



HEALTH SERVICES COMMITTEE
Wednesday, October 11, 2017 at 8:00 a.m.
Rock Haven Conference Room

AGENDA

1. Call to Order
2. Adoption of Agenda
3. Approval of Minutes – September 13, 2017
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
 - a. Information Item: Code Alert System
9. New Business
 - a. Information Item: Resident Council Minutes – August (minutes to be provided)
 - b. **Action Item:** Resolution Recognizing Marilyn Loveland for Years of Service at Rock Haven
 - c. **Action Item:** Resolution Recognizing John Welch for Years of Service at Rock Haven
 - d. **Action Item:** Mercyhealth EpicCare Link
10. Information Item: Reports
 - a. Census
 - b. Activities
 - 1) Staff Education for October
 - a. Dementia III
 - b. Infection Control
 - 2) Resident Council Meeting – October 17, 2017 at 10:15 am.
11. Next Meeting Date - The next regular meeting of the Health Services Committee is scheduled for

Wednesday, November 1, 2017 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 2017

Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
32-8000-9300-63111	PAPER PRODUCTS	P1700272	09/07/2017	PROFESSIONAL MEDICAL INC	1,025.74
SUPPORT SERVICE ENVIRONMENTAL PROG TOTAL					1,025.74

I have reviewed the preceding payments in the total **\$1,025.74**

Date: _____ Dept _____
Committee _____

COMMITTEE REVIEW REPORT
FOR THE MONTH OF SEPTEMBER 2017

Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
32-7260-7400-62176	LABORATORY				
		P1700067	09/21/2017	MERCY HEALTH SYSTEM	42.64
32-7260-7400-62179	PHARMACY				
		P1700075	09/14/2017	OMNICARE PHARMACIES OF	16,291.29
32-7260-7400-62180	PHYSICAL THERAPY				
		P1701664	09/14/2017	GENESIS REHABILITATION SERVICE	25,555.34
32-7260-7400-62185	OCCUP.THERAPY				
		P1701664	09/14/2017	GENESIS REHABILITATION SERVICE	16,666.70
32-7260-7400-62186	SPEECH THERAPY				
		P1701664	09/14/2017	GENESIS REHABILITATION SERVICE	10,758.90
32-7260-7400-62189	OTHER MED SERV				
		P1700046	09/07/2017	DEAN HEALTH SYSTEMS	215.17
		P1701665	09/07/2017	ACCURATE IMAGING INC	173.05
				RH CONTRACT SERVICES T-18 PROG TOTAL	69,703.09
32-7500-7350-63109	OTHER SUPP/EXP				
		P1700275	09/07/2017	ROCK COUNTY HEALTH CARE	83.40
		P1700276	09/21/2017	ROCK COUNTY HEALTH CARE	85.00
		P1702391	09/07/2017	BANDT COMMUNICATIONS INC	480.00
		P1702448	09/07/2017	HEDBERG PUBLIC LIBRARY	292.49
32-7500-7350-64300	REC THERAPY				
		P1700130	09/07/2017	CHARTER COMMUNICATIONS	1,902.60
				RH-PROGRAM SERVICE ADMIN. PROG TOTAL	2,843.49
32-8000-8100-63100	OFC SUPP & EXP				
		P1700053	09/14/2017	JP MORGAN CHASE BANK NA	347.87
		P1702543	09/28/2017	NEWBOLD CORP	61.37
32-8000-8100-63104	PRNT & DUPLICATI				
		P1700053	09/14/2017	JP MORGAN CHASE BANK NA	1,363.52
32-8000-8100-63109	OTHER SUPP/EXP				
		P1700050	09/07/2017	GORDON FOOD SERVICE	555.50
		P1700242	09/07/2017	SELECT SOUND SERVICE INC	355.71
		P1700275	09/21/2017	ROCK COUNTY HEALTH CARE	157.83
32-8000-8100-64000	MEDICAL SUPPLIES				
		P1700050	09/07/2017	GORDON FOOD SERVICE	144.70
		P1700062	09/07/2017	MCKESSON MEDICAL SURGICAL MN S	2,493.38
		P1700063	09/07/2017	MEDLINE INDUSTRIES INC	1,893.26
		P1700273	09/07/2017	PROFESSIONAL MEDICAL INC	3,440.62
		P1701565	09/07/2017	PERFORMANCE HEALTH SUPPLY INC	1,450.03
32-8000-8100-64003	OXYGEN SUPPLIES				
		P1700281	09/07/2017	SPECIALIZED MEDICAL SERVICES	67.50
		P1701474	09/21/2017	NORTHWEST RESPIRATORY	988.74
32-8000-8100-64408	DISPOSABLES				
		P1700273	09/07/2017	PROFESSIONAL MEDICAL INC	6,771.64
				SUPPORT SERVICE MATERIALS PROG TOTAL	20,091.67
32-8000-8200-62104	CONSULTING SERV				

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FOR THE MONTH OF SEPTEMBER 2017

Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
32-8000-8200-63109	OTHER SUPP/EXP	P1700075	09/14/2017	OMNICARE PHARMACIES OF	4,270.09
		P1700062	09/21/2017	MCKESSON MEDICAL SURGICAL MN S	1,058.65
		P1700075	09/14/2017	OMNICARE PHARMACIES OF	1,110.89
		SUPPORT SERVICE PHARMACY PROG TOTAL			
32-8000-9100-63109	OTHER SUPP/EXP				
32-8000-9100-63111	PAPER PRODUCTS	P1700284	09/07/2017	SYSCO FOODS OF BARABOO LLC	633.73
		P1700284	09/07/2017	SYSCO FOODS OF BARABOO LLC	396.69
32-8000-9100-64102	DAIRY	P1700045	09/07/2017	COUNTRY QUALITY DAIRY	3,572.31
		P1700284	09/07/2017	SYSCO FOODS OF BARABOO LLC	1,023.29
32-8000-9100-64105	GROCERIES	P1700050	09/07/2017	GORDON FOOD SERVICE	7,737.37
		P1700076	09/07/2017	PAN-O-GOLD BAKING CO	1,352.19
		P1700275	09/28/2017	ROCK COUNTY HEALTH CARE	7.69
		P1700284	09/07/2017	SYSCO FOODS OF BARABOO LLC	5,768.03
		P1700285	09/07/2017	TROPIC JUICES INC	1,504.20
32-8000-9100-64107	MEAT	P1700050	09/07/2017	GORDON FOOD SERVICE	3,311.61
		P1700284	09/07/2017	SYSCO FOODS OF BARABOO LLC	2,959.38
32-8000-9100-64109	SUPPLEMENT	P1700273	09/07/2017	PROFESSIONAL MEDICAL INC	(383.55)
		P1700284	09/07/2017	SYSCO FOODS OF BARABOO LLC	845.03
		SUPPORT SERVICE FOOD SERVICE PROG TOTAL			
32-8000-9200-62420	MACH & EQUIP RM				
32-8000-9200-62460	BLDG SERV R&M	P1700105	09/28/2017	ASC1 INC	80.13
		P1700111	09/21/2017	DIRECT SUPPLY EQUIPMENT	512.27
		P1700127	09/07/2017	SUPPLY WORKS	49.90
		P1702408	09/21/2017	CREST HEALTH CARE INC.	91.75
		P1702511	09/21/2017	PROTECTION TECHNOLOGIES	310.00
32-8000-9200-62470	BLDG R & M	P1700193	09/21/2017	TAS COMMUNICATIONS INC	39.50
		P1700625	09/21/2017	MOTION INDUSTRIES INC	20.04
32-8000-9200-63109	OTHER SUPP/EXP	P1700108	09/07/2017	BATTERIES PLUS LLC	809.84
		P1700115	09/07/2017	FIRST SUPPLY MADISON LLC	1,260.66
		P1701654	09/07/2017	APOLLO CORPORATION	76.79
		P1702397	09/07/2017	SANIMAX LLC	540.00
32-8000-9200-63109	OTHER SUPP/EXP	P1700108	09/28/2017	BATTERIES PLUS LLC	47.99
		P1700116	09/21/2017	HOH WATER TECHNOLOGY INC	505.00
		P1700117	09/21/2017	HARRIS ACE HARDWARE LLP	12.60
		P1700120	09/07/2017	JACK AND DICKS FEED AND GARDEN	395.28
		P1700133	09/07/2017	MENARDS	29.88

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Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
		P1701309	09/14/2017	JP MORGAN CHASE BANK NA	179.99
		SUPPORT SERVICE MAINTENANCE PROG TOTAL			4,961.62
32-8000-9300-62110	PEST CONTROL				
		P1700277	09/07/2017	SAFEWAY PEST CONTROL	26.61
32-8000-9300-62163	LAUNDRY				
		P1700041	09/07/2017	ARAMARK UNIFORM SERVICES INC	6,358.08
32-8000-9300-62164	DISPOSAL SERV				
		P1700040	09/21/2017	ADVANCED DISPOSAL SERVICES	1,362.43
		P1700059	09/07/2017	LB MEDWASTE SERVICES	269.05
		P1700073	09/07/2017	OFFICE PRO INC	16.12
32-8000-9300-63109	OTHER SUPP/EXP				
		P1700050	09/21/2017	GORDON FOOD SERVICE	590.80
		P1700053	09/14/2017	JP MORGAN CHASE BANK NA	140.40
		P1700066	09/21/2017	MENARDS	29.94
		P1700119	09/21/2017	HOME DEPOT/GECF	46.72
		P1702391	09/07/2017	BANDT COMMUNICATIONS INC	240.00
32-8000-9300-63111	PAPER PRODUCTS				
		P1700062	09/07/2017	MCKESSON MEDICAL SURGICAL MN S	1,828.21
		P1700272	09/21/2017	PROFESSIONAL MEDICAL INC	639.79
		P1700280	09/28/2017	STAPLES BUSINESS ADVANTAGE	825.00
32-8000-9300-63404	JANITOR/CLEANING				
		P1700283	09/07/2017	SUPPLY WORKS	1,422.18
		SUPPORT SERVICE ENVIRONMENTAL PROG TOTAL			13,795.33
32-8000-9500-64200	TRAINING EXP				
			09/07/2017	GREENFIELD, LAURIE	80.00
			09/07/2017	POLGLAZE, VERA	199.99
		P1700053	09/14/2017	JP MORGAN CHASE BANK NA	1,342.50
		P1700060	09/21/2017	LEADINGAGE WISCONSIN	240.00
		P1700276	09/07/2017	ROCK COUNTY HEALTH CARE	505.10
32-8000-9500-64415	PROVIDER TAX				
		P1700286	09/14/2017	WISCONSIN DEPARTMENT OF	21,760.00
32-8000-9500-64424	EMPLOYEE RECOGN.				
		P1700284	09/28/2017	SYSCO FOODS OF BARABOO LLC	665.30
		SUPPORT SERVICE ADMINISTRATION PROG TOTAL			24,792.89
32-8000-9700-62174	INTERNIST				
		P1700288	09/07/2017	WEST MD, WILLIAM PETER	16,490.00
		P1701012	09/28/2017	RAMSEY MD, H R	1,550.00
		P1702138	09/07/2017	BESAW, ANGELA M	8,915.50
		SUPPORT SERVICE MEDICAL STAFF PROG TOTAL			26,955.50
32-9000-9920-62201	ELECTRIC				
			09/28/2017	ALLIANT ENERGY/WP&L	16,961.46
32-9000-9920-62203	NATURAL GAS				
			09/21/2017	ALLIANT ENERGY/WP&L	602.02

COMMITTEE REVIEW REPORT
 FOR THE MONTH OF SEPTEMBER 2017

Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
GENERAL SERVICES UTILITIES PROG TOTAL					17,563.48
32-9000-9930-62210	TELEPHONE				
		P1700039	09/28/2017	ABILITY NETWORK INC	407.00
GENERAL SERVICE TELEPHONE PROG TOTAL					407.00
32-9000-9940-61920	PHYSICALS				
		P1700074	09/21/2017	OCCUPATIONAL HEALTH CENTER	323.00
GENERAL SERVICE EMP BENEFITS PROG TOTAL					323.00

RESOLUTION

ROCK COUNTY BOARD OF SUPERVISORS

Health Services Committee
INITIATED BY



Sue Prostko
DRAFTED BY

Health Services Committee
SUBMITTED BY

September 29, 2017
DATE DRAFTED

RECOGNIZING MARILYN LOVELAND FOR SERVICE TO ROCK HAVEN

- 1 **WHEREAS**, Marilyn Loveland has served the citizens of Rock County over the past 28 years, 9 months as a
- 2 dedicated and valued employee of Rock County; and,
- 3
- 4 **WHEREAS**, Marilyn Loveland began her career with Rock Haven as a Certified Nursing Assistant on January 17,
- 5 1989; and,
- 6
- 7 **WHEREAS**, Marilyn Loveland has worked diligently in that position until her retirement on October 5, 2017;
- 8 and,
- 9
- 10 **WHEREAS**, the Rock County Board of Supervisors, representing the citizens of Rock County, wishes to
- 11 recognize Marilyn Loveland for her long and faithful service.
- 12
- 13 **NOW, THEREFORE, BE IT RESOLVED**, that the Rock County Board of Supervisors duly assembled this
- 14 _____ day of _____, 2017 does hereby recognize Marilyn Loveland for her 28 years, 9 months of service
- 15 and extend their best wishes to her in her future endeavors.

Respectfully submitted,

HEALTH SERVICES COMMITTEE

COUNTY BOARD STAFF COMMITTEE

Norvain Pleasant, Chair

J. Russell Podzilni, Chair

Brenton Driscoll, Vice Chair

Sandra Kraft, Vice Chair

Terry Fell

Betty Jo Bussie

Dave Homan

Eva Arnold

Kara Hawes

Mary Mawhinney

Alan Sweeney

Henry Brill

Louis Peer

Terry Thomas

RESOLUTION

ROCK COUNTY BOARD OF SUPERVISORS

Health Services Committee
INITIATED BY



Sue Prostko
DRAFTED BY

Health Services Committee
SUBMITTED BY

September 29, 2017
DATE DRAFTED

RECOGNIZING JOHN WELCH FOR SERVICE TO ROCK HAVEN

- 1 **WHEREAS**, John Welch has served the citizens of Rock County over the past 21 years, 9 months as a dedicated
- 2 and valued employee of Rock County; and,
- 3
- 4 **WHEREAS**, John Welch began his career with Rock Haven as a Certified Nursing Assistant on December 6,
- 5 1995; and,
- 6
- 7 **WHEREAS**, John Welch has worked diligently in that position until his retirement on September 19, 2017; and,
- 8
- 9 **WHEREAS**, the Rock County Board of Supervisors, representing the citizens of Rock County, wishes to
- 10 recognize John Welch for his long and faithful service.
- 11
- 12 **NOW, THEREFORE, BE IT RESOLVED**, that the Rock County Board of Supervisors duly assembled this
- 13 ____day of _____, 2017 does hereby recognize John Welch for his 21 years, 9 months of service and
- 14 extend their best wishes to him in his future endeavors.

Respectfully submitted,

HEALTH SERVICES COMMITTEE

COUNTY BOARD STAFF COMMITTEE

Norvain Pleasant, Chair

J. Russell Podzilni, Chair

Brenton Driscoll, Vice Chair

Sandra Kraft, Vice Chair

Terry Fell

Betty Jo Bussie

Dave Homan

Eva Arnold

Kara Hawes

Mary Mawhinney

Alan Sweeney

Henry Brill

Louis Peer

Terry Thomas



1000 Mineral Point Ave.
Janesville, WI 53548
MercyHealthSystem.org

Mercyhealth EpicCare Link / MercyCare Plan Link Site Agreement

Site (Complete Legal Name) County of Rock County Clerk DBA Rock Haven

Address 3400 County Trl Hwy E PO Box 920

City/State/Zip JANESVILLE WI 53547

Telephone 608-757-5076

Fax 608-757-5026

Type of Access (Circle All Applicable)

EpicCare Link MercyCare Plan Link

Purpose of Access (Circle All Applicable)

Treatment MercyCare Enrollment
 Management of Claims/Prior Authorization

Mercyhealth provides external health care providers with access to protected health information ("PHI") for treatment purposes through Mercyhealth EpicCare Link. Mercyhealth's insurer, MercyCare, provides employer groups and providers with access to PHI for various care management and payment activities through MercyCare Plan Link.

In order to use Mercyhealth EpicCare Link or MercyCare Plan Link (individually or collectively referred to as "Program"), the above-named Site agrees to the following:

1. Site will designate a Site Coordinator and an alternate Site Coordinator and will provide the names, titles, telephone numbers, and email addresses of those individuals to Mercyhealth immediately upon signing this agreement. Site will ensure that Site maintains a Site Coordinator and an alternate Site Coordinator throughout the duration of this Agreement. In the event that Site Coordinators or alternate Site Coordinators change, Site will notify Mercyhealth within five (5) days the name and contact information of the new Site Coordinator and/or new alternate Site Coordinator.
2. Site, through its Site Coordinator and others, will:
 - a. Ensure, through training and other means, that each of the Site's Program users ("User") abides by this Agreement and with all applicable privacy, security, and transaction set regulations.
 - b. Request new User identifications ("IDs"), request termination of User IDs, password resets, and generally help Users with any questions. For each new User request, Site will be given a User name and temporary password.
 - c. Ensure that each User enters a password known only to the User the first time the User uses Program and changes the password every three (3) months or more frequently if requested by Mercyhealth.
 - d. Not share passwords or any other access information or allow or assist anyone to access the Program who is not an authorized User. If Site believes another person has obtained any username or password, Site will inform the Mercyhealth Privacy Officer.

- e. Verify the role-based need for Program access by any User for whom Site requests such access.
 - f. Verify on at least a quarterly basis, or as otherwise requested by Mercyhealth, that Site User list is accurate. Site Coordinator will provide verification of the User list within fifteen (15) days of receiving the User list request from Mercyhealth.
 - g. Permit each User to only use the Program for the purpose(s) specified above.
 - h. Notify Mercyhealth within ten (10) days of any change in a User's role-based need.
 - i. Review and evaluate monthly Program access logs, provided by Mercyhealth, to determine whether access of Program is appropriate. Site will submit quarterly audit reports to Mercyhealth Privacy Officer. Site understands that Mercyhealth may from time to time provide Site with guidelines for auditing access and Site agrees to comply with those guidelines in reviewing and evaluating Program access logs and submitting reports to Mercyhealth.
 - j. Ensure that Users log out of the Program before leaving the computer, do not share User IDs or passwords, and take other reasonable privacy and security safeguards, with respect to the Program and its PHI, as needed.
 - k. Not download, copy and paste, or in any other way electronically reproduce PHI or documents to any computer, copier hard drive, external device, or any other type of media. If documents are printed, documents must be kept secure while in use and securely disposed of when no longer needed.
 - l. Advise patients/health plan members requesting amendments to Mercy PHI that the Site does not have the authorization to alter historical Mercyhealth electronic record entries and that any amendments or corrections to individual's Mercyhealth record must be made by contacting the Mercyhealth Privacy Officer.
 - m. Immediately notify Mercyhealth upon determining that a User's access to Program should be terminated for any reason.
 - n. Notify the Mercyhealth Privacy Officer within five (5) days of becoming aware of: (a) any pending state or federal allegation of improper use or disclosure of PHI filed against a Site User or the Site ; (b) any unlawful or inappropriate use of Program; or (c) any actual or alleged improper uses or disclosures of the Program's PHI.
 - o. Cooperate with Mercyhealth and promptly provide any requested information regarding any use of Program or disclosure of its PHI that is questioned by Mercyhealth or any other party.
3. Site understands and agrees that Mercyhealth may terminate Site access at any time, with reasonable advance notice when feasible, so as not to compromise patient/health plan member care or safety.
 4. Site understands that individual User names and passwords will comprise employee electronic signature. The electronic signature will be treated as true authentication, indicating acceptance and completion of all electronic entries into Mercyhealth information systems in accordance with Mercyhealth policy and federal and state regulations.

-
5. Site agrees to maintain, at its own expense, liability coverage as necessary and reasonable to insure Site and its employees and agents against liability for claims brought by third parties in connection with the performance of Site duties and responsibilities under this Site Agreement.
 6. Site affirms that the name of the Site provided in this Agreement is the complete legal name of the organization and the contact information is accurate. Site agrees to notify Mercyhealth in writing within ten (10) days of any changes to Site name, address or other contact information. Site affirms that the person signing this Agreement has the legal authority to sign on behalf of the Site.
 7. Site understands and agrees that either party may terminate this Agreement at any time upon providing written notice to any other party. All notices required or permitted by, or related to, this Agreement shall be in writing and shall be deemed sufficiently given if sent by prepaid registered or certified mail, return receipt requested, or by a nationally recognized overnight delivery service addressed to Mercyhealth as follows. Proof of receipt of notice shall be the responsibility of the Site.

Ruth Yarbrough, Vice President
Mercy Health System Corporation
1000 Mineral Point Avenue
Janesville, Wisconsin 53548

With a copy to: General Counsel's Office
Notices to Site:

8. Site understands and agrees that failure to comply with any of the terms of this Agreement may result in the suspension or termination of access to Program for individual Users and/or the overall Site.
9. Site agrees to be solely responsible for its own acts, omissions, and negligence and the acts, omissions, and negligence of Site employees or agents.



1000 Mineral Point Ave.
Janesville, WI 53548
MercyHealthSystem.org

Site: County of Rock County Clerk DBA ROCK HAVEN, WI.

Site Authorized Signatory:

[Signature] 8/4/2017
Signature Date
Nursing Home Administrator
Printed Name/Title:

Site's Privacy Officer:

[Signature] 8/7/17
Signature Date
Lisa Moore Kelly R.H.I.T.
Printed Name/Title

3530 N Gf York Hwy F Janesville WI 53547
Street City State Zip

Mercyhealth Privacy Officer:

Teresa Smithrud Date
1000 Mineral Point Ave
Janesville, WI 53548
608-756-6753
tsmithrud@mhemail.org

Mercy Health

Care Link Application Request

Please complete and sign this form along with the EpicCare Link Terms and Conditions Agreement.
Completed and signed forms can be faxed to 608-756-6010.

MHS will review your request and will contact you with your login information once your request is processed. Please allow 3-5 business days for processing.

Name: Sue L Prostko
Company: Rock HAVEN Phone #: 608 957-5114
Email Address: Prostko@co.rock.wi.us
Manager (Site Manager): Sue L. Prostko
Manager/Site Manager Phone (required): 608 957-5114
Manager/Site Manager Email (required): prostko@co.rock.wi.us
**To verify you over the phone, you will be asked for your Mother's maiden name. Please enter the name you will reply with here: SKINNER

List the Physicians in your office or Physicians you are following:

DR. W. WEST _____
DR. RAM RAO _____
DR. RAMSEY _____

Check Requested Access Type Based on your Job Title/Job Function:

- Front Desk** – Can view patient demographics only
- Billor/Coder** – Can view the entire patient chart
- Clinical User (nurse, tech, etc.)** – Can view the entire chart / receives In Basket Messages with patient results and notifications
- Site Manager** – Same access as Clinical User with the addition of access to administrative functions

Checklist:

- ✓ This form is complete
- ✓ This form is signed by the User, AND the Dept. Mgr. or Responsible Physician
- ✓ The RHS EpicCare Link Remote Access Agreement is signed by the user
- ✓ Your Department Manager/Site Manager is listed

*** Requestor/User Signature:**

Sue L Prostko Phone: 608 957-5114 Date: 8/4/17

*** Responsible Dept. Mgr. or Med Staff Signature:**

Sue L Prostko Phone: 757-5114 Date: 8/4/17

2017 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	\$83,223	\$115,320	-\$32,097	-28%	\$541,880	\$903,960	-40%
Hospice	\$19,109	\$12,148	\$6,961	57%	\$119,309	\$95,228	25%
Medical Assistance	\$180,467	\$190,326	-\$9,859	-5%	\$1,434,882	\$1,491,911	-4%
Private Pay	\$144,966	\$121,954	\$23,012	19%	\$996,984	\$955,961	4%
Total	\$427,765	\$439,749	-\$11,984	-3%	\$3,093,054	\$3,447,061	-10%

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	\$83,223	\$70,680	\$12,543	18%	\$541,879	\$554,040	-2%
Hospice	\$7,060	\$9,740	-\$2,680	-28%	\$129,927	\$76,349	70%
Medical Assistance	\$192,516	\$233,762	-\$41,246	-18%	\$1,424,264	\$1,832,389	-22%
Private Pay	\$144,966	\$94,136	\$50,830	54%	\$996,984	\$737,903	35%
Total	\$427,765	\$408,317	\$19,448	5%	\$3,093,054	\$3,200,681	-3%

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	\$166,446	\$186,000	-\$19,554	-11%	\$1,083,759	\$1,458,000	-26%
Hospice	\$26,169	\$21,888	\$4,281	20%	\$249,236	\$171,577	45%
Medical Assistance	\$372,983	\$424,088	-\$51,105	-12%	\$2,859,146	\$3,324,301	-14%
Private Pay	\$289,932	\$216,090	\$73,842	34%	\$1,993,968	\$1,693,864	18%
Total	\$855,530	\$848,066	\$7,464	1%	\$6,186,108	\$6,647,742	-7%

Limestone Census
August 2017

Limestone East	Event	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Totals	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17
	Medicaid	553	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	
	Medicare (A)	179	8	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
	Self Pay	62	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
	Medicare Advantage (A)	4																														
	Hospice Medicaid	76	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
	Hospice Self Pay	48	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
Limestone East Totals		922	31	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	

Limestone West	Event	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Totals	21	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	
	Medicaid	652	21	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	
	Medicare (A)	85	2	4	4	4	4	4	4	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
	Self Pay	126	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
	Medicare Advantage (A)	31	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	Hospice Medicaid	48	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Limestone West Totals		917	29	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	

Limestone Census Days	1864	60	61	60	60	60	60	60	60	58	59	58	59	60	60	59	59	58	58	58	58	59	62	61	62	62	62	62	62	63	63
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Sandstone Census
August 2017

Sandstone East	Event	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Totals	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	
	Medicaid	722	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	
	Medicare (A)	64	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
	Self Pay	79	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
	Hospice Medicaid	37	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
	Hospice Self Pay	62	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
Sandstone East Totals		964	37	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	

Sandstone West	Event	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Totals	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	
	Medicaid	760	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	
	Medicare (A)	18	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	Self Pay	124	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
	Hospice Medicaid	22	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Sandstone West Totals		924	31	31	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	

Sandstone Census Days	1888	63	63	62	62	62	61	61	61	61	61	61	61	61	61	61	61	61	61	61	61	61	61	61	60	60	60	60	60	59	59
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