



HEALTH SERVICES COMMITTEE
Wednesday December 12, 2012 at 8 am
Rock Haven 4th Floor Classroom

AGENDA.

1. Call to Order/Approval of Agenda
2. Approval of Minutes – November 14, 2012
3. Introductions, Citizen Participation, Communications and Announcements
4. **Action Item:** Bills
5. **Action Item:** Budget Transfers
6. **Action Item:** Pre-Approved Encumbrances/Encumbrances
7. Old Business
 - a. Information Item: Rock Haven Replacement Facility Update
 - b. Information Item: Resident Council Minutes (copies will be provided)
8. New Business
 - a. **Action Item:** Consulting Service Agreement with Dr. William West
 - b. **Action Item:** Consulting Service Agreement with Dr. Hal Ramsey
 - c. **Action Item:** Consulting Service Agreement with Dr. Robert Kalember
 - d. **Action Item:** Contract with Health Drive to Provide Podiatry Services at Rock Haven
 - e. **Action Item:** Resolution Recognizing Dr. Ram Rao for Years of Service to Rock Haven
 - f. **Action Item:** Award the Contract for Removal of Medical Waste to LB Medwaste Services of Wausau, Wi
 - g. Information Item: Private Pay Letter for 2013
9. Information Item: Reports
 - a. Census
 - b. Activities
 - 1) Senior Management Team

- a. Holiday Events
 - b. Planning for Move Day
 - 2) Staff Education for December 2012
 - a. Quality Assurance Committee Meeting
 - 3) Conferences and Meetings - Sherry Gunderson Attending the Following Meetings:
 - a. Leading Age Region Meeting - December 14 in Sun Prairie
 - b. Leading Age Board Meeting - December 20 in Deforest
 - 4) Resident Council Meeting – Tuesday, December 11 at 10:15 a.m.
 - a. Finance - Dave Sudmeier
10. Next Meeting Date - The next regular meeting of the Health Services Committee is scheduled for Wednesday, January 9 at 8 a.m.
11. Adjournment

SRG/ML

*Note to Committee Members: To ensure a quorum is present, please call the Administrative Secretary at 757-5076 if you are unable to attend the meeting.

Account Number	Name	Yearly Pront Appropriation Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
3232500000-64904	SUNDRY EXPENSE	3,000.00	92.9%	7,172.30	-4,383.64	211.34	
	P1200280-PO# 11/30/12 -VN#013780			KMART CORP #4255		41.24	
	P1200288-PO# 11/30/12 -VN#031623			LIVING DESIGN INC		333.73	
*** OVERDRAFT *** TRANSFER REQUIRED				CLOSING BALANCE	-163.63		374.97
3272607400-62189	OTHER MED SERV	12,500.00	0.0%	8,430.13	-8,430.07	12,499.94	
	P1201234-PO# 10/31/12 -VN#047747			MOBILEXUSA		562.93	
	P1201792-PO# 11/30/12 -VN#042658			DEAN HEALTH SYSTEMS		104.66	
				CLOSING BALANCE	11,832.35		667.59
3275007350-63109	OTHER SUPP/EXP	2,500.00	3.8%	526.85	-430.82	2,403.97	
	P1200848-PO# 11/30/12 -VN#015763			ROCK COUNTY HEALTH CARE CENTER		100.00	
				CLOSING BALANCE	2,303.97		100.00
3280008100-62420	MACH & EQUIP RM	15,100.00	45.3%	11,932.81	-5,084.24	8,251.43	
	P1203382-PO# 11/30/12 -VN#051280			APEX BATTERY		167.95	
				CLOSING BALANCE	8,083.48		167.95
3280008100-63100	OFC SUPP & EXP	5,000.00	51.7%	4,840.40	-2,253.68	2,413.28	
	P1200281-PO# 11/30/12 -VN#014534			MENARDS		150.39	
				CLOSING BALANCE	2,262.89		150.39
3280008100-63101	POSTAGE	5,505.00	80.6%	3,307.44	1,131.55	1,067.01	
	P1200847-PO# 11/30/12 -VN#015764			ROCK COUNTY HEALTH CARE CENTER		7.57	
				CLOSING BALANCE	1,059.44		7.57
3280008100-63109	OTHER SUPP/EXP	11,400.00	37.8%	7,286.48	2,971.77	7,086.29	
	P1200280-PO# 11/30/12 -VN#013780			KMART CORP #4255		9.96	
	P1200283-PO# 11/30/12 -VN#016117			SHOPKO INC #130		8.17	
	P1200888-PO# 11/30/12 -VN#051339			PATTERSON MEDICAL		89.65	
	P1203268-PO# 10/31/12 -VN#016376			STATE ELECTRICAL SUPPLY INC		485.80	
				CLOSING BALANCE	6,492.71		593.58
3280008100-64000	MEDICAL SUPPLIES	132,052.00	90.1%	114,575.14	4,425.00	13,051.86	
	P1200888-PO# 11/30/12 -VN#051339			PATTERSON MEDICAL		927.12	
	P1203103-PO# 11/30/12 -VN#052287			OMNICARE MEDICAL SUPPLY SVCS		274.12	
	P1203440-PO# 11/30/12 -VN#052323			SPHYNX MEDICAL INC		2,736.63	
				CLOSING BALANCE	9,113.99		3,937.87
3280008100-65331	EQUIP LEASE	8,000.00	0.0%	1,134.48	-1,134.46	7,999.98	
	P1200285-PO# 11/30/12 -VN#030393			MERCY ASSISTED CARE INC		675.07	
				CLOSING BALANCE	7,324.91		675.07

Account Number	Name	Yearly Prct Appropriation Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
3280008200-63109	OTHER SUPP/EXP P1200280-PO# 11/30/12 -VN#013780	42,670.00 96.0%	35,322.94	5,677.08 KMART CORP #4255	1,669.98	77.13	
	CLOSING BALANCE				1,592.85		77.13
3280009300-63109	OTHER SUPP/EXP P1200283-PO# 11/30/12 -VN#016117 P1203285-PO# 10/31/12 -VN#016376	5,000.00 28.1%	4,356.05	-2,946.20 SHOPKO INC #130 STATE ELECTRICAL SUPPLY INC	3,590.15	19.95 173.50	
	CLOSING BALANCE				3,396.70		193.45
3280009500-64424	EMPLOYEE RECOGN. P1203225-PO# 11/30/12 -VN#045720	2,500.00 41.2%	970.29	59.91 PROFORMA PRINTWORKS	1,469.80	583.80	
	CLOSING BALANCE				886.00		583.80
3280009700-62174	INTERNIST P1201478-PO# 11/30/12 -VN#036794	91,000.00 76.9%	65,122.56	4,877.46 RAMSEY MD,H R	20,999.99	1,333.34	
	CLOSING BALANCE				19,666.65		1,333.34
3290009940-61920	PHYSICALS P1201235-PO# 10/31/12 -VN#030413	1,500.00 7.7%	1,793.00	-1,676.99 OCCUPATIONAL HEALTH CENTER	1,383.99	72.00	
	CLOSING BALANCE				1,311.99		72.00
	ROCK HAVEN		PROG-TOTAL-PO			8,934.71	

I HAVE EXAMINED THE PRECEDING BILLS AND ENCUMBRANCES IN THE TOTAL AMOUNT OF \$8,934.71 INCURRED BY ROCK HAVEN. CLAIMS COVERING THE ITEMS ARE PROPER AND HAVE BEEN PREVIOUSLY FUNDED. THESE ITEMS ARE TO BE TREATED AS FOLLOWS

~~A. BILLS AND ENCUMBRANCES OVER \$10,000 REFERRED TO THE COUNTY BOARD.~~

B. BILLS UNDER \$10,000 TO BE PAID.

~~C. ENCUMBRANCES UNDER \$10,000 TO BE PAID UPON ACCEPTANCE BY THE DEPARTMENT HEAD.~~

HEALTH SERVICES

COMMITTEE APPROVES THE ABOVE. COM-APPROVAL

DEPT-HEAD

DEC 12 2012

DATE

CHAIR

Account Number	Name	Yearly Prct Appropriation Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
3280009500-64200	TRAINING EXP	8,000.00	67.7%	5,545.00	-128.76	2,583.76	
ENC	R1203715-PO#	11/08/12	-VN#036201	AMAZON.COM		91.57	
ENC	R1203966-PO#	12/03/12	-VN#036201	AMAZON.COM		37.19	
	CLOSING BALANCE				2,455.00		128.76
	ROCK HAVEN		PROG--TOTAL--PO			128.76	

I HAVE EXAMINED THE PRECEDING BILLS AND ENCUMBRANCES IN THE TOTAL AMOUNT OF \$128.76 INCURRED BY ROCK HAVEN. CLAIMS COVERING THE ITEMS ARE PROPER AND HAVE BEEN PREVIOUSLY FUNDED. THESE ITEMS ARE TO BE TREATED AS FOLLOWS

- A. BILLS AND ENCUMBRANCES OVER \$10,000 REFERRED TO THE COUNTY BOARD,
- B. BILLS UNDER \$10,000 TO BE PAID.
- C. ENCUMBRANCES UNDER \$10,000 TO BE PAID UPON ACCEPTANCE BY THE DEPARTMENT HEAD.

HEALTH SERVICES ^{SEP 1 2 2012} COMMITTEE APPROVES THE ABOVE. COM-APPROVAL _____

DEPT-HEAD

DATE _____ CHAIR

Account Number	Name	Yearly Prcent Appropriation Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
3272607400-62176 ENC	LABORATORY	10,000.00 0.0%	0.00	0.00	10,000.00	10,000.00	
	R1300197-PO# 01/01/13 -VN#014550			MERCY HEALTH SYSTEM			
			CLOSING BALANCE		0.00		10,000.00
3272607400-62179 ENC	PHARMACY	175,000.00 0.0%	0.00	0.00	175,000.00	175,000.00	
	R1300215-PO# 01/01/13 -VN#038065			PINNACLE PHARMACY			
			CLOSING BALANCE		0.00		175,000.00
3272607400-62180 ENC	PHYSICAL THERAPY	105,000.00 0.0%	0.00	0.00	105,000.00	105,000.00	
	R1300211-PO# 01/01/13 -VN#035083			M J CARE INC			
			CLOSING BALANCE		0.00		105,000.00
3272607400-62185 ENC	OCCUP. THERAPY	90,000.00 0.0%	0.00	0.00	90,000.00	90,000.00	
	R1300211-PO# 01/01/13 -VN#035083			M J CARE INC			
			CLOSING BALANCE		0.00		90,000.00
3272607400-62186 ENC	SPEECH THERAPY	40,000.00 0.0%	0.00	0.00	40,000.00	40,000.00	
	R1300211-PO# 01/01/13 -VN#035083			M J CARE INC			
			CLOSING BALANCE		0.00		40,000.00
3275007350-64300 ENC	REC THERAPY	18,000.00 0.0%	0.00	0.00	18,000.00	18,000.00	
	R1300193-PO# 01/01/13 -VN#012104			CHARTER COMMUNICATIONS			
			CLOSING BALANCE		0.00		18,000.00
3280008100-63100 ENC	OFC SUPP & EXP	5,000.00 0.0%	0.00	0.00	5,000.00	600.00	
	R1300196-PO# 01/01/13 -VN#014534			MENARDS			
			CLOSING BALANCE		4,400.00		600.00
3280008100-63101 ENC	POSTAGE	4,500.00 0.0%	0.00	0.00	4,500.00	300.00	
	R1300198-PO# 01/01/13 -VN#015305			POSTMASTER JANESVILLE			
			CLOSING BALANCE		4,200.00		300.00
3280008100-63109 ENC ENC	OTHER SUPP/EXP	10,000.00 0.0%	0.00	0.00	10,000.00	1,000.00 4,000.00	
	R1300196-PO# 01/01/13 -VN#014534			MENARDS			
	R1300200-PO# 01/01/13 -VN#015525			REINHART FOODSERVICE INC			
			CLOSING BALANCE		5,000.00		5,000.00
3280008100-64000 ENC ENC ENC ENC	MEDICAL SUPPLIES	125,000.00 0.0%	0.00	0.00	125,000.00	9,000.00 59,750.00 26,250.00 20,000.00	
	R1300195-PO# 01/01/13 -VN#014513			MEDLINE INDUSTRIES INC			
	R1300199-PO# 01/01/13 -VN#015393			GULF SOUTH MEDICAL SUPPLY			
	R1300209-PO# 01/01/13 -VN#032178			PROFESSIONAL MEDICAL INC			
	R1300212-PO# 01/01/13 -VN#035138			CENTRAD HEALTHCARE INC			

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Account Number	Name	Yearly Prct. Appropriation	Prct. Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
				CLOSING BALANCE		10,000.00		115,000.00
3280008100-64003	OXYGEN SUPPLIES	6,500.00	0.0%	0.00	0.00	6,500.00		
ENC	R1300212-PO# 01/01/13 -VN#035138			CENTRAD HEALTHCARE INC			6,500.00	
				CLOSING BALANCE		0.00		6,500.00
3280008100-64408	DISPOSABLES	70,000.00	0.0%	0.00	0.00	70,000.00		
ENC	R1300199-PO# 01/01/13 -VN#015393			GULF SOUTH MEDICAL SUPPLY			70,000.00	
				CLOSING BALANCE		0.00		70,000.00
3280008200-62104	CONSULTING SERV	6,000.00	0.0%	0.00	0.00	6,000.00		
ENC	R1300215-PO# 01/01/13 -VN#038065			PINNACLE PHARMACY			6,000.00	
				CLOSING BALANCE		0.00		6,000.00
3280008200-63109	OTHER SUPP/EXP	54,000.00	0.0%	0.00	0.00	54,000.00		
ENC	R1300199-PO# 01/01/13 -VN#015393			GULF SOUTH MEDICAL SUPPLY			24,000.00	
ENC	R1300215-PO# 01/01/13 -VN#038065			PINNACLE PHARMACY			30,000.00	
				CLOSING BALANCE		0.00		54,000.00
3280009100-63109	OTHER SUPP/EXP	14,436.00	0.0%	0.00	0.00	14,436.00		
ENC	R1300196-PO# 01/01/13 -VN#014534			MENARDS			300.00	
ENC	R1300200-PO# 01/01/13 -VN#015525			REINHART FOODSERVICE INC			6,000.00	
ENC	R1300218-PO# 01/01/13 -VN#042514			SYSCO FOODS OF BARABOO LLC			8,000.00	
				CLOSING BALANCE		136.00		14,300.00
3280009100-63111	PAPER PRODUCTS	14,000.00	0.0%	0.00	0.00	14,000.00		
ENC	R1300200-PO# 01/01/13 -VN#015525			REINHART FOODSERVICE INC			6,000.00	
ENC	R1300218-PO# 01/01/13 -VN#042514			SYSCO FOODS OF BARABOO LLC			8,000.00	
				CLOSING BALANCE		0.00		14,000.00
3280009100-64102	DAIRY	56,719.00	0.0%	0.00	0.00	56,719.00		
ENC	R1300192-PO# 01/01/13 -VN#012040			COUNTRY QUALITY DAIRY			40,000.00	
ENC	R1300200-PO# 01/01/13 -VN#015525			REINHART FOODSERVICE INC			10,000.00	
ENC	R1300218-PO# 01/01/13 -VN#042514			SYSCO FOODS OF BARABOO LLC			5,000.00	
				CLOSING BALANCE		1,719.00		55,000.00
3280009100-64105	GROCERIES	160,727.00	0.0%	0.00	0.00	160,727.00		
ENC	R1300200-PO# 01/01/13 -VN#015525			REINHART FOODSERVICE INC			75,000.00	
ENC	R1300204-PO# 01/01/13 -VN#018977			CEDAR CREST ICE CREAM INC,			500.00	
ENC	R1300205-PO# 01/01/13 -VN#022181			TROPIC JUICES INC			9,000.00	
ENC	R1300216-PO# 01/01/13 -VN#038554			KWIK TRIP			500.00	
ENC	R1300218-PO# 01/01/13 -VN#042514			SYSCO FOODS OF BARABOO LLC			65,000.00	
ENC	R1300222-PO# 01/01/13 -VN#050940			PAN-O-GOLD BAKING CO			6,000.00	

HS-ROCK HAVEN

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COMMITTEE APPROVAL REPORT

Account Number	Name	Yearly Prcnt Appropriation	YTD Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
						4,727.00		156,000.00
	CLOSING BALANCE							
3280009100-64107	MEAT	54,000.00	0.0%	0.00	0.00	54,000.00		
ENC	R1300200-PO# 01/01/13 -VN#015525						41,500.00	
ENC	R1300218-PO# 01/01/13 -VN#042514						11,500.00	
	CLOSING BALANCE					1,000.00		53,000.00
3280009100-64109	SUPPLEMENT	23,000.00	0.0%	0.00	0.00	23,000.00		
ENC	R1300212-PO# 01/01/13 -VN#035138						13,000.00	
ENC	R1300218-PO# 01/01/13 -VN#042514						9,000.00	
	CLOSING BALANCE					1,000.00		22,000.00
3280009300-62110	PEST CONTROL	1,600.00	0.0%	0.00	0.00	1,600.00		
ENC	R1300213-PO# 01/01/13 -VN#036664						1,500.00	
	CLOSING BALANCE					100.00		1,500.00
3280009300-62163	LAUNDRY	113,000.00	0.0%	0.00	0.00	113,000.00		
ENC	R1300194-PO# 01/01/13 -VN#010938						111,000.00	
	CLOSING BALANCE					2,000.00		111,000.00
3280009300-62164	DISPOSAL SERV	20,500.00	24.3%	0.00	5,000.00	15,500.00		
ENC	R1300208-PO# 01/01/13 -VN#027689						1,000.00	
ENC	R1300217-PO# 01/01/13 -VN#042015						13,500.00	
ENC	R1300221-PO# 01/01/13 -VN#050412						500.00	
	CLOSING BALANCE					500.00		15,000.00
3280009300-63109	OTHER SUPP/EXP	6,000.00	0.0%	0.00	0.00	6,000.00		
ENC	R1300196-PO# 01/01/13 -VN#014534						1,000.00	
ENC	R1300220-PO# 01/01/13 -VN#047574						1,000.00	
	CLOSING BALANCE					4,000.00		2,000.00
3280009300-63111	PAPER PRODUCTS	14,000.00	0.0%	0.00	0.00	14,000.00		
ENC	R1300200-PO# 01/01/13 -VN#015525						10,000.00	
ENC	R1300220-PO# 01/01/13 -VN#047574						3,000.00	
	CLOSING BALANCE					1,000.00		13,000.00
3280009300-63404	JANITOR/CLEANING	15,000.00	0.0%	0.00	0.00	15,000.00		
ENC	R1300199-PO# 01/01/13 -VN#015393						3,000.00	
ENC	R1300220-PO# 01/01/13 -VN#047574						9,000.00	
	CLOSING BALANCE					3,000.00		12,000.00
3280009500-63200	PUBL/SUBCR/DUES	12,000.00	0.0%	0.00	0.00	12,000.00		

2013

Rock County - Production

12/04/12

COMMITTEE APPROVAL REPORT

Account Number	Name	Yearly Prct Appropriation Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
ENC	R1300223-PO# 01/01/13 -VN#051873		LEADINGAGE WISCONSIN			2,000.00	
			CLOSING BALANCE		10,000.00		2,000.00
3280009500-64200	TRAINING EXP	8,000.00 0.0%	0.00	0.00	8,000.00		
ENC	R1300201-PO# 01/01/13 -VN#015763		ROCK COUNTY HEALTH CARE CENTER			1,000.00	
ENC	R1300223-PO# 01/01/13 -VN#051873		LEADINGAGE WISCONSIN			1,000.00	
			CLOSING BALANCE		6,000.00		2,000.00
3280009500-64415	PROVIDER TAX	261,120.00 0.0%	0.00	0.00	261,120.00		
ENC	R1300202-PO# 01/01/13 -VN#017493		WISCONSIN DEPARTMENT OF HEALTH			261,120.00	
			CLOSING BALANCE		0.00		261,120.00
3280009700-62174	INTERNIST	91,000.00 0.0%	0.00	0.00	91,000.00		
ENC	R1300210-PO# 01/01/13 -VN#032926		KALEMBER MD, ROBERT L			40,000.00	
ENC	R1300219-PO# 01/01/13 -VN#044418		WEST MD, WILLIAM			30,000.00	
			CLOSING BALANCE		21,000.00		70,000.00
3290009910-65109	OTHER INS	40,000.00 0.0%	0.00	0.00	40,000.00		
ENC	R1300203-PO# 01/01/13 -VN#018262		WISCONSIN HEALTH CARE LIABILTI			35,000.00	
ENC	R1300210-PO# 01/01/13 -VN#032926		KALEMBER MD, ROBERT L			4,000.00	
			CLOSING BALANCE		1,000.00		39,000.00
3290009930-62210	TELEPHONE	21,000.00 0.0%	0.00	0.00	21,000.00		
ENC	R1300214-PO# 01/01/13 -VN#038024		IVANS			1,500.00	
			CLOSING BALANCE		19,500.00		1,500.00
	ROCK HAVEN		PROG-TOTAL-PO			1,539,820.00	

I HAVE EXAMINED THE PRECEDING BILLS AND ENCUMBRANCES IN THE TOTAL AMOUNT OF \$1,539,820.00 INCURRED BY ROCK HAVEN. CLAIMS COVERING THE ITEMS ARE PROPER AND HAVE BEEN PREVIOUSLY FUNDED. THESE ITEMS ARE TO BE TREATED AS FOLLOWS

- A. BILLS AND ENCUMBRANCES OVER \$10,000 REFERRED TO THE COUNTY BOARD.
- B. BILLS UNDER \$10,000 TO BE PAID.
- C. ENCUMBRANCES UNDER \$10,000 TO BE PAID UPON ACCEPTANCE BY THE DEPARTMENT HEAD.

HEALTH SERVICES COMMITTEE APPROVES THE ABOVE. COM-APPROVAL _____ DEPT-HEAD _____
 DATE _____ CHAIR _____

DEC 12 2012

CONSULTIVE SERVICE AGREEMENT
ROCK HAVEN

This agreement is made is entered into between Rock Haven and William P. West, M.D. for the purpose of providing physician consulting services.

Services provided under this agreement shall be at the request of the Nursing Home Administrator at times and for periods mutually agreed upon. The physician agrees to the following:

The named physician shall:

- (a) Hold, and provide documentation of, a current license to practice general medicine in the State of Wisconsin.
- (b) Hold, and provide documentation of, adequate malpractice liability insurance in accordance with State law. Rock County will reimburse consultant 100 percent of the malpractice insurance and Injured Patients and Families Compensation costs.
- (c) Act as Rock Haven Medical Director. Provide guidance to the nursing staff for all resident care issues. Participate in the Medical Staff meetings and the Quality Assurance program
- (d) Assist Administration in planning for Medical, Psychiatric, Dental, Podiatry and Vision Services of the Rock Haven.
- (e) Assist Administration to monitor medical staff practice for professional performance and adherence to professional standards.
- (f) Before commencing provision of service, the named physician will provide results of recent TB skin testing. Physician will provide annual documentation thereafter.
- (h) Assist Administration with billing issues in recovery of third party payments including providing physician documentation related to resident status warranting the services as necessary.
- (i) Bill the County on letterhead stationery or as prescribed by the County. Such bills shall be signed.
- (j) Private practice is permitted; however, physician shall avoid conflicts of interest. Physicians are to file required conflict of interest forms if holding more than one position.

The compensation hereinafter provided shall be the entire compensation and shall include all services of any nature rendered as consultant to Rock Haven, and physician shall not be entitled to additional compensation from any source for such services.

The management of the Rock Haven is reserved to the County, including the right to plan and schedule service, to determine what constitutes good and efficient service, and all other functions of management and direction not expressly limited by the terms of this agreement. Rock Haven assumes professional and administrative responsibility for the services rendered.

It is the understanding of the parties to the Agreement that when this Agreement provides: "Rock Haven assumes professional and administrative responsibility for the services rendered," what is meant is that Rock Haven will provide general administrative supervision and accountability control for the service physician while performing services for the facility.

Rock Haven does not assume responsibility for technical professional supervision of the actual services provided. The professional liability, technical professional supervision, and quality of services remain the responsibility of the physician.

Fees for professional services shall be at the rate of \$140 per hour. On-site emergency consultation services will also be provided at the rate of \$140 dollars per hour. Physician shall furnish on-site consulting services for a maximum of 780 hours annually with an anticipated average of 15 hours per week.

Physician shall assure professional service availability for emergency medical and/or psychiatric services as assigned by the Medical Director with evening call reimbursable at the rate of \$150 per evening. Holiday and weekend call reimbursement at the rate of \$275 per day.

In connection with the performance of work under this contract, the Physician agrees not to discriminate against any patient or resident in the provision of service. The Physician also agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, sexual orientation, developmental disability as defined in s.51.01(5), Wis. Stat., or national origin, marital status, ancestry, arrest record, or any reserve component of the military forces of the United States or this State.

This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Physician further agrees to take affirmative action to ensure equal employment opportunities. The Physician agrees to post in a conspicuous place, available to employees and applicant for employment, notices to be provided by the Physician setting forth the provisions of the non-discrimination clause.

Physician, in the conduct of its responsibilities under this Agreement, may have access to information that is classified as "protected health information" (PHI) (as such term is defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") medical privacy regulations). During the term of this Agreement (and for such additional term as

required by law), any PHI which is accessed by or provided to the vendor shall be held in confidence, in accordance with the HIPAA medical privacy regulations as if the vendor were a "Business Associate" (as such term is defined under the HIPAA medical privacy regulations). Any disclosure of such information will be limited as required by law. The failure of vendors to satisfy the obligations of this paragraph shall entitle the County to indemnification for any damages, costs or expenses sustained (including actual attorneys' fees).

This agreement shall be in effect January 1, 2013 and remain in effect until December 31, 2013 at which time it will automatically renew for one-year, ending December 31, 2014, after which this contract will be renegotiated. Termination of this agreement shall occur upon six months written notice by either party.

SIGNED FOR ROCK HAVEN

SIGNED FOR THE SERVICE PROVIDER

Sherry R. Gunderson
Nursing Home Administrator

William P. West, M.D.

Date: _____

Date: _____

Address: P.O. Box 920
Janesville, WI 53547-0920

Address: _____
Janesville, WI _____

WEST
2013

CONSULTIVE SERVICE AGREEMENT

This agreement is made is entered into between Rock Haven and Harry R. Ramsey, M.D. for the purpose of providing physician consulting services.

Services provided under this agreement shall be at the request of the Nursing Home Administrator at times and for periods mutually agreed upon. The provider of service agrees to the following:

The named physician shall:

- (a) Hold, and provide documentation of, a current license to practice general medicine in the State of Wisconsin.
- (b) Hold, and provide documentation of, adequate malpractice liability insurance in accordance with State law.
- (c) Maintain membership on the Medical, Dental and Podiatry Staff of the Rock Haven.
- (d) Before commencing provision of service, the named physician will provide results of recent TB skin testing. Physician will provide annual documentation thereafter.
- (e) Cooperate in recovery of third party payments including assignment of claims as necessary.
- (f) Bill the County on letterhead stationery or as prescribed by the County. Such bills shall be signed.
- (g) Private practice is permitted; however, physician shall avoid conflicts of interest. Physicians are to file required conflict of interest forms if holding more than one position.

The compensation hereinafter provided shall be the entire compensation and shall include all services of any nature rendered as consultant to Rock Haven, and physician shall not be entitled to additional compensation from any source for such services.

The management of the Rock Haven is reserved to the County, including the right to plan and schedule service, to determine what constitutes good and efficient service, and all other functions of management and direction not expressly limited by the terms of this agreement. Rock Haven assumes professional and administrative responsibility for the services rendered.

It is the understanding of the parties to the Agreement that when this Agreement provides: "Rock Haven assumes professional and administrative responsibility for the services rendered," what is meant is that Rock Haven will provide general administrative supervision and accountability control for the service Physician while performing services for the facility.

Rock Haven does not assume responsibility for technical professional supervision of the actual services provided. The professional liability, technical professional supervision, and quality of services remain the responsibility of the Physician.

Fees for professional services shall be at the rate of \$100 per hour. On-site emergency consultation services will also be provided at the rate of \$100 dollars per hour. Physician shall furnish on-site consulting services for a maximum of 130 hours annually with an anticipated average of 10 hours per week as relief physician for Dr. West.

Provider shall assure professional service availability for emergency medical and/or psychiatric services as assigned by the Medical Director with evening call reimbursable at the rate of \$150 per evening. Holiday and weekend call reimbursement at the rate of \$275 per day.

In connection with the performance of work under this contract, the Physician agrees not to discriminate against any patient or resident in the provision of service. The Physician also agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, sexual orientation, developmental disability as defined in s.51.01(5), Wis. Stat., or national origin, marital status, ancestry, arrest record, or any reserve component of the military forces of the United States or this State.

This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Physician further agrees to take affirmative action to ensure equal employment opportunities. The Physician agrees to post in a conspicuous place, available to employees and applicant for employment, notices to be provided by the Provider setting forth the provisions of the non-discrimination clause.

Provider, in the conduct of its responsibilities under this Agreement, may have access to information which is classified as "protected health information" (PHI) (as such term is defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") medical privacy regulations). During the term of this Agreement (and for such additional term as required by law), any PHI which is accessed by or provided to the vendor shall be held in confidence, in accordance with the HIPAA medical privacy regulations as if the vendor were a "Business Associate" (as such term is defined under the HIPAA medical privacy regulations). Any disclosure of such information will be limited as required by law. The failure of vendors to satisfy the obligations of this paragraph shall entitle the County to indemnification for any damages, costs or expenses sustained (including actual attorneys' fees).

This agreement shall be in effect January 1, 2013 and remain in effect until December 31, 2013 at which time it will automatically renew for one-year, ending December 31, 2014. At that point, the contract will be renegotiated. Termination of this agreement shall occur upon ninety (90) days written notice by either party.

SIGNED FOR ROCK HAVEN

Sherry R. Gunderson
Nursing Home Administrator

Date: _____

Address: P.O. Box 920
Janesville, WI 53547-0920

SIGNED FOR THE SERVICE PROVIDER

Harry R. Ramsey, M.D.

Date: _____

Address: _____
Janesville, WI _____

RAMSEY
2013

CONSULTIVE SERVICE AGREEMENT
ROCK HAVEN

This agreement is made is entered into between Rock Haven and Robert L. Kalember, M.D. for the purpose of providing physician consulting services.

Services provided under this agreement shall be at the request of the Nursing Home Administrator at times and for periods mutually agreed upon. The provider of service agrees to the following:

The named physician shall:

- (a) Hold, and provide documentation of, a current license to practice general medicine in the State of Wisconsin.
- (b) Hold, and provide documentation of, adequate malpractice liability insurance in accordance with State law. Rock County will reimburse consultant 100 percent of the malpractice insurance.
- (c) Maintain membership on the Medical, Dental and Podiatry Staff of the Rock Haven.
- (d) Before commencing provision of service, the named physician will provide results of recent TB skin testing. Physician will provide annual documentation thereafter.
- (e) Cooperate in recovery of third party payments including assignment of claims as necessary.
- (f) Bill the County on letterhead stationery or as prescribed by the County. Such bills shall be signed.
- (g) Private practice is permitted; however, physician shall avoid conflicts of interest. Physicians are to file required conflict of interest forms if holding more than one position.

The compensation hereinafter provided shall be the entire compensation and shall include all services of any nature rendered as consultant to Rock Haven, and physician shall not be entitled to additional compensation from any source for such services.

The management of the Rock Haven is reserved to the County, including the right to plan and schedule service, to determine what constitutes good and efficient service, and all other functions of management and direction not expressly limited by the terms of this agreement.

Rock Haven assumes professional and administrative responsibility for the services rendered.

It is the understanding of the parties to the Agreement that when this Agreement provides: "Rock Haven assumes professional and administrative responsibility for the services rendered," what is meant is that Rock Haven will provide general administrative supervision and accountability control for the service physician while performing services for the facility.

Rock Haven does not assume responsibility for technical professional supervision of the actual services provided. The professional liability, technical professional supervision, and quality of services remain the responsibility of the Physician.

Fees for professional services shall be at the rate of \$125 per hour. On-site emergency consultation services will also be provided at the rate of \$125 dollars per hour. Physician shall furnish on-site consulting services for a maximum of 550 hours annually with an anticipated average of 10 hours per week.

Physician shall assure professional service availability for emergency medical and/or psychiatric services as assigned by the Medical Director with evening call reimbursable at the rate of \$150 per evening. Holiday and weekend call reimbursement at the rate of \$275 per day.

In connection with the performance of work under this contract, the Physician agrees not to discriminate against any patient or resident in the provision of service. The Physician also agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, sexual orientation, developmental disability as defined in s.51.01(5), Wis. Stat., or national origin, marital status, ancestry, arrest record, or any reserve component of the military forces of the United States or this State.

This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Provider further agrees to take affirmative action to ensure equal employment opportunities. The Physician agrees to post in a conspicuous place, available to employees and applicant for employment, notices to be provided by the Physician setting forth the provisions of the non-discrimination clause.

Provider, in the conduct of its responsibilities under this Agreement, may have access to information which is classified as "protected health information" (PHI) (as such term is defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") medical privacy regulations). During the term of this Agreement (and for such additional term as required by law), any PHI which is accessed by or provided to the vendor shall be held in confidence, in accordance with the HIPAA medical privacy regulations as if the vendor were a "Business Associate" (as such term is defined under the HIPAA medical privacy regulations). Any disclosure of such information will be limited as required by law. The failure of vendors to satisfy the obligations of this paragraph shall entitle the County to indemnification for any damages, costs or expenses sustained (including actual attorneys' fees).

This agreement shall be in effect January 1, 2013 and remain in effect until December 31, 2013 at which time it will automatically renew for one-year, ending December 31, 2014. At that point, the contract will be renegotiated. Termination of this agreement shall occur upon ninety (90) days written notice by either party.

SIGNED FOR ROCK HAVEN

Sherry R. Gunderson
Nursing Home Administrator

Date: _____

Address: P.O. Box 920
Janesville, WI 53547-0920

SIGNED FOR THE SERVICE PROVIDER

Robert L. Kalember, M.D.

Date: _____

Address: _____
Janesville, WI _____

KALEMBER
2013

HEALTHDRIVE

MEDICAL & DENTAL PRACTICES

SERVICE AGREEMENT - PODIATRY

Agreement made between HealthDrive Podiatry Group ("Contractor") and Rock Haven,
a long term care facility ("Facility"), located at PO BOX 920 Janesville, WI 53547-0920. This agreement
is effective as of Jan 1, 2013.

1. Facility hereby engages Contractor to provide a licensed Podiatrist and Certified Pedorthist to provide all podiatric care required by residents of the Facility that can reasonably and safely be provided on-site. Contractor will provide comprehensive podiatric examinations as regulated by state and federal law, and other podiatric care, including therapeutic footwear and custom inserts, required by residents of the Facility.

2. Contractor shall provide its own staff, equipment and supplies.

3. Contractor shall normally bill Facility's residents or their health insurers for all services rendered. However, for any resident who is covered under a Prospective Payment System (PPS) reimbursement, Facility agrees to compensate Contractor for covered diabetic footwear dispensed during the PPS period in accordance with the prevailing Medicare Part B fee schedule for that locality. This diabetic footwear will only be ordered with prior written approval for payment of the fees from a member of Facility administration. The Facility will pay the Contractor in thirty (30) days from invoice or a finance charge of one and one half percent (1 1/2%) will accrue per month on all outstanding balances over thirty (30) days.

4. Facility shall provide at no charge to Contractor adequate and well-lit space for Contractor's services, as well as access to electrical and water supplies. Facility shall give Contractor access to pertinent medical history and billing information concerning residents of the facility and keep Contractor informed of any changes in such information. Facility shall assist Contractor in scheduling visits and shall direct a staff aide to assist Contractor during on-site visits and to cooperate with Contractor's reasonable requests.

5. Health Insurance Portability and Accountability Act (HIPAA) The parties agree that they are both covered entities pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and the regulations promulgated pursuant thereto. The parties further agree that since they are each providing treatment to patients, neither is a business associate of the other as that term is defined in HIPAA. The parties agree to use their best efforts to safeguard patient protected health information and to otherwise comply with HIPAA requirements applicable to their operations. Further, each party agrees to comply with the applicable provisions of the Administrative Simplification section of HIPAA, as codified at 42 U.S.C. § 1320d through d-8, and the requirements of any regulations promulgated thereunder including without limitation the federal privacy standards as contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Standards") and the federal security standards as contained in 45 C.F.R. Parts 160, 162 & 164 (the "Federal Security Standards").

6. This agreement shall have an initial term of one (1) year, with automatic renewal, and thereafter may be terminated by either party for any reason on thirty (30) days written notice. Either party may terminate this Agreement at any time if the other party fails to perform its obligations and does not correct such failure after receiving fifteen (15) days written notice of such failure from the party who wishes to terminate the Agreement.

7. Each party shall carry general and professional liability insurance, or in the case of Contractor, shall require its providers to carry such professional liability insurance, for itself, its employees and its agents in amounts customary for its business, and shall provide evidence of such coverage to the other party on request.

8. Facility agrees not to hire or solicit for hire, on its behalf or anyone else's behalf, any provider associated with Contractor until eighteen months after the last date on which the provider provided services to any patient of Contractor.

9. Facility shall cancel contracts with any existing providers for this specialty within thirty (30) days of signing this agreement.

10. In the event that any action, suit or other proceeding in law or in equity is brought to enforce the covenants contained in this agreement, or to obtain money damages for the breach thereof, and such action results in the award of a judgment for money damages or in the granting of any injunctive relief in favor of Contractor, all expenses (including reasonable attorneys' fees) of Contractor in such action, suit or other proceeding shall, on demand of Contractor, be paid by Facility.

EXECUTED by and between the parties as of the date written above.

CONTRACTOR:

FACILITY:

Contractor's Signature

Administrator's Signature

G:\users\jgemed\contract\master contracts\healthdrive\sa-pod(w)\(pps).doc

Administrator's Name (please print)

Dignity • Compassion • Concern

RESOLUTION

ROCK COUNTY BOARD



OF SUPERVISORS

Health Services Committee
INITIATED BY

Sherry Gunderson
DRAFTED BY

Health Services Committee
SUBMITTED BY

December 4, 2012
DATE DRAFTED

TITLE

RECOGNIZING RAMACHANDRA RAO FOR SERVICE TO ROCK HAVEN

1. WHEREAS, Ramachandra Rao, MD, has served the citizens of Rock County over
2. the past 20 years, 4 months as a dedicated and valued employee of Rock
3. County; and,
- 4.
5. WHEREAS, Ramachandra Rao, MD, began his career with Rock County on August
6. 22, 1991, as the facility's staff physician, and
- 7.
8. WHEREAS, Ramachandra Rao, MD, took on the additional duties of Medical
9. Director for Rock Haven on January 1, 2006 and has worked diligently in
10. those capacities until his retirement on January 4, 2013, and
- 11.
12. WHEREAS, the Rock County Board of Supervisors, representing the
13. citizens of Rock County, wishes to commend Ramachandra Rao, MD, for his
14. long and faithful service.
- 15.
16. NOW, THEREFORE, BE IT RESOLVED, the Rock County Board of Supervisors
17. duly assembled this _____ of _____, 2012 does hereby
18. recognize Ramachandra Rao, MD, for his 20 years, 4 months of service and
19. extend their best wishes to him in his future endeavors; and,
- 20.
21. BE IT FURTHER RESOLVED, that the County Clerk be authorized and
22. directed to furnish a copy of this resolution to Ramachandra Rao.
- 23.

Respectfully submitted,

COUNTY BOARD STAFF COMMITTEE

HEALTH SERVICES COMMITTEE

J. Russell Podzinski, Chair

Betty Jo Bussie, Chair

Sandra Kraft, Vice Chair

Mary Beaver, Vice Chair

Betty Jo Bussie

Terry Fell

Eva Arnold

Billy Bob Graba

Mary Mawhinney

Steve Howland

Marilynn Jensen

Kurtis Yankee

Hank Brill

Louis Peer

ROCK COUNTY, WISCONSIN
FINANCE DIRECTOR

PURCHASING DIVISION
FAX (608) 757-5539
PHONE (608) 757-5515



BID SUMMARY FORM

PROJECT#: 2013-11
 PROJECT: MEDICAL WASTE REMOVAL
 BID DUE DATE: NOVEMBER 13, 2012 – 1:30 P.M.
 DEPARTMENT: ROCK HAVEN

	LB MEDWASTE SERVICES WAUSAU, WI		STERICYCLE NORTHBROOK, IL	
	1ST BOX	ADDITIONAL BOX	1ST BOX	ADDITIONAL BOX
2013 PRICING	\$ 49.00	\$ 25.00	\$ 60.00	\$ 60.00
2014 PRICING	\$ 50.00	\$ 25.00	\$ 61.80	\$ 61.80
2015 PRICING	\$ 50.00	\$ 25.00	\$ 63.65	\$ 63.65

This project was advertised in the Janesville Gazette and on the Internet.

Three additional vendors were solicited that did not respond.

One vendor submitted a No Bid.

Prepared By: ALAN DRANSFIELD
Senior Buyer

Department Head Recommendation: LB Medwaste Services, Wausau, WI

Sherry Dunders Signature 12/4/12 Date

Governing Committee Approval: _____
Chair Vote Date

Purchasing Procedural Endorsement: _____
Chair Vote Date

ROCK COUNTY, WISCONSIN



Rock Haven
P.O. Box 920
Janesville, Wisconsin 53547-0920
Phone 608-757-5000
Fax 608-757-5026

January 1, 2013

Dear Rock Haven Resident:

The Health Services Committee will increase the private pay rate effective March 18, 2013. The following rates are effective until March 17, 2013:

<u>LEVEL OF CARE</u>	<u>2013 RATE</u>
Intensive Skilled Nursing (ISN)	\$329.00
Skilled Care (SNF)	292.00
Intermediate Care (ICF-1)	253.00

The following rates will be effective March 18, 2013:

<u>LEVEL OF CARE</u>	<u>2013 RATE</u>
Intensive Skilled Nursing (ISN)	\$337.00
Skilled Care (SNF)	300.00
Intermediate Care (ICF-1)	261.00

The rates continue to include all services provided by our full-time physician and consulting psychiatrist. Medical services such as these are not included in the rates charged by most other nursing homes. You will continue to be billed separately for pharmacy, speech therapy, physical therapy, occupational therapy, laboratory, radiology, dental, podiatry and beauty/barber shop services.

I assure you that we will strive to contain costs wherever possible while honoring our long-standing commitment to quality care. If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Sherry Gunderson".

Sherry Gunderson
Nursing Home Administrator

SRG/ML
PPLTR

Rock Haven Admissions/Discharges/Census - 2012

ADMISSIONS				
	CCU	Dementia	CMI/GP	Total
January	3	1	4	8
February	6	1	6	13
March	8	4	4	16
April	2	5	8	15
May	7	5	3	15
June	2	5	3	10
July	5	5	3	13
August	5	3	6	14
September	8	2	2	12
October	8	4	2	14
November	7	3	4	14
December	3	2	5	10
Total	64	40	50	154

1/31/2012
2/29/2012
3/31/2012
4/30/2012
5/31/2012
6/30/2012
7/31/2012
8/31/2012
9/30/2012
10/31/2012
11/30/2011
12/21/2011

DISCHARGES/DEATHS				
	CCU	Dementia	CMI/GP	Total
January	4	2	2	8
February	6	2	3	11
March	10	4	4	18
April	1	5	6	12
May	6	7	2	15
June	4	6	6	16
July	4	3	4	11
August	6	3	7	16
September	8	2	2	12
October	7	5	4	16
November	9	1	1	11
December	5	2	3	10
Total	70	42	44	156

1/31/2012
2/29/2012
3/31/2012
4/30/2012
5/31/2012
6/30/2012
7/31/2012
8/31/2012
9/30/2012
10/31/2012
11/30/2011
12/21/2011

CENSUS				
	CCU	Dementia	CMI/GP	Total
January	39	44	43	126
February	42	43	43	128
March	40	43	43	126
April	41	44	44	129
May	42	44	43	129
June	41	41	41	123
July	42	42	42	126
August	40	41	42	123
September	40	41	42	123
October	41	40	40	121
November	41	41	44	126
December	40	44	42	126
Budget	41	43	43	127
Capacity*	42	43	43	128

1/31/2012
2/29/2012
3/31/2012
4/30/2012
5/31/2012
6/30/2012
7/31/2012
8/31/2012
9/30/2012
10/31/2012
11/30/2011
12/21/2011

*Downsize from 156 to 130 occurred 6/1/07

*Downsize from 130 to 128 occurred 10/1/2012

2012 PATIENT DAYS FOR ROCK COUNTY HEALTH CARE CENTER

		PATIENT DAYS			PATIENT DAYS			% OVER/ -UNDER	OVER/ -UNDER	% OVER/ -UNDER
		ACTUAL MTD	BUDGET MTD	OVER/ -UNDER	ACTUAL YTD	BUDGET YTD	OVER/ -UNDER			
MEADOW PLACE	MEDICARE	SNF	144	217	-73	1711	2135	-424	-19.86	
	TOTAL	TOTAL	144	217	-73	1711	2135	-424	-19.86	
	HOSPICE	SNF	4		4	9		9		
	TOTAL	TOTAL	4		4	9		9		
	MEDICAL ASSISTANCE	SNF	1003	930	73	9256	9150	106	1.16	
	TOTAL	TOTAL	1003	930	73	9256	9150	106	1.16	
	PRIVATE PAY	SNF	123	93	30	1409	915	494	53.99	
	TOTAL	TOTAL	123	93	30	1409	915	494	53.99	
TOTAL MEADOW PLACE			1274	1240	34	12385	12200	185	1.52	
HARBOR WAY	MEDICARE	SNF	30	31	-1	651	305	346	113.44	
	TOTAL	TOTAL	30	31	-1	651	305	346	113.44	
	HOSPICE	SNF	31	31		241	305	-64	-20.98	
	TOTAL	TOTAL	31	31		241	305	-64	-20.98	
	MEDICAL ASSISTANCE	SNF	1185	1209	-24	11528	11895	-367	-3.09	
	TOTAL	TOTAL	1185	1209	-24	11528	11895	-367	-3.09	
	PRIVATE PAY	SNF	30	93	-63	462	915	-453	-49.51	
	TOTAL	TOTAL	30	93	-63	462	915	-453	-49.51	
TOTAL HARBOR WAY			1276	1364	-88	12862	13420	-558	-4.01	

		PATIENT DAYS			PATIENT DAYS			% OVER/ -UNDER	OVER/ -UNDER	% OVER/ -UNDER
		ACTUAL MTD	BUDGET MTD	OVER/ -UNDER	ACTUAL YTD	BUDGET YTD	OVER/ -UNDER			
GLEN LANE	MEDICARE	SNF	79	79	79	707	707	707		
	TOTAL		79	79	79	707	707	707		
	HOSPICE	SNF	20	62	-42	201	610	-409	-67.05	-67.05
	TOTAL		20	62	-42	201	610	-409	-67.05	-67.05
	MEDICAL ASSISTANCE	SNF	1123	1178	-55	11677	11590	87	0.75	0.75
	TOTAL		1123	1178	-55	11677	11590	87	0.75	0.75
	PRIVATE PAY	SNF	66	93	-28	453	915	-462	-50.49	-50.49
	TOTAL		66	93	-28	453	915	-462	-50.49	-50.49
TOTAL GLEN LANE			1287	1333	-46	13038	13115	-77	-0.59	-0.59
TOTAL ROCK HAVEN	MEDICARE	SNF	253	248	5	3069	2440	629	25.78	25.78
	TOTAL		253	248	5	3069	2440	629	25.78	25.78
	HOSPICE	SNF	56	93	-38	451	915	-464	-50.71	-50.71
	TOTAL		56	93	-38	451	915	-464	-50.71	-50.71
	MEDICAL ASSISTANCE	SNF	3311	3317	-6	32461	32635	-174	-0.53	-0.53
	TOTAL		3311	3317	-6	32461	32635	-174	-0.53	-0.53
	PRIVATE PAY	SNF	218	279	-61	2324	2745	-421	-15.34	-15.34
	TOTAL		218	279	-61	2324	2745	-421	-15.34	-15.34
TOTAL ROCK HAVEN			3837	3937	-100	38305	38735	-430	-1.11	-1.11

		AVERAGE DAILY PATIENTS			AVERAGE DAILY PATIENTS					
		ACTUAL MTD	BUDGET MTD	% OVER/UNDER	ACTUAL YTD	BUDGET YTD	% OVER/UNDER			
MEADOW PLACE	MEDICARE	SNF	4.65	7.00	-2.35	-33.64	5.61	7.00	-1.39	-19.86
	TOTAL		4.65	7.00	-2.35	-33.64	5.61	7.00	-1.39	-19.86
	HOSPICE	SNF	0.13		0.13		0.03		0.03	
	TOTAL		0.13		0.13		0.03		0.03	
	MEDICAL ASSISTANCE	SNF	32.35	30.00	2.35	7.85	30.35	30.00	0.35	1.16
	TOTAL		32.35	30.00	2.35	7.85	30.35	30.00	0.35	1.16
	PRIVATE PAY	SNF	3.97	3.00	0.97	32.26	4.62	3.00	1.62	53.99
	TOTAL		3.97	3.00	0.97	32.26	4.62	3.00	1.62	53.99
TOTAL MEADOW PLACE			41.10	40.00	1.10	2.74	40.61	40.00	0.61	1.52
HARBOR WAY	MEDICARE	SNF	0.97	1.00	-0.03	-3.23	2.13	1.00	1.13	113.44
	TOTAL		0.97	1.00	-0.03	-3.23	2.13	1.00	1.13	113.44
	HOSPICE	SNF	1.00				0.79	1.00	-0.21	-20.98
	TOTAL		1.00				0.79	1.00	-0.21	-20.98
	MEDICAL ASSISTANCE	SNF	38.23	39.00	-0.77	-1.99	37.80	39.00	-1.20	-3.09
	TOTAL		38.23	39.00	-0.77	-1.99	37.80	39.00	-1.20	-3.09
	PRIVATE PAY	SNF	0.97	3.00	-2.03	-67.74	1.51	3.00	-1.49	-49.51
	TOTAL		0.97	3.00	-2.03	-67.74	1.51	3.00	-1.49	-49.51
TOTAL HARBOR WAY			41.16	44.00	-2.84	-6.45	42.24	44.00	-1.76	-4.01

	AVERAGE DAILY PATIENTS				AVERAGE DAILY PATIENTS				
	ACTUAL	BUDGET	OVER/	% OVER/	ACTUAL	BUDGET	OVER/	% OVER/	
	MTD	MTD	-UNDER	-UNDER	YTD	YTD	-UNDER	-UNDER	
GLEN LANE									
MEDICARE	SNF	2.55	2.55	2.55	2.32	2.32	2.32	2.32	
	TOTAL	2.55	2.55	2.55	2.32	2.32	2.32	2.32	
HOSPICE	SNF	0.65	2.00	-1.35	-67.74	0.66	2.00	-1.34	-67.05
	TOTAL	0.65	2.00	-1.35	-67.74	0.66	2.00	-1.34	-67.05
MEDICAL ASSISTANCE	SNF	36.23	38.00	-1.77	-4.67	38.29	38.00	0.29	0.75
	TOTAL	36.23	38.00	-1.77	-4.67	38.29	38.00	0.29	0.75
PRIVATE PAY	SNF	2.10	3.00	-0.90	-30.11	1.49	3.00	-1.51	-50.49
	TOTAL	2.10	3.00	-0.90	-30.11	1.49	3.00	-1.51	-50.49
TOTAL GLEN LANE		41.52	43.00	-1.48	-3.45	42.75	43.00	-0.25	-0.59
TOTAL ROCK HAVEN									
MEDICARE	SNF	8.16	8.00	0.16	2.02	10.06	8.00	2.06	25.78
	TOTAL	8.16	8.00	0.16	2.02	10.06	8.00	2.06	25.78
HOSPICE	SNF	1.77	3.00	-1.23	-40.86	1.48	3.00	-1.52	-50.71
	TOTAL	1.77	3.00	-1.23	-40.86	1.48	3.00	-1.52	-50.71
MEDICAL ASSISTANCE	SNF	106.81	107.00	-0.19	-0.18	106.43	107.00	-0.57	-0.53
	TOTAL	106.81	107.00	-0.19	-0.18	106.43	107.00	-0.57	-0.53
PRIVATE PAY	SNF	7.03	9.00	-1.97	-21.86	7.62	9.00	-1.38	-15.34
	TOTAL	7.03	9.00	-1.97	-21.86	7.62	9.00	-1.38	-15.34
TOTAL ROCK HAVEN		123.77	127.00	-3.23	-2.54	125.59	127.00	-1.41	-1.11