

Rock Haven P.O. Box 351 Janesville, Wisconsin 53547-0351 Phone 608-757-5000 Fax 608-757-5010

HEALTH SERVICES COMMITTEE Tuesday, June 14, 2011, 3:00 p.m. Rock Haven 4th Floor Classroom

AGENDA

- 1. Call to Order/Approval of Agenda
- 2. Approval of Minutes May 3, 2011
- 3. Introductions, Citizen Participation, Communications and Announcements
- 4. Action Item: Bills
- 5. Action Item: Budget Transfers
- 6. Action Item: Pre-approved Encumbrances/Encumbrances
- 7. Old Business
 - a. Information Item: Rock Haven Replacement Construction Document Phase Update
- 8. New Business
 - a. Information Item: Janesville Plan Commission Meeting
 - b. Information Item: General Services Meeting
 - c. Information Item: WAHSA Updates
 - d. Information Item: Summary 2010 Consumer Information Report for Rock Haven
- Information Item: Reports
 - a. Census
 - b. Activities
 - Senior Management Team Construction Document Phase of Planning.
 - 2) Staff Education for June 2011
 - a) Resident Rights Make-up Inservice
 - b) Oxygen Use
 - c) Customer Service Make-up Inservice

Health Services Committee June 14, 2011 Page 2

- d) Infection Control Make-up Inservice
- e) Food Handling
- 3) Resident Council Meeting Tuesday, May 10, at 10:15 a.m.
- 4) Conferences

Sherry Gunderson will attend the following:

- a) WAHSA Regional Meeting (Sun Prairie) June 10
- b) WAHSA Board Meeting (DeForest) June 16
- 10. Finance Dave Sudmeier
- 11. Next Meeting Date The next regular meeting of the Health Services Committee is scheduled for Tuesday, July 5 at 3:00 p.m.
- 12. Adjournment

SRG/tf

*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.

Rock County - Pro	duction	06/08/11	COMMITTEE APP	PROVAL REPORT				Page 1
Account Number	Name	Yearly Pr Appropriation Sp			Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
3232510000-67171	P11: P11:	45,905.00 5 00895-PO# 05/31/11 00934-PO# 05/31/11 01882-PO# 05/31/11	-VN#047774 -VN#047774 -VN#015393	WIELAND HE WIELAND HE	EALTHCARE	22,478.00 UPPLY 2,221.13	3,493.44 3,493.44 13,269.99	20,256.87
		HCC-IMPRO	OV.PROJ. PRO	G-TOTAL-PO			20,256.87	
I HAVE EXAMINED THE PRECEDING BILLS AND ENCUMBRANCES IN THE TOTAL AMOUNT OF \$20,256.87 INCURRED BY HCC-IMPROVEMENT PROJECT. CLAIMS COVERING THE ITEMS ARE PROPER AND HAVE BEEN PREVIOUSLY FUNDED. THESE ITEMS ARE TO BE TREATED AS FOLLOWS A. BILLS AND ENCUMBRANCES OVER \$10,000 REFERRED TO THE COUNTY BOARD. B. BILLS UNDER \$10,000 TO BE PAID. C. ENCUMBRANCES UNDER \$10,000 TO BE PAID UPON ACCEPTANCE BY THE DEPARTMENT HEAD. HEALTH SERVICES COMMITTEE APPROVES THE ABOVE. COM-APPROVAL DEPT-HEAD						DEPT-HEAD		

Account Number	Name	Y Appropri	-		YTD enditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
2222500000 64004	SUNDRY EXPENSE	,		,		0.00	1 767 07		
3232500000-04904					1,232,13 3 LIVING D		1,767.87	334.48	
					4 ROCK COU		E CENTER	44.00	
					3 ROCK COU			541.50	
					CLOSING BALANCE		847.89		919.98
3272607400-62189	OTHER MED SERV	5,0	25.00	5.8%	293.58	0.00	4,731.42		
					8 DEAN HEA			37.84	
	P1	100750-PO# 0	04/30/11	-VN#04774	7 MOBILEXU	SA		752.04	
					CLOSING BALANCE		3,941.54		789.88
3275007350-63109	OTHER SUPP/EXP	2.5	500.00 2	4.8%	620,94	0.00	1.879.06		
					8 50 50 FA			33.48	
	P1:	102094-PO# 0)5/31/11	-VN#01586	3 S AND S	WORLDWIDE		18,93	
					CLOSING BALANCE		1,826.65		52.41
3275007350-64005	DELIAD CHODITES	2 2	000 00	n nw	40 47	40.46	3.199.99		
3273007330-04003					3 SAMMONS			140.39	
				,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,101	2.0,03	
					CLOSING BALANCE		3,059.60		140.39
3280008100-62420	MACH & FOUTP RM	17.5	500.00 5	0.8%	4.605.35	4.289.75	8 604.90		·
					B ARJO INC		-,	197.57	
					BASIC AM		PRODUCT	142.59	
	P1:	100542-PO# 0	5/31/11	-VN#018960) BOMGAARS	AND ASSOCIATES	INC	1,208.10	
					CLOSING BALANCE		7,056.64		1.548.26
3280008100-63109	OTHER SUPPLEXE	12 2	50 00 2	9 5%	2 773 30	845 67	8,631.03		
0200000000 00107					L HOME DEPO		0,001,00	24.95	
	Pli	100534-P0# 0	6/08/11	-VN#016117	7 SHOPKO II	NC #130		27.86	
	P1:	100568-PO# 09	5/31/11	-VN#013780) KMART COF	RP #4255		93.71	
					CLOSING BALANCE		8,484.51		146.52
3280008100-64000	MEDICAL SUPPLIES	101 6	52.00.79	9.8% /	16 719 60	33 423 14	21 509 26		
0200000100 0-000		L00559-P0# 0				SISTED CARE INC		137,13	
						S OMNICARE PHAR		58.50	
		101325-PO# 0 9				MEDICAL		272.12	
	P 1 1	L01972-PO# 0	5/31/11 -	-VN#04418€	KCI USA			2,886.59	
					CLOSING BALANCE		18,154.92		3,354,34
3280008100-65331	FOUTP LEASE	8 00	00.00	0.0%	495.54	-495.51	7,999.97		
		L01972-PO# 04					. 1	746.13	
•									
					CLOSING BALANCE		7,253.84		746.13

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Rock County - Production	06/08/11	COMMITTEE APPROVAL REPORT
NOCK COUNTY - Production	00700711	CONFRITEL ACTIONAL REPORT

Rock County - Production	06/08/11 COMMITTEE	APPROVAL REPORT		Page 3
Account Number Name	Yearly Pront Appropriation Spent Exp		Unencumb Inv/Enc Balance Amount	
3280009100-64105 GROCERIES	160,727.00 81.2% P1100572-PO# 05/31/11 -VN#01576 P1102219-PO# 06/08/11 -VN#05094	4 ROCK COUNTY HEALTH CAP		
		CLOSING BALANCE	29,601.63	525.35
3280009300-62164 DISPOSAL SE	RV 20,500.00 91.9% P1100564-PO# 05/31/11VN#02768		1,647.73 390.34	
		CLOSING BALANCE	1,257.39	390.34
3280009300-63109 OTHER SUPP/	EXP 3.000.00 44.7% P1100534-PO# 05/31/11 -VN#01611 P1100568-PO# 05/31/11 -VN#01378	7 SHOPKO INC #130	1,657.69 41.94 39.93	
		CLOSING BALANCE	1,575.82	81.87
3280009300-64409 FURNISHINGS	14.500.00 38.5% P1100497-PO# 05/31/11 -VN#03078 P1101068-PO# 05/31/11 -VN#03388 P1102278-PO# 05/31/11 -VN#01573	1 HOME DEPOT/GECF 0 AMERICAN HEALTH SYSTEM	399.84 IS 212.68	
		CLOSING BALANCE	7,843.48	1,062.52
3280009500-62104 CONSULTING	SERV 3,100.00 0.0% P1100552-PO# 05/31/11 -VN#047068			
		CLOSING BALANCE	1.700.00	1,400.00
3280009500-63200 PUBL/SUBCR/	DUES 10.000.00 70.7% P1102218-PO# 05/31/11 -VN#04140:			
		CLOSING BALANCE	2,726.99	195.00
3280009500-64424 EMPLOYEE RE	COGN. 2.500.00 3.7% P1100576-PO# 05/31/11 -VN#016059 P1101840-PO# 05/31/11 -VN#018292	SENTRY FOODS INC STORE	#375 37.77	
		CLOSING BALANCE	1,853.86	551.62
3280009700-62174 INTERNIST	91,000.00 74.7% 2 P1100571-PO# 05/31/11 -VN#036794	27,456.21 40,543.80 4 RAMSEY MD,H R	22,999.99 1,333.34	
		CLOSING BALANCE	21,666.65	1,333.34
3290009940-61915 CERT/LIC/OTE	HER 2,000.00 21.3% 05/31/11 -VN#038652 05/31/11 -VN#042590 05/31/11 -VN#043160) WILLEY, DEB	1,574,00 86.00 86.00 86.00	
		CLOSING BALANCE	1,316.00	258.00

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Rock County - Pro	duction	06/08/11	COM	MITTEE APPRO	VAL REPORT				Page 4
Account Number	Name	Yea Appropriat	rly Prcnt ion Spent			Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
3290009940-61920	PHYSICALS	1,500 P1100563-PO# 04/					1,499.99 CENTER	138.00	
				CLOSI	NG BALANCE		1,361.99		138.00
		НСС		PROG-	TOTAL-PO			13,633.95	
INCURRED BY HEALTI AND HAVE BEEN PRE A. BILLS AND EN B. BILLS UNDER	H CARE CENTER VIOUSLY FUNDE CUMBRANCES OV \$10,000 TO BE	BILLS AND ENCUMBR. R. CLAIMS COVERING ED. THESE ITEMS AN VER \$10,000 REFERRN E PAID. DO TO BE PAID UPON COMMITTEE APP	THE ITEMS RE TO BE T ED TO THE ACCEPTANC	S ARE PROPER TREATED AS FO COUNTY BOARD CE BY THE DE	OLLOWS D. PARTMENT HEA			D€	EPT-HEAD

JUN 1 4 2011

__CHAIR

Summary 2010 Consumer Information Report for Nursing Homes

Rock Haven

3418 N CTY TRK HWY F PO BOX 351 JANESVILLE, WI 53547 (608)757-5000

License Number: 2425
Number of Licensed Beds: 130
Medicare Certified? Yes
Medicaid Certified? Yes

Ownership Type: Government County

Owner: COUNTY OF ROCK COUNTY CLERK

Staff: Residents

er-jaller gorgen. Nurvina		s, by shift, in a two-week tii ge number of residents: 12	
Home Staff	Day Shift	(Night Shift
Nurses	1 Nurse: 9	1 Nurse: 13	1 Nurse:19
(RNs & LPNs)	Residents	Residents	Residents
Nurse Aides	1 NA: 5	1 NA: 6	1 NA: 11
	Residents	Residents	Residents

^{*}If the number of residents is a "*" in one of the categories above, there was an average of <1 nurse or NA on the shift. There may have been a combination of part-time RNs, LPNs or NAs on the shift on one or more days during the two-week time period, which could make the average <1. Per Wisconsin Administrative Code, Chapter HFS 132, there must be at least one RN or LPN on duty at all times.

Staff Retention Rates

		Staff Retention Ra	tes = 14.15.
Nursing Home Staff 4.12		of staff employed for a	
		ROCK FALLS	Company of the second of the s
		County Average	
Common Application 2011 Committee 1	⊬(NS≒no staff) ≢	(10 homes)	394 homes)
Full-time Nurses (RNs)	100%	81%	77%
Part-time Nurses (RNs)	94%	79%	66%
Full-time Nurses (LPNs)	NS%	85%	87%
Part-time Nurses (LPNs)	100%	94%	70%
Full-time Nurse Aides	100%	78%	79%
Part-time Nurse Aides	98%	75%	63%

This two-page summary was prepared by the Division of Quality Assurance, Wisconsin Department of Health Services. For questions about this report, call (608)267-7230. See the full report on the internet (after 5/01/11) at http://dhs.wisconsin.gov/bqaconsumer/NursingHomes/CIRindex.htm, or request a copy (after 5/01/11) at (608)266-8368. The report should also be available in the facility.

Federal Violations Cited in State "Inspection" Surveys for

Rock Haven

This summary table provides a count of federal violations cited for this nursing home in 2010, by category of violation. County and state averages are shown as comparison data. Surveys are conducted by the State survey agency at least every 9 - 15 months, and may be conducted more often. This home was not cited with Substandard Quality of Care during the year 2010. See the full Consumer Information Report, 2010 for details.

	e de la complederal	Violations In 2010	
Federal Regulation Categories*	Total#. Cites for This Home	Average # Cites :	Average# Cites for a State of Wisconsin
*Each category consists of many \$=		(10 homes)	394
specific regulations. See detail in the report.		The process of the pr	homes)
Quality of Care: Provide care		1 * 1,421	
that promotes resident's highest	• •		
level of well-being. Example:	1	3.2	3.0
Prevent/treat pressure sores.			
Resident Services: Provide			
services that meet state standards.			
Example: Develop a	0	1.5	1.8
comprehensive care plan for each			
resident.	2.		
Quality of Life: Provide a			
pleasant, homelike atmosphere.			'
Example: Provide an activities		0.1	0.5
program that meets needs and			
interests.	A STATE OF THE STA		
Resident Rights: Assure		·	
individual rights. Example:	0	0.7	0.5
Assure right to personal privacy.			
Freedom from Restraints/Abuse:			
Assure freedom from abuse,			1.0
neglect, or restraints. Example:	0	0.6	1.0
Assure the right to be free from			
abuse.		0.5	0.4
Other Administrative Violations	0	0.5	0.4
Total Violations	2	6.6	7.2

INTRODUCTION

Rock Haven 3418 N CTY TRK HWY F PO BOX 351 JANESVILLE, WI 53547 (608)757-5000

• License Number: 2425

• BQA Regional Office: Southeastern

• Ownership type is: Government County

- The owner of this nursing home (the licensee) is: COUNTY OF ROCK COUNTY CLERK
- The 2010 Level of Federal Certification for this nursing home is:

Medicare (Title 18) Skilled Nursing Facility (SNF) Medicaid (Title 19) Nursing Facility (NF)

SECTION 1 of this report describes the numbers and types of Federal regulation deficiencies found during surveys conducted in 2010. "Deficiencies" are cited for noncompliance with Federal regulations. This section also compares these numbers to averages for all nursing homes of similar size.

SECTION 2 provides information about nursing staff turnover and retention rates at this nursing home in 2010. It compares these rates to the averages for all nursing homes of similar size.

APPENDICES (on the internet after 5/01/11) include: Appendix A - a list of resource agencies for consumers; Appendix B - information about how nursing staff turnover & retention rates are calculated; and Appendix C - statewide averages.

Nursing homes in Wisconsin operate under rules enacted by the Federal government (for the Medicare and/or Medicaid programs) and by the State of Wisconsin. Surveyors from the Wisconsin Division of Quality Assurance conduct unannounced inspections at each nursing home at least once every 9 to 15 months to determine if the nursing home complies with all State and Federal rules. State surveyors also conduct follow-up visits to ensure that violations have been corrected, investigate complaints, and conduct other surveys as necessary.

When state surveyors determine that a nursing home is not in compliance with a Federal regulation, the nursing home is cited with a violation or "deficiency". The number and type of violations for surveys conducted in 2010 are described in this report.

The number of federal regulation deficiencies cited in Wisconsin nursing homes during 2010 surveys ranged from 0 to 77, with an average of 7.2 cites.

In 2010 survey(s), Rock Haven, JANESVILLE, which has 130 licensed beds, was cited with:

2 Federal regulation deficiency(ies)

Statewide, the average number of deficiencies for a nursing home with 100-199 beds was **8.5**.

In addition, this home was cited with 0 federal building safety violations. The number of federal building safety violations statewide in 2010 ranged from 0 to 38, with an average of 6 cites.

Federal Regulation Deficiencies:

To determine Federal regulation deficiencies, surveyors use a resident-centered, outcome-based process. Equal emphasis is placed on the quality of care the resident receives and on the quality of the resident's life in the nursing home, and on whether or nor the resident's rights, dignity and privacy are respected. These factors are evaluated by observing residents' care; interviewing residents, families and staff; and reviewing medical records.

If it is determined that a Federal regulation deficiency exists, the deficiency is placed on a grid. Grid placement is based on two measures:

- Severity/Harm, the degree of impact that a deficient practice has on residents at the facility; and
- Scope/Frequency, the prevalence of a deficient practice within a facility, or the proportion of residents who were or could have been affected.

All Federal deficiencies fit into one of the following four grid levels, from most to least serious: Immediate Jeopardy, Significant Correction, Correction and Substantial Compliance. If this home had deficiencies at any of the four grid levels in the last survey, those deficiencies are listed below. Each deficiency listed is followed by the abbreviation of its federal regulation category: Quality of Care (QC), Resident Services (RS), Quality of Life (QL), Resident Rights (RR), Freedom from Restraints/Abuse (FRA), and Other Violations (OT). A deficiency may be listed more than once if it was cited more than once during the year. Also, some cites share the same title, so you may see separate cites listed with the same title on the same date.

Certain Federal regulation deficiencies at the Immediate Jeopardy, Significant Correction and Correction grid levels cause a nursing home to be designated as having "Substandard Quality of Care (SQC)". This home was not designated with SQC during the year 2010. Fifty-five Wisconsin homes received the SQC designation in 2010. SQC deficiencies constitute: immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or widespread potential for more than minimal harm that is not immediate jeopardy, with no actual harm.

Immediate Jeopardy. This deficiency exists when a situation caused (or is likely to cause) serious injury, serious harm, impairment or death to a resident receiving care in the facility AND facility practice makes it probable that similar actions, situations, practices, or incidents will occur again. Immediate corrective action is needed. The nursing home received 0 Immediate Jeopardy deficiencies in 2010.

Significant Correction. This deficiency exists when a situation resulted in a negative outcome that compromised a resident's ability to maintain or reach his/her highest practicable physical, mental, or psychosocial well-being. This nursing home received **0 Significant Correction deficiencies** in 2010.

Correction. This deficiency exists when a situation resulted in minimal physical, mental, or psychosocial discomfort to a resident and/or has the potential (not yet realized) to compromise a resident's ability to maintain or reach his/her highest practicable physical, mental, or psychosocial well-being. This nursing home received 2 Correction deficiencies in 2010.

ACTIVITIES CONSISTENT WITH NEEDS/INTERESTS (QL) 03/30/2010 NOTIFICATION OF CHANGES (QC) 03/30/2010

Substantial Compliance. This deficiency exists when a situation has the potential for causing only minor negative impact on residents. This nursing home received 0 Substantial Compliance deficiencies in 2010.

For questions about this report, call (608)267-7230. For further information about violations or more recent surveys, contact the administrator of this facility or the Division of Quality Assurance (608)266-8368.

SECTION 2 – NURSING STAFF TURNOVER AND RETENTION

This section provides two measures describing the rate of change among nursing employees from January 1, 2010 through December 31, 2010: a "turnover rate" and a "retention rate." The turnover rate is based on new hires during the year as a proportion of total staffing in a category. The retention rate is based on the proportion of staff in a category at the beginning of the year who are still employed by the end of the year. The formulas used to calculate nurse staffing turnover and one-year retention rates are explained in Appendix B.

Rates are calculated separately for full-time employees, persons working 37.5 hours or more per week, and part-time employees, persons working less than 37.5 hours per week. An "NS" indicates the nursing home reported having *no staff* in that particular category.

Registered nurses (RNs) are nurses who are licensed and hold a certificate of registration by the State of Wisconsin. In 2010, this nursing home had:

- A turnover rate for full-time RNs of 0%, vs. 39% statewide and 36% across all nursing homes with 100-199 beds.
- A turnover rate for part-time RNs of 6%, vs. 56% statewide and 60% across all nursing homes with 100-199 beds.

In some cases, the turnover rate might be artificially high because one position changes frequently throughout the year. For example, if a nursing home with ten nurses had one position that was filled by five people throughout the year, the turnover rate is 50% (5 divided by 10) even though nine of the ten nurses did not change. The "retention rate" captures a sense of the stability of staff outside of the positions that changed frequently. In the example just used, the one-year retention rate is 90% (i.e., nine of the ten nurses had worked at least one year).

In 2010, this nursing home had:

- A retention rate for full-time RNs of 100%, vs. 77% statewide and 77% across all nursing homes with 100-199 beds.
- A retention rate for part-time RNs of 94%, vs. 66% statewide and 66% across all nursing homes with 100-199 beds.

Licensed practical nurses (LPNs) are nurses who are licensed by the State of Wisconsin as practical nurses. At this nursing home in 2010, there was:

- A turnover rate for full-time LPNs of NS%, vs. 21% statewide and 20% across all nursing homes with 100-199 beds.
- A turnover rate for part-time LPNs of 0%, vs. 52% statewide and 49% across all nursing homes with 100-199 beds.
- A retention rate for full-time LPNs of NS%, vs. 87% statewide and 86% across all nursing homes with 100-199 beds.
- A retention rate for part-time LPNs of 100%, vs. 70% statewide and 73% across all nursing homes with 100-199 beds.

Nursing assistants (NAs) provide direct personal care to residents, but are not registered nurses or licensed practical nurses. At this nursing home in 2010, there was:

- A turnover rate for full-time NAs of 0%, vs. 34% statewide and 34% across all nursing homes with 100-199 beds.
- A turnover rate for part-time NAs of 5%, vs. 65% statewide and 60% across all nursing homes with 100-199 beds.
- A retention rate for full-time NAs of 100%, vs. 79% statewide and 79% across all nursing homes with 100-199 beds.
- A retention rate for part-time NAs of 98%, vs. 63% statewide and 65% across all nursing homes with 100-199 beds.

Rock Haven Admissions/Discharges/Census - 2011

ADMISSIONS					
	CCU	Dementia	CMI/GP	Total	
January	5	3	1	9	
February	8	0	4	12	
March	8	0	2	10	
April	8	0	1	9	
Мау	3	3	1	7	
June	5	2	0	7	
July	8	4	1	13	
August	6	1	3	10	
September	5	4	1	10	
October	4	3	1	8	
November	7	3	0	10	
December	3	2	3	8	
Total	70	25	18	113	

1/31/2011 2/28/2011 3/31/2011 4/30/2011 5/31/2010 6/30/2010 7/31/2010 8/31/2010 9/30/2010 10/31/2010 11/30/2010 12/31/2010

DISCHARGES/DEATHS					
	CCU	Dementia	CMI/GP	Total	
January	8	1	4	13	
February	4	1	3	8	
March	5	1	2	8	
April	5	Ö	2	7	
May	1	5	1	7	
June	7	4	1	12	
July	4	3	0	7	
August	9	2	1.	12	
September	6	3	0	9	
October	4 .	3	1	8	
November	3	3	0	6	
December	3	4	2	9	
Total	59	30	17	106	

1/31/2011 2/28/2011 3/31/2011 4/30/2011 5/31/2010 6/30/2010 7/31/2010 8/31/2010 9/30/2010 10/31/2010 11/30/2010 12/31/2010

		CENSUS		
	CCU	Dementia	CMI/GP	Total
January	37	44	42	123
February	40	44	43	127
March	41	44	44	129
April	42	44	44	130
May	41	44	43	128
June	39	43	41	123
July	40	43	44	127
August	39	43	43	125
September	40	43	42	125
October	39	44	42	125
November	42	44	44	130
December	41	44	44	129
Budget	41	43	44	128
Capacity*	42	44	44	130

1/31/2011 2/28/2011 3/31/2011 4/30/2011 5/31/2010 6/30/2010 7/31/2010 8/31/2010 9/30/2010 10/31/2010 11/30/2010 12/31/2010

^{*}Downsize from 156 to 130 occurred 6/1/07

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2011 PATIENT DAYS FOR ROCK HAVEN

		ACTUAL MTD	PATIENT DAYS BUDGET MTD	OVER/	% OVER/	ACTUAL VITY	PATIENT DAYS BUDGET	OVER/	% OVER/
MEDICARE		M.	<u> </u>	AHONO-	-ONDER	2	ב	-UNDER	
	SNF	342	210	132	62.86	1084	840	244	29.05
	TOTAL	342	210	132	62.86	1084	840	244	29.05
HOSPICE	SNF	06	180	06-	-50.00	452	720	-268	-37.22
	TOTAL	06	180	06-	-50.00	452	720	-268	-37.22
MEDICAL ASSISTANCE IN SNF ICF 1	STANCE IN SNF ICF 1	200 2844 30	270 2940 30	96-	-25.93 -3.27	816 11566 120	1080 11760 120	-264 -194	-24.44
	ICF 3 1 A A 1 B D2 D3	30	30			120	120		
1	TOTAL	3104	3270	-166	-5.08	12622	13080	458	-3.50
PKIVA I E PAY	IN SNF PILOT ICF 1 ICF 2 ICF 3 UC	306		126	70.00	1146	720	426	59.17
	TOTAL	306	180	126	70.00	1146	720	426	59.17
		3842	3840	7	0.05	15304	15360	-56	-0.36

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% OVER/ -UNDER	-24.44 1.48	-0.36
OVER/ -UNDER	-264 208	-56
PATIENT DAYS ACTUAL BUDGET YTD YTD	1080 14040 120 120	15360
P/ ACTUAL YTD	816 14248 120 120	15304
% OVER/ -UNDER	-25.93 2.05	0.05
OVER/ -UNDER	-70 -72	2
PATIENT DAYS BUDGET MTD	270 3510 30 30	3840
PA ACTUAL MTD	200 3582 30 30	3842
	IN SNF ICF 1 ICF 2 ICF 3 ICF 3 ID D2 UC	
ALL ROCK HAVEN		TOTAL ROCK HAVEN

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April
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	AVERAGE DAILY PATIENTS AL BUDGET OVER/ % OVER/ TD YTD -UNDER -UNDER	2.03 29.05	2.03 29.05	-2.23 -37.22	-2.23 -37.22	'	-1.62 -1.65		-3.82 -3.50	3.55 59.17	3.55 59.17	-0.47 -0.36
	RAGE DAIL' BUDGET YTD	7.00	7.00	6.00	00.9	9.00	98.00 1.00	1.00	109.00	9.00	00.9	128.00
	AVE ACTUAL YTD	9.03	9.03	3.77	3.77	08.9	96.38 1.00	1.00	105.18	9.55	9.55	127.53
OK HAVEN	TS % OVER/ -UNDER	62.86	62.86	-50.00	-50.00	-25.93	-3.27		-5.08	70.00	70.00	0.05
S FOR ROC	Y PATIEN' OVER/ -UNDER	4.40	4.40	-3.00	-3.00	-2.33	-3.20		-5.53	4.20	4.20	0.07
2011 PATIENT DAYS FOR ROCK HAVEN	AVERAGE DAILY PATIENTS IAL BUDGET OVER/ % TD MTD -UNDER -L	7.00	7.00	6.00	9.00	9.00	98.00 1.00	1.00	109.00	9.00	6.00	128.00
2011 PAT	AVE ACTUAL MTD	11.40	11.40	3.00	3.00	6.67	94.80 1.00	1.00	103.47	10.20	10.20	128.07
		SNF	TOTAL	SNF	TOTAL		ICF 1 ICF 2 ICF 3	ICF 4 1A 1B D2 D3 UC	TOTAL	IN SNF PILOT ICF 1 ICF 2 ICF 3 UC	TOTAL	
	,			HOSPICE		MEDICAL ASSISTANCE				PRIVATE PAY		
April 2011	MTYAU YOOG INTOF											TOTAL ROCK HAVEN

	
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2011 PATIENT DAYS FOR ROCK HAVEN

'S % OVER/ -UNDER	-24.44 1.48	-0.36
Y PATIENTS OVER/ % OVER/ -UNDER -UNDER	1.73	-0.47
	9.00 117.00 1.00 1.00	128.00
AVERAGE DAII ACTUAL BUDGET YTD YTD	6.80 118.73 1.00 1.00	127.53
'S % OVER/ -UNDER	-25.93 2.05	0.05
AVERAGE DAILY PATIENTS UAL BUDGET OVER/ % OVER/ ATD MTD -UNDER -UNDER	2.40	0.07
AGE DAIL BUDGET MTD	9.00 117.00 1.00 1.00	128.00
AVERAGE DAI ACTUAL BUDGET MTD MTD	6.67 119.40 1.00 1.00	128.07
	IN SNF ICF 2 ICF 2 ICF 3 IA IB D3	
ALE ROCK HAVEN		TOTAL ROCK HAVEN