



**HEALTH SERVICES COMMITTEE**  
**Wednesday, March 11, 2020 at 9:00 a.m.**  
**Rock Haven Conference Room**

**AGENDA**

1. Call to Order
2. Adoption of Agenda
3. Approval of Minutes – February 12, 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 – February (minutes to be provided)
  - b. Information Item: Bed Hold Policy
  - c. Information Item: Rock Haven Admission Criteria
  - d. Information Item: Returning Employees that have Retired
  - e. Information Item: Rock Haven Administrator Recruitment
  - f. **Action Item:** Review/Possible Action on Proposed Changes to Appendix C 1258 Pay Grid
  - g. **Action Item:** Resolution Amending the 2020 Rock Haven Budget for Unexpected Repairs
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, April 8, 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

February 12, 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: Sara Beran, Director of Nursing; David Froeber, Facilities Superintendent; Joanne Foss, Controller; Ashley Kabor, Finance Office Manager

OTHERS PRESENT – Sherry Oja, Finance

APPROVAL OF AGENDA – Supervisor Bomkamp moved approval of the agenda of February 12, 2020, second by Supervisor Leavy. ADOPTED

APPROVAL OF MINUTES – January 8, 2020 – Supervisor Leavy moved approval of the January 8, 2020 minutes, second by Supervisor Bomkamp. APPROVED

INTRODUCTIONS, CITIZEN PARTICIPATION, COMMUNICATIONS AND ANNOUNCEMENTS – None

REVIEW OF PAYMENTS – Committee reviewed payments.

BUDGET TRANSFERS – None

FINANCE – Joanne stated that 2019 is not yet closed and that year-end adjustments are still being done.

Questions of how long it takes to get a refund when a resident is discharged and the bed hold policy were discussed. This will be reviewed more next month.

NEW BUSINESS –

RESIDENT COUNCIL MINUTES – Resident Council Minutes for December and January provided.

CANTEEN RIBBON CUTTING FEBRUARY 12, 2020 – The canteen was scheduled for a ribbon cutting, but due to resident request was moved to last week. It is open and operational. The residents are happy with the larger store.

SARA BERAN, DON TO ADD TO ROCK HAVEN ACCOUNTS AT FIRST FCCU  
– Sara Beran, DON will be added to the accounts at First Community Credit Union for Rock Haven.

5 STAR RATING - Rock Haven's 5 star rating will drop this quarter, due to a report file that was missed when reporting. This was missed due to some lack of training before several people recently retired.

QAPI – Quality Assurance Performance Improvement policy was given with the annual report of what the committee has been working on over the past year. The Health Service Committee will receive a quarterly and annual report.

ACKNOWLEDGMENT OF CODE OF CONDUCT – Rock Haven has a code of conduct and compliance and ethics policy. Health Services is the governing body and needs to sign the acknowledgment of code of conduct to be kept on file.

RESOLUTION: DELETING, CREATING AND RETITLING 2.7 FTE POSITIONS AT ROCK HAVEN – Supervisor Beaver motion to approve the resolution deleting, creating and retitling 2.7 FTE positions at Rock Haven. Second by Supervisor Leavy. APPROVED 5/0.

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 – Next meeting March 5, 2020 at 2pm in the Rock Haven Administration Conference Room.

COMMITTEE REQUESTS - None

NEXT MEETING DATE – The next regular meeting of the Health Service Committee is scheduled for Wednesday, March 11, 2020 at 9 a.m. in the Rock Haven Conference Room.

ADJOURNMENT – Supervisor Bomkamp moved to adjourn at 10:13 a.m., second by Supervisor Leavy. ADOPTED by acclamation.

Respectfully submitted,  
Michelle Lynch

NOT OFFICIAL UNTIL APPROVED BY THE COMMITTEE

ROCK COUNTY

COMMITTEE REVIEW REPORT  
WITH DESCRIPTION  
FOR THE MONTH OF FEBRUARY 2020

02/27/2020

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
32-8000-9100-64106	Groceries	P2000647	02/27/2020	GORDON FOOD SERVICE	GROCERY CREDIT	(99.45)
Support Services-Food Service PROG TOTAL						(99.45)

I have reviewed the preceding payments in the total amount of **(\$99.45)**

Date:

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

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

ROCK COUNTY

COMMITTEE REVIEW REPORT  
WITH DESCRIPTION  
FOR THE MONTH OF FEBRUARY 2020

02/27/2020

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
32-7260-7400-62171	Ambulance	P2000545	02/20/2020	LAVIGNE BUS COMPANY INC	AMBULANCE SERVICES	339.00
32-7260-7400-62176	Laboratory	P2000552	02/13/2020	MERCY HEALTH SYSTEM	LAB	229.14
32-7260-7400-62179	Pharmacy	P2000592	02/13/2020	THRIFTY WHITE PHARMACY	PHARMACY	7,288.43
32-7260-7400-62180	PHYSICAL THERAPY	P2000538	02/13/2020	GENESIS REHABILITATION SERVICE	PHYSICAL THERAPY	14,435.32
32-7260-7400-62185	Occupational	P2000538	02/13/2020	GENESIS REHABILITATION SERVICE	OCC THERAPY	9,419.20
32-7260-7400-62186	Speech Therapy	P2000538	02/13/2020	GENESIS REHABILITATION SERVICE	SPEECH THERAPY	6,902.90
32-7260-7400-62189	Other Medical	P2000448	02/13/2020	BELOIT MEMORIAL HOSPITAL	OTHER MED SERVICES	202.67
		P2000505	02/13/2020	ACCURATE IMAGING INC	OTHER MED SERVICES	362.86
<b>RH Contract Services T-18 PROG TOTAL</b>						<b>39,179.52</b>
32-7500-7350-63109	Other Supplies	P2000566	02/13/2020	ROCK COUNTY HEALTH CARE CENTER	REMAINING JAN 2020 BINGO	215.45
		P2000566	02/13/2020	ROCK COUNTY HEALTH CARE CENTER	NO ACCT JAN 2020 BINGO	1.70
		P2000568	02/27/2020	PETITT,CHARLES D	MARCH ENTERTAINMENT	60.00
		P2000590	02/13/2020	US BANK	REC THERAPY SUPPLIES	177.98
		P2000991	02/27/2020	JANESVILLE SENIOR CENTER	MARCH ENTERTAINMENT	65.00
32-7500-7350-64300	Rec Therapy	P2000307	02/13/2020	CHARTER COMMUNICATIONS	REC THERAPY CABLE	1,382.91
<b>Program Service Administration PROG TOTAL</b>						<b>1,903.04</b>
32-8000-8100-63100	Office&Misc Exp	P2000590	02/20/2020	US BANK	OFFICE SUPPLIES	735.59
32-8000-8100-63101	Postage	P2000566	02/06/2020	ROCK COUNTY HEALTH CARE CENTER	POSTAGE	2.75
		P2000590	02/20/2020	US BANK	POSTAGE	25.60
32-8000-8100-63104	Print/Duplicate	P2000590	02/20/2020	US BANK	PRINTING & DUPLICATING	1,869.35

COMMITTEE: HS - ROCK HAVEN

ROCK COUNTY

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FOR THE MONTH OF FEBRUARY 2020

02/27/2020

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
32-8000-8100-63109	Other Supplies					
		P2000346	02/27/2020	MENARDS	OFFICE SAFE	299.00
		P2000547	02/27/2020	GORDON FOOD SERVICE	MATERIALS OTHER SUPPLIES	1,029.03
		P2000550	02/06/2020	HOME DEPOT PRO,THE	HAND SCRUB BRUSH	26.49
		P2000566	02/13/2020	ROCK COUNTY HEALTH CARE CENTER	OTHER SUPPLIES	17.11
32-8000-8100-64000	Medical Supplies					
		P2000495	02/27/2020	MCKESSON MEDICAL SURGICAL MN S	MED SUPPLIES	2,150.33
		P2000539	02/06/2020	FITZSIMMONS HOSPITAL SERVICES	MED SUPPLIES	224.13
		P2000546	02/20/2020	MEDLINE INDUSTRIES INC	MED SUPPLIES	2,833.76
		P2000547	02/06/2020	GORDON FOOD SERVICE	MED SUPPLIES	283.80
		P2000573	02/20/2020	PROFESSIONAL MEDICAL INC	MED SUPPLIES	2,984.06
		P2000574	02/06/2020	PERFORMANCE HEALTH SUPPLY INC	MED SUPPLIES	52.80
		P2000583	02/27/2020	STRYKER MEDICAL	MED SUPPLIES	244.25
		P2000590	02/20/2020	US BANK	MED SUPPLIES	210.30
32-8000-8100-64003	Oxygen Supplies					
		P2000578	02/13/2020	NORTHWEST RESPIRATORY SERVICES	OXYGEN SUPPLIES	950.36
32-8000-8100-64408	Disposables					
		P2000495	02/27/2020	MCKESSON MEDICAL SURGICAL MN S	DISPOSABLES	64.80
		P2000498	02/20/2020	CONCORDANCE HEALTHCARE SOLUTIO	DISPOSABLES	3,201.50
		P2000573	02/20/2020	PROFESSIONAL MEDICAL INC	DISPOSABLES	4,720.75
<b>Support Service Materials PROG TOTAL</b>						<b>21,925.46</b>
32-8000-8200-63109	Other Supplies					
		P2000495	02/13/2020	MCKESSON MEDICAL SURGICAL MN S	OTHER SUPPLIES & EXP	689.14
		P2000546	02/06/2020	MEDLINE INDUSTRIES INC	OTHER SUPPLIES & EXP	133.66
		P2000688	02/20/2020	ROCK MED LTC PHARMACY	OTHER SUPPLIES & EXP	5.29
		P2000592	02/13/2020	THRIFTY WHITE PHARMACY	PHARMACY	3,335.32
<b>Support Service-Pharmacy PROG TOTAL</b>						<b>4,063.31</b>
32-8000-9100-63109	Other Supplies					
		P2000547	02/27/2020	GORDON FOOD SERVICE	OTHER SUPPLIES	282.87
		P2000574	02/06/2020	PERFORMANCE HEALTH SUPPLY INC	OTHER SUPPLIES & EXP	251.09
		P2000590	02/13/2020	US BANK	OTHER SUPPLIES	169.89

ROCK COUNTY

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02/27/2020

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
		P2000594	02/27/2020	SYSCO FOODS OF BARABOO LLC	OTHER SUPPLIES	2,000.73
32-8000-9100-63111	Paper Products	P2000547	02/20/2020	GORDON FOOD SERVICE	PAPER PRODUCTS	61.95
		P2000690	02/13/2020	US BANK	PAPER PRODUCTS	128.30
		P2000694	02/27/2020	SYSCO FOODS OF BARABOO LLC	PAPER	96.34
32-8000-9100-64102	Dairy	P2000493	02/27/2020	COUNTRY QUALITY DAIRY	DAIRY	2,761.18
		P2000547	02/13/2020	GORDON FOOD SERVICE	DAIRY	86.72
		P2000594	02/27/2020	SYSCO FOODS OF BARABOO LLC	DAIRY	1,455.77
32-8000-9100-64105	Groceries	P2000540	02/13/2020	KWIK TRIP INC	GROCERY	129.70
		P2000547	02/27/2020	GORDON FOOD SERVICE	GROCERY	5,658.97
		P2000566	02/20/2020	ROCK COUNTY HEALTH CARE CENTER	GROCERY	62.97
		P2000572	02/27/2020	PAN-O-GOLD BAKING CO	BREAD	865.80
		P2000590	02/13/2020	US BANK	GROCERY	66.77
		P2000591	02/27/2020	TROPIC JUICES INC	JUICE	1,144.50
		P2000594	02/27/2020	SYSCO FOODS OF BARABOO LLC	GROCERY	3,947.02
32-8000-9100-64107	Meat	P2000547	02/27/2020	GORDON FOOD SERVICE	MEAT	2,148.46
		P2000590	02/13/2020	US BANK	MEAT	171.04
		P2000594	02/27/2020	SYSCO FOODS OF BARABOO LLC	MEAT	2,777.44
32-8000-9100-64109	Supplements	P2000594	02/27/2020	SYSCO FOODS OF BARABOO LLC	SUPPLEMENTS	1,847.38
<b>Support Services-Food Service PROG TOTAL</b>						<b>26,120.69</b>
32-8000-9200-62420	Mach/Equip R&M	P2000303	02/13/2020	ASC1 INC	MACHINERY & EQUIP	52.12
		P2000309	02/20/2020	DIRECT SUPPLY EQUIPMENT	UNIT TO WALL POWER CORDS	275.98
		P2000311	02/13/2020	COMMUNICATION ENGINEERING COMP	MACHINERY & EQUIP	360.36
		P2000316	02/06/2020	EZ WAY INC	MACHINERY & EQUIP	1,872.60
		P2000338	02/27/2020	LAND AND WHEELS	MACHINERY & EQUIP	231.46
		P2000340	02/13/2020	US BANK	MACHINERY & EQUIP	1,929.43
32-8000-9200-62450	Grounds Imp R&M					

ROCK COUNTY

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02/27/2020

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
		P2000317	02/06/2020	E AND S SNOWPLOWING	SNOW REMOVAL	1,246.00
32-8000-9200-62460	BLDG SERV R&M	P2000348	02/27/2020	MOTION INDUSTRIES INC	BLDG SERVICE EQUIP	576.43
		P2000352	02/27/2020	TAS COMMUNICATIONS INC	E-ALARM	40.37
		P2000821	02/20/2020	E AND D WATER WORKS INC	BRADFORD WHITE WATER HEATER	9,695.00
		P2000988	02/27/2020	MASTERS BUILDING SOLUTIONS	SERVICE AND LABOR TO ADDRESS	583.75
32-8000-9200-62461	Elevator R&M	P2000900	02/20/2020	SCHINDLER ELEVATOR CORPORATION	PREVENTIVE MAINTENANCE AGREEME	4,198.93
32-8000-9200-62463	Fire Alarm	P2000941	02/20/2020	PROTECTION TECHNOLOGIES	2020 FIRE ALARM SERVICE CONTRA	11,106.00
32-8000-9200-62470	Building R&M	P2000081	02/27/2020	JANESVILLE WINSUPPLY COMPANY	REPAIR & MAINT SUPPLIES	305.74
		P2000320	02/13/2020	HALLMAN LINDSAY INC	REPAIR & MAINT PAINT	435.07
32-8000-9200-63109	Other Supplies	P2000318	02/06/2020	E AND D WATER WORKS INC	SOLAR SALT	269.50
		P2000327	02/13/2020	HOH WATER TECHNOLOGY INC	OTHER SUPPLIES & EXP	505.00
		P2000340	02/13/2020	US BANK	OTHER SUPPLIES & EXP	127.24
		P2000346	02/13/2020	MENARDS	OTHER SUPPLIES & EXP	285.13
		P2000985	02/27/2020	TJ ENTERPRISES	WALL PLATE SHELVES FOR RESIDEN	562.50
<b>Support Service-Maintenance PROG TOTAL</b>						<b>34,458.51</b>
32-8000-9300-62163	Laundry	P2000456	02/20/2020	ARAMARK UNIFORM SERVICES INC	LAUNDRY SERVICES	4,874.37
32-8000-9300-62164	Disposal Service	P2000258	02/20/2020	BADGERLAND DISPOSAL	DISPOSAL SERVICES	640.16
		P2000575	02/06/2020	OFFICE PRO INC	DISPOSAL SERVICES SHREDDING	10.95
32-8000-9300-63109	Other Supplies	P2000547	02/27/2020	GORDON FOOD SERVICE	ES OTHER SUPPLIES	450.82
		P2000553	02/06/2020	MENARDS	ODOR ELIMINATORS	107.03
		P2000566	02/13/2020	ROCK COUNTY HEALTH CARE CENTER	HYDROGEN PEROXIDE	4.22
		P2000590	02/20/2020	US BANK	OTHER SUPPLIES & EXP	35.25
32-8000-9300-63111	Paper Products	P2000566	02/27/2020	ROCK COUNTY HEALTH CARE CENTER	BAKING SODA	7.50
32-8000-9300-63404	Janitor/Cleaning					

COMMITTEE: HS - ROCK HAVEN



ROCK COUNTY

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Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
		P2000586	02/27/2020	ROCK COUNTY HEALTH CARE CENTER	BAKING SODA PAPER TOWELS	19.88
		P2000580	02/27/2020	NASSCO INC	JANITORIAL CLEANING	190.39
		P2000590	02/20/2020	US BANK	JANITORIAL CLEANING	40.62
32-8000-9300-84409	Furnishings	P2000710	02/20/2020	NORTH AMERICAN CORPORATION	JANITORIAL CLEANING	727.80
		P2000590	02/20/2020	US BANK	FURNISHINGS	1,346.91
Support Services-Environmental PROG TOTAL						8,464.70
32-8000-9500-62104	Consult Services	P2000584	02/13/2020	SPECIALIZED MEDICAL SERVICES	CONSULTING SERVICES	1,579.50
32-8000-9500-62189	Other Medical	P2000455	02/27/2020	ADECCO EMPLOYMENT SERVICES INC	OTHER MED SERVICES	1,360.00
		P2000577	02/27/2020	NURSES PRN	OTHER MED SERVICES	10,348.11
		P2000595	02/13/2020	WI MEDEMPLOY LLC	OTHER MED SERVICES	824.30
32-8000-9500-64200	Training	P2000590	02/13/2020	US BANK	TRAINING EXP	35.00
32-8000-9500-84415	Provider Tax	P2000597	02/13/2020	WISCONSIN DEPARTMENT OF HEALTH	PROVIDER TAX	21,760.00
Support Service-Administration PROG TOTAL						35,906.91
32-8000-9700-62174	Internist	P2000589	02/20/2020	WEST MD,WILLIAM PETER	INTERNIST	13,100.00
Support Services-Medical Staff PROG TOTAL						13,100.00
32-9000-9930-62210	Telephone	P2000506	02/27/2020	ABILITY NETWORK INC	TELEPHONE	942.32
General Services Telephone PROG TOTAL						942.32
32-9000-9940-61920	Physicals	P2000576	02/27/2020	OCCUPATIONAL HEALTH CENTER	PHYSICALS	184.00
General Service Emp Benefits PROG TOTAL						184.00

ROCK COUNTY

**COMMITTEE REVIEW REPORT**  
**WITH DESCRIPTION**  
FOR THE MONTH OF FEBRUARY 2020

02/27/2020

<u>Account Number</u>	<u>Account Name</u>	<u>PO#</u>	<u>Check Date</u>	<u>Vendor Name</u>	<u>Description</u>	<u>Inv/Enc Amt</u>
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I have reviewed the preceding payments in the total amount of \$186,248.46

Date:

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

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

ROCK COUNTY

COMMITTEE REVIEW REPORT  
WITH DESCRIPTION  
FOR THE MONTH OF FEBRUARY 2020

02/27/2020

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
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**REPORT COMPLETE!**

Report Total: 188,149.01

For Job Numbers: 2006101, 2009947, 2013517, 2013522, 2006104, 2009945, 2009949, 2013733, 2017036

ROCK COUNTY

COMMITTEE REVIEW REPORT  
WITH DESCRIPTION  
FOR THE MONTH OF DECEMBER 2019

02/27/2020

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
32-8000-8100-64003	Oxygen Supplies	P1900298	02/06/2020	NORTHWEST RESPIRATORY SERVICES	OXYGEN SUPPLIES RS	14.22
Support Service Materials PROG TOTAL						14.22

I have reviewed the preceding payments in the total amount of \$14.22

Date:

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

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

ROCK COUNTY

COMMITTEE REVIEW REPORT  
WITH DESCRIPTION  
FOR THE MONTH OF DECEMBER 2019

02/27/2020

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
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**REPORT COMPLETE!**

Report Total: 14.22

For Job Numbers: 2008092

# Rock County Transfer Request - Over \$5,000

**RECEIVED**

TO: FINANCE DIRECTOR      Date 2/14/2020  
 Requested By Rock Haven      Department \_\_\_\_\_

Transfer No. 19-99      ~~FEB 27 2020~~  
Sherry Gunderson      Department Head **FINANCE**

FROM:	AMOUNT	TO:	AMOUNT
Account #: 32-7260-7400-62185 Description: Occupational Therapy Current Balance: \$24,342	18,386.00	Account #: 32-8000-8100-64000 Description: Medical Supplies	18,386.00
Account #: Description: Current Balance:		Account #: Description:	
Account #: Description: Current Balance:		Account #: Description:	
Account #: Description: Current Balance:		Account #: Description:	

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

Expenses were less than what was projected for 2019. Occupational Therapy services are based on need and the number of Medicare residents.

**REASON TRANSFER IS NECESSARY - BE SPECIFIC**

Expenses for Medical Supplies were more than budgeted in 2019. Medical products continue to be reviewed and upgraded to meet state requirements, as well as, improving products which increase resident safety concerns and improves resident dignity. In 2019 Stryker cactus disposable sink systems were purchased for each neighborhood and bariatric beds were ordered due to the number of larger size residents that are being admitted to Rock Haven.

**FISCAL NOTE:**

Sufficient funds available for transfer.  
*2/14/20 Susan Balog*

**ADMINISTRATIVE NOTE:**

*JMV 2/26/20*

**REQUIRED APPROVAL**

DATE

COMMITTEE CHAIR

Governing Committee \_\_\_\_\_

Finance Committee \_\_\_\_\_

**Rock County**  
**Transfer Request - Over \$5,000**

**RECEIVED**

TO: FINANCE DIRECTOR  
Requested By Rock Haven

Date 2/14/2020

Transfer No. 19-100 FEB 27 2020

Sherry Gunderson **FINANCE**

Department

Department Head

FROM:	AMOUNT	TO:	AMOUNT
Account #: 32-7260-7400-62180 Description: Physical Therapy Current Balance: \$38,492	37,828.00	Account #: 32-7260-7400-62186 Description: Speech Therapy	32,225.00
Account #: Description: Current Balance:		Account #: 32-8000-9100-64109 Description: Cash Food - Supplements	5,603.00
Account #: Description: Current Balance:		Account #: Description:	
Account #: Description: Current Balance:		Account #: Description:	

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

Expenses were less than what was projected for 2019. Physical Therapy services are based on need and the number of Medicare residents.

**REASON TRANSFER IS NECESSARY - BE SPECIFIC**

Expenses for Speech Therapy provided to residents were more than budgeted in 2019. Services are to Medicare patients and are based on need and the number of patients. Costs for speech therapy are reimbursed through the Medicare rate. Expenses for supplements were more than projected in 2019. The supplements expense account varies with resident acuity. Rock Haven admits high level care residents that require nutritional supplements. Tube fed residents and nutritionally compromised residents drive this account.

**FISCAL NOTE:**

**ADMINISTRATIVE NOTE:**

Sufficient funds are available for transfer.

*Susan Balog* 2/17/20

*Sherry Gunderson* 2/26/20

**REQUIRED APPROVAL**

**DATE**

**COMMITTEE CHAIR**

Governing Committee

Finance Committee

Distribution: **EMAIL** Sherry Oja and Susan Balog

Revised: 04/2016

RECEIVED

Rock County  
Transfer Request - Over \$5,000

FEB 27 2020

FINANCE

TO: FINANCE DIRECTOR

Date 2/14/2020

Transfer No. 19-101

Requested By Rock Haven

Sherry Gunderson

Department

Department Head

FROM:	AMOUNT	TO:	AMOUNT
Account #: 32-9000-9940-61610 Description: Health Insurance Premium Current Balance: \$394,242	106,875.00	Account #: 32-8000-8200-63109 Description: Other Supplies & Expense	31,930.00
Account #: Description: Current Balance:		Account #: 32-8000-9500-62104 Description: Consulting Services	26,791.00
Account #: Description: Current Balance:		Account #: 32-8000-9500-62109 Description: Personnel Services	6,501.00
Account #: Description: Current Balance:		Account #: 32-8000-9500-62451 Description: Special Assessments	41,653.00

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

Expenses were less than what was projected for 2019. Staff vacancies contributed to less expenses in Health Insurance Premium expense account than what was originally budgeted.

**REASON TRANSFER IS NECESSARY - BE SPECIFIC**

Expenses for over the counter medication for Medicaid and private pay residents were more than projected in 2019. This account is based on residents' needs. Cost of medications for private pay residents are reimbursed to Rock Haven through private pay billing. Expenses for consulting services were over due to billing/consulting services utilized during the vacancy of the billing position. A 2% cost of living increase in the beginning of the year contributed to an increase in Personnel Services for HR services. In 2019 Rock Haven paid Civil Money Penalty totaling \$41,652.80 to the Centers of Medicare & Medicaid Services for 9/6/18 and 5/3/19 expenses were paid from Special Assessments.

**FISCAL NOTE:**

Sufficient funds are available for transfer.

*Susan Balog 2/18/20*

**ADMINISTRATIVE NOTE:**

*gm 2/26/20*

**REQUIRED APPROVAL**

**DATE**

**COMMITTEE CHAIR**

Governing Committee

Finance Committee



**Rock County  
Transfer Request - Over \$5,000**

**RECEIVED**

TO: FINANCE DIRECTOR      Date 2/14/2020  
Requested By Rock Haven      Department

Transfer No. 19-102      FEB 27 2020  
Sherry Gunderson      **FINANCE**  
Department Head

FROM:	AMOUNT	TO:	AMOUNT
Account #: 32-9000-9940-61610 Description: Health Insurance Premium Current Balance: \$287,367	76,509.00	Account #: 32-8000-9500-64200 Description: Training Expense	16,868.00
Account #: Description: Current Balance:		Account #: 32-8000-9550-64902 Description: Indirect Costs	12,397.00
Account #: Description: Current Balance:		Account #: 32-8000-9700-62174 Description: Internist	22,072.00
Account #: Description: Current Balance:		Account #: 32-9000-9940-61400 Description: FICA	25,172.00

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

Expenses were less than what was projected for 2019. Staff vacancies contributed to less expenses in Health Insurance Premium expense account than what was originally budgeted.

**REASON TRANSFER IS NECESSARY - BE SPECIFIC**

Trainings and conferences to prepare for the implementation of PDPM on 10/1/19 caused overage in Training . Indirect costs is a cross charge for Medical Records services from the Human Services Dept. Expenses were over due to Med Records Staff attending training and meetings re the implementation of PDPM, and when costs were originally budgeted it was known there would be a 2% cost of living increase for staff. Internist is over expense due to the number of patients seen by the Medical Director and medical and on-call coverage for residents. Expenses in FICA were over. This is relevant with the amount of over-time & a wage increase not known at the preparation of the 2019 budget.

**FISCAL NOTE:**

Sufficient funds are available for transfer.  
*Susan Balog 2/18/20*

**ADMINISTRATIVE NOTE:**

*[Signature]*      *2/26/20*  
COMMITTEE CHAIR

**REQUIRED APPROVAL**

- Governing Committee \_\_\_\_\_  
 Finance Committee \_\_\_\_\_



## ROCK HAVEN

<b>Title:</b> <b>Notice of Bed Hold</b>	<b>Policy Number: 305</b>
<b>Date of Issue: 09/2013</b>	<b>Date of Update: 11/2018</b>
<b>Policy Custodian:</b> <b>Administration</b>	

- I. **Purpose:** To provide the Resident/Representative with a Bed Hold written notice upon admission and upon transfer for hospitalization or therapeutic leave.
  
- II. **Policy:** All residents will be given a written bed hold notice upon admission, and within 24 hours of an emergency transfer to hospital, or for therapeutic leave.
  
- III. **III: Procedure**
  1. A resident, and or his or her representative will be given a written bed hold notice within 24 hours of an emergency transfer. This notice will be sent upon discharge with other papers accompanying the resident to the hospital. This notice will be issued regardless of pay source.
  2. There will be a follow up call to all residents/representatives to ensure the bed hold notice has been received and noted and returned to the facility. This will be done on the next business day (post weekend if the discharge occurs on a weekend).
  3. If the resident has a pay source other that the Wisconsin State Medicaid Program, the resident must sign and agree to pay privately for the room to be held. The cost of the bed hold will be listed on the Bed Hold Notice.
  4. Any resident whose service are paid for by the State Medicaid Program will have their bed held for 15 days, unless otherwise selected by the resident or responsible party. The resident/responsible party must elect for the bed to be held. If the bed hold exceeds 15 days the resident will be discharged, but has the right to be admitted to the next available appropriate bed if the pay source of institutional Medicaid remains.
  5. The resident/representative will be provided with the following information
    - a. The effective date of the bed hold
    - b. Information regarding the bed hold.

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Administrator

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Medical director

Sufficient preparation and orientation means the facility informs the resident where he or she is going, and takes steps under its control to minimize anxiety.

Examples of preparation and orientation may include explaining to a resident why they are going to the emergency room or other location or leaving the facility; working with family or resident's representative to assure that the resident's possessions (as needed or requested by the resident) are not left behind or lost; and ensuring that staff handle transfers and discharges in a manner that minimizes anxiety or depression and recognizes characteristic resident reactions identified by the resident's assessment and care plan.

The facility must orient and prepare the resident regarding his or her transfer or discharge in a form and manner that the resident can understand. The form and manner of this orientation and preparation must take into consideration factors that may affect the resident's ability to understand, such as educational level, language and/or communication barriers, and physical and mental impairments. The facility must also document this orientation in the medical record, including the resident's understanding of the transfer or discharge.

Other tags for consideration would be:

- F622, Transfer and Discharge Requirements, specifically the clinical information that must be conveyed to the receiving provider, if the transfer or discharge is to another healthcare setting; and
- F843, Transfer Agreement, for concerns related to timely transfer to the acute care facility.

## PROCEDURES

- Review nursing notes and any other relevant documentation to see if appropriate orientation and preparation of the resident prior to transfer and discharge has occurred.
- Through record review and interviews, determine if the resident received sufficient preparation prior to transfer or discharge, and if they understood the information provided to them.
- Were the resident's needed/requested possessions transferred with the resident to the new location?
- Ask resident or his or her representative if they understand why the transfer or discharge occurred.

## F625

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.15(d) Notice of bed-hold policy and return—

§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies—

- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;
- (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;
- (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and
- (iv) The information specified in paragraph (e)(1) of this section.

§483.15(d)(2) *Bed-hold notice upon transfer.* At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.

#### **INTENT**

To ensure that residents are made aware of a facility's bed-hold and reserve bed payment policy before and upon transfer to a hospital or when taking a therapeutic leave of absence from the facility.

#### **DEFINITIONS**

**"Bed-hold":** Holding or reserving a resident's bed while the resident is absent from the facility for therapeutic leave or hospitalization.

**"Reserve Bed Payment":** Payments made by a State to the facility to hold a bed during a resident's temporary absence from a nursing facility.

**"Therapeutic Leave":** Absences for purposes other than required hospitalization.

#### **GUIDANCE**

##### **Notice of Bed-Hold Policy**

All facilities must have policies that address holding a resident's bed during periods of absence, such as during hospitalization or therapeutic leave. Additionally, facilities must provide written information about these policies to residents prior to and upon transfer for such absences. This information must be provided to all facility residents, regardless of their payment source.

These provisions require facilities to issue two notices related to bed-hold policies. The first notice could be given well in advance of any transfer, i.e., information provided in the admission packet. Reissuance of the first notice would be required if the bed-hold policy under the State plan or the facility's policy were to change.

The second notice must be provided to the resident, and if applicable the resident's representative, at the time of transfer, or in cases of emergency transfer, within 24 hours. It is expected that facilities will document multiple attempts to reach the resident's representative in cases where the facility was unable to notify the representative.

The notice must provide information to the resident that explains the duration of bed-hold, if any, and the reserve bed payment policy. It should also address permitting the return of residents to the next available bed.

When a resident residing in a skilled nursing facility under Medicare is hospitalized or takes therapeutic leave, Medicare will not pay to hold the bed. Facility policies may allow the resident to pay privately to hold his or her bed. While the provisions of this requirement specifically address bed-hold under Medicaid law, facilities must make all residents aware in writing of their policies related to holding beds during absences from the facility.

**NOTE:** Residents not covered by Medicare or Medicaid, may be permitted to privately provide reserve bed payments.

Medicaid law requires each state Medicaid plan to address bed-hold policies for hospitalization and periods of therapeutic leave. State plans vary in payment for and duration of bed-holds. However, federal regulations do not require states to pay nursing facilities for holding beds while the resident is away from the facility. In general, the State plan sets the length of time, if any, that the state will pay the facility for holding a bed for a Medicaid-eligible resident. It is the responsibility of the survey team to know the bed-hold policies of their State Medicaid plan.

Additionally, §483.15 (e)(1) and F626 require facilities to permit residents to return to the facility immediately to the first available bed in a semi-private room.

As stated above, a participating facility must provide notice to its residents and if applicable, their representatives, of the facility's bed-hold policies, as stipulated in each State's plan. This notice must be provided prior to and upon transfer and must include information on how long a facility will hold the bed, how reserve bed payments will be made (if applicable), and the conditions upon which the resident would return to the facility. These conditions are:

- The resident requires the services which the facility provides; and
- The resident is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.

Bed-hold for days of absence in excess of the State's bed-hold limit is considered a non-covered service which means that the resident could use his/her own income to pay for the bed-hold. However, if a resident does not elect to pay to hold his or her bed, the resident will be permitted to return to the next available bed, consistent with the requirements at §483.15(e).

The provision at §483.15(d)(1)(ii) references regulations for Medicaid Payments for Reserving Beds in Institutions (§447.40), which state "Absences for purposes other than required hospitalization (which cannot be anticipated and planned) are included in the patient's plan of care." This means that therapeutic leave of absence must be consistent with the resident's goals for care, be assessed by the comprehensive assessment, and

incorporated into the comprehensive care plan, and cannot be a means of involuntarily discharging the resident.

### **INVESTIGATIVE PROTOCOL**

Use the Critical Element (CE) Pathways for Community Discharge, or Hospitalization, as appropriate, along with the above interpretive guidelines when determining if the facility meets the requirements for, or investigating concerns related to the facility requirements for bed-hold.

#### **Summary of Investigative Procedure**

If concerns arise regarding notice of bed-hold, review the medical record for evidence of whether a notice of bed-hold was provided both (1) prior to and (2) upon transfer. Look for documentation such as a copy of the dated notice(s), progress notes, transfer checklist(s), or other evidence that the notice was given. Additionally, ask to review facility policies on bed-hold. Review the facility's admission packet to determine if notice of bed-hold is given at admission. If not, determine how the facility notifies residents prior to transfer.

Ask the resident, or if applicable, the resident's representative(s), whether they received the bed-hold notice and understand the facility's bed-hold policy. If not, determine how the facility notifies residents of this information prior to transfer.

**F626**

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

#### **§483.15(e)(1) Permitting residents to return to facility.**

A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.

- (i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident—
  - (A) Requires the services provided by the facility; and
  - (B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.
- (ii) If the facility determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.

**§483.15(e)(2) Readmission to a composite distinct part.** When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there.

## **INTENT**

To ensure that facilities develop and implement policies that address bed-hold and return to the facility for all residents. Specifically, residents who are hospitalized or on therapeutic leave are allowed to return for skilled nursing or nursing facility care or services. In situations where the facility intends to discharge the resident, the facility must comply with Transfer and Discharge Requirements at §483.15(c), and the resident must be permitted to return and resume residence in the facility while an appeal is pending.

## **DEFINITIONS**

**"Bed-hold":** Holding or reserving a resident's bed while the resident is absent from the facility for therapeutic leave or hospitalization.

**"Composite Distinct Part":** A composite distinct part is a distinct part consisting of two or more noncontiguous components that are not located within the same campus, as that term is defined in §413.65(a)(2). Additional requirements specific to SNF/NF composite distinct parts are found at §483.5.

**"Campus":** Campus is defined in §413.65(a)(2) and means the physical area immediately adjacent to the provider's main buildings, other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings, and any other areas determined on an individual case basis, by the CMS regional office, to be part of the provider's campus.

**"Distinct Part":** A distinct part SNF or NF is physically distinguishable from the larger institution or institutional complex that houses it, meets the requirements of this paragraph and of paragraph (b)(2) of this section, and meets the applicable statutory requirements for SNFs or NFs in sections 1819 or 1919 of the Act, respectively. A distinct part SNF or NF may be comprised of one or more buildings or designated parts of buildings (that is, wings, wards, or floors) that are: In the same physical area immediately adjacent to the institution's main buildings; other areas and structures that are not strictly contiguous to the main buildings but are located within close proximity of the main buildings; and any other areas that CMS determines on an individual basis, to be part of the institution's campus. A distinct part must include all of the beds within the designated area, and cannot consist of a random collection of individual rooms or beds that are scattered throughout the physical plant. The term "distinct part" also includes a composite distinct part that meets the additional requirements of paragraph (c) of this section. Additional requirements specific to SNF/NF distinct parts are found at §483.5.

**"Therapeutic Leave":** Absences for purposes other than required hospitalization.

## **GUIDANCE §483.15 (e)**

Facilities must develop and implement policies for bed-hold and permitting residents to return following hospitalization or therapeutic leave. These policies must address how the facility will allow residents to return when their hospitalization or therapeutic leave has exceeded the bed-hold period allowed by the State Medicaid plan. Duration of and

payment for bed-hold for residents eligible for Medicaid vary by State. The policy must also address how residents who pay privately, or receive Medicare, may pay to reserve their bed.

*NOTE:* These requirements also apply to a resident who was receiving Medicaid at the time of his or her hospitalization, and returns needing skilled nursing (Medicare) care or services.

Residents must be permitted to return to their previous room, if available, or to the next available bed in a semi-private room, providing the resident:

- Still requires the services provided by the facility; and
- Is eligible for Medicare skilled nursing facility or Medicaid nursing facility services.

Medicaid-eligible residents must be permitted to return to the first available bed even if the residents have outstanding Medicaid balances.

#### **Composite Distinct Part**

If a facility does not have a composite distinct part this provision does not apply. If there are concerns as to whether or not a facility is appropriately certified as a distinct or composite distinct part, consult with the CMS Regional Office for clarification.

When a resident is returning to a composite distinct part, he/she must be allowed to return to an available bed in the particular location of the composite distinct part in which he/she resided previously, or the next available bed in that location.

#### **Not Permitting Residents to Return**

Not permitting a resident to return following hospitalization or therapeutic leave requires a facility to meet the requirements for a facility-initiated discharge as outlined in §483.15(c)(1)(ii). A facility must not discharge a resident unless:

1. The discharge or transfer is necessary for the resident's welfare and the facility cannot meet the resident's needs.
2. The resident's health has improved sufficiently so that the resident no longer needs the services of the facility.
3. The resident's clinical or behavioral status endangers the safety of individuals in the facility.
4. The resident's clinical or behavioral status endangers the health of individuals in the facility.
5. The resident has failed to pay for (or to have paid under Medicare or Medicaid) his or her stay at the facility.
6. The facility ceases to operate.

For concerns related to a facility not permitting a resident to return, the surveyor should investigate to determine if the basis for discharge meets one of the requirements above (See F622, §483.15(c)(1)(ii)).



As noted at §483.15(c)(2)(i)(B), when the facility transfers or discharges a resident for the resident's welfare, or because the resident's needs cannot be met in the facility, the medical record must contain documentation of the specific resident needs that cannot be met, facility attempts to meet those needs, and the service available at the receiving facility to meet the needs. Resident decisions to refuse care should not be considered a basis for transfer or discharge unless the refusal poses a risk to the resident's or other individuals' health and/or safety. In situations where a resident's choice to refuse care or treatment poses a risk to the resident's or others' health or safety, the comprehensive care plan must identify the care or service being declined, the risk the declination poses to the resident, and efforts by the interdisciplinary team to educate the resident and the representative, as appropriate (See F656, §483.21(b)(1)(ii), Comprehensive Care Plans.)

If unable to resolve situations where a resident's refusal for care poses a risk to the resident's or others' health or safety, the facility administration, nursing and medical director may wish to convene an ethics meeting, which includes legal consultation, in order to determine if the facility can meet the resident's needs, or if the resident should be transferred or discharged.

If a facility does not permit a resident who went on therapeutic leave to return, the facility must meet the requirements for a facility-initiated discharge at F622. Because the facility was able to care for the resident prior to therapeutic leave, documentation related to the basis for discharge must clearly show why the facility can no longer care for the resident.

Additionally, facilities must not treat situations where a resident goes on therapeutic leave and returns later than agreed upon, as a resident-initiated discharge. The resident must be permitted to return and be appropriately assessed for any ill-effects from being away from the facility longer than expected, and provide any needed medications or treatments which were not administered because they were out of the building. If a resident has not returned from therapeutic leave as expected, the medical record should show evidence that the facility attempted to contact the resident and resident representative. The facility must not initiate a discharge unless it has ascertained from the resident or resident representative that the resident does not wish to return.

A facility may have concerns about permitting a resident to return to the facility after a hospital stay due to the resident's clinical or behavioral condition at the time of transfer. The facility must not evaluate the resident based on his or her condition when originally transferred to the hospital. If the facility determines it will not be permitting the resident to return, the medical record should show evidence that the facility made efforts to:

- Determine if the resident still requires the services of the facility and is eligible for Medicare skilled nursing facility or Medicaid nursing facility services.
- Ascertain an accurate status of the resident's condition—this can be accomplished via communication between hospital and nursing home staff and/or through visits by nursing home staff to the hospital.
- Find out what treatments, medications and services the hospital provided to improve the resident's condition. If the facility is unable to provide the same treatments, medications, and services, the facility may not be able to meet the

resident's needs and may consider initiating a discharge. For example, a resident who has required IV medication or frequent blood monitoring while in the hospital and the nursing home is unable to provide this same level of care.

- Work with the hospital to ensure the resident's condition and needs are within the nursing home's scope of care, based on its facility assessment, prior to hospital discharge. For example, the nursing home could ask the hospital to:
  - Attempt reducing a resident's psychotropic medication prior to discharge and monitor symptoms so that the nursing home can determine whether it will be able to meet the resident's needs upon return;
  - Convert IV medications to oral medications and ensure that the oral medications adequately address the resident's needs.

If the facility determines the resident will not be returning to the facility, the facility must notify the resident, his or her representative, and the LTC ombudsman in writing of the discharge, including notification of appeal rights. If the resident chooses to appeal the discharge, the facility must allow the resident to return to his or her room or an available bed in the nursing home during the appeal process, unless there is evidence that the resident's return would endanger the health or safety of the resident or other individuals in the facility.

For concerns regarding notification of discharge, and the resident's right to appeal the discharge, refer to the regulation and guidance at §483.15(c)(3)-(5)(F623).

### **INVESTIGATIVE PROTOCOL**

Use the Critical Element (CE) Pathways for Community Discharge, or Hospitalization, as appropriate, along with the above interpretive guidelines when determining if the facility meets the requirements for, or investigating concerns related to the facility requirements to permit residents to return following hospitalization or therapeutic leave.

#### **Summary of Investigative Procedure**

If concerns arise regarding facility failure to permit a resident to return, review the medical record for evidence of whether a notice of transfer and discharge and notice of bed-hold were provided. Determine the basis for discharge and how the facility evaluated the resident. The surveyor may have to obtain hospital records for further investigation. Review any other documentation necessary to ascertain the extent to which the facility made efforts to enable the resident to return.

In cases where a facility did not allow a resident to return due to lack of an available bed, the surveyor should review facility admissions beginning with when the resident was ready to return to determine if residents with similar care needs have been admitted. Additionally, if the facility does not readmit the resident due to risk to the health or safety of individuals in the facility, the surveyor should review documentation for how the facility made this determination.

### **KEY ELEMENTS OF NONCOMPLIANCE**

To cite deficient practice at F626, the surveyor's investigation will generally show that the facility failed to:

- Establish and/or implement a policy that is in accordance with the State Medicaid plan, and addresses returning to the facility following hospitalization or therapeutic leave; or
- Ensure that residents whose hospitalization or therapeutic leave exceeds the State's bed-hold period are returned to their previous room and/or the first available bed in a semi-private room; or
- Ensure (for a resident not permitted to return) the medical record and notification contain a valid basis for discharge; or
- Permit a resident to return to the same composite distinct part in which they previously resided.

#### **DEFICIENCY CATEGORIZATION**

In addition to actual or potential physical harm, always consider whether psychosocial harm has occurred when determining severity level (See Appendix P, Section IV, E, Psychosocial Outcome Severity Guide).

*Examples of Severity Level 4 Non-compliance: Immediate Jeopardy to Resident Health or Safety include, but are not limited to:*

- Facility failed to allow a resident to return following therapeutic leave to a family member's home, resulting in the resident being found living on the street, without food or shelter. The medical record did not contain evidence of a valid basis for discharge, and there was no evidence of discharge planning. This was cross-referenced and also cited at F622, Transfer and Discharge Requirements, §483.15(c)(1), and F660, Discharge Planning Process, §483.21(c)(1).
- Facility failed to allow a resident to return following a hospitalization. The medical record did not accurately evaluate the resident, rather they used the resident's status prior to the transfer as the basis for discharge. This was cross-referenced and also cited at F622, Transfer and Discharge Requirements, §483.15(c)(1).

*Examples of Severity Level 3 Noncompliance: Actual Harm that is not Immediate Jeopardy include, but are not limited to:*

- Facility failed to allow a resident to return to a bed in the same composite distinct part in which they resided previously. The new location was far from the resident's family, resulting in the resident expressing sustained and persistent sadness and withdrawal.
- Facility failed to allow a resident to return to the nursing facility, following a hospitalization that exceeded the bed-hold policy (and state plan). The facility discharged the resident on the basis of being unable to meet his needs. The survey team was able to verify that the facility had accepted residents with similar conditions during the timeframe that the resident was ready to return. This resulted in the resident being sent to another facility which was in a location not easily accessible by the resident's family. The resident expressed feelings of depression and loneliness.

*An example of Severity Level 2 Noncompliance: No Actual Harm with Potential for More Than Minimal Harm that is Not Immediate Jeopardy includes, but is not limited to:*

- *Facility failed to allow a resident to return to his/her previous room (even though it was available) upon return from the hospital, which resulted in no more than minimal harm as the resident adjusted to the new room. This noncompliance has the potential to cause more than minimal psychosocial harm.*

*An example of Severity Level 1 noncompliance: No actual harm with potential for minimal harm includes, but is not limited to:*

- *A facility which is a composite distinct part permitted a resident to return following hospitalization or therapeutic leave, however, the resident returned to a different location in the composite distinct part even though a bed was available in the same location where the resident had resided prior to transfer. The resident did not express displeasure with the situation.*

### **F635**

*(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)*

#### **§483.20(a) Admission orders**

*At the time each resident is admitted, the facility must have physician orders for the resident's immediate care.*

#### **INTENT §483.20(a)**

*To ensure each resident receives necessary care and services upon admission.*

#### **GUIDANCE §483.20(a)**

*"Physician orders for immediate care" are those written and/or verbal orders facility staff need to provide essential care to the resident, consistent with the resident's mental and physical status upon admission to the facility. These orders should, at a minimum, include dietary, medications (if necessary) and routine care to maintain or improve the resident's functional abilities until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan.*

### **F636**

*(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)*

#### **§483.20 Resident Assessment**

*The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.*

#### **§483.20(b) Comprehensive Assessments**

*§483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using*



RANGE AND JOB CLASSIFICATION	STEP:	6		18		30		60		120		180		240	
		A	B	C	D	E	F	G	H	mos	mos*	mos*	mos*	mos*	mos*
<b>Range 12</b>	1/1/2020	\$16.26	\$17.29	\$17.91	\$18.62	\$19.20	\$19.79	\$20.55	\$20.95	Administrative Assistant					
<b>Range 12A</b>	1/1/2020	\$16.95	\$17.49	\$18.04	\$18.56	\$19.10	\$19.61	\$20.42	\$20.85	Account Clerk II					
<b>Range 13</b>	1/1/2020	\$16.59	\$17.58	\$17.90	\$18.38	\$18.88	\$19.43	\$20.21	\$20.63	Release of Information Coordinator					
<b>Range 14</b>	1/1/2020	\$16.23	\$17.22	\$17.67	\$18.23	\$18.75	\$19.29	\$20.07	\$20.48						
<b>Range 15</b>	1/1/2020	\$15.61	\$16.63	\$17.30	\$17.96	\$18.54	\$19.11	\$19.92	\$20.26						
<b>Range 16</b>	1/1/2020	\$15.95	\$16.88	\$17.46	\$17.93	\$18.46	\$18.96	\$19.73	\$20.15						
<b>Range 17</b>	1/1/2020	\$15.64	\$16.78	\$17.37	\$17.90	\$18.38	\$18.90	\$19.66	\$20.07						
<b>Range 18</b>	1/1/2020	\$15.87	\$16.81	\$17.25	\$17.63	\$18.10	\$18.67	\$19.39	\$19.76						
<b>Range 19</b>	1/1/2020	\$14.89	\$15.95	\$16.45	\$16.98	\$17.53	\$18.04	\$18.73	\$19.13	Clerk Typist II					
<b>Range 20</b>	1/1/2020	\$15.21	\$16.26	\$16.85	\$17.63	\$18.14	\$18.69	\$19.43	\$19.81	Food Service Supervisor					
<b>Range 21</b>	1/1/2020	\$15.02	\$16.07	\$16.48	\$16.83	\$17.40	\$17.90	\$18.65	\$19.02						
<b>Range 22</b>	1/1/2020	\$14.57	\$15.61	\$16.10	\$16.61	\$17.16	\$17.63	\$18.32	\$18.73	Central Supply Clerk					
<b>Range 23</b>	1/1/2020	\$14.67	\$15.67	\$15.95	\$16.40	\$16.90	\$17.44	\$18.16	\$18.52						
<b>Range 24</b>	1/1/2020	\$14.24	\$15.27	\$15.77	\$16.28	\$16.78	\$17.29	\$18.00	\$18.32	Cook					
<b>Range 25</b>	1/1/2020	\$13.95	\$14.95	\$15.42	\$15.95	\$16.48	\$16.94	\$17.63	\$18.04	Activity Therapy Assitant Beautician Medical Record Clerk Certified Nursing Assistant					
<b>Range 26</b>	1/1/2020	\$13.93	\$14.94	\$15.41	\$15.94	\$16.46	\$16.90	\$17.62	\$18.03						
<b>Range 27</b>	1/1/2020	\$13.57	\$14.63	\$15.13	\$15.67	\$16.15	\$16.66	\$17.35	\$17.63						

RANGE AND JOB CLASSIFICATION	STEP:	6		18		30		60		120		180		240	
		A	B	C	D	E	F	G	H	mos	mos*	mos*	mos*	mos*	mos*
<b>Range 28</b>	1/1/2020	\$13.79	\$14.81	\$15.30	\$15.84	\$16.33	\$16.79	\$17.46	\$17.83						
Environmental Service Worker Food Service Worker															
<b>Range 29</b>	1/1/2020	\$13.67	\$14.74	\$15.19	\$15.69	\$16.19	\$16.69	\$17.38	\$17.67						
<b>Range 30</b>	1/1/2020	\$13.37	\$14.41	\$14.79	\$15.17	\$15.65	\$16.11	\$16.77	\$17.08						
Clerk Steno II															
<b>Range 31</b>	1/1/2020	\$13.33	\$14.36	\$14.75	\$15.13	\$15.61	\$16.08	\$16.73	\$17.03						
<b>Range 32</b>	1/1/2020	\$13.23	\$14.27	\$14.67	\$15.02	\$15.51	\$15.94	\$16.59	\$16.90						
<b>Range 33</b>	1/1/2020	\$12.83	\$13.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						

**Wage scales are maintained in the Rock County Policy and Procedures Manual under the Appendices.**

\*These are longevity steps. Employees must have continuous Rock County employment equal to the designated years of service to be placed in the corresponding pay step.

**APPENDIX C  
AFSCME LOCAL 1258  
POOL PAY GRID**

	Start A	1,000 hours worked B	5,200 hours worked C
<b>Pool C.N.A</b>			
1/1/2020	\$18.85	\$19.41	\$20.01
<b>Pool ATA</b>			
1/1/2020	\$18.85	\$19.41	\$20.01
<b>Pool LPN</b>			
1/1/2020	\$26.54	\$27.32	\$28.15
<b>Pool Pscyh Tech</b>			
1/1/2020	\$21.17	\$21.83	\$22.48
<b>Pool Unit Clerk</b>			
1/1/2020	\$20.05	\$20.64	\$21.28

**The wage scale is printed in the contract for reference purposes only. Wage scales are maintained in the Rock County Policy and Procedures Manual under the Appendices.**



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

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

**RESOLUTION  
ROCK COUNTY BOARD OF SUPERVISORS**

Rock Haven  
INITIATED BY

Health Services Committee  
SUBMITTED BY



David Froeber -Facilities  
Superintendent  
DRAFTED BY

02/25/2020  
DATE DRAFTED

**Amending the 2020 Rock Haven Budget for Unexpected Repairs**

- 1 **WHEREAS**, the premature failure of one compressor & electrical components on the Multistack VME II
- 2 - module #3 at Rock Haven was not included in the 2020 budget; and,
- 3
- 4 **WHEREAS**, the cost to replace one compressor & electrical components for the Multistack is
- 5 approximately \$20,000; and the premature failure of one commercial water heater in 2020 replacement
- 6 cost is approximately \$10,00, this was not included in the 2020 budget; and,
- 7
- 8 **WHEREAS**, the Facilities Superintendent is recommending amending the 2020 Rock Haven budget to
- 9 increase the building service equipment R & M account in the amount of \$30,000; and,
- 10
- 11 **WHEREAS**, additional funds are needed for these unforeseen/ premature repairs.
- 12

13 **NOW, THEREFORE, BE IT RESOLVED** that the Rock County Board of Supervisors duly assembled  
14 this \_\_\_\_\_ day of \_\_\_\_\_, 2020 does hereby approve amending the Rock Haven 2020  
15 budget in the amount of \$30,000 as follows:

<u>A/C DESCRIPTION</u>	<u>BUDGET AT</u> <u>03/1/2020</u>	<u>INCREASE</u> <u>(DECREASE)</u>	<u>AMENDED</u> <u>BUDGET</u>
<u>Source of Funds:</u>			
32-8000-9200-46400			
Rock Haven Fund Balance	\$ 0	\$30,000	\$30,000
<u>Use of Funds:</u>			
32-8000-9200-62460			
Building Service Equip R&M	\$14,500	\$30,000	\$44,500

Respectfully Submitted,

HEALTH SERVICES COMMITTEE

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

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

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

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

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

FINANCE COMMITTEE ENDORSEMENT

Reviewed and approved on a vote of \_\_\_\_\_

\_\_\_\_\_  
Mary Mawhinney, Chair                      Date

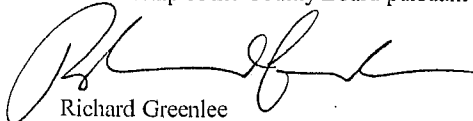
FISCAL NOTE:

This resolution authorizes the use of Rock Haven fund balance for unexpected repairs. Rock Haven's estimated working capital at 12/31/19 is \$2 million.

  
Sherry Oja  
Finance Director

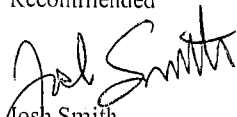
LEGAL NOTE:

As an amendment to the adopted 2020 County Budget, this Resolution requires a 2/3 vote of the entire membership of the County Board pursuant to sec. 65.90(5)(a), Wis. Stats.

  
Richard Greenlee  
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended

  
Josh Smith  
County Administrator

## **Executive Summary**

The resolution before you approves amending the 2020 Rock Haven budget in the amount of \$30,000. This amount will be for the purchase of a replacement water heater & repairing/replacing one compressor and electrical components needed to repair the number 3 module on the Multistack heating/cooling unit at Rock Haven Nursing Home.



## 2020 Patient Revenues for Rock Haven

January

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	\$102,655	\$232,821	-\$130,166	-56%	\$102,655	\$232,821	-\$130,166	-56%
Hospice	\$35,350	\$47,088	-\$11,738	-25%	\$35,350	\$47,088	-\$11,738	-25%
Medical Assistance	\$371,094	\$345,314	\$25,780	7%	\$371,094	\$345,314	\$25,780	7%
Private Pay	\$319,979	\$263,962	\$56,017	21%	\$319,979	\$263,962	\$56,017	21%
<b>Total</b>	<b>\$829,078</b>	<b>\$889,185</b>	<b>-\$60,107</b>	<b>-7%</b>	<b>\$829,078</b>	<b>\$889,185</b>	<b>-\$60,107</b>	<b>-7%</b>