



HEALTH SERVICES COMMITTEE
Wednesday, February 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 18, 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
 - b. Information Item: Update on Survey
8. New Business
 - a. **Action Item:** Consultive Service Agreement with Dr. Ram Rao
 - b. **Action Item:** Consultive Service Agreement with Dr. Robert Kalember
 - c. **Action Item:** Consultive Service Agreement With Dr. Harry Ramsey
 - d. **Action Item:** Resolution – Authorizing Contract for Nursing Home Consulting Service
(Will be provided at the meeting)
 - e. Information Item: Semi-Annual Report – Attendance at Conventions/Conferences
 - f. Discussion of Director of Nursing Position
9. Information Item: Reports
 - a. Census
 - b. Activities
 - 1) Staff Education for February 2015
 - a. Resident Safety Elopement Risk
 - b. Employee Wellness Clinic

2) Resident Council Meeting – February 17, 2015 at 10:15 am.

3) Family Council Meeting – February 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 March 11, 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.

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
32-7260-7400-62171	AMBULANCE	P1400358	12/31/2014	KTOWN TRANSPORTATION INC	60.00
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	11,500.00	8,066.43	(1,886.99)	60.00	5,260.56
32-7260-7400-62189	OTHER MED SERV	P1400350	12/31/2014	DEAN HEALTH SYSTEMS	3.00
		P1400364	12/31/2014	MOBILEXUSA	695.23
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	15,500.00	14,899.87	(11,528.54)	698.23	11,430.44
RH CONTRACT SERVICES T-18 PROG TOTAL				758.23	
32-8000-9200-62420	MACH & EQUIP RM	P1401249	12/31/2014	SELECT SOUND SERVICE INC	246.69
		P1403492	12/29/2014	HOBART SALES AND SERVICE	387.05
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	25,000.00	44,395.14	(22,091.57)	633.74	2,062.69
32-8000-9200-62460	BLDG SERV R&M	P1400244	12/19/2014	R E MICHEL COMPANY	762.01
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	14,700.00	13,989.48	(1,630.62)	762.01	1,579.13
32-8000-9200-62470	BLDG R & M	P1400251	12/22/2014	WERNER ELECTRIC SUPPLY COMPAN	164.40
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	12,500.00	16,725.25	0.00	164.40	(4,389.65)
SUPPORT SERVICE MAINTENANCE PROG TOTAL				1,560.15	
32-8000-9500-64200	TRAINING EXP	P1403167	12/23/2014	UNIVERSITY OF WISCONSIN STEVEN	400.00
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	12,000.00	2,511.49	1,239.78	400.00	7,848.73
SUPPORT SERVICE ADMINISTRATION PROG TOTAL				400.00	
32-8000-9700-62174	INTERNIST	P1400371	12/31/2014	RAMSEY MD,H R	1,400.00
		P1403452	12/31/2014	WEST MD,WILLIAM PETER	6,500.00
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	248,000.00	240,154.75	(22,139.73)	7,900.00	22,084.98
SUPPORT SERVICE MEDICAL STAFF PROG TOTAL				7,900.00	

2014 . . . ■

Rock County

COMMITTEE APPROVAL REPORT

02/04/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
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I have examined the preceding bills and encumbrances in the total amount of **\$10,618.38**

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 Finance Committee and County Board.
- B. Bills under \$10,000 to be paid.
- C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date: **FEB 11 2015**

Dept Head _____

Committee Chair _____

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
32-7260-7400-62189	OTHER MED SERV	P1500881	01/02/2015	ST MARYS HOSPITAL	150.62
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	15,500.00	0.00	150.61	150.62	15,198.77
RH CONTRACT SERVICES T-18 PROG TOTAL				150.62	
32-7500-7350-63109	OTHER SUPP/EXP	P1501039	01/01/2015	CREATIVE FORECASTING INC	60.00
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	1,250.00	0.00	0.00	60.00	1,190.00
RH-PROGRAM SERVICE ADMIN. PROG TOTAL				60.00	
32-8000-8100-63100	OFC SUPP & EXP	P1500260	01/08/2015	CRESCENT ELECTRIC SUPPLY CO	342.24
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	7,000.00	0.00	342.23	342.24	6,315.53
32-8000-8100-63101	POSTAGE	P1500281	01/09/2015	ROCK COUNTY HEALTH CARE CENTE	20.65
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	3,000.00	0.00	20.64	20.65	2,958.71
32-8000-8100-63109	OTHER SUPP/EXP	P1500266	01/27/2015	MENARDS	26.88
		P1500281	01/19/2015	ROCK COUNTY HEALTH CARE CENTE	29.75
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	6,000.00	563.34	2,017.82	56.63	3,362.21
32-8000-8100-64000	MEDICAL SUPPLIES	P1500278	01/14/2015	SHOPKO INC #130	67.42
		P1500280	01/12/2015	EZ WAY INC	1,146.40
		P1501001	01/22/2015	PROSTHETIC LABORATORIES	951.53
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	142,000.00	6,275.24	115,712.56	2,165.35	17,846.85
SUPPORT SERVICE MATERIALS PROG TOTAL				2,584.87	
32-8000-9100-63109	OTHER SUPP/EXP	P1500278	01/22/2015	SHOPKO INC #130	119.96
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	16,000.00	596.99	11,522.96	119.96	3,760.09
32-8000-9100-64105	GROCERIES	P1500263	01/16/2015	KWIK TRIP	6.86

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Rock County

COMMITTEE APPROVAL REPORT

02/04/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	167,000.00	12,468.39	128,538.46	6.86	25,986.29
SUPPORT SERVICE FOOD SERVICE PROG TOTAL				126.82	
32-8000-9200-62420	MACH & EQUIP RM				
	P1500232	01/14/2015	AMSAN LLC	63.80	
	P1500251	01/19/2015	LAND AND WHEELS	487.94	
	P1500276	01/01/2015	ROCK COUNTY HEALTH CARE CENTE	101.53	
	P1500676	01/09/2015	THERMOPATCH CORPORATION	397.35	
	P1500693	01/12/2015	BASIC AMERICAN MEDICAL PRODUCT	31.21	
	P1500937	01/26/2015	GRAINGER	96.44	
	P1501053	01/02/2015	WELCH ALLYN INC	2,559.43	
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	35,000.00	0.00	864.59	3,737.70	30,397.71
32-8000-9200-62460	BLDG SERV R&M				
	P1500223	01/13/2015	R E MICHEL COMPANY	188.21	
	P1500236	01/19/2015	CONTROL WORKS	501.50	
	P1500249	01/22/2015	JANESVILLE ELECTRIC MOTOR CORP	685.00	
	P1500252	01/22/2015	MC MASTER-CARR SUPPLY COMPAN	145.29	
	P1500257	01/31/2015	TAS COMMUNICATIONS INC	116.79	
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	15,000.00	0.00	1,777.20	1,636.79	11,586.01
32-8000-9200-62461	ELEVATOR				
	P1500820	01/31/2015	SCHINDLER ELEVATOR CORPORATIO	3,122.60	
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	4,800.00	0.00	0.00	3,122.60	1,677.40
32-8000-9200-62470	BLDG R & M				
	P1500241	01/12/2015	FIRST SUPPLY MADISON LLC	825.34	
	P1500245	01/27/2015	HOME DEPOT/GEFC	133.55	
	P1500250	01/29/2015	LA FORCE HARDWARE AND MANUFAC	23.00	
	P1500256	01/30/2015	SHERWIN WILLIAMS	328.21	
	P1500258	01/01/2015	WERNER ELECTRIC SUPPLY COMPAN	210.53	
	P1500654	01/15/2015	DEGARMO PLUMBING INC	780.00	
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	13,750.00	247.73	2,940.59	2,300.63	8,261.05
32-8000-9200-63109	OTHER SUPP/EXP				
	P1500248	01/20/2015	JACK AND DICKS FEED AND GARDEN	294.84	
	P1500253	01/23/2015	MENARDS	113.77	
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	6,000.00	0.00	733.59	408.61	4,857.80

2015...

Rock County

COMMITTEE APPROVAL REPORT

02/04/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
SUPPORT SERVICE MAINTENANCE PROG TOTAL					11,206.33
32-8000-9300-62124	CRIMINAL INVEST				
		P1500272	01/15/2015	OFFICE PRO	16.23
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	0.00	0.00	1,216.22	16.23	(1,232.45)
32-8000-9300-63109	OTHER SUPP/EXP				
		P1500266	01/27/2015	MENARDS	11.94
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	6,000.00	20.75	11.94	11.94	5,955.37
SUPPORT SERVICE ENVIRONMENTAL PROG TOTAL					28.17
32-8000-9500-64200	TRAINING EXP				
		P1500259	01/19/2015	BELOIT HEALTH SYSTEM INC	42.00
		P1500979	01/16/2015	MC KESSON MEDICAL SUPPLY	227.15
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	15,000.00	500.00	2,589.13	269.15	11,641.72
32-8000-9500-64424	EMPLOYEE RECOGN.				
		P1500281	01/01/2015	ROCK COUNTY HEALTH CARE CENTE	20.25
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	2,500.00	0.00	20.24	20.25	2,459.51
SUPPORT SERVICE ADMINISTRATION PROG TOTAL					289.40
32-8000-9700-62174	INTERNIST				
		P1500275	01/18/2015	RAMSEY MD,H R	700.00
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	250,000.00	14,855.00	205,844.99	700.00	28,600.01
SUPPORT SERVICE MEDICAL STAFF PROG TOTAL					700.00

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
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I have examined the preceding bills and encumbrances in the total amount of **\$15,146.21**

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 Finance Committee and County Board.

B. Bills under \$10,000 to be paid.

C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date: **FEB 11 2015**

Dept Head _____

Committee Chair _____

CONSULTIVE SERVICE AGREEMENT
ROCK HAVEN

This agreement is made is entered into between Rock Haven and Ram Rao, M.D. for the purpose of providing physician consulting services.

Services provided under this agreement shall be at the request of the Nursing Home Administrator at times and for periods mutually agreed upon. The provider of service agrees to the following:

The named physician shall:

- (a) Hold, and provide documentation of, a current license to practice general medicine in the State of Wisconsin.
- (b) Contracted Medical Doctor shall at all times during the term of this agreement keep in full force and effect a professional liability insurance policy to insure the contracted doctor in the performance of services under this agreement. Said liability insurance policy shall be issued by a company licensed to do business in the state of Wisconsin and registered with the office of the insurance commissioner. The coverage limits of said liability insurance policy shall not be less than:
Each Professional Health Care Incident: \$1,000,000
Aggregate: \$3,000,000
- (c) Maintain membership on the Medical, Dental and Podiatry Staff of the Rock Haven.
- (d) Before commencing provision of service, the named physician will provide results of recent TB skin testing. Provider will provide annual documentation thereafter.
- (e) Cooperate in recovery of third party payments including assignment of claims as necessary.
- (f) Bill the County on letterhead stationery or as prescribed by the County. Such bills shall be signed.
- (g) Private practice is permitted; however, physician shall avoid conflicts of interest. The Medical, Dental, and Podiatry Staff may review possible conflicts of interest and recommend resolutions of them. Physicians are to file required conflict of interest statements.

The compensation hereinafter provided shall be the entire compensation and shall include all services of any nature rendered as consultant to Rock Haven, and physician shall not be entitled to additional compensation from any source for such services.

The management of the Rock Haven is reserved to the County, including the right to plan and schedule service, to determine what constitutes good and efficient service, and all other functions of management and direction not expressly limited by the terms of this agreement. Rock Haven assumes professional and administrative responsibility for the services rendered. It is the understanding of the parties to the Agreement that when this Agreement provides: "Rock Haven assumes professional and administrative responsibility for the services rendered," what is meant is that Rock Haven will provide general administrative supervision and accountability control for the service providers while performing services for the facility. Rock Haven does not assume responsibility for technical professional supervision of the actual services provided. The professional liability, technical professional supervision, and quality of services remain the responsibility of the provider.

Provider shall indemnify Rock Haven/Rock County against any and all loss, damages, and costs or expenses which Rock Haven/Rock County may sustain or incur, or be required to pay by reason of any eligible client's suffering, personal injury, death, or property loss resulting from the care of services furnished by Provider under this contract; however, the provisions of this paragraph shall not apply to liabilities, losses, charges, costs or expenses caused by Rock Haven/Rock County.

The duty to indemnify shall continue in full force and effect, notwithstanding the expiration or early termination hereof, with respect to any claims based on facts or conditions that occurred prior to expiration or termination of this contract.

Fees for professional services shall be at the rate of \$140 per hour. On-site emergency consultation services will also be provided at the rate of \$140 dollars per hour. Provider shall furnish on-site consulting services for a maximum of 150 hours annually with an anticipated average of 15 hours per week as relief physician for Dr. West.

Provider shall assure professional service availability for emergency medical and/or psychiatric services as assigned by the Medical Director with evening call reimbursable at the rate of \$150 per evening. Holiday and weekend call reimbursement at the rate of \$275 per day.

In connection with the performance of work under this contract, the Provider agrees not to discriminate against any patient or resident in the provision of service. The Provider also agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, sexual orientation, developmental disability as defined in s.51.01(5), Wis. Stat., or national origin, marital status, ancestry, arrest record, or any reserve component of the military forces of the United States or this State. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Provider further agrees to take affirmative action to ensure equal employment opportunities. The Provider agrees to post in a conspicuous place, available to

employees and applicant for employment, notices to be provided by the Provider setting forth the provisions of the non-discrimination clause.

Provider, in the conduct of its responsibilities under this Agreement, may have access to information which is classified as "protected health information" (PHI) (as such term is defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") medical privacy regulations). During the term of this Agreement (and for such additional term as required by law), any PHI which is accessed by or provided to the vendor shall be held in confidence, in accordance with the HIPAA medical privacy regulations as if the vendor were a "Business Associate" (as such term is defined under the HIPAA medical privacy regulations). Any disclosure of such information will be limited as required by law. The failure of vendors to satisfy the obligations of this paragraph shall entitle the County to indemnification for any damages, costs or expenses sustained (including actual attorneys' fees).

Provider shall abide by all applicable State and Federal standards, laws, and regulations applicable to the receiving, storing, processing, disclosing, and use of client information. The use or disclosure by any party of any information concerning patients/clients who receive services from Provider for any purpose not connected with the administration of Rock Haven/Rock County's or Provider's responsibility under this contract is prohibited except with the informed, written consent of the patient/client or their legal guardian or as permitted by law or regulation.

This agreement shall be in effect January 1, 2015 and remain in effect until December 31, 2015 at which time it will automatically renew for one-year, ending December 31, 2016. Termination of this agreement shall occur upon thirty (30) days written notice by either party. A Business Associate Agreement is attached as Appendix 2.

SIGNED FOR ROCK HAVEN

Sue L. Prostko
Nursing Home Administrator

Date: _____

Address: P.O. Box 920
Janesville, WI 53547-0920

SIGNED FOR THE SERVICE PROVIDER

Ram Rao, M.D.

Date: _____

Address: _____
Janesville, WI _____

RAO
2015

CONSULTIVE SERVICE AGREEMENT
ROCK HAVEN

This agreement is entered into between Rock Haven and Robert L. Kalember, M.D. for the purpose of providing psychiatric consulting services.

Services provided under this agreement shall be at the request of the Nursing Home Administrator at times and for periods mutually agreed upon. The provider of service agrees to the following:

The named physician shall:

- (a) Hold, and provide documentation of, a current license to practice general medicine in the State of Wisconsin.
- (b) Hold, and provide documentation of, adequate malpractice liability insurance in accordance with State law. Rock County will reimburse consultant 50 percent of this cost.
- (c) Maintain membership on the Medical, Dental and Podiatry Staff of the Rock Haven.
- (d) Before commencing provision of service, the named physician will provide results of recent TB skin testing. Provider will provide annual documentation thereafter.
- (e) Cooperate in recovery of third party payments including assignment of claims as necessary.
- (f) Bill the County on letterhead stationery or as prescribed by the County. Such bills shall be signed.
- (g) Private practice is permitted; however, physician shall avoid conflicts of interest. The Medical, Dental, and Podiatry Staff may review possible conflicts of interest and recommend resolutions of them. Physicians are to file required conflict of interest statements.

The compensation hereinafter provided shall be the entire compensation and shall include all services of any nature rendered as consultant to Rock Haven, and physician shall not be entitled to additional compensation from any source for such services.

The management of the Rock Haven is reserved to the County, including the right to plan and schedule service, to determine what constitutes good and efficient service, and all other functions of management and direction not expressly limited by the terms of this agreement. Rock Haven assumes professional and administrative responsibility for the services

rendered. It is the understanding of the parties to the Agreement that when this Agreement provides: "Rock Haven assumes professional and administrative responsibility for the services rendered," what is meant is that Rock Haven will provide general administrative supervision and accountability control for the service providers while performing services for the facility. Rock Haven does not assume responsibility for technical professional supervision of the actual services provided. The professional liability, technical professional supervision, and quality of services remain the responsibility of the provider.

Provider shall indemnify Rock Haven/Rock County against any and all loss, damages, and costs or expenses which Rock Haven/Rock County may sustain or incur, or be required to pay by reason of any eligible client's suffering, personal injury, death, or property loss resulting from the care of services furnished by Provider under this contract; however, the provisions of this paragraph shall not apply to liabilities, losses, charges, costs or expenses caused by Rock Haven/Rock County.

The duty to indemnify shall continue in full force and effect, notwithstanding the expiration or early termination hereof, with respect to any claims based on facts or conditions that occurred prior to expiration or termination of this contract.

Fees for professional services shall be at the rate of \$140 per hour. On-site emergency consultation services will also be provided at the rate of \$120.00 dollars per hour. Provider shall furnish on-site consulting services for a maximum of 550 hours annually with an anticipated average of 10 hours per week.

In connection with the performance of work under this contract, the Provider agrees not to discriminate against any patient or resident in the provision of service. The Provider also agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, sexual orientation, developmental disability as defined in s.51.01(5), Wis. Stat., or national origin, marital status, ancestry, arrest record, or any reserve component of the military forces of the United States or this State. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Provider further agrees to take affirmative action to ensure equal employment opportunities. The Provider agrees to post in a conspicuous place, available to employees and applicant for employment, notices to be provided by the Provider setting forth the provisions of the non-discrimination clause.

Provider, in the conduct of its responsibilities under this Agreement, may have access to information which is classified as "protected health information" (PHI) (as such term is defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") medical privacy regulations). During the term of this Agreement (and for such additional term as required by law), any PHI which is accessed by or provided to the vendor shall be held in confidence, in accordance with the HIPAA medical privacy regulations as if the vendor were a "Business Associate" (as such term is defined under the HIPAA medical privacy regulations). Any disclosure of such information will be limited as required by law. The failure of vendors to satisfy the obligations of this paragraph shall entitle the County to indemnification for any damages, costs or expenses sustained (including actual attorneys' fees). A Business Associate Agreement is attached as Appendix 2.

Provider shall abide by all applicable State and Federal standards, laws, and regulations applicable to the receiving, storing, processing, disclosing, and use of client information. The use or disclosure by any party of any information concerning patients/clients who receive services from Provider for any purpose not connected with the administration of Rock Haven/Rock County's or Provider's responsibility under this contract is prohibited except with the informed, written consent of the patient/client or their legal guardian or as permitted by law or regulation.

This agreement shall be in effect the January 1, 2015 and remain in effect until December 31, 2015 at which time it will automatically renew for one-year, ending December 31, 2016. Termination of this agreement shall occur upon thirty (30) days written notice by either party.

SIGNED FOR ROCK HAVEN

SIGNED FOR THE SERVICE PROVIDER

Sue Prostko
Nursing Home Administrator

Robert L. Kalember, M.D.

Date: _____

Date: _____

Address: P.O. Box 920
Janesville, WI 53547

Address: 3006 Beacon Court
Janesville, WI 53546

KALEMBER
2015

CONSULTIVE SERVICE AGREEMENT
ROCK HAVEN

This agreement is made is entered into between Rock Haven and Harry R. Ramsey, M.D. for the purpose of providing physician consulting services.

Services provided under this agreement shall be at the request of the Nursing Home Administrator at times and for periods mutually agreed upon. The provider of service agrees to the following:

The named physician shall:

- (a) Hold, and provide documentation of, a current license to practice general medicine in the State of Wisconsin.
- (b) Contracted Medical Doctor shall at all times during the term of this agreement keep in full force and effect a professional liability insurance policy to insure the contracted doctor in the performance of services under this agreement. Said liability insurance policy shall be issued by a company licensed to do business in the state of Wisconsin and registered with the office of the insurance commissioner. The coverage limits of said liability insurance policy shall not be less than:
Each Professional Health Care Incident: \$1,000,000
Aggregate: \$3,000,000
- (c) Maintain membership on the Medical, Dental and Podiatry Staff of the Rock Haven.
- (d) Before commencing provision of service, the named physician will provide results of recent TB skin testing. Physician will provide annual documentation thereafter.
- (e) Cooperate in recovery of third party payments including assignment of claims as necessary.
- (f) Bill the County on letterhead stationery or as prescribed by the County. Such bills shall be signed.
- (g) Private practice is permitted; however, physician shall avoid conflicts of interest. Physicians are to file required conflict of interest forms if holding more than one position.

The compensation hereinafter provided shall be the entire compensation and shall include all services of any nature rendered as consultant to Rock Haven, and physician shall not be entitled to additional compensation from any source for such services.

The management of the Rock Haven is reserved to the County, including the right to plan and schedule service, to determine what constitutes good and efficient service, and all other functions of management and direction not expressly limited by the terms of this agreement. Rock Haven assumes professional and administrative responsibility for the services rendered. It is the understanding of the parties to the Agreement that when this Agreement provides: "Rock Haven assumes professional and administrative responsibility for the services rendered," what is meant is that Rock Haven will provide general administrative supervision and accountability control for the service Physician while performing services for the facility. Rock Haven does not assume responsibility for technical professional supervision of the actual services provided. The professional liability, technical professional supervision, and quality of services remain the responsibility of the provider.

Provider shall indemnify Rock Haven/Rock County against any and all loss, damages, and costs or expenses which Rock Haven/Rock County may sustain or incur, or be required to pay by reason of any eligible client's suffering, personal injury, death, or property loss resulting from the care of services furnished by Provider under this contract; however, the provisions of this paragraph shall not apply to liabilities, losses, charges, costs or expenses caused by Rock Haven/Rock County.

The duty to indemnify shall continue in full force and effect, notwithstanding the expiration or early termination hereof, with respect to any claims based on facts or conditions that occurred prior to expiration or termination of this contract.

Fees for professional services shall be at the rate of \$100 per hour. On-site emergency consultation services will also be provided at the rate of \$100 dollars per hour. Physician shall furnish on-site consulting services for a maximum of 130 hours annually with an anticipated average of 10 hours per week as relief physician for Dr. West.

Provider shall assure professional service availability for emergency medical and/or psychiatric services as assigned by the Medical Director with evening call reimbursable at the rate of \$150 per evening. Holiday and weekend call reimbursement at the rate of \$275 per day.

In connection with the performance of work under this contract, the Physician agrees not to discriminate against any patient or resident in the provision of service. The Physician also agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, sexual orientation, developmental disability as defined in s.51.01(5), Wis. Stat., or national origin, marital status, ancestry, arrest record, or any reserve component of the military forces of the United States or this State. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Physician further agrees to take affirmative action to ensure equal employment opportunities. The Physician agrees to post in a conspicuous place, available to employees and applicant for employment, notices to be provided by the Provider setting forth the provisions of the non-discrimination clause.

Provider, in the conduct of its responsibilities under this Agreement, may have access to information which is classified as "protected health information" (PHI) (as such term is defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") medical privacy regulations). During the term of this Agreement (and for such additional term as required by law), any PHI which is accessed by or provided to the vendor shall be held in confidence, in accordance with the HIPAA medical privacy regulations as if the vendor were a "Business Associate" (as such term is defined under the HIPAA medical privacy regulations). Any disclosure of such information will be limited as required by law. The failure of vendors to satisfy the obligations of this paragraph shall entitle the County to indemnification for any damages, costs or expenses sustained (including actual attorneys' fees).

Provider shall abide by all applicable State and Federal standards, laws, and regulations applicable to the receiving, storing, processing, disclosing, and use of client information. The use or disclosure by any party of any information concerning patients/clients who receive services from Provider for any purpose not connected with the administration of Rock Haven/Rock County's or Provider's responsibility under this contract is prohibited except with the informed, written consent of the patient/client or their legal guardian or as permitted by law or regulation.

This agreement shall be in effect January 1, 2013 and remain in effect until December 31, 2013 at which time it will automatically renew for one-year, ending December 31, 2014. At that point, the contract will be renegotiated. Termination of this agreement shall occur upon ninety (90) days written notice by either party. A Business Associate Agreement is attached as Appendix 2.

SIGNED FOR ROCK HAVEN

SIGNED FOR THE SERVICE PROVIDER

Sherry R. Gunderson
Nursing Home Administrator

Harry R. Ramsey, M.D.

Date: _____

Date: _____

Address: P.O. Box 920
Janesville, WI 53547-0920

Address: _____

RAMSEY
2015

MEMORANDUM

To: Health Services Committee
From: Sue Prostko
Date: January 30, 2015
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 July 1, 2014 through December 31, 2014.



SLP/MLL

cc Craig Knutson

2014 PATIENT DAYS FOR ROCK HAVEN

		PATIENT DAYS			PATIENT DAYS			% OVER/ -UNDER	OVER/ -UNDER	% OVER/ -UNDER
		ACTUAL MTD	BUDGET MTD	OVER/ -UNDER	ACTUAL YTD	BUDGET YTD	OVER/ -UNDER			
LIMESTONE COURT	MEDICARE	SNF	216	217	-1	3363	2555	808	31.62	
	TOTAL		216	217	-1	3363	2555	808	31.62	
	HOSPICE	SNF	73	62	11	738	730	8	1.10	
	TOTAL		73	62	11	738	730	8	1.10	
MEDICAL ASSISTANCE	SNF		1275	1581	-306	15290	18615	-3325	-17.86	
	TOTAL		1275	1581	-306	15290	18615	-3325	-17.86	
	PRIVATE PAY	SNF	195	124	71	2263	1460	803	55.00	
	TOTAL		195	124	71	2263	1460	803	55.00	
TOTAL LIMESTONE COURT			1759	1984	-225	21654	23360	-1706	-7.30	
SANDSTONE COURT	MEDICARE	SNF	86	217	-131	1299	2555	-1256	-49.16	
	TOTAL		86	217	-131	1299	2555	-1256	-49.16	
	HOSPICE	SNF	96	62	34	1104	730	374	51.23	
	TOTAL		96	62	34	1104	730	374	51.23	
MEDICAL ASSISTANCE	SNF		1485	1550	-65	18212	18250	-38	-0.21	
	TOTAL		1485	1550	-65	18212	18250	-38	-0.21	
	PRIVATE PAY	SNF	153	93	60	1796	1095	701	64.02	
	TOTAL		153	93	60	1796	1095	701	64.02	
TOTAL SANDSTONE COURT			1820	1922	-102	22411	22630	-219	-0.97	

		ACTUAL			PATIENT DAYS			% OVER/			PATIENT DAYS			% OVER/		
		MTD	MTD	MTD	BUDGET	MTD	MTD	UNDER	UNDER	UNDER	BUDGET	YTD	YTD	UNDER	UNDER	UNDER
TOTAL ROCK HAVEN	MEDICARE	SNF	302	434	-132	-30.41	4662	5110	-448	-8.77	4662	5110	-448	-8.77		
	TOTAL	SNF	302	434	-132	-30.41	4662	5110	-448	-8.77	4662	5110	-448	-8.77		
	HOSPICE	SNF	169	124	45	36.29	1842	1460	382	26.16	1842	1460	382	26.16		
	TOTAL	SNF	169	124	45	36.29	1842	1460	382	26.16	1842	1460	382	26.16		
	MEDICAL ASSISTANCE	SNF	2760	3131	-371	-11.85	33502	36865	-3363	-9.12	33502	36865	-3363	-9.12		
	TOTAL	SNF	2760	3131	-371	-11.85	33502	36865	-3363	-9.12	33502	36865	-3363	-9.12		
	PRIVATE PAY	SNF	348	217	131	60.37	4059	2555	1504	58.86	4059	2555	1504	58.86		
	TOTAL	SNF	348	217	131	60.37	4059	2555	1504	58.86	4059	2555	1504	58.86		
TOTAL ROCK HAVEN			3579	3906	-327	-8.37	44065	45990	-1925	-4.19	44065	45990	-1925	-4.19		

		AVERAGE DAILY PATIENTS			AVERAGE DAILY PATIENTS					
		ACTUAL MTD	BUDGET MTD	% OVER/UNDER	ACTUAL YTD	BUDGET YTD	% OVER/UNDER			
LIMESTONE COURT	MEDICARE	SNF	6.97	7.00	-0.03	-0.46	9.21	7.00	2.21	31.62
	TOTAL		6.97	7.00	-0.03	-0.46	9.21	7.00	2.21	31.62
	HOSPICE	SNF	2.35	2.00	0.35	17.74	2.02	2.00	0.02	1.10
	TOTAL		2.35	2.00	0.35	17.74	2.02	2.00	0.02	1.10
	MEDICAL ASSISTANCE	SNF	41.13	51.00	-9.87	-19.35	41.89	51.00	-9.11	-17.86
	TOTAL		41.13	51.00	-9.87	-19.35	41.89	51.00	-9.11	-17.86
	PRIVATE PAY	SNF	6.29	4.00	2.29	57.26	6.20	4.00	2.20	55.00
	TOTAL		6.29	4.00	2.29	57.26	6.20	4.00	2.20	55.00
TOTAL LIMESTONE COURT			56.74	64.00	-7.26	-11.34	59.33	64.00	-4.67	-7.30
SANDSTONE COURT	MEDICARE	SNF	2.77	7.00	-4.23	-60.37	3.56	7.00	-3.44	-49.16
	TOTAL		2.77	7.00	-4.23	-60.37	3.56	7.00	-3.44	-49.16
	HOSPICE	SNF	3.10	2.00	1.10	54.84	3.02	2.00	1.02	51.23
	TOTAL		3.10	2.00	1.10	54.84	3.02	2.00	1.02	51.23
	MEDICAL ASSISTANCE	SNF	47.90	50.00	-2.10	-4.19	49.90	50.00	-0.10	-0.21
	TOTAL		47.90	50.00	-2.10	-4.19	49.90	50.00	-0.10	-0.21
	PRIVATE PAY	SNF	4.94	3.00	1.94	64.52	4.92	3.00	1.92	64.02
	TOTAL		4.94	3.00	1.94	64.52	4.92	3.00	1.92	64.02
TOTAL SANDSTONE COURT			58.71	62.00	-3.29	-5.31	61.40	62.00	-0.60	-0.97

2014 PATIENT DAYS FOR ROCK HAVEN

		AVERAGE DAILY PATIENTS			AVERAGE DAILY PATIENTS			
		ACTUAL MTD	BUDGET MTD	% OVER/UNDER	ACTUAL YTD	BUDGET YTD	% OVER/UNDER	
TOTAL ROCK HAVEN	MEDICARE	SNF	14.00	-4.26	12.77	14.00	-1.23	-8.77
		TOTAL	14.00	-4.26	12.77	14.00	-1.23	-8.77
	HOSPICE	SNF	4.00	1.45	5.05	4.00	1.05	26.16
		TOTAL	4.00	1.45	5.05	4.00	1.05	26.16
	MEDICAL ASSISTANCE	SNF	101.00	-11.97	91.79	101.00	-9.21	-9.12
		TOTAL	101.00	-11.97	91.79	101.00	-9.21	-9.12
	PRIVATE PAY	SNF	7.00	4.23	11.12	7.00	4.12	58.86
		TOTAL	7.00	4.23	11.12	7.00	4.12	58.86
TOTAL ROCK HAVEN			115.45	-10.55	120.73	126.00	-5.27	-4.19

ROCK HAVEN ADMISSIONS/DISCHARGES/CENSUS - 2014

ADMISSIONS					
	Limestone	Limestone	Sandstone	Sandstone	Total
	East	West	West	East	
January	6	8	1	5	20
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	73	77	21	36	207

1/31/2014
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

DISCHARGES/DEATHS					
	Limestone	Limestone	Sandstone	Sandstone	Total
	East	West	West	East	
January	4	3	2	6	15
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	67	25	37	191

1/31/2014
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	32	32	32	31	127
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

1/31/2014
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

Data as of 12:00pm on dates indicated