



HOUSE OF MERCY ANNUAL REPORT - 2010

A Ministry of the Sisters of Mercy providing a home and specialized care for persons living with AIDS

Mission: The core mission of House of Mercy is to provide care in a residential setting for persons living with AIDS who can no longer care for themselves and face homelessness. In addition to room and board, House of Mercy provides clinical treatments and therapies designed to enhance the physical, emotional and spiritual lives of our residents.



Primary Service Area: Ten-county region in NC. including Mecklenburg and Gaston Counties. Small by design, House of Mercy is located on the Sisters of Mercy campus in Belmont, NC.

Total Persons Served: 267 persons since 1991

Average Resident Demographics (all low-income):

74% – Minority	8% – Ages 20 – 29 years
26% – Caucasian	43% – Ages 30 – 39 year
72% – Male	35% – Ages 40 – 49 years
28% – Female	14% – Ages 50 years & older

A Growing Epidemic: The number of newly identified cases of HIV/AIDS continues to grow. The number of people living with HIV disease in the U.S. is over 1.1 million, including more than 468,000 with AIDS. Of those living with HIV disease, 21% (over 231,000 persons in the U.S.) are unaware of their status.

The South has the greatest number of people estimated to be living with AIDS, as well as the most AIDS deaths and new AIDS diagnoses. As of December 31, 2008, the NC Division of Public Health estimated 35,000 North Carolinians were living with HIV or AIDS, including 6,298 in our 10-county service area. In 2007, the average rate of diagnosed HIV disease in NC was 21.9 per 100,000 population. Mecklenburg County, House of Mercy’s primary service area, ranked first in NC counties with an HIV rate of 44.9 cases per 100,000 population.



The Continuing Need: The prognosis for HIV/AIDS patients has improved significantly in recent years and so has the need for specialized care and housing. Nearly all House of Mercy residents have become Medicaid-eligible because the expense of fighting their illness has exhausted their personal resources. When provided with good care and the proper medications in a stable environment, even patients who are in advanced stages of AIDS can improve. During the past three years, 29% of House of Mercy residents were discharged to their home communities due to improved health. In those cases,

our Director of Nursing is available to help with securing housing and resources for their transition.

House of Mercy’s service is both labor and cost intensive. State reimbursement for residential services totals \$64 per residential day while our actual cost of providing care per resident is \$403 daily due to 24-hour staffing, medication cost and other expenses. The daily cost of care in a hospital setting can run several thousand dollars. This year House of Mercy must raise \$547,901 from donations and grants to meet our operating expenses. The Sisters of Mercy contribute funds sufficient to pay all administrative expenses.

Patient Care: HIV Case Management is a central element of House of Mercy's program of services. Case Management is a client-focused strategy for coordinating care – assessing a client's need for specific health, psychological and social services; and assisting the client to access a wide range of services that will address those needs. There are eight core components of HIV case management – resident intake, assessment, care plan development, resource development, service coordination, monitoring, reassessment and discharge.

House of Mercy is similar to a hospice in some respects. At an in-patient hospice the objective is usually to control pain and care for patients as they die. House of Mercy provides similar palliative services, however, our objective is not only to ease patients' pain, but also to help those patients who have a chance of getting better. In some cases, aggressive therapies can improve a resident's health so that he or she can be discharged.

Although House of Mercy is designed, decorated and maintained to reflect the feeling of a private home, it is well equipped to provide state-of-the-art care to residents. A trained staff provides professional care 24 hours a day, making sure that residents eat nutritious meals and take their medications on the prescribed schedule. In the current fiscal year, 19 residents have been served by House of Mercy: 14 male, 5 female, 13 Black, 6 White (12 residents from Mecklenburg County).



Governance: Eleven employees work directly in the residence. These include the Coordinator of Resident Recreation and Volunteers, and ten other caregivers (LPNs and CNAs) who report to the Director of Nursing and Case Management. The Director of Nursing and Case Management, the Director of Administrative and HR Services, and the Director of Development report to the President/CEO. The President/CEO is accountable to the 12-member Board of Directors of the House of Mercy, Inc. This Board meets bi-monthly with committee meetings held as needed.

Objectives and Evaluation Procedures: To provide the best in care for its target population House of Mercy has established the following objectives and evaluation tools:

A. Objectives and evaluation tools related to the operation of the residential facility

Objective 1: House of Mercy will meet all facility standards contained in the 51 page licensure manual titled "Rules for Family Care Homes" administered by the Division of Health Services Regulation and the Gaston County Department of Social Services.

Evaluation Tool: The Department of Social Services conducts an unannounced monthly survey and the NC Division of Health Services Regulation conducts an annual survey. House of Mercy must meet all applicable requirements to maintain its licensure.

Objective 2: House of Mercy must maintain a safe facility that meets all applicable local codes.

Evaluation Tool: Annually, House of Mercy is inspected by the Belmont Fire Department, the Gaston County Health Department, and an independent alarm company to ensure the facility meets applicable fire and safety codes and the smoke detector and safety systems are functioning properly.

B. Objectives and evaluation tools relating to the administration of health and related services at House of Mercy.

Objective 1: All staff must be trained to administer medications and successfully complete competency tests. Also, systems must be maintained to ensure medications are provided to House of Mercy residents consistent with federal and state guidelines.

Evaluation Tool: House of Mercy maintains a system for monitoring staff compliance with state medication exams and continuing education requirements. The results from the system are routinely examined by local DSS staff as part of the Adult Care Monitoring visit.

Objective 2: House of Mercy is responsible for preparing a plan of care for each resident after consulting with the resident and their physician. Services provided to the resident are to be consistent with the plan of care.

Evaluation Tool: At admission, the Director of Nursing prepares an individualized Care Plan for each resident. The Care Plan includes a variety of components such as clinical goals, nutritional goals, etc. Each Care Plan developed by the Director of Nursing must be signed by a physician. Care provided to each resident and their current health status are routinely assessed against their individualized care plan. Each month resident charts are examined separately by an outside surveyor from DSS and a Case Management Supervisor under contract with House of Mercy to ensure that the plan of care is being followed. Any variances from the plan of care are noted and follow up actions are initiated.

C. Objectives and evaluation tools relating to outcomes.

Objective 1: Annually, House of Mercy's goal is to provide at least 1,933 days of patient care.

Evaluation Tool: The number of days of care is reported monthly to the House of Mercy Board, the Department of Social Services and to other interested parties.

Objective 2: From the date of admission to the date of discharge 80 percent of residents receiving anti-viral medication should show an improvement in their T-Cell Count (a measure of the immune system's health) and a reduction in their viral load.

Evaluation Tool: House of Mercy prepares aggregate reports showing changes in T-Cell counts and viral load for each resident. (Improvements in these two indicators often result in a successful discharge from House of Mercy. For the past three years more than 80 percent of residents on anti-viral medication have been successfully discharged back to their home communities.)



Objective 3: Residents of House of Mercy should be satisfied with the care they receive during the year.

Evaluation Tool: Bi-monthly a board member from House of Mercy administers a confidential survey to monitor the satisfaction of residents with the care they receive at the facility. Aggregate results are shared at board meetings and appropriate changes are made in response to resident concerns.

Ultimately, the values expressed in our mission statement set the standard in serving our residents' needs. Above all else,

House of Mercy is a home where persons living with AIDS can live and grow in a supportive community.

House of Mercy is committed to these values in the provision of its services:

- All persons have the right to dignity in life and death
- All persons have the right to safe, loving, peaceful and comfortable surroundings.
- All persons have the right to complete, competent medical care without financial stress
- All persons have the right to a full life until death.
- All persons have the right to have their physical needs attended by competent caregivers when they can no longer care for themselves.

Tax-exempt Status: The IRS has ruled that House of Mercy is exempt from federal income tax under IRS section 501(c)3. House of Mercy, a ministry of the Sisters of Mercy, falls under the IRS 2009 Group Ruling for the US Conference of Catholic Bishops as a public charity listed in *The Official Catholic Directory*. Our Tax I.D. is #56-1733055.

Privacy Policies: Privacy policies for House of Mercy clients, donors and volunteers are accessible at our website www.thehouseofmercy.org.

Financial Information: A complete audit of House of Mercy's financial statements is conducted annually by an independent certified public accounting firm. Copies are kept on file at House of Mercy Administration, 701 Mercy Drive, Belmont, NC 28102. See www.thehouseofmercy.org for a link to our most recent Form 990.



House of Mercy, Inc.

Statement of Activities and Changes in Net Assets
Year Ended June 30, 2009
(With Comparative Totals for the Year Ended June 30, 2008)

	2009			2008
	Unrestricted	Temporarily Restricted	Totals	Totals
Support and revenue				
Donations	\$ 325,761	\$ -	\$ 325,761	\$ 324,099
Corporate and government grants	157,039	2,568	159,607	193,200
Resident fees	79,955	-	79,955	75,877
Special events	56,729	-	56,729	72,390
Case management reimbursement	55,415	-	55,415	53,072
Donated facilities	32,280	-	32,280	32,280
Investment return	31,695	-	31,695	37,422
Other income	412	-	412	2,108
	739,286	2,568	741,854	790,448
Net assets released from restrictions- satisfaction of donor restrictions	1,809	(1,809)	-	-
Total support and revenue	741,095	759	741,854	790,448
Expenses				
Salaries, related benefits and contract services	579,239	-	579,239	576,850
Resident care	41,743	-	41,743	39,892
Depreciation	20,572	-	20,572	23,352
Fundraising expense	14,183	-	14,183	11,002
Office expense	4,856	-	4,856	4,097
Occupancy expense	32,280	-	32,280	32,280
Insurance	9,482	-	9,482	8,871
Utilities and telephone	5,241	-	5,241	6,274
Loss on disposal of property and equipment	3,606	-	3,606	-
Other expenses	28,663	-	28,663	25,455
Total expenses	739,865	-	739,865	728,073
Change in net assets	1,230	759	1,989	62,375
Net assets				
Beginning of year	935,061	1,809	936,870	874,495
End of year	\$ 936,291	\$ 2,568	\$ 938,859	\$ 936,870

House of Mercy, Inc.
Stan Patterson, President & CEO
Shirley Stowe, Director of Nursing & Case Management
Connie Hastings, Director of Administration & Human Resources
Marjorie Storch, Director of Development
Billie Hutchison, Coordinator of Volunteers & Resident Recreation

HOUSE OF MERCY, INC.
BOARD OF DIRECTORS
2010

<u>Member Name</u>	<u>Address/Phone Number</u>	<u>Title/Place of Business</u>
Maggie S. Baucom	9232 Deer Spring Lane Charlotte, NC 28210	Coordinator St. Gabriels Catholic Church
Michael L. Boylan (Secretary)	4912 Lebaron St. Charlotte, NC 28270	President SSE International, LLC
John L. Capps, MD	3119 Ivy Creek Rd. Gastonia, NC 28056	Physician Complete Wellness
Betsy Eaves	3701 St. Regis Drive Gastonia, NC 28056	Recruitment Coordinator Human Resources CaroMont Health
Sidney L. Echevarria	4404 Cedar Hill Court Belmont, NC 28012	Banking
Bob Hull (Vice Chair)	Nexsen Pruet 227 West Trade St., Suite 1550 Charlotte, NC 28202	Attorney/Partner Nexsen Pruet, LLC
Ryan W. Monk	209 Jones Wade Ct. Fort Mill, SC 29708	Attorney Peterson Law Firm
John R. Newbanks	Merrill Lynch - Global Wealth Management 4500 Cameron Valley Pkwy., Suite 400 Charlotte, NC 28211	Vice President Wealth Management Advisor Portfolio Manager/Personal Investment Advisory Program Merrill Lynch
Stan F. Patterson (President/CEO)	2201 Radcliffe Ave. Charlotte, NC 28207	President & CEO House of Mercy, Inc.
Kimber Walters (Chair)	615 Ridgeway Drive Belmont, NC 28012	Director of Home Health Operations Advanced Home Care
Sr. Jill Katherine Weber	Sacred Heart Convent 100 Mercy Drive Belmont, NC 28012	Physical Therapist Holy Angels Residential Center

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This report was updated on 6.22.10