

ROCK COUNTY, WISCONSIN



Rock Haven  
P.O. Box 920  
Janesville, Wisconsin 53547-0920  
Phone 608-757-5000  
Fax 608-757-5010

**HEALTH SERVICES COMMITTEE**  
THURSDAY, JANUARY 24, 2013 AT 8:00 AM  
**Rock Haven 4th Floor Classroom**

**AGENDA.**

1. Call to Order/Approval of Agenda
2. Approval of Minutes – December 12, 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:** Contract with Centrad to Provide Oxygen and Tracheostomy Supplies to Rock Haven
  - b. **Action Item:** Resolution Recognizing Kathleen Crawford for Years of Service to Rock Haven
  - c. Information Item: Semi - Annual Report - Attendance at Conventions/Conferences – There were no instances of attendance for training that exceeded \$1,000.
  - d. Information Item: Complaint Visit of January 14
9. Information Item: Reports
  - a. Census
  - b. Activities
    - 1) Senior Management Team
      - a. Planning for Move Day
      - b. Survey Readiness

2) Staff Education for January 2013

- a. Mandatory AED (defibrillator) Training for RNs and LPNs
- b. Dialysis Access Care
- c. End of Life Care and Advance Directives
- d. Difficult Behaviors
- e. General Orientation for New Employees
- f. Mandatory CPR for RNs and LPNs

3) Conferences and Meetings - Sherry Gunderson Attended the Following Meetings:

- a. Leading Age Board Meeting - January 17 in Deforest

4) Resident Council Meeting – Tuesday, January 15 at 10:15 am.

- c. Finance - Dave Sudmeier

10. Next Meeting Date - The next regular meeting of the Health Services Committee is scheduled for Wednesday, February, 13 at 8 a.m. in Rock Haven on the ground floor.

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.

## OXYGEN AND RESPIRATORY SUPPLY CONTRACT

Rock Haven, hereinafter referred to as "Purchaser," and Centrad Healthcare, hereinafter referred to as "Provider," in consideration of the mutual covenants and promises set forth below agree as follows:

### I. TERM: TERMINATION

This contract shall be effective January 1, 2010 and continue for three years from that date with the same terms and conditions subject to a renegotiation of any applicable fees or rates. Pricing shall remain firm for the first year of the contract. Thereafter, price increases shall be fully documented cost increases and in no case be more than the overall CPI as of June 30th of the prior year. Said contract term is subject to the right of either party to terminate upon ninety- (90) days written notice to the other party.

### II. PURCHASER'S OBLIGATIONS

Purchaser shall:

- A. Provide safe and adequate space for the Oxygen and Respiratory Supplies.
- B. Provide access to resident and client records and financial services assessment.
- C. Receive, store, distribute and return/process of oxygen and respiratory supplies and equipment.

### III. PROVIDER'S OBLIGATIONS

Provider shall:

- A. Agree that its employees provide only those services for which they are properly credentialed. A copy of these credentials shall be provided to the Purchaser. Oxygen and Respiratory services shall be provided only upon referral of the attending physician and services shall be given as prescribed. The Provider shall review the current clinical record prior to instituting service for any individual with special attention to risks or precautions.
- B. Provide service in accordance with accepted professional practice. All services shall be properly documented in accordance with Health Care Center policy, all applicable State and Federal regulations and the requirements of third party payers.
- C. Provider shall agree to the provision that all services are provided by employees of the Provider and those persons are considered employees of the Provider for all purposes.
- D. Agree that all Providers' employees serving Rock Haven are bound by the contract in effect. All employees are further obliged to abide by Rock Haven's Administrative Work Rules (copy attached) governing conduct within the facility

and to follow the policies of the Infection Control, Medical Records, and Safety Committees.

- E. Be responsible for in-service training of Rock Haven staff regarding any new equipment installed by Provider with a written report forwarded to the Administration of Rock Haven within two weeks of such training.
- F. Participate in Rock Haven's Quality Assurance Program by Provider supplying Purchaser with a copy of the Indicator used by Provider in Provider's Quality Assurance Program and sending Purchaser with a copy of quarterly results.
- G. Provider shall agree to provide Worker's Compensation Insurance for Provider's employees.
- H. Provider will make available all of the necessary oxygen supplies and related equipment.
- I. Oxygen Supply System: Depending on the needs of the patient, three different sources of oxygen could be utilized to include: concentrators, and cylinder oxygen. Portable oxygen will be supplied in "E" cylinders except for the emergency crash carts, which will be supplied, with "D" cylinders. "H" cylinders may also be required.

PRN users will be provided "E" cylinders.

Portable cylinders, aluminum, "E" size will last 3-5 hours depending on liter flow.

Oxygen concentrators will be the primary means for providing medical grade oxygen.

Oxygen concentrators will provide 3 to 5 L/m depending on manufacture, required servicing once per month, and requires an electrical outlet.

- J. Oxygen Administration Devices: the Provider will provide cannulas, mask, humidifiers, and connecting tubing. The changing of these devices will be coordinated with nursing service and infection control.
- K. Provider will ensure that adequate backup oxygen cylinders and supplies are available for emergencies or unexpected usage in the facility. Provision for emergency re-supply will be available at all times on an "on-call" basis.
- L. Billing: Provider will bill Medical Assistance, third party insurance, and private pay patients for oxygen. Medical Assistance requires nursing documentation of hours per day and liters per minute for the initial month of set-up. Private insurance is handled on a case-by-case basis and their rules and regulations vary. Medicare Part B will not pay for oxygen in a nursing home. All patients not covered by insurance will be billed to Rock County.

IV. FORMS

Forms for delivery, order tickets, and equipment checklists to be used will be developed or selected as mutually agreed by the Purchaser and the Provider.

V. INDEMNITY AND INSURANCE

Provider agrees to defend, hold harmless, and indemnify, Rock County against the claim or claims of any third party for damages, or any other cost associated with such claim including reasonable attorney fees, caused by the negligence of Provider, its employees, officers, agents and officials to the extent determined by a competent trier of fact according to the laws of the state of Wisconsin.

Rock County agrees to defend, hold harmless, and indemnify, Provider against the claim or claims of any third party for damages or any other cost associated with such claim including reasonable attorney fees, caused by the negligence of Rock County, its employees, officers, agents and officials to the extent determined by a competent trier of fact according to the laws of the state of Wisconsin.

Provider agrees that, in order to protect itself as well as Purchaser under the Indemnity provision set forth above, Provider will at all times during the existence of this contract keep in force, from a company authorized and licensed to do business in the State of Wisconsin, a liability insurance policy for bodily injury and property damage in the aggregate amount of \$1,000,000. The Purchaser shall be listed as an additional named insured on said policy.

Upon the execution of this Contract, Provider will furnish Purchaser with written verification of the existence of such insurance.

Provider shall require its carrier to notify Purchaser a minimum of ten (10) days before cancellation or non-renewal. In the event of any action, suit or proceedings against Purchaser upon any matter hereby indemnified against, Purchaser shall, within five (5) working days, cause notice, in writing, to be given to Provider by certified mail, addressed to its post office address.

VI. NON-DISCRIMINATION

In connection with the performance of work under this contract, the Provider agrees not to discriminate against any patient or resident in the provision of service. The Provider 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 §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 Provider agrees to post in a conspicuous place, available to employees and applicants for employment, notices to be provided by the Provider setting forth the provisions of the non-discrimination clause.

VII. CONFIDENTIALITY

The 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 given to the Provider 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).

The Provider explicitly agrees to the terms of the attached addendum and the terms of that addendum are made part of this contract as if set out in its entirety herein.

VIII. PROFESSIONAL AND ADMINISTRATIVE RESPONSIBILITY

Rock Haven assumes professional and administrative responsibility for <sup>OXYGEN AND RESPIRATORY</sup> ~~tracheostomy~~ services rendered through this contract. <sup>PROCEDURAL CARE.</sup>

This shall be construed to mean that the Rock Haven will provide general administrative supervision and accountability control of employees of the Provider while performing services for the facility. Rock Haven does not assume administrative responsibility for technical/professional supervision of the actual supply services provided by Provider. The professional liability, technical professional supervision, and quality of services provided by Provider remain the responsibility of the Provider.

IX. AMENDMENT

This contract may be amended upon mutual agreement of the parties in writing.

Dated this 1st day of January, 2010.

ROCK HAVEN:

PROVIDER:

Sherry R. Gunderson  
Sherry R. Gunderson  
Administrator

[Signature]  
Central Healthcare  
MICHAEL KESWANI  
COO

**EXHIBIT A  
PRICING FOR DURABLE MEDICAL EQUIPMENT AND CONSUMABLE  
OXYGEN**

**ROCK HAVEN NURSING HOME**

<u>Item</u>	<u>Pricing</u>	<u>Extended Pricing</u>
Oxygen Concentrator Full Service Program – Weekly visits	\$2.75 per day	\$67.50 per month maximum Supplies Included
Oxygen Concentrator – Back up Equipment	No Charge	No Charge until placed in use
Air compressor	\$50.00 per month	
Pulse Oximeter	\$50.00 per month	
"C Pap" Standard	\$75.00 per month	
"Bl Pap" Standard	\$225.00 per month	
"E" Cylinder	\$7.25 per cylinder	Per fill ( <i>no rental fee</i> )
"D" Cylinder	\$7.25 per cylinder	Per fill ( <i>no rental fee</i> )
"H" Cylinder	\$15.00 per cylinder	Per fill ( <i>no rental fee</i> )
"H" Regulator	\$5.00 per month	
"H" Dolly	\$5.00 per month	
Oxygen Conserving Device	\$30.00 per month	

**FIRST ADDENDUM**  
To the  
**ROCK COUNTY PROJECT #2010-03 OXYGEN, TRACHEOSTOMY AND RESPIRATORY SUPPLIES AND  
EQUIPMENT FOR ROCK HAVEN NURSING HOME**  
By and Between  
**CENTRAD HEALTHCARE, LLC & ROCK HAVEN NURSING HOME**

This First Addendum ("Addendum") shall be added to the existing Rock County Project #2010-03 Oxygen, Tracheostomy and Respiratory Supplies and Equipment for Rock Haven Nursing Home ("Agreement") by and between Centrad Healthcare, LLC, ("Centrad") and Rock Haven Nursing Home, dated January 1, 2013. This addendum will be known as #2013-01 and will be effective as of January 1, 2013.

This Addendum will extend current pricing beyond the winning bid terms, for Oxygen, Tracheostomy, and Respiratory Supplies and Equipment for Rock Haven Nursing Home. (Attached original winning bid letter with pricing)

This Addendum shall become part of the original Agreement, once this Addendum (considered to be an Instrument in writing) is signed by both parties (Centrad and Rock Haven Nursing Home) the Addendum will be considered valid and binding.

\* \* \*

I have read and approved this Addendum and allow this addendum to be added to the original Agreement, effective January 1, 2013:

**CENTRAD HEALTHCARE, LLC**

Signature: \_\_\_\_\_

Printed Name: Michael Korslin

Title: Chief Operating Officer

Date: \_\_\_\_\_

**ROCK HAVEN NURSING HOME**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## TRACHEOSTOMY SUPPLIES CONTRACT

Rock Haven, hereinafter referred to as "Purchaser," and Centrad Healthcare, hereinafter referred to as "Provider," in consideration of the mutual covenants and promises set forth below agree as follows:

### I. TERM: TERMINATION

This contract shall be effective January 1, 2010, and continue for a term of three years with the same terms and conditions, subject to a renegotiation of any applicable fees or rates. Pricing shall remain firm for the first year of the contract. Thereafter, price increases shall be fully documented cost increase and in no case be more than the overall CPI as of June 30th of the prior year. Said contract term is subject to the right of either party to terminate upon ninety- (90) days written notice to the other party.

### II. PURCHASER'S OBLIGATIONS

Purchaser shall:

- A. Provide safe and adequate space for the provision of tracheostomy related supplies and equipment.
- B. Provide access to resident and client records and financial services assessment.
- C. Receive, store, distribute and return/process of tracheostomy supplies and equipment.

### III. PROVIDER'S OBLIGATIONS

Provider shall:

- A. Agree that its employees provide only those services for which they are properly credentialed. A copy of these credentials shall be provided to the Purchaser.

Tracheostomy Supply services shall be provided only upon referral of the attending physician and services shall be given as prescribed. The Provider shall review the current clinical record prior to instituting delivery of supplies for any individual with special attention to risks or precautions.

- B. Provide service in accordance with accepted professional practice. All service shall be properly documented in accordance with Rock Haven policy, all applicable State and Federal regulations and the requirements of third party payors.
- C. Agree that all Provider's employees serving Rock Haven are bound by the contract in effect. All employees are further obliged to abide by Rock Haven's Administrative Work Rules (copy attached) governing conduct within the facility and to follow the policies of Medical Records and the Infection Control and Safety Committees.

- D. Be responsible for in-service training of Rock Haven staff regarding any new equipment installed by Provider with a written report forwarded to the Administration of Rock Haven within two weeks of such training.
- E. Participate in Rock Haven's Quality Assurance Program by Provider supplying Purchaser with a copy of the indicator used by Provider in Provider's Quality Assurance Program and sending Purchaser with a copy of quarterly results.
- F. Provider shall agree to provide Worker's Compensation Insurance for Provider's employees.
- G. Provider will make available tracheostomy supplies and related equipment. Common covered supplies as listed below:
- Aerosol tubing
  - Trachea masks
  - Trachea tubes
  - Inner cannulas
  - Suction catheter kit
  - Trachea sponges
  - Trachea ties
  - Sterile water and saline
  - Speaking valves

Provider will coordinate with Medical Staff and nursing service to assure prompt delivery of supplies or service equipment.

- H. Billing: Provider will bill all of the charges directly to Medicare B, third party payers or insurers and private pay residents for supplies provided. The Provider will not bill the facility for equipment, services or supplies except under Part A Medicare and non-covered physician directed supplies. The facility will not bill for any services rendered or supplies provided by the Provider.

#### IV. FORMS AND RECORD KEEPING

Forms to be used will be developed or selected as mutually agreed by Rock Haven and the Provider.

#### V. INDEMNITY AND INSURANCE

Provider agrees to defend, hold harmless, and indemnify, Rock County against the claim or claims of any third party for damages, or any other cost associated with such claim including reasonable attorney fees, caused by the negligence of Provider, its employees, officers, agents and officials to the extent determined by a competent trier of fact according to the laws of the state of Wisconsin.

Rock County agrees to defend, hold harmless, and indemnify, Provider against the claim or claims of any third party for damages or any other cost associated with such claim including reasonable attorney fees, caused by the negligence of Rock County, its employees, officers, agents and officials to the extent determined by a competent trier of fact according to the laws of the state of Wisconsin.

Provider agrees that, in order to protect itself as well as Purchaser under the indemnity provision set forth above, Provider will at all times during the existence of this contract keep in force, from a company authorized and licensed to do business in the State of Wisconsin, a liability insurance policy for bodily injury and property damage in the aggregate amount of \$1,000,000. The Purchaser shall be listed as an additional named insured on said policy.

Upon the execution of this Contract, Provider will furnish Purchaser with written verification of the existence of such insurance.

Provider shall require its carrier to notify Purchaser a minimum of ten (10) days before cancellation or non-renewal. In the event of any action, suit or proceedings against Purchaser upon any matter hereby indemnified against, Purchaser shall, within five (5) working days, cause notice, in writing, to be given to Provider by certified mail, addressed to its post office address.

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In connection with the performance of work under this contract, the Provider agrees not to discriminate against any patient or resident in the provision of services. The Provider 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 §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 Provider agrees to post in a conspicuous place, available to employees and applicants for employment, notices to be provided by the Provider setting forth the provisions of the non-discrimination clause.

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paragraph shall entitle the County to indemnification for any damages, costs or expenses sustained (including actual attorneys' fees).

The Provider also explicitly agrees to the terms of the attached addendum and the terms of that addendum are made part of this contract as if set out in its entirety herein.

VIII. PROFESSIONAL AND ADMINISTRATIVE RESPONSIBILITY

Purchaser assumes professional and administrative responsibility for tracheostomy services rendered through this contract.

This shall be construed to mean that Rock Haven will provide general administrative supervision and accountability control of employees of the Provider while performing services for the facility. Rock Haven does not assume administrative responsibility for technical/professional supervision of the actual supply services provided by Provider. The professional liability, technical professional supervision, and quality of services provided by Provider remain the responsibility of the Provider.

IX. AMENDMENT

This contract may be amended upon mutual agreement of the parties in writing.

Dated this 1st day of January, 2010.

ROCK HAVEN:

Sherry R. Gunderson  
Sherry R. Gunderson  
Administrator

PROVIDER:

Michael Korslund  
Provider  
Michael Korslund

**FIRST ADDENDUM**  
To the  
**ROCK COUNTY PROJECT #2010-03 OXYGEN, TRACHEOSTOMY AND RESPIRATORY SUPPLIES AND EQUIPMENT FOR ROCK HAVEN NURSING HOME**  
By and Between  
**CENTRAD HEALTHCARE, LLC & ROCK HAVEN NURSING HOME**

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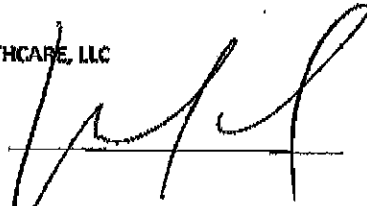
This Addendum shall become part of the original Agreement, once this Addendum (considered to be an Instrument in writing) is signed by both parties (Centrad and Rock Haven Nursing Home) the Addendum will be considered valid and binding.

\* \* \*

I have read and approved this Addendum and allow this addendum to be added to the original Agreement, effective January 1, 2013:

**CENTRAD HEALTHCARE, LLC**

Signature:



Printed Name:

Michael Korslin

Title:

Chief Operating Officer

Date:

12/11/12

**ROCK HAVEN NURSING HOME**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

RESOLUTION NO. \_\_\_\_\_

AGENDA NO. \_\_\_\_\_

**RESOLUTION  
ROCK COUNTY BOARD OF SUPERVISORS**

Health Services Committee  
INITIATED BY

Sherry Gunderson  
DRAFTED BY

Health Services Committee  
SUBMITTED BY



January 10, 2013  
DATE DRAFTED

**RECOGNIZING KATHLEEN CRAWFORD FOR SERVICE TO ROCK HAVEN**

1 **WHEREAS**, Kathleen Crawford has served the citizens of Rock County over the past 18 years as a  
2 dedicated and valued employee of Rock County; and,  
3  
4 **WHEREAS**, Kathleen Crawford began her career with Rock County Health Care Center/Rock Haven  
5 on February 7, 1995 as a Registered Nurse on Health Care Center third floor. She spent the next 9  
6 years there until all nursing home residents were moved to Rock Haven in 2005 and she moved with  
7 the residents to Rock Haven second floor; and,  
8  
9 **WHEREAS**, Kathleen Crawford has worked diligently in that position until her retirement on  
10 February 6, 2013; and,  
11  
12 **WHEREAS**, the Rock County Board of Supervisors, representing the citizens of Rock County, wishes  
13 to commend Kathleen Crawford for her long and faithful service.  
14  
15 **NOW, THEREFORE, BE IT RESOLVED**, that the Rock County Board of Supervisors duly  
16 assembled this \_\_\_\_\_ day of \_\_\_\_\_, 2013 does hereby recognize Kathleen Crawford for her 18  
17 years of service and extend their best wishes to her in her future endeavors; and,  
18  
19 **BE IT FURTHER RESOLVED**, that the County Clerk be authorized and directed to furnish a copy  
20 of this resolution to Kathleen Crawford.

Respectfully Submitted,

COUNTY BOARD STAFF COMMITTEE

HEALTH SERVICES COMMITTEE

\_\_\_\_\_  
J. Russell Podzilni, Chair

\_\_\_\_\_  
Betty Jo Bussie, Chair

\_\_\_\_\_  
Sandra, Vice Chair

\_\_\_\_\_  
Mary Beaver, Vice Chair

\_\_\_\_\_  
Eva Arnold

\_\_\_\_\_  
Terry Fell

\_\_\_\_\_  
Henry Brill

\_\_\_\_\_  
Bitty Bob Grahn

\_\_\_\_\_  
Betty Jo Bussie

\_\_\_\_\_  
Steve Howland

\_\_\_\_\_  
Marilynn Jensen

\_\_\_\_\_  
Mary Mawhinney

\_\_\_\_\_  
Louis Peer

\_\_\_\_\_  
Kurtis Yankee

**MEMORANDUM**

**To:** Health Services Committee  
**From:** Sherry R. Gunderson  
**Date:** December 17, 2012  
**Re:** Semi-Annual Report - Attendance at Conventions/Conferences

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There was no attendance at any training, convention or conference that exceeded total costs of \$1,000 per event, per employee during the period July 1, 2012 through December 17, 2012; and it is not anticipated that there will be any through December 31, 2012.

SRG/ML

cc Craig Knutson

# Rock Haven Admissions/Discharges/Census - 2012

ADMISSIONS					
	CCU	Dementia	CMI/GP	Total	
January	3	1	4	8	1/31/2012
February	6	1	6	13	2/29/2012
March	8	4	4	16	3/31/2012
April	2	5	8	15	4/30/2012
May	7	5	3	15	5/31/2012
June	2	6	3	10	6/30/2012
July	5	5	3	13	7/31/2012
August	5	3	6	14	8/31/2012
September	8	2	2	12	9/30/2012
October	8	4	2	14	10/31/2012
November	3	5	5	13	11/30/2012
December	3	2	5	10	12/21/2011
<b>Total</b>	<b>60</b>	<b>42</b>	<b>51</b>	<b>153</b>	

DISCHARGES/DEATHS					
	CCU	Dementia	CMI/GP	Total	
January	4	2	2	8	1/31/2012
February	6	2	3	11	2/29/2012
March	10	4	4	18	3/31/2012
April	1	5	6	12	4/30/2012
May	6	7	2	15	5/31/2012
June	4	6	6	16	6/30/2012
July	4	3	4	11	7/31/2012
August	6	3	7	16	8/31/2012
September	8	2	2	12	9/30/2012
October	7	5	4	16	10/31/2012
November	2	3	2	7	11/30/2012
December	5	2	3	10	12/21/2011
<b>Total</b>	<b>63</b>	<b>44</b>	<b>45</b>	<b>152</b>	

CENSUS					
	CCU	Dementia	CMI/GP	Total	
January	39	44	43	126	1/31/2012
February	42	43	43	128	2/29/2012
March	40	43	43	126	3/31/2012
April	41	44	44	129	4/30/2012
May	42	44	43	129	5/31/2012
June	41	41	41	123	6/30/2012
July	42	42	42	126	7/31/2012
August	40	41	42	123	8/31/2012
September	40	41	42	123	9/30/2012
October	41	40	40	121	10/31/2012
November	42	43	42	127	11/30/2012
December	40	44	42	126	12/21/2011
<b>Budget</b>	<b>41</b>	<b>43</b>	<b>43</b>	<b>127</b>	
<b>Capacity*</b>	<b>42</b>	<b>43</b>	<b>43</b>	<b>128</b>	

\*Downsize from 156 to 130 occurred 6/1/07  
 \*Downsize from 130 to 128 occurred 10/1/2012



		PATIENT DAYS			PATIENT DAYS			PATIENT DAYS		
		ACTUAL MTD	BUDGET MTD	OVER/ -UNDER	% OVER/ -UNDER	ACTUAL YTD	BUDGET YTD	OVER/ -UNDER	% OVER/ -UNDER	
MEADOW PLACE	MEDICARE	171	210	-39	-18.57	1882	2345	-463	-19.74	
	TOTAL	171	210	-39	-18.57	1882	2345	-463	-19.74	
	HOSPICE					9		9		
	TOTAL					9		9		
	MEDICAL ASSISTANCE	947	900	47	5.22	10203	10050	153	1.52	
	TOTAL	947	900	47	5.22	10203	10050	153	1.52	
	PRIVATE PAY	120	90	30	33.33	1529	1005	524	52.14	
	TOTAL	120	90	30	33.33	1529	1005	524	52.14	
TOTAL MEADOW PLACE		1238	1200	38	3.17	13623	13400	223	1.66	
HARBOR WAY	MEDICARE	50	30	20	66.67	701	335	366	109.25	
	TOTAL	50	30	20	66.67	701	335	366	109.25	
	HOSPICE	4	30	-26	-86.67	245	335	-90	-26.87	
	TOTAL	4	30	-26	-86.67	245	335	-90	-26.87	
	MEDICAL ASSISTANCE	1199	1170	29	2.48	12727	13065	-338	-2.59	
	TOTAL	1199	1170	29	2.48	12727	13065	-338	-2.59	
	PRIVATE PAY		90	-90	-100.00	462	1005	-543	-54.03	
	TOTAL		90	-90	-100.00	462	1005	-543	-54.03	
TOTAL HARBOR WAY		1253	1320	-67	-5.08	14135	14740	-605	-4.10	

		PATIENT DAYS			ACTUAL MTD	BUDGET MTD	OVER/UNDER	% OVER/UNDER	PATIENT DAYS			ACTUAL YTD	BUDGET YTD	OVER/UNDER	% OVER/UNDER
		ACTUAL MTD	BUDGET MTD	OVER/UNDER					ACTUAL YTD	BUDGET YTD	OVER/UNDER				
GLEN LANE	MEDICARE	SNF	58		58				765		765				
	TOTAL		58		58				765		765				
	HOSPICE	SNF		60	-60	-100.00			201	670	-469	-70.00			
	TOTAL			60	-60	-100.00			201	670	-469	-70.00			
	MEDICAL ASSISTANCE	SNF	1039	1140	-101	-8.86			12716	12730	-14	-0.11			
	TOTAL		1039	1140	-101	-8.86			12716	12730	-14	-0.11			
	PRIVATE PAY	SNF	139	90	49	54.44			592	1005	-413	-41.09			
	TOTAL		139	90	49	54.44			592	1005	-413	-41.09			
TOTAL GLEN LANE			1236	1290	-54	-4.19			14274	14405	-131	-0.91			
TOTAL ROCK HAVEN	MEDICARE	SNF	279	240	39	16.25			3348	2680	668	24.93			
	TOTAL		279	240	39	16.25			3348	2680	668	24.93			
	HOSPICE	SNF	4	90	-86	-95.56			455	1005	-550	-54.73			
	TOTAL		4	90	-86	-95.56			455	1005	-550	-54.73			
	MEDICAL ASSISTANCE	SNF	3185	3210	-25	-0.78			35846	35845	-199	-0.56			
	TOTAL		3185	3210	-25	-0.78			35846	35845	-199	-0.56			
	PRIVATE PAY	SNF	259	270	-11	-4.07			2583	3015	-432	-14.33			
	TOTAL		259	270	-11	-4.07			2583	3015	-432	-14.33			
TOTAL ROCK HAVEN			3727	3810	-83	-2.18			42032	42545	-513	-1.21			

	AVERAGE DAILY PATIENTS			AVERAGE DAILY PATIENTS			AVERAGE DAILY PATIENTS		
	ACTUAL	BUDGET	OVER/ % OVER/	ACTUAL	BUDGET	OVER/ % OVER/	ACTUAL	BUDGET	OVER/ % OVER/
	MTD	MTD	-UNDER	YTD	YTD	-UNDER	YTD	YTD	-UNDER
MEADOW PLACE									
MEDICARE	5.70	7.00	-1.30	5.62	7.00	-1.38	5.62	7.00	-1.38
TOTAL	5.70	7.00	-1.30	5.62	7.00	-1.38	5.62	7.00	-1.38
HOSPICE				0.03		0.03	0.03		0.03
TOTAL				0.03		0.03	0.03		0.03
MEDICAL ASSISTANCE									
SNF	31.57	30.00	1.57	30.46	30.00	0.46	30.46	30.00	0.46
TOTAL	31.57	30.00	1.57	30.46	30.00	0.46	30.46	30.00	0.46
PRIVATE PAY									
SNF	4.00	3.00	1.00	4.56	3.00	1.56	4.56	3.00	1.56
TOTAL	4.00	3.00	1.00	4.56	3.00	1.56	4.56	3.00	1.56
TOTAL MEADOW PLACE	41.27	40.00	1.27	40.67	40.00	0.67	40.67	40.00	0.67
HARBOR WAY									
MEDICARE	1.67	1.00	0.67	2.09	1.00	1.09	2.09	1.00	1.09
TOTAL	1.67	1.00	0.67	2.09	1.00	1.09	2.09	1.00	1.09
HOSPICE									
SNF	0.13	1.00	-0.87	0.73	1.00	-0.27	0.73	1.00	-0.27
TOTAL	0.13	1.00	-0.87	0.73	1.00	-0.27	0.73	1.00	-0.27
MEDICAL ASSISTANCE									
SNF	39.97	39.00	0.97	37.99	39.00	-1.01	37.99	39.00	-1.01
TOTAL	39.97	39.00	0.97	37.99	39.00	-1.01	37.99	39.00	-1.01
PRIVATE PAY									
SNF		3.00	-3.00	1.38	3.00	-1.62	1.38	3.00	-1.62
TOTAL		3.00	-3.00	1.38	3.00	-1.62	1.38	3.00	-1.62
TOTAL HARBOR WAY	41.77	44.00	-2.23	42.19	44.00	-1.81	42.19	44.00	-1.81

	ACTUAL BUDGET		OVER/ % OVER/		ACTUAL BUDGET		OVER/ % OVER/	
	MTD	MTD	-UNDER	-UNDER	YTD	YTD	-UNDER	-UNDER
GLEN LANE								
MEDICARE	1.93	1.93	1.93		2.28	2.28	2.28	
TOTAL	1.93	1.93	1.93		2.28	2.28	2.28	
HOSPICE								
SNF	2.00	2.00	-2.00	-100.00	0.60	2.00	-1.40	-70.00
TOTAL	2.00	2.00	-2.00	-100.00	0.60	2.00	-1.40	-70.00
MEDICAL ASSISTANCE								
SNF	34.63	38.00	-3.37	-8.86	37.96	38.00	-0.04	-0.11
TOTAL	34.63	38.00	-3.37	-8.86	37.96	38.00	-0.04	-0.11
PRIVATE PAY								
SNF	4.63	3.00	1.63	54.44	1.77	3.00	-1.23	-41.09
TOTAL	4.63	3.00	1.63	54.44	1.77	3.00	-1.23	-41.09
TOTAL GLEN LANE	41.20	43.00	-1.80	-4.19	42.61	43.00	-0.39	-0.91
TOTAL ROCK HAVEN								
MEDICARE	9.30	8.00	1.30	16.25	9.99	8.00	1.99	24.93
TOTAL	9.30	8.00	1.30	16.25	9.99	8.00	1.99	24.93
HOSPICE								
SNF	0.13	3.00	-2.87	-95.56	1.36	3.00	-1.64	-54.73
TOTAL	0.13	3.00	-2.87	-95.56	1.36	3.00	-1.64	-54.73
MEDICAL ASSISTANCE								
SNF	106.17	107.00	-0.83	-0.78	106.41	107.00	-0.59	-0.56
TOTAL	106.17	107.00	-0.83	-0.78	106.41	107.00	-0.59	-0.56
PRIVATE PAY								
SNF	8.63	9.00	-0.37	-4.07	7.71	9.00	-1.29	-14.33
TOTAL	8.63	9.00	-0.37	-4.07	7.71	9.00	-1.29	-14.33
TOTAL ROCK HAVEN	124.23	127.00	-2.77	-2.18	125.47	127.00	-1.53	-1.21