

Rock Haven
P.O. Box 920
Janesville, Wisconsin 53547-0920
Phone 608-757-5076
Fax 608-757-5026

HEALTH SERVICES COMMITTEE Wednesday, March 11, 2015 at 8:00 a.m. Rock Haven Conference Room in Village Commons

AGENDA

- 1. Call to Order/Approval of Agenda
- 2. Approval of Minutes January 15, 2015 and February 11, 2015
- 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 Building Update
- 8. New Business
 - a. Action Item: Resolution Recognizing Lynn Schyvinck for Years of Services at Rock Haven
 - b. Action Item: Resolution Recognizing Nadine Brey for Years of Service at Rock Haven
 - c. Information Item: Division of Quality Control
- 9. Information Item: Reports
 - a. Census
 - b. Activities
 - 1) Staff Education for March 2015
 - a. HIPPA
 - 2) Resident Council Meeting March 17, 2015 at 10:15 am.
 - 3) Family Council Meeting March 17, 2015 at 6:00 pm.
 - c. Finance Dave Sudmeier
- 10. Next Meeting Date The next regular meeting of the Health Services Committee is scheduled for

Wednesday April 8, 2015 at 8 A.M. in the Rock Haven Classroom of the Village Commons

11. Adjournment

SP/ML

*Note to Committee Members: To ensure a quorum is present, please call the Administrative Secretary at 757-5076 if you are unable to attend the meeting.

COMMITTEE APPROVAL REPORT

03/04/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name		Inv/Enc Amt
32-7260-7400-62171	AMBULANCE					
		P1500262	01/22/2015	KTOWN TRANSPOR	TATION INC	1,102.50
		P1500264	01/26/2015	LAVIGNE BUS COM	PANY INC	250.25
•	Budget	YTD	Evn	YTD Enc	Pending	Closing Balance
	11,500.00		0.00	0.00	1,352.75	10,147.2
32-7260-7400-62189	OTHER MED SER'	V		t and the state of	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	
		P1500261	02/05/2015	DEAN HEALTH SYST	rems	66.16
	•	P1500268	01/01/2015	MOBILEXUSA		1,379.85
	Budget	YTD I	Exn	YTD Enc	Pending	Closing Balance
	15,500.00		0.62	0.00	1,446.01	13,903.37
	RH (CONTRACT	SERVICES T	-18 PROG TOTAL	2,798.76	
32-8000-8100-63101	DOSTAGE					
2-0000-0100-03101	POSTAGE	P1500281	02/06/2015	ROCK COUNTY HEA	TH CARE CENTE	53.49
		P1501320	02/08/2015	UNITED PARCEL SE		46.87
						, 5.7.
	Budget	YTD	∃хр	YTD Enc	Pending	Closing Balance
·	3,000.00	20	0.65	0.00	100.36	2,878.99
2-8000-8100-63109	OTHER SUPP/EXP)				
ENC		R1501359	02/17/2015	AMAZON.COM		836.64
		P1500255	02/12/2015	SELECT SOUND SER	RVICE INC	849.74
	•	P1500281	02/11/2015	ROCK COUNTY HEA	LTH CARE CENTE	7.00
	Budget	YTD I	Ξхр	YTD Enc	Pending	Closing Balance
	6,000.00	747	7,17	1,961.20	1,693.38	1,598.25
2-8000-8100-64000	MEDICAL SUPPLIE	ES	•	•		
	9 ₁	P1500274	02/03/2015	PATTERSON MEDIC	AL.	. 470.53
	Budget	YTD I	•	YTD Enc	Pending	Closing Balance
	142,000.00	19,914	I.01	103,025.34	470.53	18,590.12
	SUPP	ORT SERVI	CE MATERIA	LS PROG TOTAL	2,264.27	
32-8000-9200-62420	MACH & EQUIP RA	/I				
		P1500230	02/19/2015	ASC1		364.10
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		P1500232	02/04/2015	AMSAN LLC		45.20
		P1500251	02/05/2015	LAND AND WHEELS		519.71
		P1500255	02/25/2015	SELECT SOUND SEF	RVICE INC	316.25
		P1501025	02/02/2015	CREST HEALTH CAR	RE INC.	227.18
	Budget	YTD E	Exp	YTD Enc	Pending	Closing Balance
	35,000.00	3,737		225.20	1,472.44	29,564.66
32-8000-9200-62450	GROUNDS IMPR R	1&M		WA		
		P1500238	01/31/2015	E AND S SNOWPLOV	VING	1,580.00

COMMITTEE: HS - ROCK HAVEN

COMMITTEE APPROVAL REPORT

03/04/2015

Page: 2

Account Number	Account Name	PO#	Inv Date	Vendor Name		Inv/Enc Amt
	Budget 13,940.00	YTD I	Exp 0.00	YTD Enc 1,505.00	Pending 1,580.00	Closing Balance 10,855.00
32-8000-9200-62460	BLDG SERV R&M				12	
		P1500257 P1501213	02/24/2015 02/20/2015	TAS COMMUNICA HEAT & POWER P		75.18 67.40
	Budget 15,000.00	YTD E 1,636	-	YTD Enc 140.46	Pending 142.58	Closing Balance 13,080.1
32-8000-9200-62463	FIRE ALARM	P1500247	02/03/2015	JF AHERN COMPA	NY	325.00
	Budget 15,640.00	YTD E 11,144		YTD Enc 0.00	Pending 325.00	Closing Balance 4,170.80
32-8000-9200-62470	BLDG R & M			•		
	•	P1500241 P1500250 P1500258	02/04/2015 02/25/2015 01/30/2015		DISON LLC VARE AND MANUFAC IC SUPPLY COMPAN	. 824.72 157.00 626.52
·		P1500687 P1501102	02/10/2015 02/17/2015	TOTAL ENERGY S SANIMAX LLC	YSTEMS LLC	1,420.00 540.00
	Budget 13,750.00	YTD E 2,548	•	YTD Enc 0.00	Pending 3,568.24	Closing Balance 7,633.40
32-8000-9200-63109	OTHER SUPP/EXP	P1500231	02/12/2015	AARONS LOCK AN		23,46
		P1500240 P1500248 P1500253	02/26/2015 02/24/2015 02/11/2015	FASTENAL COMPA JACK AND DICKS I MENARDS	FEED AND GARDEN	104,94 294.84 302.00
	Budget 6,000.00	YTD E 408	-	YTD Enc 325,00	Pending 725.24	Closing Balance
	SUPPOR	T SERVICE	MAINTENANO	E PROG TOTAL	7,813.50	
32-8000-9300-62164	DISPOSAL SERV	P1500272	02/13/2015	OFFICE PRO		51.65
	Budget 19,500.00	YTD E 1,297		YTD Enc 16,702.04	Pending 51.65	Closing Balance 1,448.35
32-8000-9300-63109	OTHER SUPP/EXP	P1500266	02/16/2015	MENARDS		95.59
		P1500276	02/19/2015	ROCK COUNTY HE	EALTH CARE CENTE	67.99
	Budget 6,000.00	YTD E	xp .69	YTD Enc 0.00	Pending 163.58	Closing Balance 5,803.73
	-,		- A STATE OF THE S	A REPORT OF THE PROPERTY OF TH		

Rock County

COMMITTEE APPROVAL REPORT

03/04/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name		Inv/Enc Amt
	Budget 3,000.00	YTD I	Ехр).00	YTD Enc 0.00	Pending 113.02	Closing Balance 2,886.98
	SUPPORT SE	RVICE EN	IVIRONMENT	AL PROG TOTAL	328.25	
Claims covering the A. Bills and encumbr B. Bills under \$10,00	preceding bills and er items are proper and h rances over \$10,000 re 00 to be paid. nder \$10,000 to be pai	nave been eferred to t	previously fund he Finance Co	ded. These items are immittee and County l	2 04.78 to be treated as fi Board.	oflows:
Date: MAR 1 1 2	015	De	ept Head	000		
	•	Committ	ee Chair			

TO: FINANCE DIRECTOR	Date <u>03/03/2015</u>	Transfer No. 14-17	74
Requested By Rock Haven		Sue Prostko	
L	Department	Department	Head
FROM:	AMOUNT	TO:	AMOUNT
Account #: 32-9000-9940-61610		Account #: 32-8000-9500-62104	
Description: Health Insurance	\$118,350	Description: Consulting Services	\$13,200
Current Balance: \$472,106			
Account #:		Account #: 32-8000-9500-62109	
Description:		Description: Personnel Services	\$16,500
Current Balance:			
Account #:	- A first film for the control of th	Account #: 32-8000-9500-62451	
Description:		Description: Special Assessments	\$88,650
Current Balance:			
Account #:		Account #:	
Description:		Description:	
Current Balance:			
EASON FUNDS ARE AVAILAB ealth Insurance budgeted family plans for a		R - <u>BE SPECIFIC</u> positions filled with less than family plan or no	insurance.
EASON TRANSFER IS NECES pre expenses related to survey issues and		<u>IC</u>	
ore expenses related to survey issues and	inica related to survey.		
SCAL NOTE:	315	ADMINISTRATIVE NOTE:	TO THE POST OF THE
ıfficient funds available for transfer. ್ಕ್		Recommended. 34-15	
EQUIRED APPROVAL	DATE	V COMMITTEE C	HAIR
Governing Committee		,	THE STATE OF THE S
Finance Committee			

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

TO: FINANCE DIRECTOR Date 03/03/2015 Transfer No. 14-175 Requested By Rock Haven Sue Prostko Department Department Head **AMOUNT** FROM: TO: **AMOUNT** Account #: 32-8000-9200-65390 Account #: 32-9000-9920-62201 \$79,525 \$40,000 Description: Other Rents & Leases Description: Electric Current Balance: \$97,874 Account #: Account #: 32-8000-9200-62420 Description: Description: Machinery & Equip R&M \$20,100 Current Balance: Account #: Account #: 32-8000-9200-62463 Description: Description: Fire Alarm System \$15,025 Current Balance: Account #: Account #: 32-8000-9200-62470 Description: Description: Building Repair & Maint \$4,400 Current Balance: REASON FUNDS ARE AVAILABLE FOR TRANSFER - BE SPECIFIC Actual rent charges for Health Care Complex personnel less than budgeted. REASON TRANSFER IS NECESSARY - BE SPECIFIC Facility specific charges for electric and maintenance of facility more than originally expected with new building. FISCAL NOTE: ADMINISTRATIVE NOTE: Sufficient funds available for transfer. Recommended REQUIRED APPROVAL DATE **COMMITTEE CHAIR** ✓ Governing Committee

Distribution: EMAIL Sherry Oja and Susan Balog

✓ Finance Committee

TO: FINANCE DIRECTOR Date Requested By Rock Haven Departs		Transfer No. 14-176 Sue Prostko Department Hea	d
FROM:	AMOUNT	TO:	AMOUNT
Account #: 32-9000-9940-61710 Description: Workers Compensation Current Balance: \$87,885	\$2,000	Account #: 32-9000-9940-61720 Description: Unemployment Compensation	\$2,000
Account #: 32-9000-9910-65109 Description: Other Insurance Current Balance: \$8,400	\$3,525	Account #: 32-9000-9910-65101 Description: Insurance on Buildings	\$3,525
Account #: Description: Current Balance:		Account #: Description:	
Account #: Description: Current Balance:		Account #: Description:	
REASON FUNDS ARE AVAILABLE FO Workers Compensation less than budgeted. Other Insurance less than budgeted. REASON TRANSFER IS NECESSARY Unemployment Compensation more than budgeted.	′ - <u>BE SPECIF</u>		
Sufficient funds available for transfer.		ADMINISTRATIVE NOTE: Recommended	
	DATE	COMMITTEE CHA	IR .

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

✓ Finance Committee

TO: FINANCE DIRECTOR Date	03/03/2015		sfer No. <u>14-177</u>	
Requested By Rock Haven Depart	tment	Sue Pro	stko Department Hea	d
				~
FROM:	AMOUNT		TO:	AMOUNT
Account #: 32-8000-9100-63111		Account #: 32-8000	-9300-63111	
Description: Food Serv - Paper Products	\$8,900	Description: Env Sen	v - Paper Products	\$2,300
Current Balance: \$10,674				
Account #:		Account #: 32-8000-	-8100-63109	
Description:		Description: Materials	s - Other Supplies	\$1,500
Current Balance:		·		
Account #:		Account #: 32-8000-	-8200-63109	
Description:		Description: Pharmac	cy - Other Supplies	\$1,600
Current Balance:				
Account #:		Account #: 32-8000-	-9200-63109	·
Description:	ı	Description: Maintena	ance - Other Supplies	\$3,500
Current Balance:		·		
REASON FUNDS ARE AVAILABLE F	OR TRANSFER	R - BE SPECIFIC	talen kalendarian kanan ka	understand and an extension of the control of the c
Food Service using more reusable dining ware that	n anticipated.		-ATTIVA-TIVATANIANTIVA-AAA-SOO HAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	e Produktion de la compression della compression
REASON TRANSFER IS NECESSAR	V DE ODECIE			
Environmental Service using more paper products				and the second
Supply expenses more than anticipated in several		-		
EISCAL NOTE:		ADMINICTO ATV.	NOTE:	
FISCAL NOTE: Sufficient funds available for transfer.		ADMINISTRATIVE Recommended. A	NOTE.	
Sufficient funds available for transfer.	NOTE OF THE OWNER, THE	(M)	34-15	NAMES OF THE PARTY
REQUIRED APPROVAL	<u>DATE</u>	1	COMMITTEE CHA	<u>IR</u>
✓ Governing Committee			t.	

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

✓ Finance Committee

TO: FINANCE DIRECTOR	Date <u>03/03/2015</u>	Transfer No. 14-178
Requested By Rock Haven		Sue Prostko
	Department	Department Head

FROM:	AMOUNT	ТО:	AMOUNT
Account #: 32-7260-7400-62185 Description: Occupational Therapy Current Balance: \$18,384	\$11,400	Account #: 32-8000-8100-64000 Description: Medical Supplies	\$11,400
Account #: 32-8000-9300-62163 Description: Laundry Services Current Balance: \$11,997	\$10,525	Account #: 32-8000-9300-63404 Description: Janitorial/Cleaning Supplies	\$10,525
Account #: 32-8000-9300-62164 Description: Disposal Services Current Balance: \$5,461	\$3,925	Account #: 32-8000-8100-63104 Description: Printing & Duplication	\$2,725
Account #: Description: Current Balance:		Account #: 32-8000-9550-64902 Description: Indirect Cost	\$1,200

REASON FUNDS ARE AVAILABLE FOR TRANSFER - BE SPECIFIC

Occupational Therapy costs were less than budgeted due to the freeze on admissions while awaiting survey results. Laundry Services were less than budgeted due to better than anticipated pricing and less patient days. Bids for disposal services at the beginning of 2014 were less than budgeted and resulted in less cost for the year.

REASON TRANSFER IS NECESSARY - BE SPECIFIC

Medical supplies were over budget due to higher needs of patients than anticipated.

Janitorial and cleaning supplies were over due to higher pricing and more cleaning for infection and wound control.

Printing and duplication was over due to more printing and duplication.

Indirect cost is over due to the cross charge from Human Services for Medical Records being higher due to numerous records requests to support Medicare billing to Medicare Advantage plans.

FISCAL NOTE:		ADMINISTRATIVE NOTE:
Sufficient funds available for transfer.	5-515	Recommended 3475
REQUIRED APPROVAL Governing Committee	<u>DATE</u>	COMMITTEE CHAIR

Distribution: EMAIL Sherry Oja and Susan Balog

PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and e-mail to Susan Balog in Accounting (balog@co.rock.wi.us), Cheryl Mikrut in Accounting (mikrut@co.rock.wi.us) and Jodi Millis in Purchasing (jodi@co.rock.wi.us). Susan or Cheryl will forward on to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DATE	March 3, 2015					
DEPARTMENT	Rock Haven					
COMMITTEE	Health Services					
VENDOR NAME	Ability					
ACCOUNT NUMBER	32-9000-9930-62210					
FUNDS DESCRIPTION	Rock Haven General Services - Telephone					
AMOUNT OF INCREASE	\$ 1,100.00					
INCREASE FROM \$3,5	TO \$4,600.00					
ACCOUNT BALANCE AVA	AILABLE \$ 11,994.00 SB 03/03/15					
REASON FOR AMENDME	NT Higher tier of service to look up all client eligibility.					
	· · · · · · · · · · · · · · · · · · ·					
	APPROVALS					
GOVERNING COMMITTEE	Chair Date					
FINANCE COMMITTEE (If over \$10,000)	Chair Date					
COUNTY BOARD	Resolution # Adoption Date					

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PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and e-mail to Susan Balog in Accounting (balog@co.rock.wi.us), Cheryl Mikrut in Accounting (mikrut@co.rock.wi.us) and Jodi Millis in Purchasing (jodi@co.rock.wi.us). Susan or Cheryl will forward on to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DATE	March 3, 2015	*********
DEPARTMENT	Rock Haven	
COMMITTEE	Health Services	
VENDOR NAME	JP Morgan Chase	
ACCOUNT NUMBER	32-8000-9500-64200	
FUNDS DESCRIPTION	Rock Haven Administration - Training	
AMOUNT OF INCREASE	\$ 500.00	
INCREASE FROM \$50	0.00	
ACCOUNT BÂLANCE AVA	AILABLE \$ 11,910.00 SB 03/03/15	
REASON FOR AMENDME	NT More training being charged to credit card.	
	APPROVALS	
	AFFROVALS	
GOVERNING COMMITTEE	E Chair Date	
FINANCE COMMITTEE (If over \$10,000)	Chair Date	
COUNTY BOARD	Resolution # Adoption Date	

RESOL	UTTON NO.	

AGENDA NO._

RESOLUTION

ROCK COUNTY BOARD OF SUPERVISORS

Health Services Committee
INITIATED BY



Sue Prostko DRAFTED BY

Health Services Committee SUBMITTED BY February 26, 2015 DATE DRAFTED

	RECOGNIZING LYNN SCHYV	INCK FOR SERVICE TO ROCK HAVEN			
1 2 3	WHEREAS, Lynn Schyvinck has served the citize dedicated and valued employee of Rock County; and	ens of Rock County over the past 31 years, 1 month as a			
. 4 5	WHEREAS, Lynn Schyvinck began her career wit 17, 1984; and,	h Rock Haven as a Certified Nursing Assistant on January			
6 7 8	WHEREAS, Lynn Schyvinck accepted a position as	s a Registered Nurse in 2007; and,			
9	WHEREAS, Lynn Schyvinck served as a wound ca	re nurse; and,			
11 12 13	WHEREAS, Lynn Schyvinck worked for many year position; and	ers as a Head Nurse until accepting the Director of Nursing			
14 15 16	WHEREAS, Lynn Schyvinck has worked diligently and,	in that position until her retirement on February 19, 2015;			
17 18 19	WHEREAS, the Rock County Board of Supervis commend Lynn Schyvinck for her long and faithful s	ors, representing the citizens of Rock County, wishes to service.			
20 21 22	NOW,THEREFORE,BE IT RESOLVED, that the day of, 2015 does hereby reconnected extend their best wishes to her in her future ended	te Rock County Board of Supervisors duly assembled this againze Lynn Schyvinck for her 31 years, 1 month of service avors; and,			
23 24 BE IT FURTHER RESOLVED, that the County Clerk be authorized and directed to furnish a copy of thi 25 resolution to Lynn Schyvinck.					
	COUNTY BOARD STAFF COMMITTEE				
Respectfully submitted, J. Russell Podzilni, Chair					
	HEALTH SERVICES COMMITTEE				
		Sandra Kraft, Vice Chair			
	Billy Bob Grahn, Chair				
		Betty Jo Bussie			
	Norvain Pleasant, Vice Chair				
		Eya Arnold			
	Terry Fell				
		Mary Mawhinney			
	Brenton Driscoll				
		Alan Sweeney			
	Linda Garrett				
	CONTRACTOR OF THE CONTRACTOR O	Hank Brill			
		Louis Peer			

RESOLUTION

ROCK COUNTY BOARD OF SUPERVISORS

<u>Health Services Committee</u> INITIATED BY



<u>Sue Prostko</u> DRAFTED BY

<u>Health Services Committee</u> SUBMITTED BY February 26, 2015 DATE DRAFTED

RECOGNIZING NADINE BREY FOR SERVICE TO ROCK HAVEN

dedicated and valued employee of Rock County	
WHEREAS, Nadine Brey began her career wi	ith Rock Haven as a Certified Nursing Assistant on January 2
1985; and,	
WHEREAS, Nadine Brey has worked diligentl	y in that position until her retirement on April 1, 2015; and,
WHEREAS, the Rock County Board of Sup- commend Nadine Brey for her long and faithful	ervisors, representing the citizens of Rock County, wishes service.
NOW,THEREFORE,BE IT RESOLVED, th	nat the Rock County Board of Supervisors duly assembled the
extend their best wishes to her in her future end-	recognize Nadine Brey for her 30 years, 2 months of service are
extend their best wishes to her in her future end	savors; and,
BE IT FURTHER RESOLVED, that the Corresolution to Nadine Brey.	unty Clerk be authorized and directed to furnish a copy of the
,	COUNTY BOARD STAFF COMMITTEE
Respectfully submitted,	
мөөрөөнину вининиси,	
HEALTH SERVICES COMMITTEE	J. Russell Podzilni, Chair
	Sandra Kraft, Vice Chair
Billy Bob Grahn, Chair	The state of the s
Norvain Pleasant, Vice Chair	Betty Jo Bussie
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	Eva Arnold
Terry Fell	13 va i tilloid
Brenton Driscoll	Mary Mawhinney
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Linda Garrett	Alan Sweeney
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2015 PATIENT DAYS FOR ROCK HAVEN

			:	DATIENT							
			ACTUAL MTD	BUDGET MTD	OVER/	% OVER/ -UNDER	ACTUAL YTD	PATIENT DAYS BUDGET YTD	OVER/ -UNDER	% OVER/ -UNDER	光光
LIMESTONE COURT	MEDICARE	SNF	323	310	13	4.19	323	310	&	4.19	6
		TOTAL	323	310	55	4.19	323	310	13	4.19	<u>6</u>
•	HOSPICE	SNF	62	62			62	62			
		TOTAL	62	62			62	62			
	MEDICAL ASSISTANCE SNF	E SNF	1272	1333	-61	4.58	1272	1333	-61	4.58	82
		TOTAL	1272	1333	-61	4.58	1272	1333	-61	-4.58	88
	PRIVATE PAY	SNF	278	217	61	28.11	278	217	6	28.11	<i>\rightarrow</i>
•		TOTAL	278	217	61	28.11	278	217	61	28.11	_
TOTAL LIMESTONE COURT			1935	1922	13	0.68	1935	1922	13	0.68	<u>α</u>
FOI IOO SINCESCIANS	1.00	1	ç	Ļ				,			
SANDS I ONE COURT	MEDICARE	<u>N</u>	218	155	83	40.65	218	155	63	40.65	ເດ
		TOTAL	218	155	63	40.65	218	155	63	40.65	ž.
	HOSPICE	SNF	66	93	ဖ	6.45	66	68	9	6.45	ξŞ.
		TOTAL	66	63	· (0	6.45	66	83	9	6.45	· ις
	MEDICAL ASSISTANCE	E SNF	1451	1519	89	4.48	1451	1519	89-	4.48	φ
		TOTAL	1451	1519	89	4.48	1451	1519	-68	4.48	φ
	PRIVATE PAY	SNF	163	155	ω	5.16	163	155	œ	5.16	9
		TOTAL	163	155	∞	5.16	163	155	œ	5.16	9
TOTAL SANDSTONE COURT		,	1931	1922	ග	0.47	1931	1922	о	0.47	ب
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			,	PATIENT DAYS	· ·			DATIENT DAVE	ý	
			ACTUAL MTD	BUDGET	OVER/ -UNDER	% OVER/ -UNDER	ACTUAL	BUDGET YTD	OVER/ -UNDER	% OVER/ -UNDER
TOTAL ROCK HAVEN	MEDICARE	SNF	541	465	92	16.34	541	465	76	16.34
		TOTAL	541	465	76	16.34	541	465	9/	16.34
	HOSPICE	SNF	161	155	9	3.87	161	155	9	3.87
		TOTAL	161	155	ဖ	3.87	161	155	ဖ	3.87
	MEDICAL ASSISTANCE SNF	VCE SNF	2723	2852	-129	4.52	2723	2852	-129	-4.52
		TOTAL	2723	2852	-129	4.52	2723	2852	-129	4.52
	PRIVATE PAY	SNF	441	372	69	18.55	441	372	69	18.55
		TOTAL	441	372	69	18.55	441	372	69	18.55
TOTAL ROCK HAVEN			3866	3844	22	0.57	3866	3844	22	0.57

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January 2015	20	015 PATIE	2015 PATIENT DAYS FOR ROCK HAVEN	OR ROCK	HAVEN					
			AVEI ACTUAL MTD	AVERAGE DAILY PATIENTS AL BUDGET OVER % TD MTD JUNDER 1	Y PATIEN OVER/ -UNDER	PATIENTS OVER/ % OVER/ JNDER -UNDER	AVE ACTUAL YTD	RAGE DAII BUDGET YTD	AVERAGE DAILY PATIENTS AL BUDGET OVER % OVER TD YTD -UNDER UNDER	S % OVER/ -UNDER
TOTAL ROCK HAVEN	MEDICARE	SNF	17.45	15.00	2.45	16.34	17.45	15.00	2.45	16.34
		TOTAL	17.45	15.00	2.45	16.34	17.45	15.00	2.45	16.34
	HOSPICE	SNF	5.19	5.00	0.19	3.87	5.19	5.00	0.19	3.87
		TOTAL	5.19	5.00	0.19	3.87	5.19	5.00	0.19	3.87
	MEDICAL ASSISTANCE	SNF	87.84	92.00	4.16	4.52	87.84	92.00	4.16	4.52
		TOTAL	87.84	92.00	4.16	4.52	87.84	92,00	4.16	-4.52
	PRIVATE PAY	SNF	14.23	12.00	2.23	18.55	14.23	12.00	2.23	18.55
		TOTAL	14.23	12.00	2.23	18.55	14.23	12.00	2.23	18.55
TOTAL ROCK HAVEN			124.71	124.00	0.71	0.57	124.71	124.00	0.71	0.57

ROCK HAVEN ADMISSIONS/DISCHARGES/CENSUS - 2015

		ADMISS			
	Limestone	Limestone	Sandstone	Sandstone	Total
	East	West	West	East	
January	5	8	3	5	21
February	5	3	2	1	11
March	5	6	3	4	18
April	8	10	3	3	24
May	8	6	2	3	19
June	8	5	0	5	18
July	8	7	2	3	20
August	6	6	2	4	18
September	11	10	3	3	27
October	1	2	0	0	3
November	2	2	0	0	4
December	5	12	3	5	25
Total	72	77	- 23	36	208

1/31/2015 2/28/2014 3/31/2014 4/30/2014 5/31/2014 6/30/2014 7/31/2014 8/31/2014 9/30/2014 10/31/2014 11/30/2014 12/31/2014

		DISCHARGE	S/DEATHS		
	Limestone	Limestone	Sandstone	Sandstone	Total
	East	West	West	East	
January	4	9	3	4	20
February	4	3	2	1	10
March	6	9	4	3	22
April	8	9	2	4	23
May	7	7	2	3	19
June	8	4	1	5	18
July	7	6	1	2	16
August	6	7	3	4	20
September	6	6	4	3	19
October	2	6	1	2	11
November	3	2	2	0	7
December	1	5	1	4	11
Total	62	73	26	35	196

1/31/2015 2/28/2014 3/31/2014 4/30/2014 5/31/2014 6/30/2014 7/31/2014 8/31/2014 9/30/2014 10/31/2014 11/30/2014 12/31/2014

CENSUS					
	Limestone	Limestone	Sandstone	Sandstone	Total
	East	West	West	East	
January	30	29	30	31	120
February	32	32	32	31	127
March	30	29	31	32	122
April	29	30	32	30	121
May	30	29	32	30	121
June	30	30	31	30	121
July	31	31	32	31	125
August	31	29	32	31	123
September	32	31	31	31	125
October	28	25	30	29	112
November	28	23	28	29	108
December	31	30	30	30	121
Budget	32	31	32	31	126
Capacity*	32	32	32	32	128

1/31/2015 2/28/2014 3/31/2014 4/30/2014 5/31/2014 6/30/2014 7/31/2014 8/31/2014 9/30/2014 10/31/2014 11/30/2014 12/31/2014

^{*}Downsize from 130 to 128 occurred 10/1/2012