizes that the Capital Improvement Plans (CIP) and capital improvement projects are an investment in the future of the AFRH facilities. While management has created a Long Range Financial Plan to evolve and remain solvent, it must continually integrate its PCC philosophy and modify plans for each facility to realize this new vision. The AFRH last updated its 10-year CIPs for both facilities in FY 2012. Further updates based on current economic realities were begun in 2014.

**Environmental Initiatives**

In compliance with Executive Order 13423 "Strengthening Federal Environmental, Energy, and Transportation Management" (January 2007) and Executive Order 13514 "Federal Leadership in Environmental, Energy, and Economic Performance" (October 2009), AFRH initiated environmental reporting in 2012 creating performance goals to emphasize the importance of environmental factors in efficient operations.

AFRH environmental cost drivers include certain operational activities, improvement projects for equipment upgrades, assessments, taxes and fees required for environmental safety, and regulatory levies on properties and operations. In addition to the Executive Order requirements, maintaining proper environmental conditions for seniors is critical for CARF/CCAC and TJC accreditations.

Per federal requirements and guidance, AFRH tracks, reports and reduces energy consumption, water use and waste generation along with developing inventories of Greenhouse Gas (GHG) emissions every year. AFRH established a reduction target for FY 2020 from the FY 2008 baseline and submitted the required updated Strategic Sustainability Performance Plan (SSPP) on time.

### **Environmental Goals and Results**

Energy: In FY 2013, AFRH experienced a temporary spike in energy consumption as a result of construction to replace the old AFRH-W Scott Building. In FY 2014, with the completion of the energy efficient new Scott Building, AFRH resumed its downward energy consumption trend. AFRH has selected an Energy Savings Performance Contract (ESPC) to assess areas for further energy initiatives in response to the President's Performance Contracting Challenge.

Fleet: AFRH operates a fleet of less than 20 vehicles, and therefore, is exempt from federal petroleum reduction and alternative fuel requirements; however, AFRH evaluated fleet usage to identify energy efficient opportunities and has reduced its fleet by 20% since the 2008 baseline.

GHG Emissions: Energy is the primary source of AFRH's GHG emissions; more energy efficient operations are assisting AFRH in meeting this reduction goal. In FY 2013, AFRH conducted assessments of the AFRH-W Scott Building and the AFRH-G facility determining both buildings currently meet over 50% of the *Guiding Principles for Leadership in High Performance & Sustainable Buildings* with improvements underway to meet an additional 20-25% by the end of FY 2015.

Waste: AFRH has taken numerous steps to increase recycling. The AFRH-W one-line recycling contract which requires the contractor to separate recyclables has significantly increased diversion of waste.

Water: Water use intensity has been reduced by 50% since the FY 2007 baseline was established. This reduction has been accomplished through water conservation measures, leak detection / repair and reduced landscaping water use.

### **Council Observations:**

- Both facilities are beautiful. The Council appreciates the breadth of the continuous efforts made by AFRH management to improve living conditions for the Residents.

### **Council Recommendations:**

- None.

## Information Technology Strategic Plan

The Information Technology (IT) Strategic Plan identifies future IT improvements and potential areas for cost avoidance while enhancing current operations.

### *FY 2014 IT Highlights*

#### **Cloud Computing Solution with SharePoint and Microsoft 365**

During FY 2014, AFRH successfully completed its migration from Lotus Notes email to Microsoft Outlook, which was part of the cloud based Office 365 solution deployed agency-wide. Mobile devices were also included in this migration.

#### **Electronic Health Record System**

In FY 2013, AFRH began the move from a paper-based Resident health care record to an Electronic Medical Record (EMR) to ensure up-to-date healthcare information is available. In FY 2014, AFRH expanded the use of the system to include Resident financial data to improve our Resident billing process, implemented use of the AFRH Resident record and enhanced the functionality and reporting ability of the cloud-based EMR system.

#### **Senior TV**

In FY 2013 AFRH began offering Residents at both Campuses the option to purchase their internet and cable services through AFRH. After only one year, the number of Residents utilizing this service has increased and Senior TV is fully funded by Resident charges.

**IT Upgrades**—Video conferencing was implemented and is used to support various functions (weekly staff meetings, Advisory Council meetings, training, etc.). AFRH also completed deployment of an unsecured Wi-Fi service in the administration areas in the Scott building at AFRH-W. AFRH-W replaced 100 desktop computers for staff and upgraded over 90% of the staff to the Windows 7 operating system providing additional security for data protection.

AFRH is compliant with the mandate that all federal agencies operate within a MTIPs environment, which allows for agencies to implement a more robust cyber security program as prescribed by the Department of Homeland Security and the Federal Information Security Management Act (FISMA).

#### **Council Observations:**

- The Council appreciates learning about AFRH's technology strides, especially with the EMR for Residents.
- Maintaining connectivity with other military healthcare systems has been problematic. How to bridge the information from AFRH to them and vice versa needs to be addressed.

#### **Council Recommendations:**

- None.

## **Military Heritage**

Military camaraderie and military heritage set the AFRH apart from other retirement communities. Participation by Senior Enlisted and scores of active duty military in AFRH events and projects keep AFRH residents in touch with their military heritage. Trips in 2014 such as the Japan softball trip and the National Capital Region Honor Flight are evidence of active Resident participation in military-related events.

Both facilities cherish their Hall of Honors which display a timeline, photos and artifacts from the vibrant history of the US Naval Home and the US Soldiers' and Airmen Home. Military uniforms and personal items from active duty service donated by Residents are showcased.

Every military service and the Coast Guard send volunteers to assist AFRH in their myriad activities. In Gulfport, proximity of Air Force and Navy bases results in a large presence at the facility and much involvement in many projects. In Washington, the number of military posts and bases in the metropolitan area is large. So Army, Navy, Air Force, Marines, and Coast Guard all contribute in volunteering, in commemorating military events, leading improvement projects, and befriending their comrades.

### ***Council Observations:***

- The Council appreciates that all five Services are active at both AFRH facilities.

### ***Council Recommendations:***

- The Council recommends that the current efforts to keep the Services involved should be continued.
- Additional efforts to share activity calendars with the committee should be pursued to facilitate greater engagement by the services.

## **Resident Issues**

### **Resident Focus Groups**

AFRH Resident Focus Groups are held on an as-needed basis. In 2014 the discussion of increases to the withholding of active duty military pay and increases in Resident fees were the main topics.

### **Resident Advisory Committee**

The Resident Advisory Committee (RAC) is comprised of a Chair and representatives from each floor in all levels of care. The RAC fields observations, issues, and concerns to the facility Ombudsman. During 2014 Residents stated that their rapport with AFRH managers is phenomenal in meeting the diverse needs of the Residents. AFRH staff are always open to Resident ideas and they listen. The results in improved services, wellness, and security are appreciated. Guest speakers are one of the best ways to connect with Residents and AFRH excels in providing speakers.

### **Leaving a Legacy**

AFRH Residents are concerned about the future of their Homes. Especially, they are keenly aware of the diminishing balance in the AFRH Trust Fund. They support the AFRH Master Plan at the Washington campus to increase revenue. They support the increases in Resident fees. Residents want to ensure there is an AFRH in the coming years for the military serving today.

### **Advisory Council Resident Tracking Log**

The Advisory Council Chair maintains a log for minor issues that come up with Residents. This gives them an additional venue to express their ideas about their living at AFRH.

#### ***Council Observations:***

- The Council appreciates the role of the Ombudsman at each campus in helping Residents get their needs met.
- The Chair thanked the RAC Chairs (AFRH-G's Mr. Player and Mr. Gibson and AFRH-W's Mr. Wachter and Mr. Ford) for their dedicated work for their Residents.
- The RAC Chairs reported that 99% of Residents accept the need for increases in Resident fees to increase revenue. However, Residents were concerned about the percentage increase proposed at the upper levels of care.
- The Chair receives monthly updates and appreciates Resident input on issues of interest.
- It is noteworthy that staff and Residents help out in their communities also.

#### ***Council Recommendations:***

- The Council recommends all Council members make an effort to visit with Residents and listen to their histories as well as their issues.
- The Council appreciates AFRH's flexibility in listening to Resident concerns about fees and understands adjustments will be made as necessary. The Council requests updates on this topic. [Note: Resident fee increases were approved by OMB at the end of 2014.]

### **Community Partnerships**

The AFRH Strategic Goal 4 (Leverage External Stakeholders) focuses on harnessing, cultivating and focusing our external stakeholders to become increasingly active participants, engaged in AFRH activities. AFRH has focused on amplifying engagement with the AFRH Advisory Council, embracing community partners, and expanding its neighborhood presence. A long term partner has been GSA, the organization behind much of the construction and renovation at AFRH. Each of the Services send volunteers to both facilities to participate in helping with events, celebrations, moving, construction projects, and programs.

AFRH-G boasts a wide variety of community volunteers. Some of the long list of partners include Keesler Air Force Base, Seabee's Naval Construction Training Center (NCTC), United Way, Hooters, First Sergeants Association, North Florida Harley Owners Group (HOG) Association, Army Band, Navy Band, Marine Corps Band, Ocean Springs Cub Scouts, Gulfport Women's Club, Brownies / Girl Scout Troop 6346, First Presbyterian Church Youth Choir, First Trinity United Methodist Church Choir, Vietnam Veterans of America Chapter 1018, Air Force Sergeants Association, Beach Garden, St. James Elementary, Beau Rivage, American Association of Retired Persons (AARP), Dixie Line Dancers, and the Blind and Physically Handicapped Library Services.

#### **AFRH-G Community Events Included:**

- *Annual Veterans Day Open House & Community Day:* Veterans, active duty and the community joined AFRH-G to commemorate Veterans Day.
- *Annual Mardi Gras Celebration:* The King and Queen of AFRH-G are crowned and we hold a traditional parade.

- *May Garden Day and Open House*: Residents shared their new gardening and landscape upgrades with neighbors.
- *Celebration of the new putting green and swings*: These amenities were generously donated by Taco Bell.

AFRH-W has many groups who volunteer. Some of those include AARP Income Tax Assistance, Accenture, Air Force, Alpha Kappa Alpha, American Legion, Boy Scouts, Buffalo Soldiers, Catholic University, Chief Petty Officer's Association, City Singers/City Choir of Washington, Costco, Defense Information School, Defense Intelligence Agency, Defense Threat Reduction Agency, Discovery Communications, Double Nickels, Friends of the Soldiers Home, Fort Belvoir, Fort Meade, GEICO, Girl Scouts, Howard University, Military District Washington, Naval Intelligence Office, Navy Chief Selectees, President Lincoln's Cottage, University of Maryland, Warrior Brotherhood Veterans Motorcycle Club, Washington Gas Company, Washington Navy Yard, White House Communications Agency, and Young Men's Christian Association (YMCA).

**AFRH-W Community Events Included:**

- *Black History Month*: President Lincoln's Cottage hosted descendants of Solomon Northrup, author of *12 Years a Slave*, as part of this annual event.
- *4th of July Community Event*: AFRH-W's 4th of July celebration draws active duty military and their families to enjoy the national fireworks with our Residents.
- *Annual Holiday Tree Lighting and Dance*: Friends of the Soldiers' Home (FOSH) singers entertained AFRH-W Residents at the tree lighting and Holiday Dance co-sponsored by AFRH, Lincoln Cottage and the local community.
- *Memorial Day*: Active-duty members from the USS Abraham Lincoln joined our Residents to lay a wreath at the Soldiers' Home National Cemetery.

**Council Observations:**

- The Council understands that Community involvement and assistance with the AFRH mission is very high. Active programs and various events contribute immensely to the quality of life for the Residents.

**Council Recommendations:**

- The Council recommends AFRH continue developing more extensive community partnerships.
- Council representatives would like to receive activity calendars in advance to facilitate advanced planning and greater participation.

**Council Member Contributions**

**Council Recommendations:**

- The Council recommends all Council members continue to seek opportunities to share subject matter expertise with AFRH leadership as requested.
- The Council recommends all Council members continue to be available to residents on a routine basis to address concerns and forward compliments about staff performance to senior leadership.

## **Commitment and Challenges: Preparing for Future**

### ***Council Observations:***

- The most critical challenge is to bolster AFRH Trust Fund solvency.

### ***Council Recommendations:***

- None.

## **2014 FOLLOW UP ACTIONS FROM 2013**

1. The advisory council will be briefed on the accreditation tracking matrix progress to date until all required actions are completed.

Results: Progress reports were briefed at both 2014 Advisory Council meetings.

2. The advisory council will be provided with a summary of findings from the October 2013 JCRINC assessment and progress at its next scheduled meeting.

Results: This will be combined with the 2012 DoD IG final report brief.

3. (Holdover from 2012) A summary of the 2012 DoD IG final report should be presented to the Council when available.

Results: The final report is available for download from the DoD IG website.

4. The Council will look forward to reports on further progress in PCC, especially in expanded PCC for Independent Living.

Results: Each meeting campus Administrators brief detailed activities undertaken at each campus with regard to PCC.

5. Given that AFRH has passed through the transition years, AFRH should continue to update the Council on Trust Fund balances and projections at each meeting.

Results: This topic has been established as a recurring Advisory Council meeting agenda item.

6. The Council will look forward to hearing about AFRH's progress in revenue generation.

Results: This topic has been established as a recurring Advisory Council meeting agenda item.

7. The Council would like to know if there is a metric in place to measure hiring lags.

Results: Hires are discussed at Council meetings at each meeting.

8. The Council will look forward to an update on the progress made in Internal Controls/ Performance Improvement at its next meeting.

Results: These items are discussed at Council meetings.

9. The Council will look forward to future updates related to sale and/or lease of excess acres at AFRH-W.

Results: This topic has been established as a recurring Advisory Council meeting agenda item.

## **2015 FOLLOW UP ACTIONS FROM 2014**

The Council will look forward to updates regarding the following topics:

- Accreditation surveys
- DoD IG inspection
- DHA site visits
- The budget
- Resident fees
- The Master Plan
- Revenue generation