

ROCK COUNTY, WISCONSIN



Rock Haven  
P.O. Box 920  
Janesville, Wisconsin 53547-0920  
Phone 608-757-5076  
Fax 608-757-5026

**HEALTH SERVICES COMMITTEE**  
**Wednesday, October 12, 2016 at 8:00 a.m.**  
**Rock Haven Conference Room**

**AGENDA**

1. Call to Order
2. Adoption of Agenda
3. Approval of Minutes – September 14, 2016
4. Introductions, Citizen Participation, Communications and Announcements
5. Information Item: Review of Payments
6. **Action Item:** Budget Transfers
7. Finance – Joanne Foss
8. Old Business
9. New Business
  - a. Information Item: Resident Council Minutes - August
  - b. Information Item: Activity Director Vera Polglaze
  - c. Information Item: Code Alert System Installation
  - d. Information Item: Participation in Senior Fair
  - e. **Action Item:** National Healthcare Safety Network Agreement to Participate and Consent
  - f. **Action Item:** Contract with TridentUSA
10. Information Item: Reports
  - a. Census
  - b. Activities
    - 1) Staff Education for October 2016
      - a. Dementia
      - b. Bloodborne Pathogens
    - 2) Resident Council Meeting – October 18, 2016 at 10:15 am.

11. Next Meeting Date - The next regular meeting of the Health Services Committee is scheduled for Wednesday, November 9, 2016 at 8 A.M. in the Rock Haven Conference Room of the Village Commons.

12. Adjournment

SP/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.

**COMMITTEE REVIEW REPORT**  
FOR THE MONTH OF SEPTEMBER 2016

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
32-3250-0000-64904	SUNDRY EXPENSE	P1600425	08/31/2016	LIVING DESIGN INC	416.23
				<b>ROCK HAVEN PROG TOTAL</b>	<b>416.23</b>
32-7260-7400-62176	LABORATORY	P1600112	08/31/2016	MERCY HEALTH SYSTEM	1,121.96
32-7260-7400-62179	PHARMACY	P1600126	08/31/2016	OMNICARE PHARMACIES OF	25,995.43
32-7260-7400-62180	PHYSICAL THERAPY	P1600113	08/31/2016	MJ CARE INC	19,246.45
32-7260-7400-62185	OCCUP.THERAPY	P1600113	08/31/2016	MJ CARE INC	23,059.88
32-7260-7400-62186	SPEECH THERAPY	P1600113	08/31/2016	MJ CARE INC	9,589.80
32-7260-7400-62189	OTHER MED SERV	P1600429	08/31/2016	MOBILEXUSA	321.02
		P1600444	09/01/2016	ST MARYS HOSPITAL	367.11
				<b>RH CONTRACT SERVICES T-18 PROG TOTAL</b>	<b>79,701.65</b>
32-7500-7350-64300	REC THERAPY	P1600114	09/01/2016	CHARTER COMMUNICATIONS	1,745.29
				<b>RH-PROGRAM SERVICE ADMIN. PROG TOTAL</b>	<b>1,745.29</b>
32-8000-8100-63100	OFC SUPP & EXP	P1600107	08/31/2016	JP MORGAN CHASE BANK NA	390.86
		P1600312	09/15/2016	BATTERIES PLUS LLC	56.85
		P1602628	09/12/2016	POSITIVE PROMOTIONS	683.00
32-8000-8100-63109	OTHER SUPP/EXP	P1600106	08/31/2016	JP MORGAN CHASE BANK NA	88.82
		P1600439	08/29/2016	ROCK COUNTY HEALTH CARE	61.99
		P1600442	09/01/2016	SHOPKO INC #130	7.99
32-8000-8100-64000	MEDICAL SUPPLIES	P1600404	08/25/2016	MEDLINE INDUSTRIES INC	2,658.79
		P1600436	08/24/2016	PATTERSON MEDICAL	754.97
		P1600465	09/15/2016	LAND AND WHEELS	438.72
		P1600477	08/24/2016	PROFESSIONAL MEDICAL INC	6,010.97
		P1600668	08/17/2016	MCKESSON MEDICAL SURGICAL MN S	3,364.58
		P1602119	09/21/2016	PROFESSIONAL MEDICAL INC	76.42
		P1602542	08/31/2016	FITZSIMMONS HOSPITAL SERVICES	170.50
32-8000-8100-64408	DISPOSABLES	P1600668	08/17/2016	MCKESSON MEDICAL SURGICAL MN S	9,112.02
				<b>SUPPORT SERVICE MATERIALS PROG TOTAL</b>	<b>23,876.48</b>
32-8000-8200-62104	CONSULTING SERV	P1600126	07/31/2016	OMNICARE PHARMACIES OF	824.60
32-8000-8200-63109	OTHER SUPP/EXP	P1600126	08/31/2016	OMNICARE PHARMACIES OF	15,811.13

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FOR THE MONTH OF SEPTEMBER 2016

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
		P1600668	08/24/2016	MCKESSON MEDICAL SURGICAL MN S	2,261.37
				<b>SUPPORT SERVICE PHARMACY PROG TOTAL</b>	<b>18,897.10</b>
32-8000-9100-63109	OTHER SUPP/EXP				
		P1600411	08/24/2016	SYSCO FOODS OF BARABOO LLC	572.96
		P1600436	08/31/2016	PATTERSON MEDICAL	182.52
		P1600442	09/01/2016	SHOPKO INC #130	42.98
32-8000-9100-64102	DAIRY				
		P1600407	08/25/2016	COUNTRY QUALITY DAIRY	3,936.26
		P1600411	08/24/2016	SYSCO FOODS OF BARABOO LLC	652.16
32-8000-9100-64105	GROCERIES				
		P1600408	08/24/2016	TROPIC JUICES INC	2,013.18
		P1600409	08/24/2016	GORDON FOOD SERVICE	8,169.66
		P1600410	08/30/2016	PAN-O-GOLD BAKING CO	931.17
		P1600411	08/24/2016	SYSCO FOODS OF BARABOO LLC	4,883.36
		P1600423	08/31/2016	KWIK TRIP INC	4.58
32-8000-9100-64107	MEAT				
		P1600409	08/24/2016	GORDON FOOD SERVICE	3,361.67
		P1600411	08/24/2016	SYSCO FOODS OF BARABOO LLC	2,804.80
32-8000-9100-64109	SUPPLEMENT				
		P1600411	08/24/2016	SYSCO FOODS OF BARABOO LLC	1,035.80
				<b>SUPPORT SERVICE FOOD SERVICE PROG TOTAL</b>	<b>28,591.10</b>
32-8000-9200-62420	MACH & EQUIP RM				
		P1600312	08/24/2016	BATTERIES PLUS LLC	67.80
		P1600446	09/09/2016	ASC1 INC	134.46
		P1600450	09/21/2016	DIRECT SUPPLY EQUIPMENT	196.77
		P1600452	09/16/2016	EZ WAY INC	26.15
		P1600471	09/19/2016	SELECT SOUND SERVICE INC	348.00
		P1602447	09/01/2016	TECHNICAL LIFE CARE MEDICAL CO	275.26
		P1602568	09/09/2016	TECHNICAL LIFE CARE MEDICAL CO	141.81
32-8000-9200-62450	GROUNDS IMPR R&M				
		P1602567	08/30/2016	DECKER SUPPLY CO INC	32.36
		P1602692	08/31/2016	JANESVILLE SAND AND GRAVEL CO	98.44
32-8000-9200-62460	BLDG SERV R&M				
		P1600455	09/23/2016	FIRST SUPPLY MADISON LLC	257.76
		P1600473	09/08/2016	TAS COMMUNICATIONS INC	39.50
32-8000-9200-62470	BLDG R & M				
		P1600312	08/31/2016	BATTERIES PLUS LLC	476.84
		P1600455	09/02/2016	FIRST SUPPLY MADISON LLC	889.89
		P1600475	08/17/2016	WERNER ELECTRIC SUPPLY	802.67
		P1602575	09/13/2016	CONGRESS GLASS INC	438.90
32-8000-9200-63109	OTHER SUPP/EXP				
		P1600457	09/09/2016	HOH WATER TECHNOLOGY INC	505.00
		P1600462	09/20/2016	JACK AND DICKS FEED AND GARDEN	338.94
		P1600468	09/03/2016	MENARDS	19.25
		P1602796	09/12/2016	GO RITEWAY TRANSPORTATION	250.00

**COMMITTEE REVIEW REPORT**  
FOR THE MONTH OF SEPTEMBER 2016

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
<b>SUPPORT SERVICE MAINTENANCE PROG TOTAL</b>					<b>5,339.80</b>
32-8000-9300-62163	LAUNDRY				
		P1600105	08/26/2016	ARAMARK UNIFORM SERVICES INC	7,407.04
32-8000-9300-62164	DISPOSAL SERV				
		P1600104	08/31/2016	ADVANCED DISPOSAL SERVICES	1,054.62
		P1600109	08/31/2016	LB MEDWASTE SERVICES	183.38
		P1600433	08/24/2016	OFFICE PRO INC	15.83
32-8000-9300-63109	OTHER SUPP/EXP				
		P1600409	08/31/2016	GORDON FOOD SERVICE	547.87
32-8000-9300-63111	PAPER PRODUCTS				
		P1600668	09/08/2016	MCKESSON MEDICAL SURGICAL MN S	1,611.24
		P1602545	09/15/2016	PROFESSIONAL MEDICAL INC	745.00
32-8000-9300-63404	JANITOR/CLEANING				
		P1600406	08/16/2016	SUPPLY WORKS	1,035.88
<b>SUPPORT SERVICE ENVIRONMENTAL PROG TOTAL</b>					<b>12,600.86</b>
32-8000-9500-64200	TRAINING EXP				
		P1600106	08/31/2016	JP MORGAN CHASE BANK NA	399.98
		P1600120	09/06/2016	ROCK COUNTY HEALTH CARE	100.00
32-8000-9500-64415	PROVIDER TAX				
		P1600122	09/14/2016	WISCONSIN DEPARTMENT OF	21,760.00
32-8000-9500-64424	EMPLOYEE RECOGN.				
		P1600441	09/21/2016	SENTRY FOODS INC STORE #375	48.30
		P1602845	09/21/2016	SYSCO FOODS OF BARABOO LLC	568.04
32-8000-9500-67161	CA \$5,000/MORE				
		P1602322	08/23/2016	RF TECHNOLOGIES INC	87,799.17
<b>SUPPORT SERVICE ADMINISTRATION PROG TOTAL</b>					<b>110,675.49</b>
32-8000-9700-62174	INTERNIST				
		P1600124	08/31/2016	WEST MD,WILLIAM PETER	12,775.00
<b>SUPPORT SERVICE MEDICAL STAFF PROG TOTAL</b>					<b>12,775.00</b>
32-9000-9920-62201	ELECTRIC				
			09/12/2016	ALLIANT ENERGY/WP&L	21,951.61
<b>GENERAL SERVICES UTILITIES PROG TOTAL</b>					<b>21,951.61</b>
32-9000-9940-61920	PHYSICALS				
		P1600432	08/31/2016	OCCUPATIONAL HEALTH CENTER	939.36
<b>GENERAL SERVICE EMP BENEFITS PROG TOTAL</b>					<b>939.36</b>

**COMMITTEE REVIEW REPORT**  
FOR THE MONTH OF SEPTEMBER 2016

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I have reviewed the preceding payments in the total **\$317,509.97**

Date: \_\_\_\_\_ Dept \_\_\_\_\_  
Committee \_\_\_\_\_

**Rock Haven  
RESIDENT COUNCIL MEETING  
August 16, 2016**

**Members Present:**

Tom Hahn	Sheila Tabbert	Joanne O'Brien	Phyllis Williams	Gladys Johnson
Beulah Rudolph		Ralph Black	Marian Longman	Larry Stevens
		Sharon Barnes	Terry Eibergen	Peter Apted
Richard Woodliff		Barb Boughton		

**Others:** Gail Sullivan, SW      Theresa Talbert, SW      Sue Lewiston, AD

**Meeting called to order** – Tom Hahn

**Pledge of Allegiance Recited** – All Members

**Reading of Last Meeting Minutes** – Tom Hahn

**Treasurer's Report** – by Joanne O'Brien

Deposits– \$117.52

Expenses – \$90.00

Balance -- \$4,054.84

**General Announcements:** Ralph & Larry introduced themselves to the group. There was a concern about the social room being used for private meetings. A request was made for a van or a bus in the future for residents to use. There was still a concern about bugs in two rooms

**Old Business:** The request to look at changing to a light lunch & heavy dinner was forwarded to David Hayes & Deb Potter & the rooms with bug concerns was forwarded to Mike Howell.

**New Business:**

- Update from Health Services Committee will be shared at the next meeting
- Maintenance concerns: Nothing was addressed
- Upcoming Special Events were announced
- Presentation to Sue Lewiston
- Educational Topic: Self Determination
- There were no additional questions or concerns & meeting was adjourned

**Next meeting:** Tuesday, September 20 @ 10:15 am –in the Social Room & Officers will meet on Friday, September 116 in the Social Room @ 10:00 am



## Agreement to Participate and Consent

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### Eligibility Criteria (cont.)

- Comply with secure access control requirements of the system.
- Be willing to follow the selected NHSN component protocols exactly and report complete and accurate data in a timely manner during months when reporting data for use by CDC.
- Be willing to share such data with CDC for the purposes stated above.
- Be able to provide written consent for participation in NHSN by a member of the facility's chief executive leadership (e.g., Chief Executive Officer)

### Data Collection and Reporting Requirements for Participation

Once accepted into NHSN, each facility must:

- Use the NHSN Internet-based data entry interface and/or data import tools for reporting data to CDC.
- Successfully complete an annual survey for each component selected.
- Successfully complete one or more modules of the component selected. Successful completion requires the following:
  - For the selected component, submit a reporting plan each month to inform CDC which, if any, of the modules will be used for that month. Users of the hemovigilance module must submit data for 12 consecutive months to maintain active status.
  - Adhere to the selected module's protocol(s) exactly as described in the NHSN Manuals during the months when one or more NHSN modules are used. This includes using surveillance methodology appropriate for the module and as described in the protocol.
  - Report adverse events/exposures and appropriate summary or denominator data as required for the module(s) indicated on the reporting plan to CDC within 30 days of the end of the month.
  - For those months when no events, procedures, and/or exposures occurred for modules that are followed in-plan, confirm that none occurred.
  - Pass quality control acceptance checks that assess the data for completeness and accuracy.
- NHSN facilities must agree to report to state health authorities those adverse event outbreaks that are identified in their facility by the surveillance system and about which they are contacted by CDC.
- Failure to comply with these requirements will result in withdrawal from NHSN. Such facilities will be offered the opportunity to download their data before being withdrawn. Six months after withdrawal, a facility may apply for re-enrollment into NHSN.

There is no fee for participation in NHSN.

### Assurance of Confidentiality

The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

*Continued >>*





# Agreement to Participate and Consent

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^Required if participating in Component

Tracking #: 47612

\*Required

## Consent

### Primary Contact(s)

As the Primary Contact(s), I/we consent to follow exactly the selected protocols and report complete and accurate data in a timely manner in order to maintain active status in NHSN.

#### NHSN Patient Safety Primary Contact Person

Name:

Title:

^Signature: \_\_\_\_\_ ^Date: \_\_\_\_\_

#### NHSN Dialysis Primary Contact Person

Name:

Title:

^Signature: \_\_\_\_\_ ^Date: \_\_\_\_\_

#### NHSN Healthcare Personnel Safety Primary Contact Person

Name:

Title:

^Signature: \_\_\_\_\_ ^Date: \_\_\_\_\_

#### NHSN Biovigilance Primary Contact Person

Name:

Title:

^Signature: \_\_\_\_\_ ^Date: \_\_\_\_\_

#### NHSN Long-term Care Facility Primary Contact Person

Name: Sue

Prostko

Title: NHA

^Signature: *Sue L Prostko* ^Date: *9/14/14*

**Official Authorized to Bind this Facility To The Terms of This Agreement (e.g., COO/CEO/CFO)** As an official authorized to bind the facility specified below, I warrant that I have read and that I understand the terms of this agreement, including the updated purposes of NHSN, and hereby consent to allow the facility to participate in NHSN. I understand that the new NHSN purposes and data disclosures will begin with data entered no earlier than January 1, 2011.

\*Name:

\*Title:

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

Facility Name: Rock Haven

Main Facility Telephone Number: 608-757-5332

Street Address: 3400 N Cty Trk Hwy F

City: Janesville

State: WI

Zip: 53547 -

Please sign and fax to NHSN Administrator at 404-929-0131, or mail original to NHSN Administrator, MS A-24, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, Atlanta, GA 30333. Please keep a copy for your records.



## MEDICAL SERVICES AGREEMENT

THIS AGREEMENT is made effective the 1st day of September, 20     ("Effective Date), by and between Trident USA Mobile Clinical Services, LLC hereinafter referred to as "Trident", a Delaware limited liability company, and      Rock Haven     , hereinafter referred to as "Center" a/an      Rock County State of Wisconsin      Corporation.

### WITNESSETH:

WHEREAS, Center is a corporation, duly organized and existing under the Laws of the State of      Wisconsin      and in the business of operating and managing one or more nursing care centers, and,

WHEREAS, Trident is a limited liability company, duly organized and existing under the Laws of the State of Wisconsin and is in the business of providing practice management services with Certified Registered Nurse Practitioners and/or Physician Assistants and,

WHEREAS, solely as a convenience to and benefit for its residents, Center desires to engage Trident to make available medical services for those residents in need of and desiring the same upon the terms and conditions hereinafter set forth, and,

WHEREAS, Trident is willing to make available such services at the locations hereinafter listed upon the terms and conditions hereof.

NOW THEREFORE, in consideration of the mutual covenants and conditions contained herein the parties hereto agree as follows:

1. **SERVICES PROVIDED:** Trident hereby agrees to arrange for the availability of medical services for each of Center's residents who are in need of and elect to utilize such services. Trident will recruit and arrange for duly licensed Nurse Practitioners and/or Physician Assistants (hereinafter referred to as "Practitioners") to furnish such services. Medical services provided shall include all medically necessary procedures as requested by the attending physician and/or determined by the sole professional judgment of the Practitioner. Each Center location for whose residents services will be made available under this Agreement is listed on Exhibit A. Other locations may be added from time to time to this Agreement by written agreement between Trident and Center.

2. **OBLIGATIONS OF TRIDENT:** Trident shall recruit and arrange for Practitioners to render professional services to such residents that shall utilize the same hereunder. Each Practitioner engaged by Trident to render care to Center residents shall be subject to the terms and conditions set forth in this Agreement. Each Practitioner engaged by Trident shall perform all services so as to meet professional standards and principles, and shall do so in a competent, professional and timely manner.

- a) Each Practitioner engaged by Trident shall purchase and shall keep in full force and effect throughout the term of this agreement professional liability insurance providing coverage of at least One Million Dollars per occurrence, and Three Million Dollars in the aggregate, and shall indemnify and hold Center harmless from and against any and all liabilities, losses, or damages, including, but not limited to court costs and reasonable attorneys' fees, that Center may suffer as a result of claims, demands, suits, settlements, costs, or judgments in connection with the performance or nonperformance by such Practitioner of medical services for residents of Center or the intentional or negligent acts or omissions of such Practitioner, or its employees, agents or contractors.
- b) Trident shall purchase and shall keep in full force and effect throughout the term of this Agreement general liability insurance providing coverage of Five Million Dollars (NOTE: The NPs maintain \$1M/3M) per occurrence, and Five Million Dollars in the aggregate, and shall indemnify and hold Center harmless from and against any and all liabilities, losses, or damages, including, but not limited to court costs and reasonable attorneys' fees, that Center may suffer as a result of claims,



- demands, suits, settlements, costs, or judgments in connection with the performance or nonperformance of medical services for residents of Center or the intentional or negligent acts or omissions of its employees, agents, contractors or subcontractors
- c) Under no circumstances will Center be financially responsible to Trident or any Practitioner for any services rendered hereunder to one of its residents
  - d) Trident shall provide all necessary paperwork, protocols and training to Center staff so Center may fulfill its obligations hereunder to ensure that residents have proper attending physician referrals and documentation prior to the Practitioner visit.
  - e) Trident shall provide all necessary paperwork and dollar estimates of non-covered services and co-payments to each resident prior to providing services.
  - f) Trident attests that its employees and Practitioners have received training and satisfactorily have been oriented to policies and procedures Trident has enacted to be in full compliance with the Privacy, Security, Breach Notification and Enforcement Rules at 45 CFR Part 160 and Part 164 (the "HIPAA Rules") as may be amended from time to time.
  - g) Trident shall comply with all applicable laws and regulations.

3. OBLIGATIONS OF CENTER:

- a) Center shall provide Trident with such facilities, equipment, supplies, and other support services that are reasonable and necessary for the provision by Trident of the services which are the subject of this Agreement
- b) Center shall cooperate with Trident's efforts in billing professional services rendered to residents on behalf of and in the name of Practitioners by maintaining accurate charts and records and furnishing demographic data and insurance carrier information and assisting in obtaining informed consent for treatment and assignment of benefits by the resident or other responsible party for all encounters.
- c) Center shall cooperate in facilitating direct resident payment to the Practitioner for non-covered services and co-payments.

- d) 4. FURTHER OBLIGATIONS OF CENTER: In the event that Center shall directly receive any payment for professional services rendered to its residents by Practitioners, said payment shall be endorsed or paid to Practitioners and delivered to Trident for administration hereunder within ten (10) days of receipt of same by Center. "The County of Rock is required to conduct its operations in accordance with the Wisconsin Open Records Law. The parties hereto understand and agree that this contract and any documents arising out of this contract are subject to that law and are public records except to the extent they are exempted by sec. 19.36, Wis. Stats. Trident agrees that it will comply with the Open Records Law as required by sec. 19.36(3), Wis. Stats."

- e) Center shall pay the agreed upon stipend of \$1200.00 monthly to trident Mobile Clinical Services in return for the following : The assigned Nurse practitioner will be on call Monday through Thursday from 5 PM to 6 AM every other week and one weekend a month (Friday through Monday 5 PM to 6 AM) These days will be established by the center Administrator, Director of Nursing, Trident Mobile Clinical Services management and physician, and are subject to change upon approval of the parties mentioned above.

5. CONFIDENTIALITY:

- a) Center recognizes that the administration of the on-site services will contain elements of business methods and practices that are proprietary to Trident. Accordingly, Center will not disclose Trident's marketing plan, protocols, strategies, procedures, forms or other information to any third party, with the exception of its legal counsel, without the express written consent of Trident, and will not use such information except as provided herein.



- b) Center and Trident recognize the confidentiality of clinical records, and agree to use and/or disclose such information only as permitted in the HIPAA Rules, authorized by residents in writing or otherwise as required by law.
6. **BINDING EFFECT:** This Agreement shall be binding upon, and inure to the benefits of Trident, its successors and assigns, and Center, its successors and assigns.
7. **VOLUNTARY TERMINATION:** Either Center or Trident may terminate this Agreement at any time and for any reason for one or more of the Center locations listed on Exhibit A upon thirty days (30) prior written notice to the other party.
8. **NOTICE:** Any notice, demand or consent required or permitted to be given hereunder shall be deemed given only if hand-delivered, if sent by registered or certified mail, return receipt requested or if by overnight mail delivery for which evidence of delivery is obtained by the sender at the address set forth below or such other address as either party may designate in writing:

To Trident: Trident USA Mobile Clinical Services, LLC  
800 Tiffany Blvd, Suite 101  
Rocky Mount, NC 27804

To Center: \_\_\_\_\_ Rock Haven Skilled Nursing Home  
\_\_\_\_\_ 3400 Cty. Trk. Hwy F.  
Janesville, WI  
53547 \_\_\_\_\_

9. **SITUS:** This Agreement shall be controlled and construed under the Laws of the State of Wisconsin regardless of the fact that one or more of the parties is now or may become a resident of another state.
10. **DUTY TO MAKE AVAILABLE:** Pursuant to Section 1395x of Title 42 of the United States Code, until the expiration of four (4) years after the termination of this contract, Trident and each of its Practitioners shall make available, on written request of the Secretary of the United States Department of Health and Human Services, or upon the request of the Comptroller General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of this Agreement and such books, documents and records as are necessary to certify the nature and extent of the costs of the services provided under this agreement. Trident and each of its Practitioners shall agree that in the event Trident or any Practitioner carries out any of its duties under this Agreement through a subcontract, with a value or cost of ten thousand dollars (\$10,000) or more over a twelve (12) month period, with a related organization, such contract shall contain a clause to the effect that until the expiration of four (4) years after the furnishing of such services pursuant to such subcontract, the related organization shall make available, upon written request of the Secretary of the United States Department of Health and Human Services or upon the request of the Comptroller General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of such subcontract and such books, documents and other records of such organization as are necessary to verify the nature and extent of such costs.
11. **NON-DISCRIMINATION:** Trident shall ensure that each Practitioner shall agree to comply with Title VI of the Civil Rights Act of 1964 and requirements imposed by or pursuant to the regulations of the Department of Health and Human Services, to the end that no person in the United States shall, on the grounds of race, color, natural origin, gender or handicap be excluded from participation in, be denied benefits of, or otherwise be subjected to discrimination under any program or activity for which the federal funds are used in support of the consultant activities.



12. EXECUTION AND DELIVERY: This Agreement may be executed in any number of counterparts and by the different parties on separate counterparts. Each such counterpart shall be deemed an original, but all such counterparts shall together constitute the same agreement. The delivery by fax or e-mail of a signed counterpart shall suffice as effective delivery.

[SIGNATURES TO FOLLOW]

IN WITNESS WHEREOF, the duly authorized officers and representatives of Trident and Center have executed this Agreement as of the date below written.

\_\_\_\_\_  
Date

By: \_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

By: \_\_\_\_\_  
Officer, Trident USA Mobile Clinical Services, LLC

## 2016 Patient Revenues for Rock Haven August

Limestone							
Revenue	Actual Revenue Rec. MTD	Budgeted Revenue MTD	Variance Over/-Under	Percentage Over/-Under	Actual Revenue Rec. YTD	Budgeted Revenue YTD	Percentage Over/-Under
Medicare	\$52,281	\$145,692	-\$93,411	-64%	\$417,322	\$1,146,738	-64%
Hospice	\$13,186	\$9,891	\$3,295	33%	\$101,636	\$77,850	31%
Medical Assistance	\$207,079	\$237,380	-\$30,301	-13%	\$1,729,748	\$1,868,407	-7%
Private Pay	\$95,537	\$70,262	\$25,275	36%	\$793,081	\$553,030	43%
<b>Total</b>	<b>\$368,083</b>	<b>\$463,225</b>	<b>-\$95,142</b>	<b>-21%</b>	<b>\$3,041,787</b>	<b>\$3,646,025</b>	<b>-17%</b>

Sandstone							
Revenue	Actual Revenue Rec. MTD	Budgeted Revenue MTD	Variance Over/-Under	Percentage Over/-Under	Actual Revenue Rec. YTD	Budgeted Revenue YTD	Percentage Over/-Under
Medicare	\$52,281	\$52,979	-\$698	-1%	\$448,137	\$416,995	7%
Hospice	\$4,326	\$12,588	-\$8,262	-66%	\$81,629	\$99,082	-18%
Medical Assistance	\$215,939	\$302,120	-\$86,181	-29%	\$2,040,034	\$2,377,973	-14%
Private Pay	\$95,537	\$50,879	\$44,658	88%	\$874,174	\$400,470	118%
<b>Total</b>	<b>\$368,083</b>	<b>\$418,566</b>	<b>-\$50,483</b>	<b>-12%</b>	<b>\$3,443,974</b>	<b>\$3,294,521</b>	<b>5%</b>

Total Rock Haven							
Revenue	Actual Revenue Rec. MTD	Budgeted Revenue MTD	Variance Over/-Under	Percentage Over/-Under	Actual Revenue Rec. YTD	Budgeted Revenue YTD	Percentage Over/-Under
Medicare	\$104,562	\$198,671	-\$94,109	-47%	\$865,459	\$1,563,733	-45%
Hospice	\$17,512	\$22,479	-\$4,967	-22%	\$183,265	\$176,932	4%
Medical Assistance	\$423,018	\$539,499	-\$116,481	-22%	\$3,769,782	\$4,246,381	-11%
Private Pay	\$191,074	\$121,141	\$69,933	58%	\$1,667,255	\$953,500	75%
<b>Total</b>	<b>\$736,166</b>	<b>\$881,791</b>	<b>-\$145,625</b>	<b>-17%</b>	<b>\$6,485,761</b>	<b>\$6,940,546</b>	<b>-7%</b>

