

Property Owners Association of The Villages
General Membership Meeting
March 19, 2024

Called to order: by Cliff Wiener, President, at 7:00 pm.

- Board members present: All, except: Tita Dumagsa and Dan Myslakowski, excused.
- Members present: Approximately 130.
- Organizations present: Realty Executives, One Trust, Sun Kool and Seniors vs Crime.
- Membership meeting minutes...deferred (to allow time for the Villages Public Safety Department Dependent District (VPSDDD) budget discussion).
- Treasurer Report...deferred.
- Membership Report...deferred.
- Raffle: Three winners of \$30 each were announced.

Announcements: Deferred.

Questions: Audience questions deferred.

Information Discussion: Mr. Kenny Blocker, District Manager, introduced Kevin Plenzler, PFM Financial, who presented the preliminary analysis of VPSDDD Special Assessment for Fire/Rescue Services. The main points of the briefing were:

- Methodology...allocate assessments to each parcel and land use based on relative benefit received via access to and utilization of Fire/Rescue services; resulting in a two-tier cost allocation.
 - Readiness/Availability (overhead, admin, capital)...70% by parcel.
 - Demand for service (operational costs)...30% by equivalent residential unit (1,714 sq ft = 1 ERU) according to weighed land use by incident reports. Incident reports: 77% residential, 13% healthcare (including nursing homes) and 7% commercial; plus other smaller % usages.
- Impact Fee...VPSDDD does not have statutory authority to issue an impact fee. Data suggests impact fee would not relieve majority of capital needs. New development (3,350 residential units annually) will pay its fair share of capital needs.
- Rate Setting...adopt 5-year average to smooth out increases. Proposed property exemptions of \$578,956. Incorporates operations and capital needs while anticipating future growth.
- Rate Examples...allocation assessment by ERU.
 - Single Family Home...\$84.58 (demand) + \$248.68 (readiness) = \$333.26.
 - Commercial (10,000 sq ft)...\$768.68 (demand) + 248.68 (readiness) = \$1,017.36.
 - Nursing Home (10,000 sq ft)...\$4,199.58 (demand) + 248.68 (readiness) = \$4,448.26.
- Rate Comparisons...current funding (fire assessment \$125 + 1.31 mils Ad Valorem) vs examples.
 - Single Family (\$250,000)...\$452.50 (current) vs \$341.75 (proposed)...\$110.75 savings.
 - Lofts of Brownwood...\$36,356 (current) vs \$23,189 (proposed)...\$13,167 savings.
- Approval of PFM Financial Assessment report (methodology and property exemptions) at April VPSDDD board meeting. June – public hearing; September – final; November – non-ad valorem fire assessments included on tax bill.
- Questions, some pertinent ones:
 - Who made the VPSD area map and does the data account for commercial versus residential fire needs? **Ans:** Mr. Blocker said the map is the one used for previous Independent Fire District proposal and Chief Twist said they use hook and ladder trucks on residential units at times also and HAZMAT was considered appropriately.
 - Why are residential units priced the same given different size homes that are taxed based on square footage? **Ans:** Mr. Blocker said a special assessment, which this is, is based on utility and value, not like a property tax where you can base the amount on square footage.

Speaker: Ms. Cheryl Chestnut, Chief Clinical Officer, The Villages Health Center, provide a Spring 2024 hospital operations update. The main areas of her presentation were:

- Improve on leadership, team and quality.
 - Registered Nurse (RN) turnover...down 47% (37% in March 2022 to 19.9% in February 2024).
 - Hired RN's and Tech's...up 28% & 85%, respectively (428 RN's and 138 Tech's).
 - Traveling nurses...down to 0 (was over 100).
 - Vacancy rate...down to 9.8% (national average is 12.7%).
- Expand our footprint.
 - Provide more bed capacity...Brownwood facility now at 60 to 70 beds.
 - Provide higher walk-in volume...Brownwood up over 12%.
 - Provide more free-standing ER's...12 bed Urgent Care facility near Clermont by fall 2024.
 - Mobile Stroke Unit.
 - Connecting with the community...Heart2Heart Cardiovascular Symposium, providing health information at Running of the Squares, Villages sport events, etc.
- Growing provider network.
 - Current focus: Primary Care, Surgical Oncology, Critical Care (now have an onsite provider 24/7) and Cardiology.
 - Future focus: Digestive, Neurological, Primary Care, UroGyn, Spine, Orthopedics and Cardiovascular.
- Performance highlights.
 - From ER entry to assigned a bed...1.7 hours (was 14 hours in 4th quarter 2022).
 - Reduced length of stay by .6 days/patient (freeing up an average of 25 beds).
 - Rate of patient seeing a leader each day...90%.
- Go thru all feedback, hospital patient comments/surveys to social media, with goal of improving.
- Will be at a C rating still this spring but expect to be at a B rating by spring 2025 and near an A rating by 2026. Biggest issue is getting beyond patient expectation based on past performance.
- Questions, some pertinent ones:
 - What do you mean by leader (related to who a patient sees)? **Ans:** Charge nurse, clinical coordinator, etc.
 - Why does it take 6 to 7 hours to check out? **Ans:** Probably have more than one doctor involved and then a discharge doctor to sign off on paperwork. This is an area Ms. Chestnut said they will keep working on.
 - Are you short staffed and what is the RN to patient ratio? **Ans:** Not short staffed and the ratio depends on care level. Typical ratio is 6 patients to 1 RN.
 - When do you discharge people – one was discharged in the middle of the night without family notification, back to rehabilitation facility. **Ans:** Accomplish discharges most anytime of the day, Ms. Chestnut added for the person to speak with her after the meeting for more details.

There was a Motion to adjourn the meeting at 8:15pm that was seconded and unanimously approved.
Submitted by: Reb Benson, Secretary