



HEALTH SERVICES COMMITTEE
Tuesday, August 3, 2010 at 3 pm
(RH 4 Classroom)

AGENDA

1. Call to Order/Approval of Agenda
2. Approval of Minutes - June 1 and June 3, 2010
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: Project Updates - Fire Stop, Call Light System, Painting
 - b) Information Item: Pre-Budget Presentation (June 18), Progress with the 2011 Budget
8. New Business
 - a) Information Item: Eppstein Uhen Progress, Plans for a Joint Committee Meeting (September 7) and a County Board Presentation (September 23)
 - b) Information Item: WAHSA Updates - Medicaid Reimbursement, State Budget Plans, Family Care Audit
 - c) Information Item: BTC - RN students will be here starting in August. Their focus will be the care of residents with chronic mental illness and/or dementia.
 - d) Information Item: Consumer Information Report for Nursing Homes
 - e) Information Item: Census Concerns
9. Information Item: Reports
 - a) Census
 - b) Activities
 - 1) Senior Management Team - 2011 Budget Plans and Survey Readiness Activities

- 2) Staff Education for July and August 2010
 - (a) Make-up Session: Mandatory *Resident Rights*, Presented by Sherry Gunderson.
 - (b) Oral Care Inservice - Presented by Angie Stone, Dental Hygienist
 - (c) Survey Readiness Inservices - Presented by Sherry Gunderson
 - (d) Prevention of Sexual Harassment
 - (e) Medication Pass Update for Nurses - Presented by Racheal Royston, RN, Omnicare Pharmacy
 - (f) Introduction to MDS 3.0, Care Area Assessments and Medicare PPS Changes - Presented by Sherry Gunderson.
- 3) Resident Council Meeting - Tuesday, July 13, at 10:15 am. Discussion focused on residents' suggestions for the new facility. The next meeting will be on Tuesday, August 10 at 10:15 am.
- 4) Conferences
 - (a) WAHSA Regional Meeting - July 9, Sun Prairie - Sherry Gunderson attended.
 - (b) "Compliance Expectations for Responding to Allegations of Caregiver or Resident Misconduct" Conference - July 13, Wisconsin Dells - Sherry Gunderson attended.
 - (c) WAHSA Regional Meeting - August 6, New Glarus - Sherry Gunderson will attend.
 - (d) Wisconsin DQA sponsored: "MDS 3.0 Update" - August 10, Madison - Sherry Gunderson will attend.
 - (e) WAHSA Board Meeting - August 19, DeForest - Sherry Gunderson will attend.
- 5) Finance - Dave Sudmeier
- 6) Semi-Annual Report - Attendance at Conventions/Conferences

10. Next Meeting Date - September 7 at 3 p.m. in the RH-4 Classroom

11. Adjournment

SRG/ff

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

Account Number	Name	Yearly Prct Appropriation Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
3275007350-63109	OTHER SUPP/EXP	2,500.00	34.3%	859.01	0.02	1,640.97	
	P1002770-PO# 07/28/10 -VN#047105			DOIEL, STEVE		100.00	
				CLOSING BALANCE	1,540.97		100.00
	HCC			PROG-TOTAL-PO		100.00	

I HAVE EXAMINED THE PRECEDING BILLS AND ENCUMBRANCES IN THE TOTAL AMOUNT OF \$100.00 INCURRED BY HEALTH CARE CENTER. 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

AUG 03 2010 DATE _____ CHAIR

HS
GS-HCC

Account Number	Name	Yearly Prct Appropriation Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
3232500000-64904	SUNDRY EXPENSE	13,774.00 94.1%	12,971.69	0.00	802.31		
	P1000713-PO# 07/28/10 -VN#015763			ROCK COUNTY HEALTH CARE CENTER		153.11	
	P1002318-PO# 07/28/10 -VN#025608			CONWAY, ERIC		2,500.00	
*** OVERDRAFT ***	TRANSFER REQUIRED		CLOSING BALANCE		-1,850.80		2,653.11
3272607400-62189	OTHER MED SERV	4,000.00 62.8%	2,513.19	0.02	1,486.79		
	P1000699-PO# 06/30/10 -VN#047747			MOBILEXUSA		385.95	
			CLOSING BALANCE		1,100.84		385.95
3275007350-63109	OTHER SUPP/EXP	2,500.00 27.1%	678.29	0.02	1,821.69		
	P1000635-PO# 07/28/10 -VN#013780			KMART CORP #4255		139.96	
	P1000637-PO# 07/28/10 -VN#016055			SENTRY FOODS INC STORE #375		87.96	
	P1002694-PO# 07/28/10 -VN#010233			GARY GRIMM AND ASSOCIATES		52.80	
			CLOSING BALANCE		1,540.97		280.72
3280008100-62420	MACH & EQUIP RM	13,500.00 78.2%	9,032.49	1,537.00	2,930.51		
	P1001769-PO# 06/30/10 -VN#042755			BEST MEDICAL SERVICES		145.00	
	P1002242-PO# 07/28/10 -VN#018960			BOMGAARS AND ASSOCIATES INC		152.20	
			CLOSING BALANCE		2,633.31		297.20
3280008100-63109	OTHER SUPP/EXP	11,250.00 39.9%	4,215.31	277.86	6,756.83		
	P1000636-PO# 07/28/10 -VN#016117			SHOPKO INC #130		208.63	
	P1000713-PO# 07/28/10 -VN#015763			ROCK COUNTY HEALTH CARE CENTER		25.00	
	P1002819-PO# 07/28/10 -VN#045863			AMERICAN HOTEL REGISTER CO		71.02	
			CLOSING BALANCE		6,452.18		304.65
3280008100-64000	MEDICAL SUPPLIES	99,652.00 102.2%	53,885.47	47,959.32	-2,192.79		
	P1000656-PO# 07/28/10 -VN#010953			ARMSTRONG MEDICAL INDUSTRIES I		117.29	
	P1000669-PO# 07/28/10 -VN#025888			DIRECT SUPPLY EQUIPMENT		79.99	
	P1000696-PO# 07/28/10 -VN#042626			MC KESSON MEDICAL SURGICAL COR		205.20	
*** OVERDRAFT ***	TRANSFER REQUIRED		CLOSING BALANCE		-2,595.27		402.48
3280008200-63109	OTHER SUPP/EXP	42,670.00 96.7%	24,655.12	16,618.25	1,396.63		
	P1000636-PO# 07/28/10 -VN#016117			SHOPKO INC #130		113.16	
	P1001612-PO# 06/30/10 -VN#042157			ROESCHENS OMNICARE PHARMACY		67.60	
			CLOSING BALANCE		1,215.87		180.76
3280008400-63109	OTHER SUPP/EXP	650.00 0.0%	0.00	0.02	649.98		
	P1000419-PO# 07/28/10 -VN#030347			NAPA AUTO PARTS		50.98	
			CLOSING BALANCE		599.00		50.98
3280008500-63109	OTHER SUPP/EXP	4,700.00 97.8%	2,482.48	2,118.78	98.74		
	P1000635-PO# 07/28/10 -VN#013780			KMART CORP #4255		95.70	

Account Number	Name	Yearly Prct Appropriation Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
					CLOSING BALANCE	3.04	95.70
3280009100-62420	MACH & EQUIP RM	7,000.00 72.1%	4,699.20	351.45	1,949.35		
	P1000393-PO# 06/30/10 -VN#039252		ASC1			187.85	
					CLOSING BALANCE	1,761.50	187.85
3280009100-64105	GROCERIES	160,727.00 86.3%	82,157.82	56,680.92	21,888.26		
ENC	R1003124-PO# 07/27/10 -VN#019581		ALPHA BAKING CO INC			4,000.00	
					CLOSING BALANCE	17,888.26	4,000.00
3280009300-63109	OTHER SUPP/EXP	3,000.00 90.3%	2,218.65	492.89	288.46		
	P1000717-PO# 07/28/10 -VN#014534		MENARDS			141.72	
					CLOSING BALANCE	146.74	141.72
3280009300-64409	FURNISHINGS	11,000.00 55.5%	6,107.28	0.01	4,892.71		
	P1002695-PO# 07/28/10 -VN#030781		HOME DEPOT/GECF			299.97	
					CLOSING BALANCE	4,592.74	299.97
3280009500-62104	CONSULTING SERV	3,100.00 45.1%	1,400.00	0.00	1,700.00		
	P1002582-PO# 06/30/10 -VN#047068		JT AND ASSOCIATES LLC			950.00	
					CLOSING BALANCE	750.00	950.00
3280009500-63200	PUBL/SUBCR/DUES	10,000.00 62.5%	6,257.05	0.00	3,742.95		
	P1002635-PO# 06/30/10 -VN#031387		AMERICAN PURCHASING SOCIETY IN			189.00	
					CLOSING BALANCE	3,553.95	189.00
	HCC		PROG-TOTAL-PO			10,420.09	

I HAVE EXAMINED THE PRECEDING BILLS AND ENCUMBRANCES IN THE TOTAL AMOUNT OF \$10,420.09 INCURRED BY HEALTH CARE CENTER. CLAIMS COVERING THE ITEMS ARE PROPER AND HAVE BEEN PREVIOUSLY FUNDED. THESE ITEMS ARE TO BE TREATED AS FOLLOWS

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HEALTH SERVICES COMMITTEE APPROVES THE ABOVE. COM-APPROVAL _____ DEPT-HEAD

AUG 03 2010

DATE _____ CHAIR

**Summary 2009
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

Nursing Home Staff	Staff: Residents, by shift, in a two-week time period (Average number of residents: 129)		
	Day Shift	Evening Shift	Night Shift
Nurses (RNs & LPNs)	1 Nurse: 11 Residents	1 Nurse: 14 Residents	1 Nurse: 22 Residents
Nurse Aides	1 NA: 6 Residents	1 NA: 7 Residents	1 NA: 12 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

Nursing Home Staff	Staff Retention Rates (Percent of staff employed for at least one year)		
	This Home (NS=no staff)	ROCK County Average (10 homes)	State of Wisconsin Average (393 homes)
Full-time Nurses (RNs)	NS%	75%	76%
Part-time Nurses (RNs)	96%	66%	67%
Full-time Nurses (LPNs)	NS%	78%	87%
Part-time Nurses (LPNs)	94%	70%	71%
Full-time Nurse Aides	96%	74%	79%
Part-time Nurse Aides	95%	71%	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 7/01/10) at <http://dhs.wisconsin.gov/bqaconsumer/NursingHomes/CIRindex.htm>, or request a copy (after 7/01/10) 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 2009, 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 2009. See the full Consumer Information Report, 2009 for details.

Federal Regulation Categories*	Federal Violations In 2009		
	Total # Cites for This Home	Average # Cites for ROCK County (10 homes)	Average # Cites for State of Wisconsin (393 homes)
*Each category consists of many specific regulations. See detail in report.			
Quality of Care: Provide care that promotes resident's highest level of well-being. Example: Prevent/treat pressure sores.	5	2.7	3.2
Resident Services: Provide services that meet state standards. Example: Develop a comprehensive care plan for each resident.	2	1.5	1.8
Quality of Life: Provide a pleasant, homelike atmosphere. Example: Provide an activities program that meets needs and interests.	0	0.1	.7
Resident Rights: Assure individual rights. Example: Assure right to personal privacy.	1	0.4	0.4
Freedom from Restraints/Abuse: Assure freedom from abuse, neglect, or restraints. Example: Assure the right to be free from abuse.	0	0.5	0.8
Other Administrative Violations	0	0.2	0.4
Total Violations	8	5.4	7.3

4

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 2009 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 2009. "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 2009. It compares these rates to the averages for all nursing homes of similar size.

APPENDICES (on the internet after 7/01/10) 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**.

SECTION 1 - SURVEY RESULTS FOR THIS FACILITY

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 2009 are described in this report.

The number of Federal regulation deficiencies cited in Wisconsin nursing homes during 2009 surveys ranged from **0 to 35, with an average of 7.3 cites.**

In 2009 survey(s), Rock Haven, JANESVILLE, which has 130 licensed beds, was cited with:

8 Federal regulation deficiency(ies)

Statewide, the average number of deficiencies for a nursing home with 100-199 beds was **9.7**.

In addition, this home was cited with **3** federal building safety violations. The statewide average in 2009 was **5.6** federal building safety violations.

6

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.**

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 2009. Forty-five Wisconsin homes received the SQC designation in 2009.** 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 **1 Immediate Jeopardy deficiencies** in 2009.

NOTIFICATION OF CHANGES (QC) 07/29/2009

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 **1 Significant Correction deficiencies** in 2009.

MAINTAIN NUTRITIONAL STANDARDS (QC) 11/17/2009

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 **5 Correction deficiencies** in 2009.

COMPREHENSIVE ASSESSMENTS (RS) 11/17/2009

COMPREHENSIVE CARE PLANS (RS) 11/17/2009

INFECTION CONTROL PROGRAM (QC) 11/17/2009

PREVENT ACCIDENT HAZARDS (QC) 11/17/2009

PROMPT EFFORT TO RESOLVE GRIEVANCES (RR) 11/17/2009

Substantial Compliance. This deficiency exists when a situation has the potential for causing only minor negative impact on residents. This nursing home received **1 Substantial Compliance deficiencies** in 2009.

INFLUENZA AND PNEUMOCOCCAL IMMUNIZATION (QC) 11/17/2009

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, 2009 through December 31, 2009: 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 2009, this nursing home had:

- | |
|--|
| <ul style="list-style-type: none">• A turnover rate for full-time RNs of NS%,
vs. 36% statewide and 37% across all nursing homes with 100-199 beds. |
| <ul style="list-style-type: none">• A turnover rate for part-time RNs of 8%,
vs. 54% statewide and 55% 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 2009, this nursing home had:

<ul style="list-style-type: none">• A retention rate for full-time RNs of NS%, vs. 76% statewide and 75% across all nursing homes with 100-199 beds.
<ul style="list-style-type: none">• A retention rate for part-time RNs of 96%, vs. 67% statewide and 64% 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 2009, there was:

<ul style="list-style-type: none">• A turnover rate for full-time LPNs of NS%, vs. 21% statewide and 22% across all nursing homes with 100-199 beds.
<ul style="list-style-type: none">• A turnover rate for part-time LPNs of 12%, vs. 47% statewide and 41% across all nursing homes with 100-199 beds.
<ul style="list-style-type: none">• A retention rate for full-time LPNs of NS%, vs. 87% statewide and 86% across all nursing homes with 100-199 beds.
<ul style="list-style-type: none">• A retention rate for part-time LPNs of 94%, vs. 71% 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 2009, there was:

<ul style="list-style-type: none">• A turnover rate for full-time NAs of 4%, vs. 33% statewide and 33% across all nursing homes with 100-199 beds.
<ul style="list-style-type: none">• A turnover rate for part-time NAs of 17%, vs. 63% statewide and 55% across all nursing homes with 100-199 beds.
<ul style="list-style-type: none">• A retention rate for full-time NAs of 96%, vs. 79% statewide and 79% across all nursing homes with 100-199 beds.
<ul style="list-style-type: none">• A retention rate for part-time NAs of 95%, vs. 63% statewide and 65% across all nursing homes with 100-199 beds.

Rock Haven Admissions/Discharges/Census - 2010

ADMISSIONS				
	CCU	Dementia	CMI/GP	Total
January	3	1	1	5
February	5	0	1	6
March	4	4	2	10
April	5	1	3	9
May	3	3	1	7
June	5	2	0	7
July	4	4	1	9
August	3	1	3	7
September	3	5	2	10
October	4	1	1	6
November	9	3	1	13
December	5	0	2	7
Total	53	25	18	96

1/31/2010
2/28/2010
3/31/2010
4/30/2010
5/31/2010
6/30/2010
7/31/2009
8/21/2009
9/30/2009
10/31/2009
11/30/2009
12/31/2009

DISCHARGES/DEATHS				
	CCU	Dementia	CMI/GP	Total
January	5	0	1	6
February	3	0	2	5
March	5	4	3	12
April	3	2	2	7
May	1	5	1	7
June	7	4	1	12
July	5	4	0	9
August	4	2	2	8
September	4	5	0	9
October	4	2	2	8
November	6	2	1	9
December	4	1	2	7
Total	51	31	17	99

1/31/2010
2/28/2010
3/31/2010
4/30/2010
5/31/2010
6/30/2010
7/31/2009
8/21/2009
9/30/2009
10/31/2009
11/30/2009
12/31/2009

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

1/31/2010
2/28/2010
3/31/2010
4/30/2010
5/31/2010
6/30/2010
7/31/2009
8/21/2009
9/30/2009
10/31/2009
11/30/2009
12/31/2009

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

20

TOTAL ROCK HAVEN	MEDICARE	PATIENT DAYS			% OVER/ -UNDER	PATIENT DAYS			% OVER/ -UNDER
		ACTUAL MTD	BUDGET MTD	OVER/ -UNDER		ACTUAL YTD	BUDGET YTD	OVER/ -UNDER	
	SNF	250	210	40	1287	1267	20	1.58	
	TOTAL	250	210	40	1287	1267	20	1.58	
	HOSPICE								
	SNF	125	90	35	1036	543	493	90.79	
	TOTAL	125	90	35	1036	543	493	90.79	
	MEDICAL ASSISTANCE								
	IN	270	330	-60	1599	1991	-392	-19.69	
	SNF	2863	3150	-287	17818	19005	-1187	-6.25	
	ICF 1	30	30		181	181			
	ICF 2								
	ICF 3								
	ICF 4								
	1A	30	30		176	181	-5	-2.76	
	1B								
	D2								
	D3								
	UC								
	TOTAL	3193	3540	-347	19774	21358	-1584	-7.42	
	PRIVATE PAY								
	IN								
	SNF	170	30	140	1062	181	881	486	
	PILOT								
	ICF 1								
	ICF 2								
	ICF 3								
	UC								
	TOTAL	170	30	140	1062	181	881	486.74	
TOTAL ROCK HAVEN		3738	3870	-132	23159	23349	-190	-0.81	

ALL ROCK HAVEN

	ACTUAL		PATIENT DAYS BUDGET		OVER/		% OVER/		ACTUAL		PATIENT DAYS BUDGET		OVER/		% OVER/	
	MTD	YTD	MTD	YTD	UNDER	OVER	UNDER	OVER	YTD	YTD	UNDER	OVER	UNDER	UNDER	OVER	UNDER
IN	270	1599	330	1991	-60	-18.18	-60	-18.18	1599	1991	-392	-392	-19.69			
SNF	3408	21203	3480	20996	-72	-2.07	-72	-2.07	21203	20996	207	207	0.99			
ICF 1	30	181	30	181					181	181						
ICF 2																
ICF 3																
ICF 4																
1A	30	176	30	181					176	181	-5	-5	-2.76			
1B																
D2																
D3																
UC																
TOTAL ROCK HAVEN	3738	23159	3870	23349	-132	-3.41	-132	-3.41	23159	23349	-190	-190	-0.81			

14

	AVERAGE DAILY PATIENTS				AVERAGE DAILY PATIENTS			
	ACTUAL	BUDGET	OVER/	% OVER/	ACTUAL	BUDGET	OVER/	% OVER/
	MTD	MTD	-UNDER	-UNDER	YTD	YTD	-UNDER	-UNDER
TOTAL ROCK HAVEN								
MEDICARE								
SNF	8.33	7.00	1.33	19.05	7.11	7.00	0.11	1.58
TOTAL	8.33	7.00	1.33	19.05	7.11	7.00	0.11	1.58
HOSPICE								
SNF	4.17	3.00	1.17	38.89	5.72	3.00	2.72	90.79
TOTAL	4.17	3.00	1.17	38.89	5.72	3.00	2.72	90.79
MEDICAL ASSISTANCE								
IN	9.00	11.00	-2.00	-18.18	8.83	11.00	-2.17	-19.69
SNF	95.43	105.00	-9.57	-9.11	98.44	105.00	-6.56	-6.25
ICF 1	1.00	1.00			1.00	1.00		
ICF 2								
ICF 3								
ICF 4								
1A	1.00	1.00			0.97	1.00	-0.03	-2.76
1B								
D2								
D3								
UC								
TOTAL	106.43	118.00	-11.57	-9.80	109.25	118.00	-8.75	-7.42
PRIVATE PAY								
IN								
SNF	5.67	1.00	4.67	466.67	5.87	1.00	4.87	486
PILOT								
ICF 1								
ICF 2								
ICF 3								
UC								
TOTAL	5.67	1.00	4.67	466.67	5.87	1.00	4.87	486.74
TOTAL ROCK HAVEN	124.60	129.00	-4.40	-3.41	127.95	129.00	-1.05	-0.81

ALL ROCK HAVEN

	AVERAGE DAILY PATIENTS			AVERAGE DAILY PATIENTS				
	ACTUAL	BUDGET	% OVER/ -UNDER	ACTUAL	BUDGET	% OVER/ -UNDER		
IN	9.00	11.00	-2.00	-18.18	8.83	11.00	-2.17	-19.69
SNF	113.60	116.00	-2.40	-2.07	117.14	116.00	1.14	0.99
ICF 1	1.00	1.00			1.00	1.00		
ICF 2								
ICF 3								
ICF 4								
1A	1.00	1.00			0.97	1.00	-0.03	-2.76
1B								
D2								
D3								
UC								
TOTAL ROCK HAVEN	124.60	129.00	-4.40	-3.41	127.95	129.00	-1.05	-0.81

MEMORANDUM

To: Health Services Committee
From: Sherry R. Gunderson *SRG*
Date: June 21, 2010
Re: Semi-Annual Report - Attendance at Conventions/Conferences

There was no attendance at any training, convention or conference that exceeded total costs of \$1,000 per event, per employee during the period January 1, 2010 through June 18, 2010; and it is not anticipated that there will be any through June 30, 2010.

SRG/TF

cc Craig Knutson