



**HEALTH SERVICES COMMITTEE**  
**Wednesday, February 12, 2020 at 9:00 a.m.**  
**Rock Haven Conference Room**

**AGENDA**

1. Call to Order
2. Adoption of Agenda
3. Approval of Minutes – January 8, 2020
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 – December and January (minutes to be provided)
  - b. Information Item: Canteen Ribbon Cutting February 12, 2020
  - c. Information Item: Sara Beran, DON to add to Rock Haven Accounts at FCCU
  - d. Information Item: 5 Star Rating
  - e. Information Item: QAPI
  - f. Information Item: Acknowledgment of Code of Conduct
  - g. **Action Item:** Resolution: Deleting, Creating and Retitling 2.7 FTE Positions at Rock Haven
10. Reports
  - a. Census
  - b. Ad Hoc Committee
11. Committee Requests
12. Next Meeting Date – The next regular meeting of the Health Services Committee is scheduled for Wednesday, March 11, 2020 at 9 A.M. in the Rock Haven Conference Room of the Village Commons.
13. Adjournment

\*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.

The County of Rock will provide reasonable accommodations to people with disabilities. Please contact us at 608-757-5510 or e-mail [countyadmin@co.rock.wi.us](mailto:countyadmin@co.rock.wi.us) at least 48 hours prior to a public meeting to discuss any accommodations that may be necessary.

## HEALTH SERVICES COMMITTEE

January 8, 2020

CALL TO ORDER – Chair Brien called the meeting of the Health Services Committee to order at 9:00 a.m. in the Rock Haven, Village Commons Conference Room.

COMMITTEE MEMBERS PRESENT: Chair Brien, Schulz, Bomkamp, Beaver, Leavy

STAFF MEMBERS PRESENT: Sherry Gunderson, Interim Administrator; Sara Beran, Director of Nursing; David Froeber, Facilities Superintendent; Joanne Foss, Controller

OTHERS PRESENT – Rob Wilkinson, AARP; Terri Carlson, Risk Manager Rock County

APPROVAL OF AGENDA – Supervisor Schulz moved approval of the agenda of January 8, 2020, second by Supervisor Bomkamp. ADOPTED

ELECTION OF VICE CHAIR – Supervisor Bomkamp nominated Supervisor Beaver for Vice Chair, second by Supervisor Leavy. Vote of 5/0, Supervisor Beaver accepted the Vice Chair.

APPROVAL OF MINUTES – December 11, 2019 – Supervisor Bomkamp moved approval of the December 11, 2019 minutes, second by Supervisor Schulz. APPROVED

### INTRODUCTIONS, CITIZEN PARTICIPATION, COMMUNICATIONS AND ANNOUNCEMENTS –

Ron Wilkinson, AARP and a retired police officer introduced himself.

REVIEW OF PAYMENTS – Committee reviewed payments.

BUDGET TRANSFERS – None

FINANCE – Joanne Foss provided a copy of Rock Haven's third quarter financial results.

### NEW BUSINESS –

RESIDENT COUNCIL MINUTES – Resident Council Minutes for November provided.

ADMINISTRATOR – Sherry Gunderson introduced herself as the Interim Nursing Home Administrator. Ms. Gunderson gave her history with Rock Haven and the many roles she has worked over the years. She also let the committee know of a pre-planned vacation and will be out of the building January 31 – February 23, 2020.

DIRECTOR OF NURSING – Sara Beran accepted the Director of Nursing. She gave a brief background and is excited for the opportunity in her new role at Rock Haven.

SEMI-ANNUAL REPORT – ATTENDANCE AT CONVENIONS OR CONFERENCES - Semi-Annual report provided.

REPORTS -

CENSUS – The current census is 116. A couple residents are in the hospital and a few admissions planned for the week.

AD HOC COMMITTEE – Supervisor Leavy stated that the meetings are progressing and going well. The next meeting is January 8, 2020 at 3pm in the Administrative Conference room.

Sherry Gunderson made a suggestion that maybe the committee could put an article in the Gazette about the committee not closing the facility. Residents and family have been concerned about having to move if Rock Haven was to close or sell.

COMMITTEE REQUESTS - None

NEXT MEETING DATE – The next regular meeting of the Health Service Committee is scheduled for Wednesday, January 8, 2019 at 9 a.m. in the Rock Haven Conference Room.

ADJOURNMENT – Supervisor Beaver moved to adjourn at 10:08 a.m., second by Supervisor Bomkamp. ADOPTED by acclamation.

Respectfully submitted,  
Michelle Lynch

NOT OFFICIAL UNTIL APPROVED BY THE COMMITTEE

**COMMITTEE REVIEW REPORT  
WITH DESCRIPTION  
FOR THE MONTH OF DECEMBER 2019**

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
32-7260-7400-62171	Ambulance	P1900223	01/09/2020	ROCK COUNTY HEALTH CARE CENTER	AMBULANCE	10.00
32-7260-7400-62176	Laboratory	P1900257	01/16/2020	MERCY HEALTH SYSTEM	LAB	627.81
32-7260-7400-62179	Pharmacy	P1900175	01/16/2020	THRIFTY WHITE PHARMACY	PHARMACY	4,572.83
32-7260-7400-62180	PHYSICAL THERAPY	P1900172	01/16/2020	GENESIS REHABILITATION SERVICE	PHYSICAL THERAPY	18,221.71
32-7260-7400-62185	Occupational	P1900172	01/16/2020	GENESIS REHABILITATION SERVICE	OCCUPATIONAL THERAPY	16,296.52
32-7260-7400-62186	Speech Therapy	P1900172	01/16/2020	GENESIS REHABILITATION SERVICE	SPEECH THERAPY	7,137.88
<b>RH Contract Services T-18 PROG TOTAL</b>						<b>46,866.75</b>
32-7500-7350-64005	Rehab Supplies	P1900174	01/09/2020	ROCK COUNTY HEALTH CARE CENTER	REHAB SUPPLIES	71.75
32-7500-7350-64300	Rec Therapy	P1900199	01/16/2020	CHARTER COMMUNICATIONS	CABLE TV	1,297.97
<b>Program Service Administration PROG TOTAL</b>						<b>1,369.72</b>
32-8000-8100-63100	Office&Misc Exp	P1900171	01/16/2020	US BANK	OFFICE SUPPLIES	241.42
		P1900259	01/02/2020	BATTERIES PLUS LLC	OFFICE SUPPLIES	288.00
32-8000-8100-63101	Postage	P1900223	01/09/2020	ROCK COUNTY HEALTH CARE CENTER	POSTAGE	62.81
		P1900241	01/09/2020	UNITED PARCEL SERVICE	POSTAGE	42.16
32-8000-8100-63109	Other Supplies	P1900096	01/09/2020	GORDON FOOD SERVICE	OTHER SUPPLIES	828.99
		P1900182	01/16/2020	MCKESSON MEDICAL SURGICAL MN S	OTC	1,090.26
32-8000-8100-64000	Medical Supplies	P1900096	01/09/2020	GORDON FOOD SERVICE	MED SUPPLY	141.90
		P1900182	01/16/2020	MCKESSON MEDICAL SURGICAL MN S	MED SUPPLIES	1,067.86
		P1900210	01/09/2020	PROFESSIONAL MEDICAL INC	MED SUPPLIES	259.05
		P1900276	01/09/2020	MERCY ASSISTED CARE INC	MED SUPPLIES	211.14

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Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
		P1900282	01/16/2020	KCI USA	MED SUPPLIES	1,416.03
		P1900286	01/09/2020	FITZSIMMONS HOSPITAL SERVICES	MED SUPPLY	224.13
32-8000-8100-64003	Oxygen Supplies	P1900298	01/16/2020	NORTHWEST RESPIRATORY SERVICES	OXYGEN SUPPLIES	764.39
<b>Support Service Materials PROG TOTAL</b>						<b>6,638.14</b>
32-8000-8200-62104	Consult Services	P1900175	01/16/2020	THRIFTY WHITE PHARMACY	CONSULTING SERVICES	954.00
32-8000-8200-63109	Other Supplies	P1900175	01/16/2020	THRIFTY WHITE PHARMACY	OTHER SUPPLIES & EXP	5,973.71
		P1901754	01/16/2020	ROCK MED LTC PHARMACY	OTHER SUPPLIES & EXP	10.69
<b>Support Service-Pharmacy PROG TOTAL</b>						<b>6,938.40</b>
32-8000-9100-63109	Other Supplies	P1900096	01/02/2020	GORDON FOOD SERVICE	OTHER SUPPLIES	67.23
		P1900171	01/16/2020	US BANK	OTHER EXPENSES	42.15
		P1900176	01/09/2020	SYSCO FOODS OF BARABOO LLC	OTHER EXPENSES	884.66
32-8000-9100-63111	Paper Products	P1900096	01/09/2020	GORDON FOOD SERVICE	PAPER	73.73
		P1900176	01/02/2020	SYSCO FOODS OF BARABOO LLC	PAPER	66.30
32-8000-9100-64102	Dairy	P1900096	01/09/2020	GORDON FOOD SERVICE	DAIRY	27.54
		P1900176	01/02/2020	SYSCO FOODS OF BARABOO LLC	DAIRY	425.34
		P1900266	01/09/2020	COUNTRY QUALITY DAIRY	DAIRY	793.02
32-8000-9100-64105	Groceries	P1900096	01/09/2020	GORDON FOOD SERVICE	GROCERIES	2,720.60
		P1900171	01/16/2020	US BANK	GROCERIES	109.68
		P1900176	01/02/2020	SYSCO FOODS OF BARABOO LLC	GROCERY	1,142.60
		P1900223	01/09/2020	ROCK COUNTY HEALTH CARE CENTER	GROCERY	67.07
		P1900270	01/09/2020	PAN-O-GOLD BAKING CO	BREAD	394.23
		P1900281	01/16/2020	KWIK TRIP INC	GROCERIES	112.32
		P1900301	01/02/2020	TROPIC JUICES INC	JUICE	359.70
32-8000-9100-64107	Meat					

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Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
		P1900096	01/09/2020	GORDON FOOD SERVICE	MEAT	1,525.88
		P1900171	01/16/2020	US BANK	MEAT	221.93
		P1900176	01/02/2020	SYSCO FOODS OF BARABOO LLC	MEAT	941.14
32-8000-9100-64109	Supplements	P1900176	01/02/2020	SYSCO FOODS OF BARABOO LLC	SUPPLEMENTS	267.78
<b>Support Services-Food Service PROG TOTAL</b>						<b>10,242.90</b>
32-8000-9200-62420	Mach/Equip R&M	P1900227	01/16/2020	HOBART SALES AND SERVICE	MACHINERY & EQUIP	559.19
		P1900240	01/16/2020	US BANK	MACHINERY & EQUIP	307.62
		P1901826	01/16/2020	COMMUNICATION ENGINEERING COMP	MACHINERY & EQUIP	360.36
32-8000-9200-62450	Grounds Imp R&M	P1900222	01/16/2020	E AND S SNOWPLOWING	GROUNDS	130.00
32-8000-9200-62460	BLDG SERV R&M	P1900191	01/16/2020	BATTERIES PLUS LLC	BLDG SERV EQUIP	62.51
		P1900244	01/16/2020	TAS COMMUNICATIONS INC	E-ALARM	39.50
32-8000-9200-62463	File Alarm	P1900188	01/16/2020	ABC FIRE AND SAFETY INC	FIRE ALARM	116.00
32-8000-9200-62470	Building R&M	P1900191	01/16/2020	BATTERIES PLUS LLC	REPAIR & MAINT	71.76
		P1900240	01/16/2020	US BANK	REPAIR & MAINT	231.48
		P1902600	01/09/2020	COLLINS SANITARY	SEMI ANNUAL GREASE TRAP COLLEC	420.00
32-8000-9200-63109	Other Supplies	P1900240	01/16/2020	US BANK	OTHER SUPPLIES & EXP	36.28
<b>Support Service-Maintenance PROG TOTAL</b>						<b>2,334.70</b>
32-8000-9300-62163	Laundry	P1900253	01/09/2020	ARAMARK UNIFORM SERVICES INC	LAUNDRY	2,841.72
32-8000-9300-62164	Disposal Service	P1900213	01/30/2020	OFFICE PRO INC	DISPOSAL SERVICES	7.75
		P1900251	01/16/2020	ADVANCED DISPOSAL SERVICES	DISPOSAL SERVICES	1,100.48
		P1900278	01/16/2020	LB MEDWASTE SERVICES	DISPOSAL SERVICES	99.35

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<b>Support Services-Environmental PROG TOTAL</b>						<b>4,049.30</b>
32-8000-9500-62104	Consult Services					
		P1901856	01/16/2020	SPECIALIZED MEDICAL SERVICES	CONSULTING SERVICES	783.75
32-8000-9500-62189	Other Medical					
		P1901588	01/16/2020	NURSES PRN	OTHER MED SERVICES	13,749.59
		P1901674	01/16/2020	WI MEDEMPLOY LLC	OTHER MED SERVICES	1,325.42
		P1901816	01/09/2020	ADECCO EMPLOYMENT SERVICES INC	OTHER MED SERVICES	544.00
32-8000-9500-64200	Training					
		P1900240	01/16/2020	US BANK	TRAINING EXP	81.18
32-8000-9500-64424	Employee Recog					
		P1900240	01/16/2020	US BANK	EMP RECOGNITION	316.37
		P1902816	01/09/2020	PROFORMA PRINTWORKS	FREIGHT CHARGE	631.74
<b>Support Service-Administration PROG TOTAL</b>						<b>17,432.05</b>
32-8000-9700-62174	Internist					
		P1900294	01/09/2020	WEST MD,WILLIAM PETER	INTERNIST	4,406.25
		P1901228	01/02/2020	RAMSEY MD,H R	INTERNIST	1,400.00
<b>Support Services-Medical Staff PROG TOTAL</b>						<b>5,806.25</b>
32-9000-9940-61920	Physicals					
		P1900271	01/16/2020	OCCUPATIONAL HEALTH CENTER	PHYSICALS	360.00
<b>General Service Emp Benefits PROG TOTAL</b>						<b>360.00</b>

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Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
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I have reviewed the preceding payments in the total amount of \$102,038.21

Date:

Dept Head \_\_\_\_\_

Committee Chair \_\_\_\_\_



**COMMITTEE REVIEW REPORT  
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Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
18-1815-0000-63500	R&M Supplies	P1902689	01/02/2020	ASSURED LOCKSMITH TRAINING INC	SHIPPING	229.22
<b>HCC Building Complex PROG TOTAL</b>						<b>229.22</b>

I have reviewed the preceding payments in the total amount of **\$229.22**

Date: \_\_\_\_\_ Dept Head \_\_\_\_\_  
Committee Chair \_\_\_\_\_

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Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
32-7500-7350-63109	Other Supplies					
		P2000565	01/30/2020	ROCK COUNTY HEALTH CARE CENTER	JAN 2020 DOLLAR BINGO	215.00
		P2000568	01/23/2020	PETITT,CHARLES D	FEB ENTERTAINMENT	120.00
		P2000593	01/16/2020	SYVERSON,FERNE L	JAN ENTERTAINMENT	75.00
		P2000717	01/16/2020	GIACOLONE,JAMES R	FEB ENTERTAINMENT	95.00
32-7500-7350-64300	Rec Therapy					
		P2000307	01/16/2020	CHARTER COMMUNICATIONS	CABLE TV	1,382.91
<b>Program Service Administration PROG TOTAL</b>						<b>1,887.91</b>
32-8000-8100-63100	Office&Misc Exp					
		P2000590	01/16/2020	US BANK	OFFICE SUPPLIES	190.80
32-8000-8100-63109	Other Supplies					
		P2000547	01/16/2020	GORDON FOOD SERVICE	OTHER SUPPLIES	35.98
		P2000565	01/23/2020	ROCK COUNTY HEALTH CARE CENTER	RES TRUST FUND REIMB	50.54
		P2000566	01/30/2020	ROCK COUNTY HEALTH CARE CENTER	BEAUTY SUPPLIES	25.24
32-8000-8100-64000	Medical Supplies					
		P2000495	01/30/2020	MCKESSON MEDICAL SURGICAL MN S	MED SUPPLIES	1,459.89
		P2000546	01/23/2020	MEDLINE INDUSTRIES INC	MED SUPPLIES	2,906.04
		P2000573	01/30/2020	PROFESSIONAL MEDICAL INC	MED SUPPLIES	1,995.38
		P2000574	01/30/2020	PERFORMANCE HEALTH SUPPLY INC	MED SUPPLIES	186.60
32-8000-8100-64408	Disposables					
		P2000495	01/16/2020	MCKESSON MEDICAL SURGICAL MN S	DISPOSABLES	965.08
		P2000573	01/30/2020	PROFESSIONAL MEDICAL INC	DISPOSABLES	4,694.81
<b>Support Service Materials PROG TOTAL</b>						<b>12,510.36</b>
32-8000-8200-63109	Other Supplies					
		P2000495	01/30/2020	MCKESSON MEDICAL SURGICAL MN S	OTC'S	359.93
		P2000573	01/09/2020	PROFESSIONAL MEDICAL INC	OTHER SUPPLIES	629.26
<b>Support Service-Pharmacy PROG TOTAL</b>						<b>989.19</b>
32-8000-9100-63109	Other Supplies					
		P2000547	01/30/2020	GORDON FOOD SERVICE	OTHER SUPPLIES	208.93
		P2000565	01/16/2020	ROCK COUNTY HEALTH CARE CENTER	GROCERY	47.24

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Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
		P2000574	01/30/2020	PERFORMANCE HEALTH SUPPLY INC	OTHER SUPPLIES & EXPENSES	208.27
		P2000590	01/16/2020	US BANK	OTHER SUPPLIES	83.35
		P2000594	01/30/2020	SYSCO FOODS OF BARABOO LLC	OTHER SUPPLIES	366.69
32-8000-9100-63111	Paper Products					
		P2000547	01/30/2020	GORDON FOOD SERVICE	PAPER	32.69
		P2000594	01/30/2020	SYSCO FOODS OF BARABOO LLC	PAPER PRODUCTS	227.89
32-8000-9100-64102	Dairy					
		P2000493	01/30/2020	COUNTRY QUALITY DAIRY	DAIRY	2,167.77
		P2000547	01/16/2020	GORDON FOOD SERVICE	DAIRY	27.54
		P2000594	01/30/2020	SYSCO FOODS OF BARABOO LLC	DAIRY	1,097.51
32-8000-9100-64105	Groceries					
		P2000547	01/30/2020	GORDON FOOD SERVICE	GROCERY	3,872.48
		P2000572	01/30/2020	PAN-O-GOLD BAKING CO	BREAD	735.95
		P2000591	01/30/2020	TROPIC JUICES INC	JUICE	1,030.05
		P2000594	01/30/2020	SYSCO FOODS OF BARABOO LLC	GROCERY	3,824.07
32-8000-9100-64107	Meat					
		P2000547	01/30/2020	GORDON FOOD SERVICE	MEAT	1,191.55
		P2000594	01/30/2020	SYSCO FOODS OF BARABOO LLC	MEAT	2,719.09
32-8000-9100-64109	Supplements					
		P2000594	01/30/2020	SYSCO FOODS OF BARABOO LLC	SUPPLEMENTS	1,680.67
<b>Support Services-Food Service PROG TOTAL</b>						<b>19,521.74</b>
32-8000-9200-62420	Mach/Equip R&M					
		P2000303	01/30/2020	ASC1 INC	MACHINERY & EQUIP	210.01
		P2000326	01/16/2020	HOBART SALES AND SERVICE	MACHINERY & EQUIP	154.16
		P2000338	01/30/2020	LAND AND WHEELS	MACHINERY & EQUIP	513.52
		P2000344	01/30/2020	R E MICHEL COMPANY	MACHINERY & EQUIP	374.76
32-8000-9200-62460	BLDG SERV R&M					
		P2000321	01/23/2020	GRAINGER	THERMOSTAT	50.01
		P2000352	01/30/2020	TAS COMMUNICATIONS INC	E-ALARM	40.40
32-8000-9200-62463	File Alarm					
		P2000295	01/16/2020	JF AHERN COMPANY	FIRE ALARM SYSTEM	386.00
32-8000-9200-62470	Building R&M					
		P2000301	01/23/2020	BATTERIES PLUS LLC	BULBS	85.00

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Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
32-8000-9200-63109	Other Supplies	P2000767	01/23/2020	TOTAL ENERGY SYSTEMS LLC	YEARLY 4 HOUR GENERATOR LOAD B	1,690.00
		P2000318	01/09/2020	E AND D WATER WORKS INC	SOLAR SALT	269.50
		P2000327	01/16/2020	HOH WATER TECHNOLOGY INC	OTHER SUPPLIES & EXP	505.00
		P2000343	01/23/2020	RF TECHNOLOGIES INC	OTHER SUPPLIES & EXP	1,310.86
		P2000346	01/23/2020	MENARDS	OTHER SUPPLIES & EXP	186.49
		P2000725	01/16/2020	LAUZON LIFE SAFETY CONSULTING	2020 CODE CENTRAL MEMBERSHIP	206.50
<b>Support Service-Maintenance PROG TOTAL</b>						<b>5,982.21</b>
32-8000-9300-62110	Pest Control	P2000586	01/09/2020	SAFEWAY PEST CONTROL	PEST CONTROL	1,710.00
32-8000-9300-62163	Laundry	P2000456	01/30/2020	ARAMARK UNIFORM SERVICES INC	LAUNDRY	5,972.33
32-8000-9300-62164	Disposal Service	P2000258	01/16/2020	BADGERLAND DISPOSAL	DISPOSAL SERVICES	237.10
		P2000575	01/30/2020	OFFICE PRO INC	DISPOSAL SERVICES	57.05
32-8000-9300-63109	Other Supplies	P2000573	01/30/2020	PROFESSIONAL MEDICAL INC	OTHER SUPPLIES & EXPENSES	289.66
32-8000-9300-63111	Paper Products	P2000495	01/30/2020	MCKESSON MEDICAL SURGICAL MN S	PAPER PRODUCTS	1,602.40
		P2000573	01/30/2020	PROFESSIONAL MEDICAL INC	PLASTIC LINERS	2,614.49
32-8000-9300-63404	Janitor/Cleaning	P2000550	01/30/2020	HOME DEPOT PRO,THE	JANITORIAL CLEANING	324.58
		P2000565	01/09/2020	ROCK COUNTY HEALTH CARE CENTER	RED BLOOD SPILL BUCKETS	55.07
		P2000580	01/30/2020	NASSCO INC	JANITORIAL CLEANING	244.90
<b>Support Services-Environmental PROG TOTAL</b>						<b>13,107.58</b>
32-8000-9500-62189	Other Medical	P2000455	01/30/2020	ADECCO EMPLOYMENT SERVICES INC	OTHER MED SERVICES	816.00
		P2000577	01/30/2020	NURSES PRN	OTHER MED SERVICES	6,071.37
		P2000595	01/30/2020	WI MEDEMPLOY LLC	OTHER MED SERVICES	1,029.28
32-8000-9500-64415	Provider Tax	P2000597	01/16/2020	WISCONSIN DEPARTMENT OF HEALTH	PROVIDER TAX	21,760.00

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Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
<b>Support Service-Administration PROG TOTAL</b>						<b>29,676.65</b>
32-8000-9700-62174	Internist					
		P2000589	01/23/2020	WEST MD,WILLIAM PETER	INTERNIST	6,637.50
<b>Support Services-Medical Staff PROG TOTAL</b>						<b>6,637.50</b>
32-9000-9910-65103	Public Liability					
		P2000721	01/16/2020	CINCINNATI INSURANCE COMPANY	RESIDENT TRUST ACCOUNT	500.00
<b>General Service Insurance PROG TOTAL</b>						<b>500.00</b>
32-9000-9940-61920	Physicals					
		P2000576	01/30/2020	OCCUPATIONAL HEALTH CENTER	PHYSICALS	435.00
<b>General Service Emp Benefits PROG TOTAL</b>						<b>435.00</b>

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Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
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I have reviewed the preceding payments in the total amount of \$91,248.14

Date: \_\_\_\_\_ Dept Head \_\_\_\_\_

Committee Chair \_\_\_\_\_

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

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

**RESOLUTION  
ROCK COUNTY BOARD OF SUPERVISORS**

Rock Haven  
INITIATED BY



Sherry Gunderson NHA  
DRAFTED BY

Health Services Committee  
SUBMITTED BY

January 20, 2020  
DATE DRAFTED

**Deleting, Creating, and Retitling 2.7 FTE Positions at Rock Haven**

- 1 **WHEREAS**, the County Finance Director and the Nursing Home Administrator have determined that
- 2 changes to administrative positions are necessary to cover duties and improve operations; and,
- 3
- 4 **WHEREAS**, some accounting and billing tasks have been assigned to an Administrative Assistant
- 5 position, which is now vacant due to internal movement; and,
- 6
- 7 **WHEREAS**, the Nursing Home Administrator is recommending to change 1.0 FTE Administrative
- 8 Assistant to 1.0 FTE Accounting Specialist; and,
- 9
- 10 **WHEREAS**, the Nursing Home Administrator is recommending to change 0.7 FTE vacant nursing
- 11 assistant to 0.5 FTE Administrative Assistant in the nursing department; and,
- 12
- 13 **WHEREAS**, the Nursing Home Administrator is recommending a retitle of 1.0 Analyst to Financial
- 14 Office Manager, which has no budget implications because those positions are in the same pay range;
- 15 and,
- 16
- 17 **WHEREAS**, the changes would be budget neutral as the funding budgeted for the 0.7 FTE relief nursing
- 18 assistant exceeds the cost of the changes.
- 19
- 20 **NOW, THEREFORE, BE IT RESOLVED** that the Rock County Board of Supervisors duly assembled
- 21 this \_\_\_\_\_ day of \_\_\_\_\_, 2020 does hereby approve deleting a 1.0 Administrative
- 22 Assistant, creating a 1.0 FTE Accounting Specialist, deleting 0.7 FTE nursing assistant, creating 0.5 FTE
- 23 Administrative Assistant, and retitling an Analyst position to Financial Office Manager.

Respectfully submitted,

HEALTH SERVICES COMMITTEE

\_\_\_\_\_  
Tom Brien, Chair

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

\_\_\_\_\_  
Ron Bomkamp

\_\_\_\_\_  
Kevin Leavy

\_\_\_\_\_  
Kathy Schulz

COUNTY BOARD STAFF COMMITTEE

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

\_\_\_\_\_  
Mary Mawhinney, Vice Chair

\_\_\_\_\_  
Richard Bostwick

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

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

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

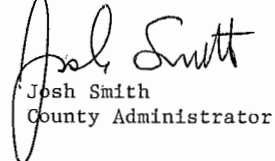
\_\_\_\_\_  
Alan Sweeney

\_\_\_\_\_  
Terry Thomas

\_\_\_\_\_  
Bob Yeomans


ADMINISTRATIVE NOTE:

Recommended.

  
Josh Smith  
County Administrator

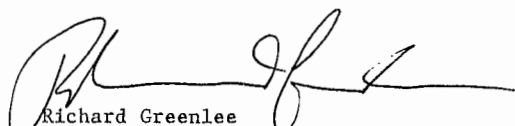
FISCAL NOTE:

The requested personnel changes will result in a slight budget decrease of approximately \$15,000.

  
Sherry Oja  
Finance Director

LEGAL NOTE:

The County Board is authorized to take this action pursuant to § 59.22(2),  
Wis. Stats.

  
Richard Greenlee  
Corporation Counsel



## Executive Summary

### **Deleting, Creating, and Retitling 2.7 FTE Positions at Rock Haven**

The interim Nursing Home Administrator and the County Finance Director have reviewed financial and administrative operations at Rock Haven and are recommending a number of position changes that will allow staff to cover all duties and improve operations in the short term. These include:

- Deleting a vacant 1.0 FTE Administrative Assistant that has recently been assigned some accounting and billing duties and creating a 1.0 FTE Accounting Specialist.
- Deleting a vacant 0.7 FTE Certified Nursing Assistant position and creating a 0.5 FTE Administrative Assistant position in the nursing department.
- Retitling a 1.0 FTE Analyst position to Financial Office Manager. These positions are in the same pay range, so this change has no impact on the budget.

Overall, the savings from the reductions outweigh any cost increases, so the change does not require a budget amendment.

This change will better align financial operations at Rock Haven, a process that began in 2019. The revised organizational structure will include two Financial Office Manager positions, one overseeing billing and one overseeing traditional accounting operations. Each of the accounting and billing managers will directly supervise Accounting Specialist position. The new Nursing Home Administrator and the County Finance Director will monitor these operations in 2020 and suggest any further changes, if necessary, for the 2021 budget.

Due to these finance-related changes, the nursing department would lose some administrative support currently provided by the 1.0 FTE Administrative Assistant. The deletion of the vacant CNA position and creation of a part-time AA will provide needed administrative support to the nursing department while ensuring the overall change does not result in any cost increases.

Limestone Census

December 2019

Limestone East	Event	Totals	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
	Medicaid	601	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	19	19	19	19	19	19	19	18	18	18	18	18	18
	Medicare (A)	51	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	Self Pay	152	4	4	4	4	4	5	5	5	5	4	4	4	4	5	5	5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	
	Medicare Advantage (A)	20											1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
	Hospice Medicaid	50	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	3	3	3	3	3	3	
	Hospice Self Pay	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	1	
Limestone East Totals:		905	29	29	29	29	29	29	29	29	29	28	29	29	29	30	30	30	29	29	29	29	29	29	29	29	29	30	30	30	30	29	

Limestone West	Event	Totals	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
	Medicaid	595	19	19	19	19	19	19	19	19	19	19	19	19	20	20	20	19	19	19	19	19	19	19	19	19	19	19	19	20	20	20	
	Medicare (A)	51	3	3	3	3	3	2	2	2	3	3	3	2	1		1	1	1	1	1	1	1	1	1	1	1	2	2	1	1	1	
	Self Pay	100	2	2	2	2	2	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	4	3	3	3	3	3	3	
	Medicare Advantage (A)	15					1	1	1	1	1	1	1	1	1	1	1	1	1	1													
	Hospice Medicaid	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	4	
Limestone West Totals:		885	28	28	28	28	29	29	29	29	30	30	30	29	29	29	29	29	29	29	29	28	28	28	28	28	28	27	28	28	28	28	28

Limestone Census Days	1790	57	57	57	57	58	58	58	58	59	58	59	58	58	59	59	59	58	58	58	57	57	57	57	57	57	56	58	58	58	58	57
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Sandstone Census

December 2019

Sandstone East	Event	Totals	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
	Medicaid	626	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	21	21	21	21	21	21	20	20	20	20	20	20	
	Medicare (A)	3	1	1																													1
	Self Pay	145	4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	4	
	Medicare Advantage (A)	5																										1	1	1	1	1	
	Hospice Medicaid	49	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	
	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	2	
Sandstone East Totals:		890	29	29	28	28	28	28	28	28	28	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	28	28	29	29	29	29	

Sandstone West	Event	Totals	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
	Medicaid	683	21	21	21	21	21	21	21	21	21	21	21	21	22	22	22	22	22	23	23	23	23	23	23	23	23	23	23	23	23	22	
	Medicare (A)	8																			1	1	1	1	1	1	1						
	Self Pay	116	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	3	3	3	3	3	3	3	3	4	4	4	4	
	Hospice Medicaid	63	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	3	
	Hospice Self Pay	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	1	
Sandstone West Totals:		901	28	28	28	28	28	28	28	28	28	28	28	28	29	29	29	29	29	30	30	30	30	30	30	30	30	30	30	30	30	30	

Sandstone Census Days	1791	57	57	56	56	56	56	56	56	56	57	57	57	58	58	58	58	58	59	59	59	59	59	59	59	59	58	58	59	59	59	59
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## 2019 Patient Revenues for Rock Haven December

Total Rock Haven								
Revenue	Actual Revenue Rec. MTD	Budgeted Revenue MTD	Variance Over/-Under	Percentage Over/-Under	Actual Revenue Rec. YTD	Budgeted Revenue YTD	Variance Over/-Under	Percentage Over/-Under
Medicare	\$111,392	\$221,345	-\$109,953	-50%	\$1,722,012	\$2,606,155	-\$884,143	-34%
Hospice	\$44,781	\$40,771	\$4,010	10%	\$570,825	\$480,045	\$90,780	19%
Medical Assistance	\$384,160	\$366,939	\$17,221	5%	\$4,314,339	\$4,320,407	-\$6,068	0%
Private Pay	\$320,848	\$253,655	\$67,193	26%	\$3,620,372	\$2,986,583	\$633,789	21%
<b>Total</b>	<b>\$861,181</b>	<b>\$882,709</b>	<b>-\$21,528</b>	<b>-2%</b>	<b>\$10,227,548</b>	<b>\$10,393,190</b>	<b>-\$165,642</b>	<b>-2%</b>

jonesj/Health Service Committee/2019RevenueReport\_Census

## CMS Five-Star Rating System

CMS created the Five-Star Quality Rating System to help consumers, their families, and caregivers compare nursing homes more easily and to help identify areas about which you may want to ask questions.

The Nursing Home Compare Website [www.medicare.gov/NursingHomeCompare](http://www.medicare.gov/NursingHomeCompare) site features a quality rating system that gives each nursing home a rating of between 1 and 5 stars. Nursing homes with 5 stars are considered to have much above average quality and nursing homes with 1 star are considered to have quality much below average.

There is one Overall 5-star rating for each nursing home, and a separate rating for each of the following three sources of information:

**1. Health Inspections** – The health inspection rating contains the **3 most recent health** inspections and investigations due to complaints. This information is gathered by trained, objective inspectors who go onsite to the nursing home and follow a specific process to determine the extent to which a nursing home has met Medicaid and Medicare's minimum quality requirements. The most recent survey findings are weighted more than the prior year.

- The nursing homes in each state are compared to establish the star rating for health inspections. Note: the lower the health inspection score, the better the survey was.
- The top 10 percent (with the lowest health inspection weighted scores) in each state receive a health inspection rating of five stars.
- The middle 70 percent of facilities receive a rating of two, three, or four stars, with an equal number (approximately 23.33 percent) in each rating category.
- The bottom 20 percent receive a one-star rating.
- Rating thresholds are re-calibrated each month so that the distribution of star ratings within states remains relatively constant over time. However, the rating for a given facility is held constant until there is a change in the weighted health inspection score for that facility, regardless of changes in the statewide distribution. Items that could change the health inspection score include the following:
  - A new health inspection;
  - A complaint investigation that results in one or more deficiency citations;
  - A second, third, or fourth revisit;

- The “aging” of complaint deficiencies. Specifically, as noted above, complaint surveys are assigned to a time period based on the most recent 12 month period in which the complaint survey occurred; thus, when a complaint deficiency ages into a different cycle, it receives less weight in the scoring process, resulting in a lower health inspection score and potentially a change in health inspection rating.

**2. Staffing** – The staffing rating has information about the number of hours of care provided on average to each resident each day by nursing staff. This rating considers differences in the levels of residents' care need in each nursing home. For example, a nursing home with residents who have more severe needs would be expected to have more staff.

**The rating for staffing is based on two quarterly case-mix adjusted measures:**

**Total nursing hours per resident day (RN + LPN + nurse aide hours)**

**RN hours per resident day**

The source for reported staffing hours is the Payroll-based Journal (PBJ) system 3 . These data are submitted quarterly and are due 45 days after the end of each reporting period. Only data submitted and accepted by the deadline are used by CMS for staffing calculations and in the Five-Star Rating System. The resident census is based on a daily resident census measure that is calculated by CMS using MDS assessments.

The specific PBJ job codes that are used in the RN, LPN, and nurse aide hour calculations are:

RN hours: Includes RN director of nursing (job code 5), registered nurses with administrative duties (job code 6), and registered nurses (job code 7).

LPN hours: Includes licensed practical/licensed vocational nurses with administrative duties (job code 8) and licensed practical/vocational nurses (job code 9)

Nurse aide hours: Includes certified nurse aides (job code 10), aides in training (job code 11), and medication aides/technicians (job code 12)

Note that the PBJ staffing data include both facility employees (full-time and part-time) and individuals under an organization (agency) contract or an individual contract. The PBJ staffing data do not include “private duty” nursing staff reimbursed by a resident or his/her family. Also not included are hospice staff and feeding assistants.

### Scoring Exceptions

The following exceptions to the scoring rules described above for assigning the staffing rating and RN staffing rating are made:

- Providers that fail to submit any staffing data by the required deadline will receive a one-star rating for overall staffing and RN staffing for the quarter.
- Providers that submit staffing data indicating that there were four or more days in the quarter with no RN staffing hours (Job codes 5-7) on days when there were one or more residents in the nursing home will receive a one-star rating for overall staffing and RN staffing for the quarter.
- CMS conducts audits of nursing homes to verify the data submitted and to ensure accuracy. Facilities that fail to respond to these audits and those for which the audit identifies significant discrepancies between the hours reported and the hours verified will receive a one-star rating for overall staffing and RN staffing for three months from the time at which the deadline to respond to audit requests passes or discrepancies are identified.

### 3. Quality Measures

A set of quality measures (QMs) has been developed from Minimum Data Set (MDS) and Medicare claims data to describe the quality of care provided in nursing homes. These measures address a broad range of function and health status indicators. Most nursing homes will have three QM ratings—an overall QM rating, a long-stay QM rating, and a short-stay QM rating. For nursing homes that have only long-stay or only short-stay QMs, the overall QM rating is equal to their long-stay or short-stay QM rating. QM ratings are based on performance on a subset of 10 MDS-based QMs and five measures that are created using Medicare claims. These measures were selected for use in the rating system based on their validity and reliability, the extent to which nursing home practice may affect the measures, statistical performance, and the importance of the measures.

Measures for Long-Stay residents (defined as residents who are in the nursing home for greater than 100 days) that are derived from MDS assessments:

- Percent of residents whose need for help with activities of daily living has increased
- Percent of residents whose ability to move independently worsened
- Percent of high-risk residents with pressure ulcers
- Percent of residents who have/had a catheter inserted and left in the bladder.
- Percent of residents with a urinary tract infection
- Percent of residents experiencing one or more falls with major injury
- Percent of residents who received an antipsychotic medication

Measures for Long-Stay residents that are derived from claims data:

- Number of hospitalizations per 1,000 long-stay resident days
- Number of outpatient emergency department (ED) visits per 1,000 long-stay resident days.

Measures for Short-Stay residents that are derived from MDS assessments:

- Percent of residents who made improvement in function
- Percent of SNF residents with pressure ulcers that are new or worsened
- Percent of residents who newly received an antipsychotic medication

Measures for Short-Stay residents that are derived from claims data:

- Percent of short-stay residents who were re-hospitalized after a nursing home admission
- Percent of short-stay residents who have had an outpatient emergency department (ED) visit
- Rate of successful return to home and community from a SNF

There is a scoring mechanism for the Quality Measures. Once again, nursing homes receive a star rating based upon the score. The larger the score, the better the rating.

### **Final Five Star Score**

Based on the star ratings for the health inspection domain, the staffing domain and the quality measure domain, CMS assigns the overall Five-Star rating in three steps:

- **Step 1:** Start with the health inspection rating.
- **Step 2:** Add one star to the Step 1 result if the staffing rating is four or five stars **and greater than** the health inspection rating; subtract one star if the staffing rating is one star. The overall rating cannot be more than five stars or less than one star.
- **Step 3:** Add one star to the Step 2 result if the quality measure rating is five stars; subtract one star if the quality measure rating is one star. The overall rating cannot be more than five stars or less than one star.
- **Note:** If the health inspection rating is one star, then the overall rating cannot be upgraded by more than one star based on the staffing and quality measure ratings



<b>Title:</b> Quality Assurance Performance Improvement	
<b>Date of Issue:</b> November 2, 2016	<b>Date of Update:</b> January 13, 2020
<b>Policy Custodian:</b> QAPI Committee	

**Mission:**

To enhance the quality of life, health, safety, and trust of all citizens by providing top quality public services through a creative and responsive team committed to excellence, integrity and respect.

**Core Values:** Honesty, Integrity, and Respect

**Purpose:**

The purpose of Quality Assurance Performance Improvement in our organization is to take a proactive approach to continually improve the way we care for and engage with our residents, caregivers, and other partners so that we may realize our mission to provide to quality services through creative and responsive teams committed to excellence, integrity, and respect. To do this, all employees will participate in ongoing QAPI efforts which support our core values, of honesty, integrity and respect for our clients.

**Guiding Principles #1:**

Rock Haven uses our Quality Assurance and Performance Improvement to help guide the facility in making decisions for the day to day operations of our facility.

**Guiding Principles # 2:**

The outcome of QAPI in our organization is to improve the quality of care and the quality of life of our residents.

**Guiding Principles #3:**

At Rock Haven QAPI includes all employees, all departments, and all services provided.



**Guiding Principle #4:**

The Plan for QAPI at Rock Haven is to focus on systems and process, rather than individuals. The emphasis is on identifying system gaps rather than on blaming individuals.

**Guiding Principle #5:**

Rock Haven will make decisions based on data, which includes the input and experience of caregivers, residents, health care practitioners, families, and other stakeholders.

**Guiding Principle #6:**

Rock Haven will make set goals for performance and will measures progress towards those goals.

**Guiding Principle #7:**

Rock Haven supports performance improvement by encouraging our employees to support each other as well as be accountable for their own professional performance and practice.

**Scope:**

The scope of the QAPI program encompasses all segments of Rock Haven, including resident/family feedback, individualized resident care plans, information technology, facility maintenance plan, staff participation and QAPI.

Clinical Care Services	We provide comprehensive clinical care to residents with acute and chronic disease, rehabilitative needs, as well as end of life care. All care is resident -- centered and is to be focused around choice and individualized care plans. Rock Haven strives to meet each residents goals of care, including developing and executing a transitional plan for discharge back to the community or a lessor restrictive environment.
Infection Preventionist	Rock Haven has identified an individual whose primary role is infection control and prevention. Rock Haven promotes antibiotic stewardship.
Dietary	We provide nutritional meals under the supervision of a licensed dietician. Rock Haven considers resident choices and preferences by providing several options for meals and embraces resident choice on meal times and preferences.
Pharmacy Services	We provide supervision and collaborate with the medical and nursing team at Rock Haven by reviewing, dispensing, and monitoring medication effectiveness to ensure therapeutic goals are maintained for each and every resident.
Maintenance and Engineering	Rock County provides comprehensive building safety, repairs, and inspections to ensure all aspects of safety are enforced, assuring the safety and wellbeing for each resident, visitor, and staff who enters Rock Haven.
Housekeeping	We provide and ensure that all health, sanitation and OSHA requirements are met through regular cleaning, disinfection and sanitation of all aspects of the building.
Administration	We align all business practices to ensure every resident has individualized care, and we work to support the providers of care with the resources and equipment to meet the care goals of those we care for.

Aspects of service and care are measured against established performance goals. Key monitors are measured and trended on a minimum quarterly basis. The QAPI Steering Committee analyzes

performance to identify and follow up on areas of opportunity. Rock Haven continually identifies opportunities for improvement and uses the following criteria to prioritize opportunities such as.

- Aspects of care occurring most frequently or affecting large numbers of residents.
- Diagnosis associated with high rates of morbidity, disability, or change in condition if not treated in accordance with acceptable standards of care.
- Issues identified from local demographic and epidemiological data.
- Access to care post-discharge
- Resident/family expectations
- Regulatory requirements
- Availability of data
- Ability to impact the problem and available resources.
- Critical incidents

**Important aspects of service and care monitoring:**

Specific aspects of service and care monitored through the QAPI program are listed in the QAPI Work Plan. QAPI activities are imbedded in all Rock Haven core processes. Services provided to residents are implemented at the interdisciplinary team level, ensuring that the individual resident needs are met. Specific metrics are established in the QAPI Work Plan, which can be updated throughout the year to reflect progress on QAPI Activities and input from the health care delivery process.

Data trends are efforts related to improvement actions that are reported to the Quality Assurance Committee and the Health Services Board, in quarterly reports and the Annual QAPI work Plan Evaluation. If a performance goal is not being met, Rock Haven conducts root cause analysis and develops a Performance Improvement Project, utilizing Plan, Do, Study, Act cycles to meet the goal by an established date. The results of those actions are also reviewed.

**Performance Improvement Projects:**

The QAPI Committee annually prioritizes activities, endorses or re-endorses policies and procedures, and continually monitors for improvement through the use of a QAPI self-assessment. In addition, the QAPI Steering Committee will implement any PIP topics indicated by data analysis. Quality improvement activities are also developed in collaboration with the support of providers, residents, families, and staff. PIPs are implemented in accordance with CMS protocol for conducting PIPs, including:

1. Measurement of performance using objective quality indicators
2. Implementation of system interventions to achieve improvement in quality
3. Evaluation of the effectiveness of the interventions
4. Plan and initiation of activities for increasing or sustaining improvement

Implementation of new PIPs or any significant changes proposed to existing PIPs will be subject to approval. As such, reports reflecting new or changing PIPs will be submitted to the Quality Assurance Steering Committee and the Health Services Committee.

### **Reviews:**

Rock Haven monitors provider and facility adherence to quality standards via review of quality measures, complaints, adverse effects, and outcomes. Rock Haven performs reviews of systems, clinical practice, administrative policies and procedures and clinical records against industry standards, supports adherence to timely access to care requirements, and implements administrative practices for the purpose of monitoring compliance with state and federal requirements, and improving the quality of care provided to residents. Follow-up reviews measure progress on corrective actions if needed until the goal is met.

### **Scope:**

Rock Haven will utilize the number the principles of QAPI to align all business and clinical care decisions creating a model of care that centers its core values on individualized care and resident choice.

The staff will utilize data from industry standards to quantify and benchmark all aspects of performance improvement whenever possible. Any negative trends in data will be addressed utilizing root cause analysis and quality improvement methodologies. The leadership and staff will embrace evidence based strategies and utilize Plan Do Study Act cycles until the desired change is effective and the desired goals are achieved and sustained.

### **Governance and Leadership**

As required by CMS guidelines for QAPI, oversight of the QAPI program is provided through a Committee structure that is accountable to Rock Haven Executive Leadership. The Rock Haven Health Services Board fully delegates responsibility for oversight of the QAPI program to Rock Haven's Steering Committee who will make quarterly reports to the governing committee on the status of the QAPI program. The Steering Committee will also provide an annual report on the Quality Assurance Performance Improvement program to the Rock Haven Health Services governing board committee.

The Rock Haven Leadership team and QAPI Steering Committee have the responsibility for planning, designing, implementing, and coordinating consumer care and services and selecting QAPI activities to meet the needs of residents.

The Executive Leadership Team will assure that time and resources are provided to the designated persons that participate on the QAPI Steering Committee or any other associated work groups. Minutes of meetings will reflect membership and attendance of those participating and will be reported quarterly in the QAPI summary report to the governing Health Services Committee. In addition, annual training will be provided to all staff utilizing the annual QAPI report to summarize goals, progress, and amendments to any PIPs.

Compliance will be monitored formally through incident reports, tracking and trending, discussion, staff meetings, brainstorming activities, employee input and PDSA cycles.

The QAPI Steering committee will meet quarterly at a minimum and will record the minutes on the designated QAPI template. The minutes will be shared with staff during meetings and posted on the

designated QPAI boards for staff to review after every meeting.

The Executive Leadership team will advise and oversee the duties and responsibilities of the QAPI Steering Committee in the following capacities:

- Approve the Nursing Home Administrators recommendations of staff members to serve on the QAPI Steering Committee
- Ensure plans and goals are being carried out and communicated to staff by placing them on the QAPI boards, and posted into the departmental communication books.
- Share all data and information on QAPI progress both vertically and horizontally within the facility.

### **Medical Oversight**

The Medical Directors oversight, direction and involvement plays an essential role in the QAPI process. The Rock Haven Medical Director is the designated senior practitioner and advisor for all aspects of the QAPI program related to clinical care and safety. The Medical Director is accountable for providing leadership for, and is actively involved in the implementation of the QAPI program. Performance accountabilities for the Medical Director include, but are not limited to, the following:

- Ensuring that all quality management initiatives pertaining to the delivery and management of care are clinically sound, promote resident safety, and are based on current best practices.
- Co-Chairing the QAPI Steering Committee
- Participating in and providing support to other committee for the development of appropriate assessment and evaluation efforts, intervention strategies, and corrective action plans.
- Involving providers and representatives of medical delivery systems in reviewing and planning the QAPI program's core activities.

### **Feedback, Data, and Monitoring:**

Rock Haven will establish performance indicators for all QAPI- designated goals. These indicators can be a combination of process and outcome measures. All data will utilize internal and external benchmarking. Performance thresholds will be set to show gradual trends for improvement. On a quarterly basis, data will be collected and reported to the QAPI Steering Committee from the following areas.

- Input from caregivers, residents, families, and others.
- Adverse events
- Performance Indicators
- Survey findings
- Complaints

The Executive Leadership team will approve annual performance indicators and any other indicators added during the QAPI annual cycle as recommended by the Facility Management Team. These measures will be collected and reported in quarterly updates to the Rock Haven Governing Health Services Committee. In addition, a report of the performance indicators and progress toward achieving the QAPI goals will be shared with the staff and resident council, a minimum of once a year.

## **Performance Improvement Projects (PIP's)**

Rock Haven Executive Leadership and QAPI Steering Committee will conduct an environmental scan of facility systems utilizing the QAPI self – assessment on an annual basis. Data sources include, but are not limited to, the following areas

- Input for caregivers, residents, families and others
- Adverse events
- Performance indicators
- Survey findings
- Complaints

The committee will consider and prioritize both external and internal elements affecting the long –term care industry and facility when selecting priorities of focus for the coming year. The recommendations for proposed PIPs will be submitted in an annual report to the Governing body.

Once the PIP has been established the QAPI Steering Committee will establish a QAPI PIP, and allocate staff and resources to launch the PIP.

PIP team members will be selected based on scope of the work, considering such factors as time commitment and expertise. Whenever applicable, the facility should consider a resident / family advisor be appointed to the team. Meeting minutes will be recorded and shared with the QAPI Steering Committee, executive leadership and staff.

### **Systematic Analysis and Systematic Action:**

Rock Haven will use data at every QAPI Steering Committee to ensure performance measures are meeting QAPI Goals. PSDA cycles will be utilized to improve existing processes. Data specific to the PSDA interventions will be collected and monitored at the end of each cycle. Since PSDA cycles are dynamic and current, data collected during these intervention periods will be analyzed on a frequency designated by the PIP team and or QAPI Steering Committee that would be useful for making mid-cycle adjustments.

The PSDA cycle outcomes will be reported to the QAPI Steering Committee at least quarterly; however, more frequent monitoring may be required for rapid cycles of change to capture the impact of the change once the intervention is spread across the facility.

### **Communication:**

At a minimum, the Executive Leadership will report annually on the status of the current QAPI Plan as well as the proposed QAPI plan and goals for the coming year. This report will be made available to:

- Governing Health Service Committee
- Entire management team of Rock Haven
- Staff
- Resident council
- Other Stakeholders as designated

At a minimum, the QAPI Steering Committee will report the progress on the established QAPI -goals PDSA cycles and the current data to the following:

- Executive Leadership
- Entire management team
- Staff
- Resident council

**Evaluation:**

At a minimum, the Executive Leadership and Facility Management teams, along with the assistance of the QAPI Steering Committee will conduct a facility wide systems utilizing the QAPI Self-Assessment

The Team will thoughtfully and thoroughly consider the progress made in the last year toward achieving the designated QAPI goals and current status of measurement in meeting and sustaining the performance indicators. Other factors to consider will be current trends in the long term care industry as well strategic goals for the facility.

Gaps in systems and processes will be identified and addressed in the coming year's QAPI plan.

\_\_\_\_\_  
Nursing Home Administrator, Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Nursing

\_\_\_\_\_  
Date

January 14, 2020

Memo to: Rock Haven Health Services Committee Members

From: Sherry Gunderson NHA and Sara Beran DON

Re: Annual Summary of the Rock Haven Quality Assurance and Performance (QAPI) Committee efforts in 2019

**QAPI focus areas January through March 2019**

<b>Identified Concern</b>	<b>Description of concern, approaches tried to correct concern and progress.</b>
Introduction of a change in nurse manager roles to include an Assistant Director of Nurses for each neighborhood.	Over the last six years, several revisions have been made as to how nursing management and supervision have been provided to each neighborhood. As a result of care issues and survey concerns, it was decided that it was critical to provide a nurse manager (Assistant Director of Nurses) to each 32-bed neighborhood. This occurred in January. The first quarter was spend fine-tuning the roles of this position.
Possible false allegations about staff by some residents.	Resident complaints and staff assessment revealed some residents seemed more disgruntled with their care than most and a pattern of allegations against staff; often targeting particular staff was apparent. A new program, "pairs for cares" was introduced. A symbol of two people is placed on the name tag outside the resident's room to alert staff of the need to bring a partner into the room for all cares. Program monitoring was carried into the next quarter.
A need for staff education related to those precautions to take for residents with infection.	Direct observation revealed a need to review standard and transmission based precautions with all staff who enter a resident's room when the resident is known to have an active or dormant infection. Additional training was provided and a color coded door sign system was initiated. Monitoring was carried into the next quarter.
Ways to introduce additional calories for residents with small appetites.	Direct observation and staff reports demonstrated that many of our resident with small appetites were overwhelmed with large portions of food or fluid. It was decided to try a supplement called "mighty shakes", a tasty 4 ounce milkshake. These shakes were an immediate success.
Pressure injury prevention.	In an effort to decrease the occurrence of any pressure injury in our facility, a goal was made to work on this area throughout 2019.

**QAPI focus areas January through March 2019 continues**

<b>Identified Concern</b>	<b>Description of concern, approaches tried to correct concern and progress.</b>
<p>A need to better use the resident Minimum Data Set Care Area Assessment to determine areas to include in the resident's care plan.</p>	<p>When residents are admitted and quarterly thereafter, an assessment is completed that assists staff to assess identified and potential health concerns. To better assist staff in this area, CMS provided further assessments called the "Care Area Assessments" (CAAs). It is required that staff refer to these assessments when developing the resident care plan. Work was done in this area to enhance communication between the MDS nurses, nurses, therapists, social workers and activity staff who formulate the care plan.</p>
<p>Product waste</p>	<p>An example in this area was a habit of overstocking the numbers of towel and washcloths and of personal care items (lotion,etc) in a resident room. Once in the room, the items are considered contaminated and must be laundered when the resident discharges whether the items were used or not. A trial of using a shelf in the bathroom as the only location for placement of towels and washcloths was piloted on one household. PAR levels of personal care items were established and staff are doing well checking the resident's supply before bringing more items into the room.</p>



**QAPI focus areas April through June 2019**

Identified Concern	Description of concern, approaches tried to correct concern and progress.
Pressure injury prevention	Pressure ulcer prevention education was provided. Additional charting cues were added to our Electronic Charting System to alert our nursing assistants to document repositioning and the use of pressure relief devices. Tracking and trending of all skin concerns continued. QAPI continued to the next quarter.
Pairs for cares program monitoring	Monitoring of the effectiveness of the “pairs for cares” program was completed. The program proved to be an effective way to better assess residents’ care complaints and will be continued on a long term basis throughout the facility.
Infection Control focus areas- injections and catheter care.	Education was provided and audits were conducted to ensure staff compliance in this area.
A need for more exercise for some residents (restorative exercise) and the use of our Nu-step bike.	In an effort to improve our restorative nursing program and to better utilize the Nu-step bike, the bike was moved to a neighborhood and several resident’s care plan were revised to include use of this stationary bike. The program has been tried on two households and has proven successful for several residents on each household. The bikes were moved from the therapy suite to the resident area making it unnecessary for staff to have to transport to therapy. This was a successful change.
Infection Control focus- staff knowledge regarding caring for residents with a history of infection caused by Multi-drug Resistant Organisms.	Over the early months of 2019, our Infection Control Professional completed a 12 module Infection Control course provided by CMS training program. She recognized a need to better identify our residents who have a history of infections caused Multi-drug Resident Organisms. These residents often carry these organisms without showing signs of active disease. This puts our staff at risk. In addition; these residents are more susceptible to serious consequences from any active disease since treatment of their MDRO is very challenging due to limited effective medications. Use of a color coded sign to alert staff of the need to use Personal Protective Equipment for contact was initiated. Staff education was provided. Monitoring compliance with this QAPI was continued for the next quarter.

**QAPI focus areas July through September 2019**

<b>Identified Concern</b>	<b>Description of concern, approaches tried to correct concern and progress.</b>
Pressure injury prevention	Daily and weekly monitoring continues. Concerns were identified regarding determination of whether a skin lesion was actually pressure related. Additional staff training was provided. QAPI team will continue to work on this area throughout on an on-going basis.
Transitions of care- need to begin discharge planning on the day of admission	CMS guidance requires that discharge planning be a part of every resident's stay at Rock Haven. For short-term residents it is critical that this planning begin upon admission in order to provide a safe transition home when skilled nursing and therapy needs have been met. The QAPI team working on this goal included MDS nurses, social workers, therapy and nursing. QAPI to continue to next quarter.
Care plan meeting structure	The team recognized a need to develop a structure for care plan meeting with residents and families in order to cover the necessary updates and meet the resident/family needs in a timely manner. This QAPI team developed a format now being used on all neighborhoods.
Safe discharge process	Part of the discharge planning guideline includes a responsibility on the part of the facility to ensure that the transition home goes smoothly- including delivery of supplies, home care services, medication delivery and follow-up MD appointments. This QAPI was carried to the next quarter.

**QAPI focus areas October through December 2019**

<b>Identified Concern</b>	<b>Description of concern, approaches tried to correct concern and progress.</b>
Trauma Informed care	CMS guidance requires a discussion with residents about past traumatic events that may influence the resident's reaction to current situations and cares in order to care plan proactively. The QAPI team for this area have adopted an assessment tool and the social workers are using that tool to discuss this area with all new admissions. Only if the resident feels that past traumatic events are having an influence on this current stay at Rock Haven will more specific details be shared in the resident chart/care plan. The assessment form will be kept in the social worker's locked files. QAPI to be continued into 2020.
Infection control monitoring- use of the line list	It was discovered that data entry errors were skewing our monthly infection control reports. Staff education was provided to those nurse managers who enter this data in the Quality Assurance portion of ECS. QAPI to be continued into 2020.
Infection control monitoring- role of surveillance	In addition, monitoring active infections and residents with symptoms without confirmed infection cannot be completed in this QA portion of ECS. The unconfirmed infections were counting as active infections. Staff education was planned and a surveillance form to use on each neighborhood was designed. This information if reviewed at clinical meeting each weekday morning. QAPI to be continued into 2020.
Need to adopt another screening tool to ruling out infection- change from McGeer criteria to Loeb's criteris	The facility has been working on antibiotic stewardship for the past few years. This programs aims to avoid the use of unnecessary or inappropriate antibiotics by using approved screening criteria and approved laboratory tests to confirm infection prior to ordering antibiotics. It was determined that staff nurses were using a tool (McGeer) that was set up to screen after antibiotics were already ordered. At the MD request, a switch was made to Loeb criteria. Training was begun in this area. QAPI to be continued into 2020.

**QAPI focus areas for October through December 2019**

<b>Identified Concern</b>	<b>Description of concern, approaches tried to correct concern and progress.</b>
DNR policy and bracelet use	<p>It was identified that many of our residents have Do Not Resuscitate (DNR) orders, yet they are not wearing a Wisconsin DNR bracelet. This put the resident and facility at risk due to the possibility that CPR could be initiated against resident wishes or that CPR could be withheld against wished. The DNR policy has been updated to require the use of DNR bracelets by all residents with a DNR order. In early 2020, community physicians will be notified of the change and bracelet inserts signed by the MD will be obtained. Bracelet use will be monitored with weekly bath. QAPI to be continued into 2020.</p>
Case mix index and Medicaid reimbursement	<p>Our Medicaid rate is adjusted at intervals. That rate is based upon a case mix index which reflects the acuity of our Medicaid residents and the care and services required by these residents. Rock Haven's Medicaid rate has decreased. A QAPI team was developed in December to evaluate this concern. QAPI to be continued into 2020.</p>

## Rock Haven Code of Conduct & Compliance and Ethics Guide

### Message from the Rock Haven Governing Body (Health Services Committee)

Our success and reputation are not only dependent on the quality of services provided to our residents but also on the way in which we do business. Rock Haven's ambition is to become a leader in our community. For us, becoming a leader means not only providing loving care and professional services but also setting the standard through exemplary business practices and ethical behavior.

Rock Haven has a long history of adhering to and promoting strong professional ethics. It is and must continue to be, a key part of our culture. Integrity enters into everything we do and is a central part of our philosophy to "do the right thing." We have developed the Rock Haven Code of Conduct & Compliance and Ethics Guide to establish a shared vision of standards and practices for the organization, grouping them together in a single document. Its principles must guide each one of us in the performance of our daily functions. The long term success of Rock Haven depends on the attention paid by each one of us to uphold the highest ethical standards and business practices. It is our business that requires this and our reputation that is at stake.

The leadership team and stakeholders of Rock Haven have pledged their support along with us to uphold the Code of Conduct and support the Compliance and Ethics Program. Your commitment is essential to the shared values that unite us as an organization, guide our decisions and actions, and promote the highest quality of care. We expect each one of you to ensure compliance with the rules defined in the Code of Conduct & Compliance and Ethics Guide. In this way, we will be able to achieve our ambition of leadership, which goes hand in hand with the ethical and professional manner in which we must conduct our business on a daily basis.

### **Overview**

The United States Sentencing Commission defines a Compliance and Ethics Program as a "program that has been reasonably designed, implemented, and enforced so that it generally will be effective in preventing and detecting criminal conduct. Failure to prevent or detect the instant offense, by itself, does not mean that the program is not effective. The hallmark of an effective program to prevent and detect violations of law is that the organization exercises due diligence in

seeking to prevent and detect criminal conduct by its employees or other agents.”

The Compliance and Ethics program (policies statements described in this Compliance and Ethics Guide) is intended to establish a framework to be used by Rock Haven for current product and services as well as business development to ensure compliance. It is not intended to set forth all of the substantive programs and practices of Rock Haven that are designed to achieve compliance.

Rock Haven recognizes the need to conduct business with honesty and integrity and in compliance with all applicable federal and state laws. This recognition is supported by an organizational commitment to promote ethical and compliant business operations through the implementation of a systematic plan. Rock Haven is committed to conducting its business according to the highest standards of honesty and fairness. This commitment to observing the highest ethical standards is designed not only to ensure compliance with applicable laws and regulations, but also to earn and keep the continued trust of our clients, stakeholders, personnel and business partners.

This guide is not intended to be an exhaustive guide to all the detailed rules and regulations governing the services provided by Rock Haven. Rather, it is intended to establish certain guiding principles and facility policies designed to ensure that all Rock Haven staff have a common vision of Rock Haven’s ethical standards and operate in accordance with those standards.

The guide is directed at providing business conduct and operational guidance to employees, independent contractors and consultants who may be engaged in activities that pose specific areas of risk or vulnerability for Rock Haven.

Some specific areas of potential risk or vulnerability include daily activities related to contracting, marketing, claims processing, integrity of data systems and record retention. The guide establishes minimum standards to be observed by all Rock Haven employees, independent contractors, consultants, volunteers and board members and includes the following policies:

1. Compliance and Ethics Committee
2. Quality of care policy statement
3. Contract review policy statement

4. Employee background checks
5. Prohibition against retaliation
6. Discipline for violations
7. Responding to government investigations
8. Prohibition on kickbacks
9. Record retention
10. Periodic testing of claims system
11. Conflict of interest policy statement
12. Billing and coding policy statement
13. Accounting and financial reporting policy statement
14. Accurate Books and Recordkeeping Policy
15. Training
16. Monitoring and auditing
17. Annual risk assessment

### **Answers to Commonly asked Questions**

Who does this guide apply to?

Unless specifically stated otherwise, the policies set forth in this guide apply to all Rock Haven directors, officers, employees, independent contractors and volunteers doing business with or on behalf of Rock Haven.

What are my responsibilities as a Rock Haven employee?

As a Rock Haven employee, you are expected to conduct yourself in a manner appropriate for your work environment and to be sensitive to and respectful of the concerns, values, and

preferences of others, including your fellow employees and residents. All Rock Haven employees are expected to familiarize themselves with the policies in this guide and to abide by them in the daily performance of their job responsibilities. Rock Haven employees are encouraged to promptly report any practices or actions that they believe to be inappropriate or inconsistent with the policies and procedures set forth in this guide or that they believe may compromise the ethical standards or integrity of Rock Haven.

How do I report misconduct or other matters that I believe should be reported under the policies and procedures set forth in this guide?

Rock Haven has adopted a policy statement on handling employee complaints. Taking proactive steps to prevent problems is part of the Rock Haven culture, and speaking to the right people is one of your first steps to understanding and resolving what often can be difficult questions. All Rock Haven employees are encouraged to promptly report any practices or actions that they believe are inappropriate or inconsistent with facility policy, including but not limited to those policies and procedures set forth in this guide. Anyone reporting misconduct in good faith will be protected against retaliation.

Employees are encouraged to report to their immediate supervisor or alternatively may report to the Compliance Officer (CO) or Human Resources Department (HR). Reports may be made via phone, email ([compliancereporting@co.rock.wi.us](mailto:compliancereporting@co.rock.wi.us)), mail or face to face.

Anonymous reporting is also permitted by calling the Compliance Hotline at **608-757-5114**. Contact information for the Compliance Officer (CO), HR and the Compliance Hotline shall remain posted in conspicuous locations throughout the facility for all employees, contractors and volunteers to see.

What is a hotline?

A hotline provides a risk free way for you to anonymously report suspected violations of Rock Haven compliance policies or procedures or the Code of Conduct without fear of retribution.

What should I report to the hotline?

You may use the hotline to report any and all concerns that you may have about Rock Haven or your fellow team mates and residents. However, the hotline should be used primarily to report violations related to employee conduct, violations of the *Rock Haven Nursing Facility*



*Compliance and Ethics Guide* policies, and any suspected violations of federal, state or local law, which may include but are not limited to the following:

- Medicare/Medicaid rules and regulations
- Self-referral laws (also known as Stark Violations)
- Anti-Kickback Statute, theft, or bribe violations
- Fraudulent billings or collections
- Environmental hazards
- Conflicts of interest
- Any and all potential criminal violations

Who do I contact if I have questions?

The guide can serve only as a general standard of conduct. It cannot substitute for personal integrity and good judgment and cannot spell out the appropriate response to every type of situation that may arise. If you have questions about the interpretation or application of the policies or procedures of this guide to a particular situation, or if you believe that there is a conflict between the policies of this guide and other Rock Haven policies, please consult your immediate supervisor, Compliance Officer (CO) or HR Department.

### **Compliance and Ethics Program Policies Statements**

#### *Compliance and Ethics Committee*

The Rock Haven Compliance and Ethics Committee will administer Rock Haven's Compliance and Ethics Program. The CO shall chair the Compliance and Ethics Committee which is responsible for carrying out the Compliance and Ethics Program. The purpose of the Committees is to monitor the organization to ensure consistent application of relevant laws and rules, including those relating to billing and collection practices; to proactively identify problem areas; and to recommend, establish and implement, as appropriate, solutions and system improvements. The Compliance and Ethics Committees may consist of representatives from the following Rock Haven departments and/or groups:

- Finance
- HR
- Operations Management
- Clinical Operations Management
- Information Systems and Technology
- Risk Management

Rock Haven may engage outside legal counsel and/or expert consultants to assist the Compliance and Ethics Committee, as appropriate. Rock Haven's governing body may also approve adjustments to Compliance and Ethics Committee membership.

#### *Quality of Care Policy Statement*

Rock Haven will provide high quality, cost effective care to residents in accordance with the highest professional standards. We will respect each resident's dignity and their right to privacy of their medical information in accordance with operative rules and regulations, including the HIPAA privacy regulations. We will listen to our residents, their families and visitors to understand any concerns or complaints and will involve residents in the decision making process regarding their care and quickly and efficiently respond to their questions, concerns and needs.

We will maintain complete and accurate medical records and accurately communicate information to residents, families and payers, including insurance companies and health plans as requested and appropriate. Only those clinical staff appropriately licensed and credentialed will provide resident evaluations, and they will supervise all care provided by assistants and aides. All licensed and professional staff will maintain their credentials in good standing and will keep current in practice techniques and emerging areas of clinical practice to enhance resident care.

#### *Contract Review Policy Statement*

Rock Haven will have all contracts where the other party is a referral source or potential referral source and all other contracts to which Rock Haven is a party, assumes obligations for, or incurs liability under, reviewed by Rock County legal counsel prior to Rock Haven

entering into such agreements. The term contract is defined as any written agreement, including Memorandum of Understanding, Letter of Intent, Letter Agreement, Countersigned Letter of Understanding, Proposal, etc., which Rock Haven is a party to, assumes obligations under, or incurs liability for.

Rock County legal counsel is responsible for performing compliance and legal reviews. Directors, or other authorized Rock Haven representatives, may not enter into, or sign, any contract with a referral source or potential referral source or any material contract prior to the completion of a contract review and approval by legal counsel.

#### *Employee Background Checks*

Rock Haven will conduct routine and customary criminal background checks and investigations for state licensure including sanctions and/or exclusions from any federal healthcare program, for all employment applicants and independent contractors who are offered a position and: (i) who are licensed healthcare providers, or whose employment or contractor duties involve direct resident care, information technology, finance or billing and claims processing.

Rock Haven will not employ or contract with individuals or entities when a background check or investigation demonstrates that the individual or entity has been convicted of any felony criminal offense or sanctioned and/or excluded from any federal healthcare program within the past five years (e.g., Medicare fraud, money laundering, mail fraud, Stark Law violation and Anti-Kickback Statute violation). In addition, Rock Haven will immediately suspend and/or terminate any current employee, or independent contractor, if Rock Haven learns of any said conviction or sanction and/or exclusion.

All employment applicants are required to disclose at the time of application any criminal convictions, sanctions, and/or exclusions from any federal healthcare program. Any and all employment offers extended on behalf of Rock Haven to persons subject to this policy are contingent upon successful passage of a criminal background investigation.

Rock Haven also requires background checks from any temporary agency providing contracted persons to perform services for Rock Haven. Rock Haven requires written proof that said temporary personnel have not been subject to any criminal conviction or sanction and/or exclusion from any federal healthcare program prior to starting work with Rock

Haven.

Individuals subject to this policy are also subject to periodic background investigations during the term of their employment or independent contract relationship with Rock Haven as follows:

- Criminal background check (every four years)
- Office of Inspector General (OIG) list of excluded providers (monthly)

#### *Prohibition Against Retaliation*

Rock Haven strictly prohibits any type of retaliation against any individual who, in good faith, reports any alleged compliance policy violation or illegal activity occurring at Rock Haven. This policy is applicable to any report or violation made to a supervisor, a member of the Executive Management Team, the CO or any government official or entity.

Any person violating this policy will be subject to disciplinary action in accordance with the Rock Haven Work Rules, which may include termination of employment.

#### *Discipline for Violations*

Rock Haven will discipline, as appropriate, any employee or independent contractor who knowingly and willingly engages in activities that violate Rock Haven's Compliance and Ethics Program policies or procedures and/or applicable federal and state laws. Disciplinary action will be dispensed in a manner consistent with the Rock Haven policy on rules of conduct, as defined in Rock County Ordinance and Rock Haven Work Rules, and without regard to seniority, position, and/or title of the violator.

#### *Responding to Government Investigations*

Governmental agencies, regulatory organizations, and their authorized agents may, from time to time, conduct surveys or make inquiries that request information about Rock Haven, its residents, or others that generally would be considered confidential or proprietary. All regulatory inquiries concerning Rock Haven should be handled by the CO and/or the HR Department.

Regulatory inquiries may be received by mail, email, telephone, or by personal visit. In the

case of a personal visit, demand may be made for the immediate production or inspection of documents. Rock Haven employees receiving such inquiries should refer such matters immediately to the CO.

#### *Prohibition Against Kickbacks*

Rock Haven will not offer, pay, solicit or accept any compensation including any kickback, bribe or rebate, directly or indirectly, overtly or covertly, in cash or in kind in exchange for a referral for admission or to induce purchasing, leasing, ordering, arranging for, or recommending the purchase, lease or order of any good, facility, service or item covered under a federal healthcare program.

Rock Haven will not engage in transactions that violate relevant and applicable federal or state anti-kickback statutes.

#### *Records Retention*

Rock Haven shall retain all recorded information, regardless of medium, that is generated and/or received in connection with Rock Haven transactions and legal obligations, for the applicable required retention period(s) as set forth under federal and state law, or for a period of seven years, whichever is longer. Rock Haven records will be destroyed after all applicable retention periods have expired. Records shall be kept in their original form or in an acceptable alternative form for storage. All records shall be maintained in a usable condition and in an appropriate environment to secure the integrity of the information. Confidentiality of all records pertaining to resident care or billing will be maintained in accordance with applicable federal and state laws and regulations.

#### *Periodic Testing of Claims System Policy*

Rock Haven will periodically audit its manual and automated billing systems to ensure proper operation of all steps required to generate claims for healthcare services. Comprehensive audits should be conducted no less than annually to ensure timely detection and corrective action of system failures or errors. If a billing systems audit reveals system failures or errors, the department manager responsible for the audit should immediately consult with the CO to determine whether the failure necessitates corrective action.

### *Conflict of Interest Policy Statement*

Rock Haven expects officers, stakeholders, employees, vendors, and volunteers to avoid any activities that may involve a conflict of interest. A "conflict of interest" exists when a person's private interest interferes or even appears to interfere in any way with the business interests of Rock Haven. Employees should avoid conflicts as well as the appearance of conflicts between their private interests and the business interests of Rock Haven.

A conflict of interest may occur if outside activities or personal interests influence or appear to influence the ability of a person to make objective decisions in the course of their job responsibilities. Any questions about whether an outside activity might be or appear to be a conflict of interest should be directed to the CO or the HR Department.

### *Billing and Coding Policy Statement*

Rock Haven is committed to fair and accurate billing in accordance with all applicable federal and state laws and regulations, payer rules and procedures and Rock Haven policies and procedures. We understand that all claims for services submitted to any private insurance program or payer, Medicare, Medicaid or other federally funded healthcare programs have to be accurate and correctly identify and document the services ordered and performed. Rock Haven will bill only for services actually provided and documented in the resident's medical records and will charge for all healthcare services provided. Rock Haven will not engage in and/or permit known upcoding or unbundling of services rendered and/or other improper billing practices intended to increase reimbursement.

Rock Haven will require payment of insurance copayments and deductibles and waive required fees only following a determination of resident financial need in accordance with Rock Haven's applicable policies and procedures and after reasonable collection efforts have failed. Rock Haven will use systematic methods for analyzing the payments received and will reconcile any overpayments in a timely manner after discovery, review and confirmation that overpayment should not be applied to any outstanding accounts receivable owed to Rock Haven.

Rock Haven will assign diagnostic, procedural, and other billing codes that accurately reflect the services that were provided. Rock Haven will periodically review coding practices and policies, including software edits, to facilitate compliance with all applicable federal, state, and private payer healthcare program requirements and will investigate inaccurate billings and payments to determine whether changes to current protocol or other remedial steps are necessary.

#### *Accounting and Financial Reporting Policy Statement*

All accounting entries, as well as all internal and external Rock Haven financial reports, must be prepared accurately and on a timely basis in accordance with generally accepted accounting principles (GAAP) and applicable government regulations.

Rock Haven shall maintain a high level of accuracy and completeness in the documentation and reporting of financial records. These records serve as a financial basis for managing Rock Haven's business and are important in meeting our obligations to our residents, employees, suppliers and others. They are also necessary for compliance with tax and financial reporting requirements. Rock Haven maintains a system of internal controls to provide reasonable assurances that all financial transactions are executed in accordance with management authorization and recorded in a proper manner so as to protect and maintain accountability of company assets.

#### *Accurate Books and Recordkeeping Policy*

Rock Haven will maintain accurate books and records in support of all claims filed for reimbursement from any federal, state, or private healthcare program. Rock Haven's employees and contractors are prohibited from making false statements in any Rock Haven book or record, including but not limited to all business records, resident medical records and medical billing records or on any Rock Haven document prepared for or filed with any government or private entity or person.

#### *Training*

We recognize and understand that ongoing investment in and commitment to effective training at all levels is essential to attain the desired standards of excellence in service and to adhere to our Compliance and Ethics Program. Rock Haven's "do the right things"

philosophy is instilled in every employee and the commitment to compliance and ethical behavior begins at new employee orientation.

All Rock Haven employees undergo annual training that contains—as necessary and appropriate to their job title and function—any new, updated, or revised information, policies or procedures regarding resident care, billing, documentation, confidentiality, privacy, security and other pertinent company policies and procedures. Ad hoc training for appropriate department directors is also utilized, including in response to audit and monitoring findings.

#### *Monitoring and Auditing*

Rock Haven recognizes the need for ongoing internal auditing and monitoring to ensure a successful business and Compliance and Ethics Program. As such, ongoing internal compliance auditing and monitoring is performed through the coordination of activities administered by appropriate personnel under the direction of the CO. Areas of concern or vulnerability are addressed, when applicable, by way of a corrective action plan with appropriate follow-up.

Rock Haven will established a compliance calendar on an annual basis that includes monitoring activities as well as informal and formal routine audit activities. Rock Haven also recognizes the need for ongoing external auditing and monitoring to ensure that our commitment to compliance is supported objectively. Compliance monitoring and auditing will be conducted externally through payer audits and through independent third party examination of annual financial reports and compliance activity.

#### *Annual Identification of Risk Areas*

Rock Haven will annually review key areas of potential compliance risk and set forth a system to identify risk elements in each key area. The annual risk assessment will take into consideration the annual work plans published by the OIG or the Department of Health and Human Services. Applicable risk elements will be converted to revisions to policies and procedures, monitoring and auditing and annual training as necessary.



**Acknowledgment of Code of Conduct  
Rock Haven**

**Policy reference:** All employees, contractors, and volunteers are required, as a condition of employment (or other identified relationship), to comply with the Code of Conduct. Responsibilities are listed in the Code of Conduct. This form acknowledges receipt of the Code of Conduct and commitment to comply.

My signature acknowledges receipt of the Code of Conduct and commitment to follow the code:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee no.

\_\_\_\_\_  
Department

\_\_\_\_\_  
Supervisor

Please check the most appropriate:

- Employee
- Volunteer
- Member of the Governing Body (Health Services Committee)
- Contractor \_\_\_\_\_
- Other: \_\_\_\_\_

This form will be collected following the New Employee Orientation and is required to be in your personnel file as a condition of employment.