



**HEALTH SERVICES COMMITTEE**  
**Wednesday October 10, 2012 at 8 am**  
**Rock Haven 4th Floor Classroom**

**AGENDA**

Note: The committee will be touring the new facility at the end of the meeting. If planning to attend this tour, please wear long pants and walking shoes.

1. Call to Order/Approval of Agenda
2. Approval of Minutes – September 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 and Move-in Date Update
  - b. Information Item: Resident Council Minutes (Copies will be provided)
  - c. Information Item: 2013 Proposed Budget Presentation - October 11
8. New Business
  - a. Information Item: Complaint Survey of September 19, 2012/Plans for Revisit in October
  - b. Information Item: Gazette Update On New Building
  - c. Information Item: Licensed Bed Capacity Changes to 128 Effective October 1, 2012
  - d. Information Item: Charter Communications Installation and Contract for New Building
9. Information Item: Reports
  - a. Census
  - b. Activities
    - 1) Senior Management Team
      - a. Final 2013 Budget Plans

- 2) Staff Education for October 2012
  - a. Mealtime Emergencies
  - b. Dementia Caregiving
  - c. CPR Refresher
  - d. Bloodborne Pathogens
- 3) Conferences and Meetings- Sherry Gunderson attended the following meetings in Green Bay:
  - a. Leading Age Fall Conference - October 3-5
  - b. Leading Age Board Meeting - October 3
  - c. WACH Meeting - October 3
  - d. Leading Age Current Concerns Forum - October 3
- 4) Resident Council Meeting – Tuesday, October 9 at 10:15 am.
- 5) Employee and Staff Annual Influenza Vaccines – Will be given in October. There is no charge to employees and all are encouraged to receive the vaccine.
- 6) 2012 United Way Campaign
  - a. Bake Sale - October 12
  - b. Chili Luncheon - October 19
  - c. Halloween Gift Basket Raffle - October 12-19
- c. Finance - Dave Sudmeier
10. Next Meeting Date - The next regular meeting of the Health Services Committee is scheduled for Wednesday, November 14, 2012 at 8 am.
11. New Facility Tour
12. 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 Prcnt Appropriation Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
3232500000-64904	SUNDRY EXPENSE	3,000.00 77.6%	6,490.29	-4,161.23	670.94		
	P1200280-PO# 09/30/12 -VN#013780		KMART CORP #4255			45.00	
			CLOSING BALANCE		625.94		45.00
3272607400-62171	AMBULANCE	2,000.00 57.7%	4,668.30	-3,513.27	844.97		
	P1202120-PO# 08/31/12 -VN#039206		PARATECH AMBULANCE SERVICE INC			382.74	
			CLOSING BALANCE		462.23		382.74
3272607400-62174	INTERNIST	0.00 100.0%	0.00	0.00	0.00		
	P1202983-PO# 08/31/12 -VN#051944		CAPITOL EXPRESS TRANSPORTATION			132.50	
			CLOSING BALANCE		-132.50		132.50
3272607400-62176	LABORATORY	8,500.00 100.0%	8,488.30	11.70	0.00		
	P1203012-PO# 08/31/12 -VN#014550		MERCY HEALTH SYSTEM			116.49	
*** OVERDRAFT ***	<b>TRANSFER PENDING</b>		CLOSING BALANCE		-116.49		116.49
3272607400-62189	OTHER MED SERV	5,500.00 147.0%	8,088.09	-0.01	-2,588.08		
	P1201792-PO# 08/31/12 -VN#042658		DEAN HEALTH SYSTEMS			64.68	
	P1203102-PO# 09/30/12 -VN#047382		UNIVERSITY OF WISCONSIN HEALTH			133.50	
*** OVERDRAFT ***	<b>TRANSFER PENDING</b>		CLOSING BALANCE		-2,786.26		198.18
3280008100-63100	OFC SUPP & EXP	5,000.00 22.8%	2,982.15	-1,838.53	3,856.38		
	P1200281-PO# 09/30/12 -VN#014534		MENARDS			63.89	
			CLOSING BALANCE		3,792.49		63.89
3280008100-63109	OTHER SUPP/EXP	11,400.00 41.2%	6,752.15	-2,053.44	6,701.29		
	P1200280-PO# 09/30/12 -VN#013780		KMART CORP #4255			108.46	
	P1200281-PO# 10/03/12 -VN#014534		MENARDS			95.71	
	P1200283-PO# 09/30/12 -VN#016117		SHOPKO INC #130			28.75	
	P1200847-PO# 09/30/12 -VN#015764		ROCK COUNTY HEALTH CARE CENTER			32.42	
	P1200848-PO# 09/30/12 -VN#015763		ROCK COUNTY HEALTH CARE CENTER			169.85	
			CLOSING BALANCE		6,266.10		435.19
3280008100-64000	MEDICAL SUPPLIES	117,052.00 88.8%	98,944.46	5,055.67	13,051.87		
	P1200284-PO# 09/30/12 -VN#042626		MC KESSON MEDICAL SURGICAL COR			132.12	
	P1200285-PO# 08/31/12 -VN#030393		MERCY ASSISTED CARE INC			108.89	
	P1203103-PO# 09/30/12 -VN#052287		OMNICARE MEDICAL SUPPLY SVCS			116.30	
			CLOSING BALANCE		12,694.56		357.31
3280008200-63109	OTHER SUPP/EXP	42,670.00 96.0%	31,270.28	9,729.75	1,669.97		
	P1202121-PO# 08/31/12 -VN#042157		ROESCHENS OMNICARE PHARMACY			402.73	
			CLOSING BALANCE		1,267.24		402.73



Account Number	Name	Yearly Pront Appropriation Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
		ROCK HAVEN	PROG-TOTAL-PO			10,087.42	

I HAVE EXAMINED THE PRECEDING BILLS AND ENCUMBRANCES IN THE TOTAL AMOUNT OF \$10,087.42 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

OCT 10 2012

DATE

CHAIR

**ROCK COUNTY**

**SUPPLEMENTAL APPROPRIATIONS - TRANSFERS**

12-41

Transfer No.

Requested by Rock Haven

Sherry Gunderson

Department

Department Head

10/2/12

Date

**FROM**

ACCOUNT #	DESCRIPTION	AMOUNT
32-9000-9940-61710	Emp. Benefits/Workers Comp	53,500


**TO**

ACCOUNT #	DESCRIPTION	AMOUNT
32-7260-7400-62185	Occupational Therapy	10,000
32-7260-7400-62186	Speech Therapy	21,500
32-7260-7400-62189	Other Medical Svc	7,000
32-8000-8100-64000	Medical Supplies	15,000

**FISCAL NOTE:**

Sufficient funds are available in the above object code for the requested transfer.

**ADMINISTRATIVE NOTE:**

Recommended. 

**REQUIRED APPROVAL:**

Governing Committee

Finance Committee

DATE

COMMITTEE CHAIR

File

# ROCK COUNTY TRANSFER REQUESTS

# 12-41

**TO: FINANCE DIRECTOR**

**REQUESTED BY: Rock Haven**

*Suzanne Dunbar*  
Department Head Signature

**DATE:**

**10/2/2012**

FROM:	AMOUNT
ACCOUNT #: 32-9000-9940-61710 DESCRIPTION: GENERAL SERVICE EMP BENEFITS WORKERS COMPENSATION CURRENT BALANCE: \$ 211,830 <i>4/5/2/12</i> PROVIDED BY THE FINANCE DIRECTOR	\$ 53,500.00
ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
ACCOUNT #: DESCRIPTION: CURRENT BALANCE: PROVIDED BY THE FINANCE DIRECTOR	

TO:	AMOUNT
ACCOUNT #: 32-7260-7400-62185 DESCRIPTION: RH CONTRACT SERVICES T-18 OCCUPATIONAL THERAPY	\$ 10,000.00
ACCOUNT #: 32-7260-7400-62186 DESCRIPTION: RH CONTRACT SERVICES T-18 SPEECH THERAPY	\$ 21,500.00
ACCOUNT #: 32-7260-7400-62189 DESCRIPTION: RH CONTRACT SERVICES T-18 OTHER MEDICAL SERVICES	\$ 7,000.00
ACCOUNT #: 32-8000-8100-64000 DESCRIPTION: SUPPORT SERVICE MATERIALS MEDICAL SUPPLIES	\$ 15,000.00

**REASON FUNDS ARE AVAILABLE FOR TRANSFER - BE SPECIFIC:**

- 1) Workers Compensation expenses less than budgeted and historically incurred.

**REASON TRANSFER IS NECESSARY - BE SPECIFIC:**

- 1) More Medicare patient days than budgeted at higher acuity requiring more ancillary expense to be reimbursed through Medicare revenue.
- 2) More Medicare patient days than budgeted at higher acuity requiring more ancillary expense to be reimbursed through Medicare revenue.
- 3) More Medicare patient days than budgeted at higher acuity requiring more ancillary expense to be reimbursed through Medicare revenue.
- 4) Higher Medical Supply expense due to higher acuity of patients.

ROCK COUNTY

SUPPLEMENTAL APPROPRIATIONS - TRANSFERS

12-42

Transfer No.

Requested by Rock Haven

Sherry Gunderson

10/2/12

Department

Department Head

Date

FROM

ACCOUNT #	DESCRIPTION	AMOUNT
32-9000-9940-61710	Workers Compensation	18,500

TO

ACCOUNT #	DESCRIPTION	AMOUNT
32-8000-8100-64008	Disposables	15,000
32-8000-8200-62104	Consulting Svc	1,000
32-8000-9100-63109	Other Supplies & Exp	1,000
32-8000-9100-63111	Paper Products	1,500

FISCAL NOTE:

Sufficient funds are available in the above object code for the requested transfer.

ADMINISTRATIVE NOTE:

Recommended. *ER*

REQUIRED APPROVAL:

Governing Committee

Finance Committee

DATE

COMMITTEE CHAIR

File



# ROCK COUNTY TRANSFER REQUESTS

# 12-42

TO: FINANCE DIRECTOR

REQUESTED BY: Rock Haven

Department

*Sherry Dunham*  
Department/Head Signature

DATE:

10/2/2012

FROM:	AMOUNT
1) ACCOUNT #: 32-9000-9940-61710 DESCRIPTION: GENERAL SERVICE EMP BENEFITS WORKERS COMPENSATION CURRENT BALANCE: \$ 211,830 <i>as of 10/2/12</i> PROVIDED BY THE FINANCE DIRECTOR	\$ 18,500.00
2) ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
3) ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
4) ACCOUNT #: DESCRIPTION: CURRENT BALANCE: PROVIDED BY THE FINANCE DIRECTOR	

TO:	AMOUNT
ACCOUNT #: 32-8000-8100-64008 DESCRIPTION: SUPPORT SERVICE MATERIALS DISPOSABLES	\$ 15,000.00
ACCOUNT #: 32-8000-8200-62104 DESCRIPTION: SUPPORT SERVICE PHARMACY CONSULTING SERVICES	\$ 1,000.00
ACCOUNT #: 32-8000-9100-63109 DESCRIPTION: SUPPORT SERVICE FOOD SERVICE OTHER SUPPLIES & EXPENSES	\$ 1,000.00
ACCOUNT #: 32-8000-9100-63111 DESCRIPTION: SUPPORT SERVICE FOOD SERVICE PAPER PRODUCTS	\$ 1,500.00

REASON FUNDS ARE AVAILABLE FOR TRANSFER - BE SPECIFIC:

- 1) Workers Compensation expenses less than budgeted and historically incurred.

REASON TRANSFER IS NECESSARY - BE SPECIFIC:

- 1) Higher utilization of disposables due to higher acuity of patients.
- 2) More pharmacy consulting due to more patient turnover and need for medication reviews.
- 3) Higher food service supply costs due to increase in vendor rates.
- 4) Higher food service paper products cost due to increase in vendor rates.

**ROCK COUNTY**

**SUPPLEMENTAL APPROPRIATIONS - TRANSFERS**

12-43

Transfer No.

Requested by Rock Haven

Sherry Gunderson

10/2/12

Department

Department Head

Date

**FROM**

**TO**

ACCOUNT #	DESCRIPTION	AMOUNT
32-9000-9940-61710	Workers Compensation	17,500

ACCOUNT #	DESCRIPTION	AMOUNT
32-8000-9100-64102	Cash Food - Dairy	7,500
32-8000-9100-64105	Cash Food - Groceries	5,000
32-8000-9300-62164	Disposable Svc	3,500
32-8000-9300-63111	Paper Products	1,500

**FISCAL NOTE:**

Sufficient funds are available in the above object code for the requested transfer.

**ADMINISTRATIVE NOTE:**

Recommended. *ERL*

**REQUIRED APPROVAL:**

Governing Committee

Finance Committee

DATE

COMMITTEE CHAIR

File

# ROCK COUNTY TRANSFER REQUESTS

# 12-43

**TO: FINANCE DIRECTOR**

**REQUESTED BY: Rock Haven**

Department

*Sherry Anderson*  
Department Head Signature

**DATE:**

10/2/2012

FROM:	AMOUNT
ACCOUNT #: 32-9000-9940-61710 DESCRIPTION: GENERAL SERVICE EMP BENEFITS WORKERS COMPENSATION CURRENT BALANCE: \$ 211,830 <i>10/2/12</i> PROVIDED BY THE FINANCE DIRECTOR	\$ 17,500.00
ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	

TO:	AMOUNT
ACCOUNT #: 32-8000-9100-64102 DESCRIPTION: SUPPORT SERVICE FOOD SERVICE CASH FOOD-DAIRY	\$ 7,500.00
ACCOUNT #: 32-8000-9100-64105 DESCRIPTION: SUPPORT SERVICE FOOD SERVICE CASH FOOD-GROCERIES	\$ 5,000.00
ACCOUNT #: 32-8000-9300-62164 DESCRIPTION: SUPPORT SERVICE ENVIRONMENTAL DISPOSAL SERVICES	\$ 3,500.00
ACCOUNT #: 32-8000-9300-63111 DESCRIPTION: SUPPORT SERVICE ENVIRONMENTAL PAPER PRODUCTS	\$ 1,500.00

REASON FUNDS ARE AVAILABLE FOR TRANSFER - BE SPECIFIC:

- 1) Workers Compensation expenses less than budgeted and historically incurred.

REASON TRANSFER IS NECESSARY - BE SPECIFIC:

- 1) Higher dairy costs due to increase in dairy usage.
- 2) Higher groceries costs due to increase in grocery usage.
- 3) Higher disposal costs due to increase in vendor rate for medical waste disposal.
- 4) Higher environmental paper products cost due to increase in vendor rates.

**ROCK COUNTY**

**SUPPLEMENTAL APPROPRIATIONS - TRANSFERS**

12-44

Transfer No.

Requested by Rock Haven

Sherry Gunderson

10/2/12

Department

Department Head

Date

**FROM**

ACCOUNT #	DESCRIPTION	AMOUNT
32-9000-9940-61710	Workers Compensation	20,500

**TO**

ACCOUNT #	DESCRIPTION	AMOUNT
32-7260-7400-62171	Ambulance	5,000
32-7260-7400-62176	Laboratory	3,000
32-7260-7400-62179	Pharmacy	10,000
32-7260-7400-62180	Physical Therapy	2,500

**FISCAL NOTE:**

Sufficient funds are available in the above object code for the requested transfer.

**ADMINISTRATIVE NOTE:**

Recommended. *ER*

**REQUIRED APPROVAL:**

Governing Committee

Finance Committee

DATE

COMMITTEE CHAIR

File

# ROCK COUNTY TRANSFER REQUESTS

# 12-YY

**TO: FINANCE DIRECTOR**

**REQUESTED BY: Rock Haven**

Department

*Jury Dunham*  
Department Head Signature

**DATE:**

10/2/2012

FROM:	AMOUNT
<b>ACCOUNT #:</b> 32-9000-9940-61710 <b>DESCRIPTION:</b> GENERAL SERVICE EMP BENEFITS WORKERS COMPENSATION <b>CURRENT BALANCE:</b> \$ 211,830.67 <b>PROVIDED BY THE FINANCE DIRECTOR</b>	\$ 20,500.00
<b>ACCOUNT #:</b> <b>DESCRIPTION:</b> <b>CURRENT BALANCE:</b> \$ <b>PROVIDED BY THE FINANCE DIRECTOR</b>	
<b>ACCOUNT #:</b> <b>DESCRIPTION:</b> <b>CURRENT BALANCE:</b> \$ <b>PROVIDED BY THE FINANCE DIRECTOR</b>	
<b>ACCOUNT #:</b> <b>DESCRIPTION:</b> <b>CURRENT BALANCE:</b> \$ <b>PROVIDED BY THE FINANCE DIRECTOR</b>	

TO:	AMOUNT
<b>ACCOUNT #:</b> 32-7260-7400-62171 <b>DESCRIPTION:</b> RH CONTRACT SERVICES T-18 AMBULANCE	\$ 5,000.00
<b>ACCOUNT #:</b> 32-7260-7400-62176 <b>DESCRIPTION:</b> RH CONTRACT SERVICES T-18 LABORATORY	\$ 3,000.00
<b>ACCOUNT #:</b> 32-7260-7400-62179 <b>DESCRIPTION:</b> RH CONTRACT SERVICES T-18 PHARMACY	\$ 10,000.00
<b>ACCOUNT #:</b> 32-7260-7400-62180 <b>DESCRIPTION:</b> RH CONTRACT SERVICES T-18 PHYSICAL THERAPY	\$ 2,500.00

**REASON FUNDS ARE AVAILABLE FOR TRANSFER - BE SPECIFIC:**

- 1) Workers Compensation expenses less than budgeted and historically incurred.

**REASON TRANSFER IS NECESSARY - BE SPECIFIC:**

- 1) More Medicare patient days than budgeted at higher accuity requiring more ancillary expense to be reimbursed through Medicare revenue.
- 2) More Medicare patient days than budgeted at higher accuity requiring more ancillary expense to be reimbursed through Medicare revenue.
- 3) More Medicare patient days than budgeted at higher accuity requiring more ancillary expense to be reimbursed through Medicare revenue.
- 4) More Medicare patient days than budgeted at higher accuity requiring more ancillary expense to be reimbursed through Medicare revenue.

ROCK COUNTY

SUPPLEMENTAL APPROPRIATIONS - TRANSFERS

12-45

Transfer No.

Requested by Rock Haven

Sherry Gunderson

10/2/12

Department

Department Head

Date

**FROM**

ACCOUNT #	DESCRIPTION	AMOUNT
32-9000-9940-61710	Workers Compensation	12,000

**TO**

ACCOUNT #	DESCRIPTION	AMOUNT
32-9000-9940-61720	Unemployment	10,000
32-9000-9940-61915	Certification/License/ Other	600
32-9000-9940-63406	Clothing & Uniforms	1,400

**FISCAL NOTE:**

Sufficient funds are available in the above object code for the requested transfer.

**ADMINISTRATIVE NOTE:**

Recommended. *ESK*

**REQUIRED APPROVAL:**

Governing Committee

Finance Committee

DATE

COMMITTEE CHAIR

File

# ROCK COUNTY TRANSFER REQUESTS

# 12-45

**TO: FINANCE DIRECTOR**

**REQUESTED BY: Rock Haven**

Department

*Shirley Durbin*  
Department Head Signature

**DATE:**

10/2/2012

FROM:	AMOUNT
1) ACCOUNT #: 32-9000-9940-61710 DESCRIPTION: GENERAL SERVICE EMP BENEFITS WORKERS COMPENSATION CURRENT BALANCE: \$ 211,830 <i>\$ 100,170</i> PROVIDED BY THE FINANCE DIRECTOR	\$ 12,000.00
2) ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
3) ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
4) ACCOUNT #: DESCRIPTION: CURRENT BALANCE: PROVIDED BY THE FINANCE DIRECTOR	

TO:	AMOUNT
ACCOUNT #: 32-9000-9940-61720 DESCRIPTION: GENERAL SERVICE EMP BENEFITS UNEMPLOYMENT	\$ 10,000.00
ACCOUNT #: 32-9000-9940-61915 DESCRIPTION: GENERAL SERVICE EMP BENEFITS CERTIFICATIONS/LICENSES/OTHER	\$ 600.00
ACCOUNT #: 32-9000-9940-63406 DESCRIPTION: GENERAL SERVICE EMP BENEFITS CLOTHING & UNIFORMS	\$ 1,400.00
ACCOUNT #: DESCRIPTION:	

**REASON FUNDS ARE AVAILABLE FOR TRANSFER - BE SPECIFIC:**

- 1) Workers Compensation expenses less than budgeted and historically incurred.

**REASON TRANSFER IS NECESSARY - BE SPECIFIC:**

- 1) Increased unemployment cost due to how unemployment claims are handled.
- 2) More employee reimbursement for certifications and licenses.
- 3) Uniform Allowance extended to additional staff as well as new hires rather than being paid only to current employees at beginning of year.

PURCHASE ORDER NUMBER P1200480 PEID 035083

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME MJ Care Inc  
ACCOUNT NUMBER 32 7260 7400 62185  
FUNDS DESCRIPTION Occupational Therapy  
AMOUNT OF INCREASE \$ 10,000.<sup>00</sup>  
INCREASE FROM \$ 90,000.<sup>00</sup> TO \$ 100,000.<sup>00</sup>  
ACCOUNT BALANCE AVAILABLE \$ 10,000 after \$ 10,000 transfer<sup>95</sup> 10-3-12  
REASON FOR AMENDMENT More Medicare patient days than budgeted at higher acuity

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

- WHITE - COMMITTEE
- YELLOW - PURCHASING
- PINK - DEPARTMENT



PURCHASE ORDER NUMBER P1200481 PEID 038065

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME Pinnacle Pharmacy  
ACCOUNT NUMBER 32 7260 7400 62179  
FUNDS DESCRIPTION Pharmacy  
AMOUNT OF INCREASE \$ 10,000.00  
INCREASE FROM \$ 175,000.00 TO \$ 185,000.00  
ACCOUNT BALANCE AVAILABLE \$ 10,000.00 after \$10,000.00 transfer  
REASON FOR AMENDMENT More Medicare patient days than budgeted at higher acuity

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200480 PEID 035083

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME mg Care Inc  
ACCOUNT NUMBER 32 7260 7400 62186  
FUNDS DESCRIPTION Speech Therapy  
AMOUNT OF INCREASE \$ 21,500  
INCREASE FROM \$ 30,000 TO \$ 51,500  
ACCOUNT BALANCE AVAILABLE \$ 21,500 after #21,500 transfer  
REASON FOR AMENDMENT More Medicare patient days than budgeted at higher acuity

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

WHITE - COMMITTEE  
YELLOW- PURCHASING  
PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200487 PEID 015393

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME Gulf South Medical Supply  
ACCOUNT NUMBER 32 8000 8100 64408  
FUNDS DESCRIPTION Disposables  
AMOUNT OF INCREASE \$ 19,000.00  
INCREASE FROM \$ 74,000.00 TO \$ 93,000.00 transfer  
ACCOUNT BALANCE AVAILABLE \$ ~~6,000~~ \$21,000 after \$15,000 Transfer <sup>10/31/87</sup>  
REASON FOR AMENDMENT Usage of disposables has gone up due to more resident needs.

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200490 PEID 015525

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME Reinhart Foodservice Inc  
ACCOUNT NUMBER 32 8000 9100 64105  
FUNDS DESCRIPTION Cash Food - Groceries  
AMOUNT OF INCREASE \$ 15,000.00  
INCREASE FROM \$ 60,000.00 TO \$ 75,000.00  
ACCOUNT BALANCE AVAILABLE \$ 10791.00 + \$5000.00 transfer <sup>85</sup> <sub>10312</sub>  
REASON FOR AMENDMENT Purchasing more from this vendor vs other food vendor.

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200262 PEID 014550

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health services  
VENDOR NAME Mercy Health System  
ACCOUNT NUMBER 32 7260 7400 62176  
FUNDS DESCRIPTION Laboratory  
AMOUNT OF INCREASE \$ 3000.00  
INCREASE FROM \$ 8500.00 TO \$ 11500.00  
ACCOUNT BALANCE AVAILABLE \$ 831 + #3000 transfer <sup>85</sup>/<sub>10</sub> <sup>410</sup>  
REASON FOR AMENDMENT More Medicare patient days than budgeted at higher acuity

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

- WHITE - COMMITTEE
- YELLOW - PURCHASING
- PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200480 PEID 035083

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME Mg Care Inc  
ACCOUNT NUMBER 32 7260 7400 62180  
FUNDS DESCRIPTION Physical Therapy  
AMOUNT OF INCREASE \$ 2500  
INCREASE FROM \$ 105,000.<sup>00</sup> TO \$ 107,500.<sup>00</sup>  
ACCOUNT BALANCE AVAILABLE \$ 2500 after \$2500 transfer 5/10-12  
REASON FOR AMENDMENT More Medicare patient days than budgeted at higher acuity

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_  
FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_  
COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT

PURCHASE ORDER NUMBER P12002103 PEID 039252

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME ASCI  
ACCOUNT NUMBER 32 8000 9100 62420  
FUNDS DESCRIPTION Machinery - Equipment R+M  
AMOUNT OF INCREASE \$ 1000.00  
INCREASE FROM \$ 1000.00 TO \$ 2000.00  
ACCOUNT BALANCE AVAILABLE \$ ~~2862.00~~ 12,189 <sup>10/4/12</sup> ✓  
REASON FOR AMENDMENT Older equipment needs more repairs

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200491 PEID 042514

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME Syco Foods of Baraboo LLC  
ACCOUNT NUMBER 32 8000 9100 63109  
FUNDS DESCRIPTION Other Supplies Expenses  
AMOUNT OF INCREASE \$500.00  
INCREASE FROM \$8000.00 TO \$8500.00  
ACCOUNT BALANCE AVAILABLE \$435 + \$1000 transfer \$5,112  
REASON FOR AMENDMENT Purchasing more supplies from this vendor.

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT



PURCHASE ORDER NUMBER P1200478 PEID 047574

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME Amsan LLC  
ACCOUNT NUMBER 32 8000 9300 63109  
FUNDS DESCRIPTION Other Supplies & Expenses  
AMOUNT OF INCREASE \$ 500.00  
INCREASE FROM \$ 750.00 TO \$ 1250.00  
ACCOUNT BALANCE AVAILABLE \$ ~~4090.00~~ 4,179.10 10/12/12  
REASON FOR AMENDMENT Buying more from this vendor due to pricing.

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair Date

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair Date

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # Adoption Date

WHITE - COMMITTEE  
YELLOW- PURCHASING  
PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200491 PEID 042514

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven

COMMITTEE Health Services

VENDOR NAME Super Foods of Baraboo LLC

ACCOUNT NUMBER 32 8000 9100 6311

FUNDS DESCRIPTION Paper Products

AMOUNT OF INCREASE \$ 1500.00

INCREASE FROM \$ 7000.00 TO \$ 8500.00

ACCOUNT BALANCE AVAILABLE \$ 416 + \$1500 transfer <sup>95-412</sup>

REASON FOR AMENDMENT Buying more paper products from this vendor than anticipated

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

- WHITE - COMMITTEE
- YELLOW - PURCHASING
- PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200477 PEID 012040

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME Country Quality Dairy  
ACCOUNT NUMBER 32 8000 9100 64102  
FUNDS DESCRIPTION Cash Food - Dairy  
AMOUNT OF INCREASE \$ 6000.00  
INCREASE FROM \$ 38,000.00 TO \$ 44,000.00  
ACCOUNT BALANCE AVAILABLE \$ 2257.00 + \$ 7500.00 transfer 9/15/12  
REASON FOR AMENDMENT Purchasing more from this vendor.

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200490 PEID 015525

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME Reinhart Foodservice, Inc  
ACCOUNT NUMBER 32 8000 9100 64102  
FUNDS DESCRIPTION Cash Food - Dairy  
AMOUNT OF INCREASE \$ 2000.00  
INCREASE FROM \$ 8000.00 TO \$ 10,000.00  
ACCOUNT BALANCE AVAILABLE \$ 2257.00 + \$7500.00 transfer SFP  
REASON FOR AMENDMENT Purchasing more from this vendor.

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200491 FEID 042514

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME Sysco Foods of Baraboo LLC  
ACCOUNT NUMBER 32 8000 9100 64109  
FUNDS DESCRIPTION Cash Food Supplement  
AMOUNT OF INCREASE \$3000.00  
INCREASE FROM \$ 6000.00 TO \$ 9000.00  
ACCOUNT BALANCE AVAILABLE \$ 3000.00 <sup>9510-112</sup>  
REASON FOR AMENDMENT Purchasing more from this vendor

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200261 PEID 027186

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME Stericycle Inc  
ACCOUNT NUMBER 32 8000 9300 62164  
FUNDS DESCRIPTION Disposal Services  
AMOUNT OF INCREASE \$1800.<sup>00</sup>  
INCREASE FROM \$3600.<sup>00</sup> TO \$5400.<sup>00</sup>  
ACCOUNT BALANCE AVAILABLE \$3,899 add transfer 10-1-12  
REASON FOR AMENDMENT Two price increases this year for services

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_  
FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_  
COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200484 PEID 042015

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME Sherman Sanitation Services LLC  
ACCOUNT NUMBER 32 8000 9300 62164  
FUNDS DESCRIPTION Disposal Services  
AMOUNT OF INCREASE \$ 1800.00  
INCREASE FROM \$ 12400.00 TO \$ 14200.00  
ACCOUNT BALANCE AVAILABLE \$ 9544 + \$3500.00 transfer <sup># 399</sup> <sub>8/15/12</sub>  
REASON FOR AMENDMENT Due to price increases

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200478 PEID 047574

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME Amsan LLC  
ACCOUNT NUMBER 32 8000 9300 63404  
FUNDS DESCRIPTION Janitorial/Cleaning Supplies  
AMOUNT OF INCREASE \$ 500.00  
INCREASE FROM \$ 9500.00 TO \$ 10,000.00  
ACCOUNT BALANCE AVAILABLE \$ 6419.00 <sup>\$5</sup>/<sub>10</sub> +12  
REASON FOR AMENDMENT Purchasing more from this Vendor.

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT



PURCHASE ORDER NUMBER P1200479 PEID 035138

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME Central Health care Inc  
ACCOUNT NUMBER 32 8000 8100 64000  
FUNDS DESCRIPTION Medical Supplies  
AMOUNT OF INCREASE \$ 5000.00  
INCREASE FROM \$ 15,000.00 TO \$ 20,000.00  
ACCOUNT BALANCE AVAILABLE \$ 13051.00 + \$5,000 transfer 10-1-12  
REASON FOR AMENDMENT Buying more medical supplies from this vendor this year.

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_  
FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_  
COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200487 PEID 015393

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

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DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME Gulf South Medical Supply  
ACCOUNT NUMBER 32 8000 8100 64000  
FUNDS DESCRIPTION Medical Supplies  
AMOUNT OF INCREASE \$8750.00

INCREASE FROM \$51,000.00 TO \$59,750.00

ACCOUNT BALANCE AVAILABLE \$13051.00 + #<sup>15,000</sup>8750.00 transfer <sup>805</sup> <sub>10-12</sub>

REASON FOR AMENDMENT Buying more medical supplies from this vendor vs. other vendors due to better pricing

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

- WHITE - COMMITTEE
- YELLOW - PURCHASING
- PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200489 PEID 032178

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME Professional Medical Inc  
ACCOUNT NUMBER 32 8000 8100 64000  
FUNDS DESCRIPTION Medical Supplies  
AMOUNT OF INCREASE \$1250.00  
INCREASE FROM \$25,000.00 TO \$26,250.00  
ACCOUNT BALANCE AVAILABLE \$13051.00 + \$1250.00 transfer <sup>10/4/12</sup>  
REASON FOR AMENDMENT Now purchasing bed alarms from this vendor

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT

# 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	4	1	2	7
October	13	2	1	16
November	7	3	4	14
December	3	2	5	10
<b>Total</b>	<b>65</b>	<b>37</b>	<b>49</b>	<b>151</b>

1/31/2012  
2/29/2012  
3/31/2012  
4/30/2012  
5/31/2012  
6/30/2012  
7/31/2012  
8/31/2012  
9/30/2011  
10/31/2011  
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	5	2	3	10
October	10	1	2	13
November	9	1	1	11
December	5	2	3	10
<b>Total</b>	<b>70</b>	<b>38</b>	<b>43</b>	<b>151</b>

1/31/2012  
2/29/2012  
3/31/2012  
4/30/2012  
5/31/2012  
6/30/2012  
7/31/2012  
8/31/2012  
9/30/2011  
10/31/2011  
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	39	42	43	124
October	41	43	43	127
November	41	41	44	126
December	40	44	42	126
<b>Budget</b>	<b>41</b>	<b>43</b>	<b>44</b>	<b>128</b>
<b>Capacity*</b>	<b>42</b>	<b>44</b>	<b>44</b>	<b>130</b>

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

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

2012 DAILY PATIENT DAYS FOR ROCK HAVEN

	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	212	217	-5	-2.30	1418	1708	-290	-16.98	
TOTAL	212	217	-5	-2.30	1418	1708	-290	-16.98	
HOSPICE					5		5		
TOTAL					5		5		
MEDICAL ASSISTANCE									
SNF	920	930	-10	-1.08	7304	7320	-16	-0.22	
TOTAL	920	930	-10	-1.08	7304	7320	-16	-0.22	
PRIVATE PAY									
SNF	135	93	42	45.16	1181	732	449	61.34	
TOTAL	135	93	42	45.16	1181	732	449	61.34	
TOTAL MEADOW PLACE	1267	1240	27	2.18	9908	9760	148	1.52	
HARBOR WAY									
MEDICARE	70	31	39	125.81	582	244	338	138.52	
TOTAL	70	31	39	125.81	582	244	338	138.52	
HOSPICE									
SNF	50	31	19	61.29	180	244	-64	-26.23	
TOTAL	50	31	19	61.29	180	244	-64	-26.23	
MEDICAL ASSISTANCE									
SNF	1163	1209	-46	-3.80	9232	9516	-284	-2.98	
TOTAL	1163	1209	-46	-3.80	9232	9516	-284	-2.98	
PRIVATE PAY									
SNF	21	93	-72	-77.42	374	732	-358	-48.91	
TOTAL	21	93	-72	-77.42	374	732	-358	-48.91	
TOTAL HARBOR WAY	1304	1364	-60	-4.40	10368	10736	-368	-3.43	

2012 DAILY PATIENT DAYS FOR ROCK HAVEN

		ACTUAL			PATIENT DAYS BUDGET			% OVER/UNDER			PATIENT DAYS BUDGET			% OVER/UNDER		
		MTD	MTD	MTD	MTD	MTD	MTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD
GLEN LANE	MEDICARE		141		141		141	534		534		534		534		
	TOTAL	141		141		141	534		534		534		534			
	HOSPICE			62		-62	181		488		-307		-62.91			
	TOTAL			62		-62	181		488		-307		-62.91			
	MEDICAL ASSISTANCE	1120		1178		-58	9462		9272		190		2.05			
	TOTAL	1120		1178		-58	9462		9272		190		2.05			
	PRIVATE PAY	80		93		-13	314		732		-418		-57.10			
	TOTAL	80		93		-13	314		732		-418		-57.10			
TOTAL GLEN LANE		1341		1333		8	10491		10492		-1		-0.01			
TOTAL ROCK HAVEN	MEDICARE	423		248		175	2534		1952		582		29.82			
	TOTAL	423		248		175	2534		1952		582		29.82			
	HOSPICE	50		93		-43	366		732		-366		-50.00			
	TOTAL	50		93		-43	366		732		-366		-50.00			
	MEDICAL ASSISTANCE	3203		3317		-114	25998		26108		-110		-0.42			
	TOTAL	3203		3317		-114	25998		26108		-110		-0.42			
	PRIVATE PAY	236		279		-43	1869		2196		-327		-14.89			
	TOTAL	236		279		-43	1869		2196		-327		-14.89			
TOTAL ROCK HAVEN		3912		3937		-25	30767		30988		-221		-0.71			

		AVERAGE DAILY PATIENTS			AVERAGE DAILY PATIENTS					
		ACTUAL MTD	BUDGET MTD	% OVER/UNDER	ACTUAL YTD	BUDGET YTD	% OVER/UNDER			
MEADOW PLACE	MEDICARE	SNF	6.84	7.00	-0.16	-2.30	5.81	7.00	-1.19	-16.98
	TOTAL		6.84	7.00	-0.16	-2.30	5.81	7.00	-1.19	-16.98
	HOSPICE	SNF					0.02		0.02	
	TOTAL						0.02		0.02	
	MEDICAL ASSISTANCE	SNF	29.68	30.00	-0.32	-1.08	29.93	30.00	-0.07	-0.22
	TOTAL		29.68	30.00	-0.32	-1.08	29.93	30.00	-0.07	-0.22
	PRIVATE PAY	SNF	4.35	3.00	1.35	45.16	4.84	3.00	1.84	61.34
	TOTAL		4.35	3.00	1.35	45.16	4.84	3.00	1.84	61.34
TOTAL MEADOW PLACE			40.87	40.00	0.87	2.18	40.61	40.00	0.61	1.52
HARBOR WAY	MEDICARE	SNF	2.26	1.00	1.26	125.81	2.39	1.00	1.39	138.52
	TOTAL		2.26	1.00	1.26	125.81	2.39	1.00	1.39	138.52
	HOSPICE	SNF	1.61	1.00	0.61	61.29	0.74	1.00	-0.26	-26.23
	TOTAL		1.61	1.00	0.61	61.29	0.74	1.00	-0.26	-26.23
	MEDICAL ASSISTANCE	SNF	37.52	39.00	-1.48	-3.80	37.84	39.00	-1.16	-2.98
	TOTAL		37.52	39.00	-1.48	-3.80	37.84	39.00	-1.16	-2.98
	PRIVATE PAY	SNF	0.68	3.00	-2.32	-77.42	1.53	3.00	-1.47	-48.91
	TOTAL		0.68	3.00	-2.32	-77.42	1.53	3.00	-1.47	-48.91
TOTAL HARBOR WAY			42.06	44.00	-1.94	-4.40	42.49	44.00	-1.51	-3.43

	MEDICARE	SNF	AVERAGE DAILY PATIENTS			AVERAGE DAILY PATIENTS		
			ACTUAL MTD	BUDGET MTD	% OVER/UNDER	ACTUAL YTD	BUDGET YTD	% OVER/UNDER
GLEN LANE			4.55	4.55	4.55	2.19	2.19	2.19
		TOTAL	4.55	4.55	4.55	2.19	2.19	2.19
HOSPICE		SNF	2.00	-2.00	-100.00	0.74	2.00	-1.26
		TOTAL	2.00	-2.00	-100.00	0.74	2.00	-1.26
MEDICAL ASSISTANCE		SNF	36.13	-1.87	-4.92	38.78	38.00	0.78
		TOTAL	36.13	-1.87	-4.92	38.78	38.00	0.78
PRIVATE PAY		SNF	2.58	-0.42	-13.98	1.29	3.00	-1.71
		TOTAL	2.58	-0.42	-13.98	1.29	3.00	-1.71
TOTAL GLEN LANE			43.26	0.26	0.60	43.00	43.00	0.00
TOTAL ROCK HAVEN		SNF	13.65	5.65	70.56	10.39	8.00	2.39
		TOTAL	13.65	5.65	70.56	10.39	8.00	2.39
HOSPICE		SNF	1.61	-1.39	-46.24	1.50	3.00	-1.50
		TOTAL	1.61	-1.39	-46.24	1.50	3.00	-1.50
MEDICAL ASSISTANCE		SNF	103.32	-3.68	-3.44	106.55	107.00	-0.45
		TOTAL	103.32	-3.68	-3.44	106.55	107.00	-0.45
PRIVATE PAY		SNF	7.61	-1.39	-15.41	7.66	9.00	-1.34
		TOTAL	7.61	-1.39	-15.41	7.66	9.00	-1.34
TOTAL ROCK HAVEN			126.19	-0.81	-0.64	126.09	127.00	-0.91