

NURSING HOME BOARD OF DIRECTORS AGENDA

County of Champaign, Urbana, Illinois

Monday, April 8, 2013 – 6:00pm

In Service Classroom, Champaign County Nursing Home
500 S. Art Bartell Road, Urbana

CHAIR: Catherine Emanuel
DIRECTORS: Peter Czajkowski, Lashunda Hambrick, Josh Hartke, Mary Hodson, Gary Maxwell, Robert Palinkas

ITEM

- I. CALL TO ORDER**
- II. ROLL CALL**
- III. APPROVAL OF AGENDA**
- IV. APPROVAL OF MINUTES**
March 11, 2013
- V. PUBLIC PARTICIPATION**
- VI. OLD BUSINESS**
- VII. NEW BUSINESS**
Management report
 Operations (Management Report)
 Cash Position
Management Update
Compliance Update (action required)
- VIII. OTHER BUSINESS**
- IX. NEXT MEETING DATE & TIME**
May 13, 2013 – 6:00pm
- X. ADJOURNMENT**

Attachments: Management Report, Management Update

**Board of Directors
Champaign County Nursing Home
Urbana, Illinois
March 11, 2013**

Directors Present: Czajkowski, Emanuel, Hartke, Hodson, Maxwell, Palinkas

Directors Absent/Excused: Hambrick

Also Present: Busey, Gima

1. Call to Order

The meeting was called to order at 6:00 pm by Chair Emanuel

2. Roll Call

Busey called the roll of Directors. A quorum was established.

3. Agenda

Agenda was approved (motion by Hartke, second by Palinkas, unanimous).

4. Approval of Minutes

The open session minutes of February 11, 2013 was approved as submitted (motion by Hartke, second by Palinkas, unanimous).

5. Public Participation

None

6. Old Business

None

7. New Business

a. Operations (Management Report)

Gima reviewed the statistics and financials for January 2013. The average daily census fell from 204.8 in December to 195.1 in January. Medicare remains strong. Medicaid fell from 116.2 to 112, and private pay fell from 67.5 to 61.4. Admissions remain strong, but discharges and deaths were up in December, January and February. Gima reported that there were 60 deaths in the months of

December, January and February. The majority of the deaths were hospice residents. A second data run from earlier today indicated 42 deaths during this period, of which 27 were hospice and one was on palliative care. The Board of Directors' requested additional analysis.

In January, CCNH showed a net loss of -\$67k. Revenues fell but the decreases were in line with the census. Medicare revenue was unchanged from December. Private pay revenue fell from \$391k to \$365k. Medicaid revenue fell from \$537k to \$502k.

Operating expenses increased from \$1.272 million in December to \$1.362 million in January. Labor expenses increased by \$53k. Non-labor expenses rose by \$37k. Benefits increased by \$31.5k. Unemployment was the primary reason, due to the beginning of a new calendar year. Salaries increased by \$21k. Half of the increase was due to holiday TOPs pay and the payout of TOPS time for two employees. Agency expenses fell by \$8k between December and January.

Administrative professional services increased by \$13k, but the January total of \$41,991 is below budget for the month. Two items contributed to the \$13k increase, a buyout for the hiring of the accounts payable clerk from the temporary agency. The administrator's salary is not reflected in professional services.

b. Cash Position

Cash balance fell slightly from \$1.362 million in December to \$1.141 in January increased from \$786k in November to \$1.361 million in December. Accounts receivable increased from \$3.841 million to \$3.977 million. Accounts payable decreased from \$1.883 million to \$1.472 million.

The cash flow projection was updated to include cash payments through the middle of February. The projected cash balance did not change significantly, with a projected year ending cash balance of \$2 million.

c. Open Management Positions

The Maintenance Director and Social Services Director positions have been filled.

d. Nursing Home Board of Director's By-Laws and Policy Book

The Board of Directors reviewed the suggested changes to the By-Laws and Policy Book. Hopson noted the absence of the Assistant Administrator and Adult Day Care Director positions on the updated organizational chart. Gima will make the necessary revisions to the organizational chart. The changes were accepted with the organization chart revisions with a recommendation for the County Board to adopt the changes (motion by Palinkas, second by Czajkowski,

unanimous)

e. Managed Care

Gima provided a summary review of the pending Medicare Medicaid Alignment Initiative which is a managed care program for dual eligibles who have both Medicare and Medicaid insurance coverage. The program is expected to start on October 1, 2013.

8. Next Meeting Date

Monday, April 8, 2013, 6:00 p.m.

9. Adjournment

Chair Emanuel declared meeting adjourned at 7:30 pm.

Respectfully submitted

Scott T. Gima
Recording Secretary

To: Board of Directors
Champaign County Nursing Home

From: Scott Gima
Manager

Date: April 3, 2013

Re: Management Report

The February census was 185.2. To recap, the census was 204.8 in December and 195.1 in January. Medicare remained strong and showed a slight increase from 21.6 in January to 23.5 in February. Medicaid is 98.6, down from 116.2 in December and 112 in January. Private pay increased from 61.4 in January to 63.1 in February.

The payor mix reflects the above changes with a stronger Medicare and private pay mix. The Medicaid mix fell from 57.4 percent to 53.3 percent. Medicare increased from 11.1 percent to 12.7 percent. The private pay mix increased from 31.5 percent to 34.1 percent.

The preliminary statistics for March show an average ADC of 182. Medicare will be down significantly – less than 15. Over the past two weeks, we are seeing signs of a slow uptrend. Census is up to 187 with 14 Medicare.

The February revenue and expense highlights are summarized below.

February shows a net loss of -\$28k, which was an improvement from the -\$67k loss seen in January. Revenues are down as expected with the census trends. Expenses also fell in February, which contributed to the smaller loss.

Operating revenues fell from \$1.208 million to \$1.053 million between January and February. Medicare revenue fell from \$296k to \$277k. The average Medicare revenue per day fell from \$438 per day to \$410 per day due to a smaller percentage of rehab Medicare days for the month. This is more of a cyclical trend due to low hospital orthopedic cases. Private pay revenue fell from \$365k to \$329k, a difference of \$36k. Medicaid revenue dropped from \$502k to \$398k.

Operating expenses fell from \$1.362 million to \$1.168 million between January and February, an increase of \$90k. Labor expenses (wages and benefits) were down from \$546k to \$458k, difference of \$88k. Non labor expenses fell from \$599k to \$526k, a reduction of \$73k.

The following are the labor expense highlights. Monthly labor costs increased from \$710,367 in December to \$763,038 in January, but fell to \$641,974 in February. Salaries fell from \$546,417 in January to \$458,130 in February. Overtime has also improved,

falling from \$82,252 in December to \$67,640 in January and \$24,469 in February.

Benefits fell from \$216,621 in January to \$183,845 in February, a decrease of \$32,776, reversing the \$31,497 increase seen between December and January.

Agency costs were also down in February. Agency usage totaled \$76,604 in December and \$68,537 in January. February's expense was \$24,469.

The short month help reduce the monthly expense total. But getting through the holidays, mean less time off and a corresponding decrease in OT, agency and holiday pay. This is reflected in the costs per resident day. Labor costs per day (all salaries and benefits) show a decline from \$126 to \$124 per day between January and February. Nursing costs per day fell from \$64 to \$62 per day during the same time frame. TOPs related expenses were down in February.

The following are the non-labor expense highlights:

Non-labor expenses fell from \$598,809 in January to \$525,721 in February. On a per day basis, non-labor costs increased from \$99 to \$101. Nursing non-labor costs fell from \$29.49 to \$25.22 per day (\$178k in January to \$131k in February). But administrative costs which fell from \$206k to \$196k, increased on a per day basis from \$34.14 to \$38.74. All other departments showed no change or a slight increase in costs per day.

Nursing home maintenance/repairs was \$12,863 in February. Major items include:

- \$1,932 for repairs to the coolers.

- \$2,700 to evaluate/repair the kitchen fire alarm system. Added three fire alarm pull stations in the kitchen (kitchen had no fire alarm pull stations)

- \$1,500 to recharge the ansul kitchen fire protection system (chemical fire suppression system)

- \$2,500 for coverage by county maintenance personnel

Social services professional services remain high at \$11,535. The interim Social Services director's last day was Friday, March 29th.

Take a look at the figures in bold type-face as they represent significant changes from prior months. (Figures will not add to 100 percent.) The Medicare revenue percentage jumped from 15.8 percent in November to 23.9 percent in December. Medicaid fell from 46 percent in November to 42.6 percent in December. Private pay fell from 33.8 percent to 31 percent during the same period.

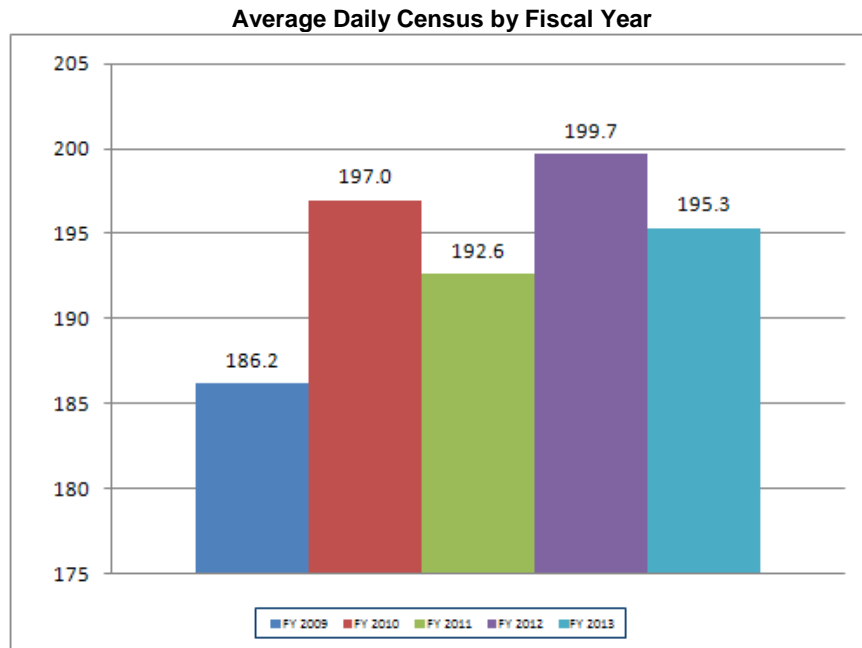
	Nov-12	As % of Pt. Revenue	Dec-12	As % of Pt. Revenue	Jan-13	As % of Pt. Revenue	Feb-13	As % of Pt. Revenue
Medicare A	\$184k	15.8%	\$301k	23.9%	\$296k	24.5%	\$277k	26.4%
Medicaid	\$534k	46.0%	\$537k	42.6%	\$502k	41.6%	\$398k	37.9%
Pvt Pay	\$392k	33.8%	\$391k	31.0%	\$365k	30.3%	\$329k	31.3%

Misc Revenue and Property Taxes excluded from calculation

In the chart below, census is compared to the prior year period. The February 2013 is nine residents less than the prior year. Fluctuations in census down into the mid-180's has occurred in previous years. As in prior years, I expect to see a rebound.

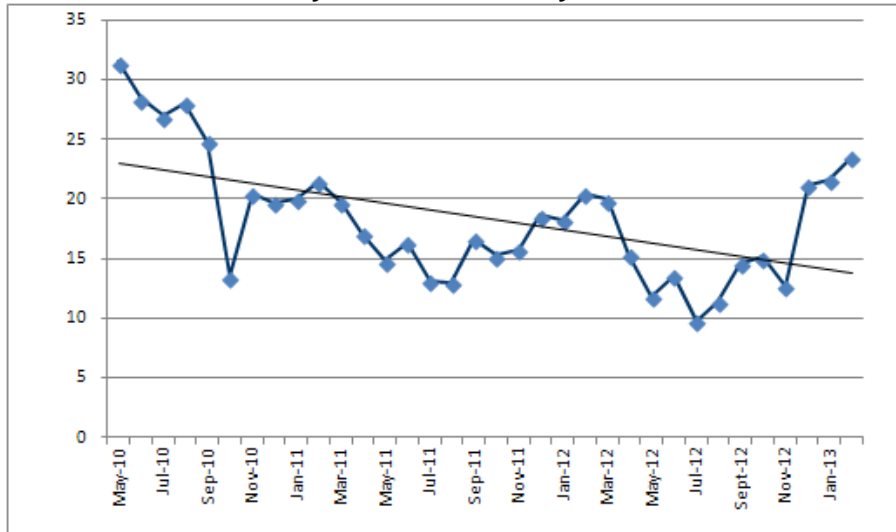
	June 12	July 12	Aug 12	Sept 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13
ADC	199.7	199.5	203.6	210.5	211.9	205.2	204.8	195.1	185.2
	June 11	July 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12
ADC	190.6	187.1	188.8	195.7	194.6	201.1	199.7	197.8	194.2

The following chart also shows that the overall census is lower so far in FY2013 compared to FY2012.



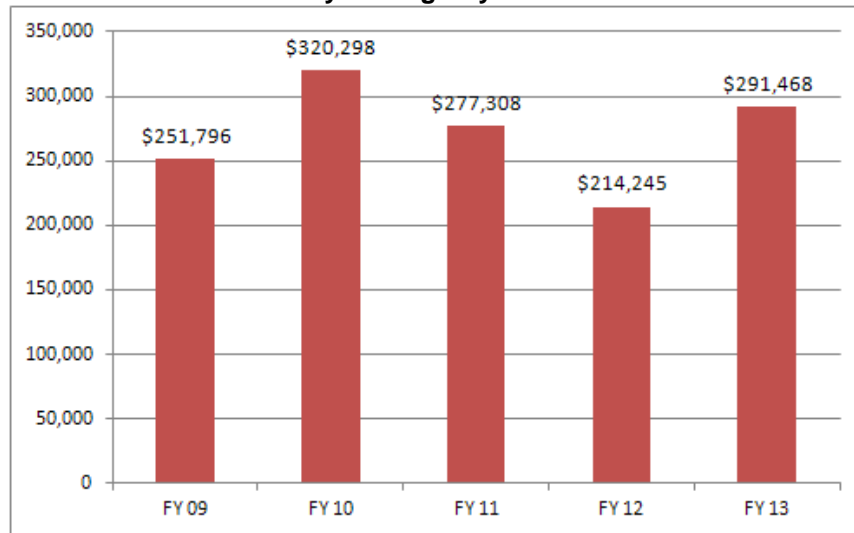
The chart below shows the Medicare census trend. Medicare remains strong through February. This is a clear indication that hospital referrals remain strong. The drop off that is anticipated in March into the mid-teens should be viewed as normal short term volatility.

**Medicare A Census (including Medicare Advantage)
May 2010 thru February 2013**

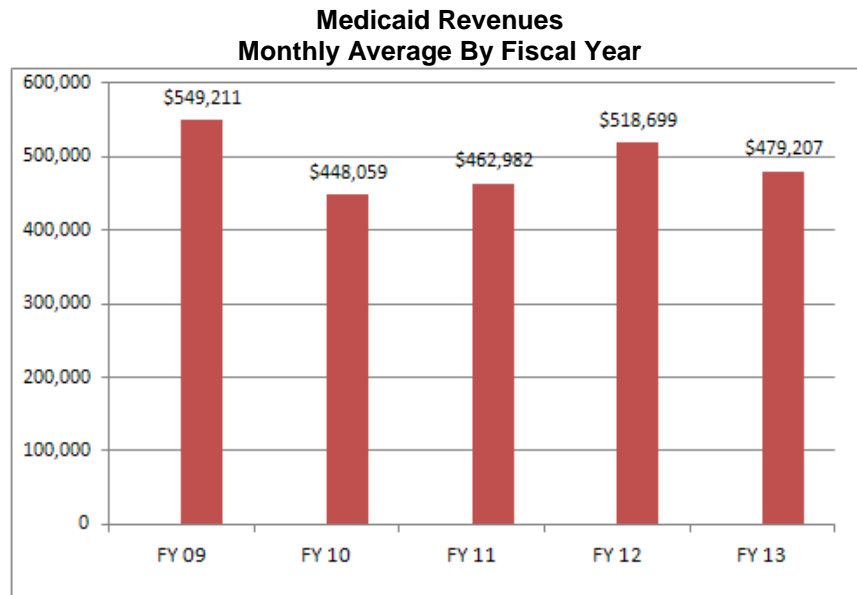


The next chart summarizes the average monthly Medicare revenue. 2010 had an average over \$320k per month and an average per diem of \$457. In 2011, the monthly revenue fell due to a drop in Medicare census despite a per diem of \$539 per day. 2012 numbers were down due to the combination of Medicare rate cuts (12 percent) that were implemented on October 1, 2011 and the severe census slow down in the spring and early summer of 2012. 2012 finished with the average monthly revenue of \$214k and a per diem is of \$458. FY2013 remains strong with an average of \$298k per month. February's per diem was lower at \$413, compared to \$441 in January. This reflects a change in resident case mix. In 2012, the per diem fell as low as \$400 per day.

**Medicare A Revenues
Monthly Average By Fiscal Year**



In FY 2012, Medicaid revenues averaged \$519k per month. The implementation of the “fully funded” Medicaid rate in April 2012 pushed the monthly revenue above the \$500k mark. In FY 2013, the Medicaid revenue is averaging \$479k per month.



Med B revenue was \$30k in February, up marginally from \$28.5k in January.

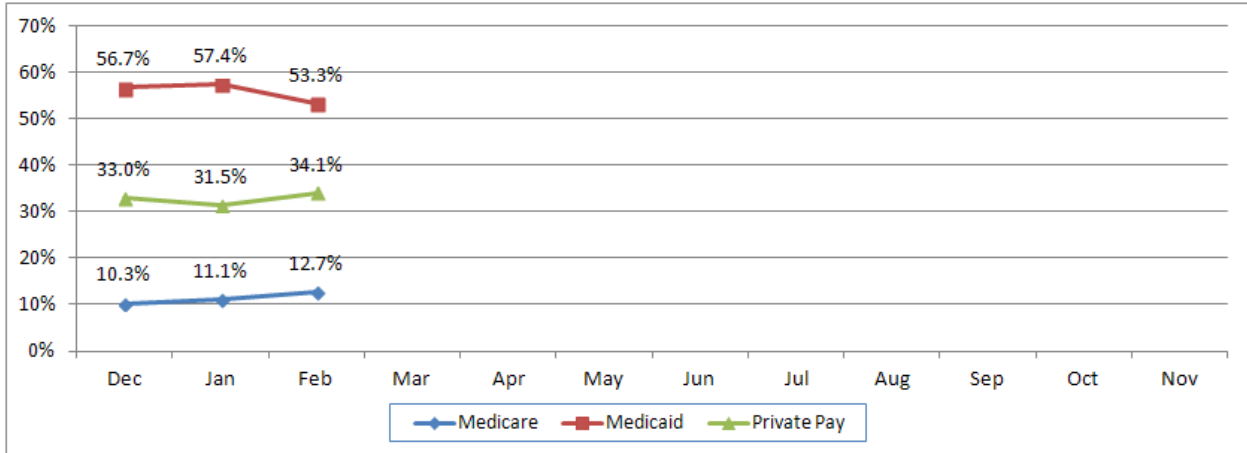
The comparative revenue payor mix summary shows a decline in the Medicaid mix between 2008 and 2010. With the higher Medicaid reimbursement rate, the Medicaid revenue mix is now over 47% in 2012 but remains well below 2008 levels. The high Medicaid revenue mix in 2008 corresponds to a high Medicaid census. The FY 2013 mix reflects the decrease in Medicaid census and strong Medicare census. As a result, the Medicare revenue mix is almost 26 percent.

**Comparative Revenue Payor Mix
FY 2008 – 2013**

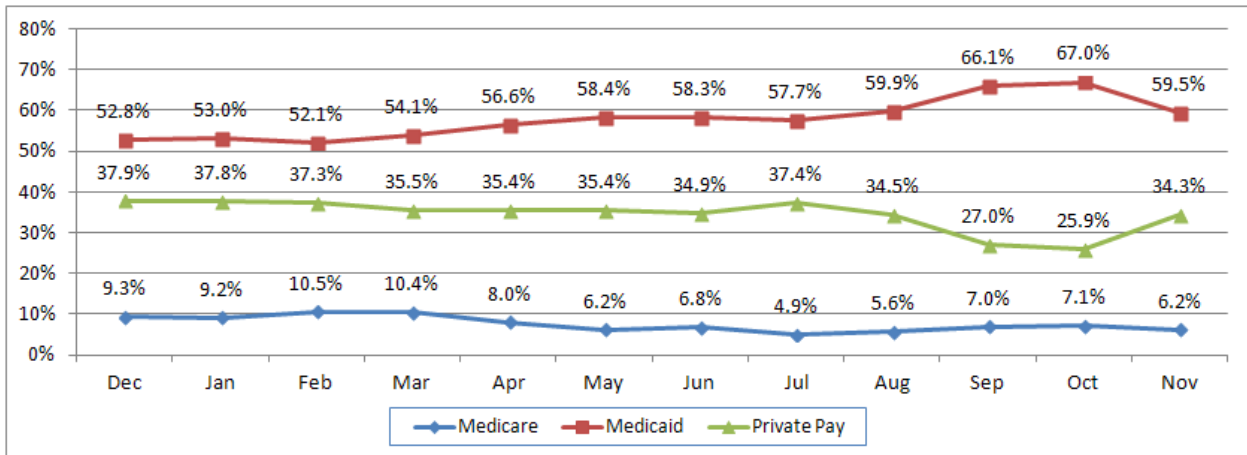
Payor Mix	2008	2009	2010	2011	2012	2013
Medicaid	57.6%	47.7%	40.0%	42.0%	47.4%	42.3%
Medicare	18.3%	21.9%	28.6%	25.2%	19.6%	25.7%
Private Pay	24.0%	30.4%	31.4%	32.8%	33.1%	31.9%

The table below summarizes the monthly census payor mix for FY 2012 and FY 2013. In February, the private pay and Medicare mix is up.

**Payor Mix by Days
FY 2013**



**Payor Mix by Days
FY 2012**



**Last Five Months w/Property Tax and County
Overhead Allocated Monthly**

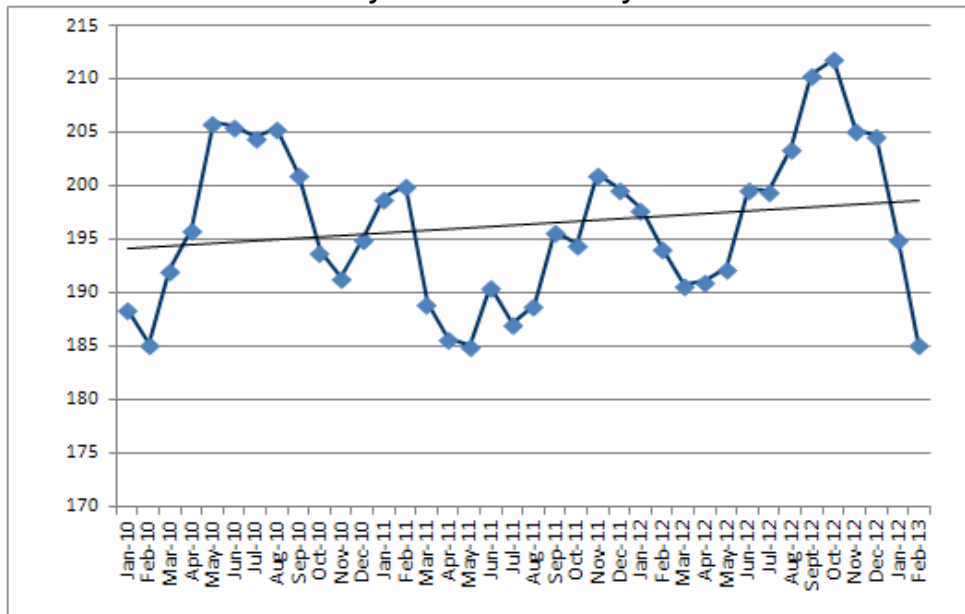
	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Medicare A	\$243,175	\$184,115	\$301,248	\$295,937	\$277,220
Medicare B	\$56,408	\$35,605	\$18,755	\$28,429	\$30,091
Medicaid	\$639,551	\$534,016	\$537,381	\$501,772	\$398,469
Pvt Pay	\$295,318	\$392,469	\$391,185	\$364,838	\$328,549
Adult Day-Private	\$8,797	\$5,948	\$3,704	\$4,935	\$5,690
Adult Day-TXX	\$14,763	\$9,787	\$9,968	\$10,128	\$9,999
Miscellaneous	\$170	\$3,178	\$2,880	\$2,328	\$3,505
Property Tax	\$86,286	\$76,412	\$86,531	\$86,531	\$86,531
All Revenues	\$1,344,301	\$1,241,531	\$1,351,652	\$1,294,898	\$1,140,045
All Expenses	\$1,308,107	\$1,312,045	\$1,271,877	\$1,361,847	\$1,167,695
Net Income/(Loss)	\$36,194	\$(70,514)	\$79,775	\$(66,640)	\$(27,650)
Add Back Depr	\$60,638	\$60,639	\$60,639	\$60,640	\$60,640
Cash	\$96,832	\$(9,875)	\$140,414	\$(9,309)	\$32,990
Census	6,569	6,155	6,349	6,047	5,185
Change	4.0%	-6.3%	3.2%	-4.8%	-14.3%
ADC	211.9	205.2	204.8	195.1	185.2
Change	0.7%	-3.2%	-0.2%	-4.8%	-5.1%
FTE's Paid	195	200	187	189	187

The following graphs provide a comparative statement of position for CCNH for FY 2013.

Census

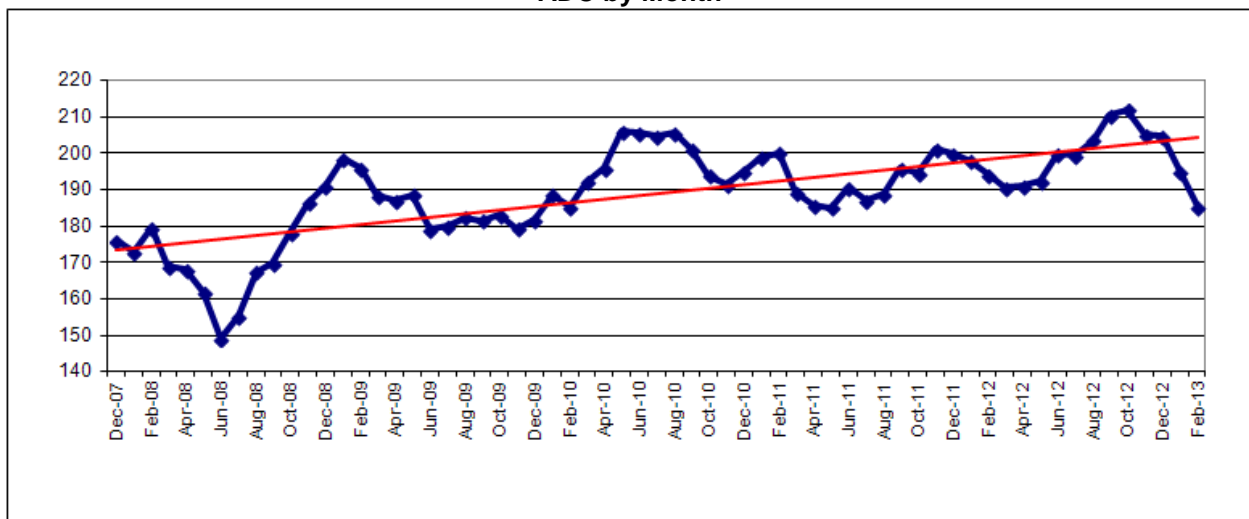
Fiscal 2010 ended with an ADC of 196.5. The ADC in FY2011 was 193. The FY2012 ADC was 199.7. In the first month of FY 2013, the ADC was 204.8, but we have dropped to 195.3 through the first three months of the fiscal year.

Monthly ADC Since January 2010



CCNH shows solid census in the last few months of FY2012 and the first month of FY2013. Hopefully February and March will be the low point for the year.

ADC by Month



Revenues

In FY 2011, patient care revenue averaged \$1.176 million per month. For FY 2012, the monthly average was \$1.158 million, a 1.5 percent decrease from 2011. The critical factor was Medicare revenue. In FY 2011, Medicare averaged \$277k per month. In 2012, the monthly Medicare average revenue was \$214k, a 23 percent decline from 2011. Despite the recent census decline, revenues remain higher than the 2012 average, bolstered by Medicare revenue which is 36 percent higher than the 2012 monthly average.

Average Patient Service Revenue and Medicare Revenue By Month

Year	Patient Service Revenue	Annual % Change	Medicare Revenue	Annual % Change
FY 2008	\$1,064,788		\$180,184	
FY 2009	\$1,250,614	14.8%	\$251,796	39.7%
FY 2010	\$1,188,863	(4.9)%	\$320,298	27.2%
FY 2011	\$1,175,737	(1.1)%	\$277,308	(13.4)%
FY 2012	\$1,158,606	(1.5)%	\$214,245	(22.7)%
FY 2013	\$1,172,763	1.2%	\$291,468	36.0%

When one compares CCNH's current performance against historical performance, the Medicare drop has been significant and it has had a telling impact on revenues. In the first two months of FY2013, the monthly average revenue from patient services is up 6.5 percent compared to FY2012. The monthly average Medicare revenue is up by 39 percent compared to FY2012.

Medicare Average Census Days	
Period	Days/month
FY 2008	479
FY 2009	595
FY 2010	701
FY 2011	515
FY 2012	460
FY 2013	661
Pct Change (2012 vs. 2013)	43.7 pct
Pct Change (2010 vs. 2013)	(5.7) pct

2013 is starting off strong with the days only 5.7 percent less than the 2010 average.

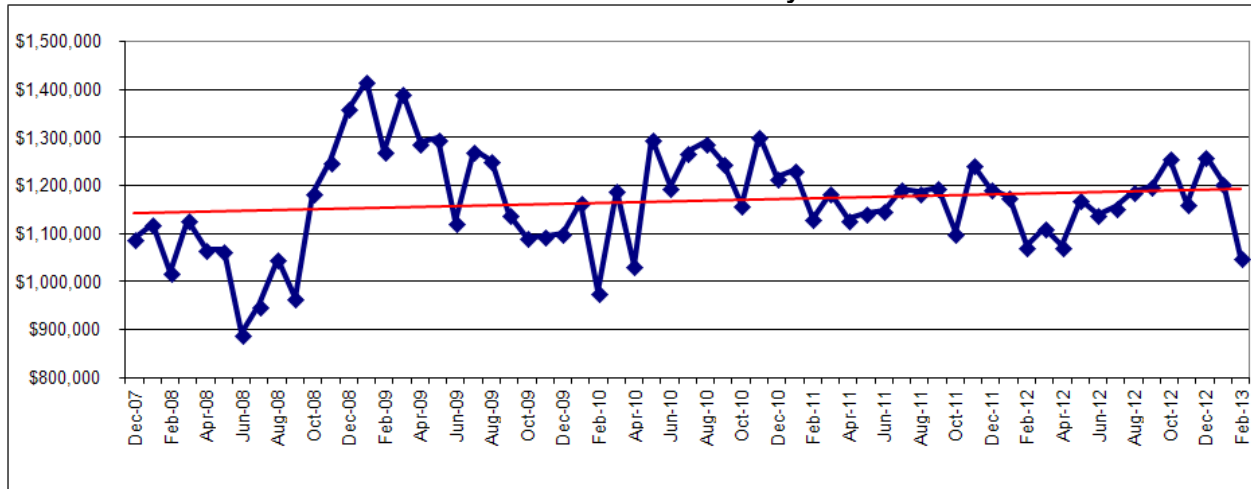
The table below summarizes the Medicare data by fiscal year. It clearly shows that 2010 was a good Medicare year. The national average Medicare rate cut was about 12 percent in October 2011. In 2012, CCNH's average revenue per day is 15 percent less compared to 2011. So far in 2013, Medicare census is up by the per diem is lower compared to 2012.

**Medicare Revenue Per Month
FY 2008 – YTD 2013**

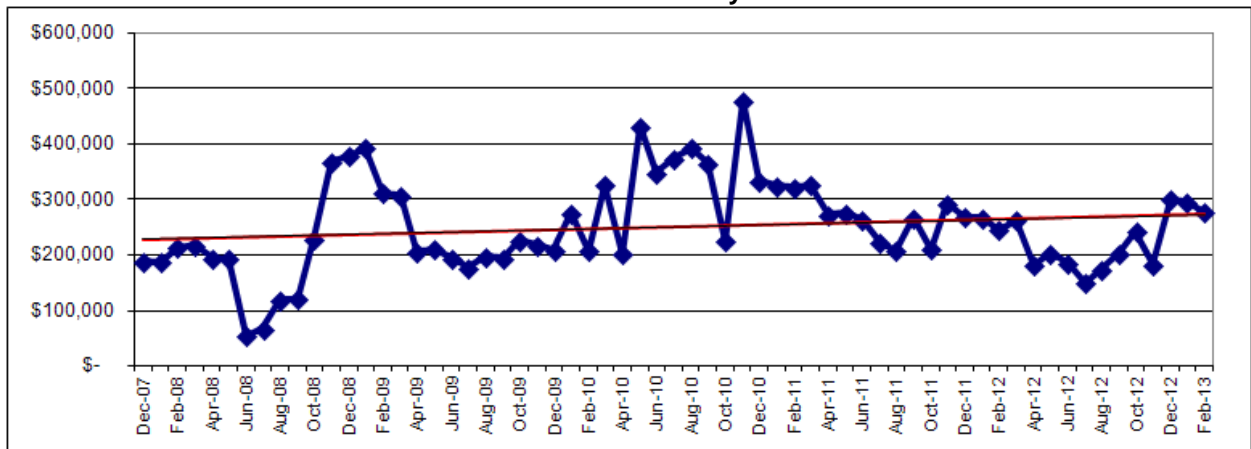
	2009	2010	2011	2012	YTD 2013
Revenue Per Month	\$251,796	\$320,298	\$277,308	\$214,245	\$291,468
Days Per Month	595	701	515	460	661
Revenue Per Day	\$434	\$457	\$539	\$458	\$438

The following charts summarize the long term revenue trends.

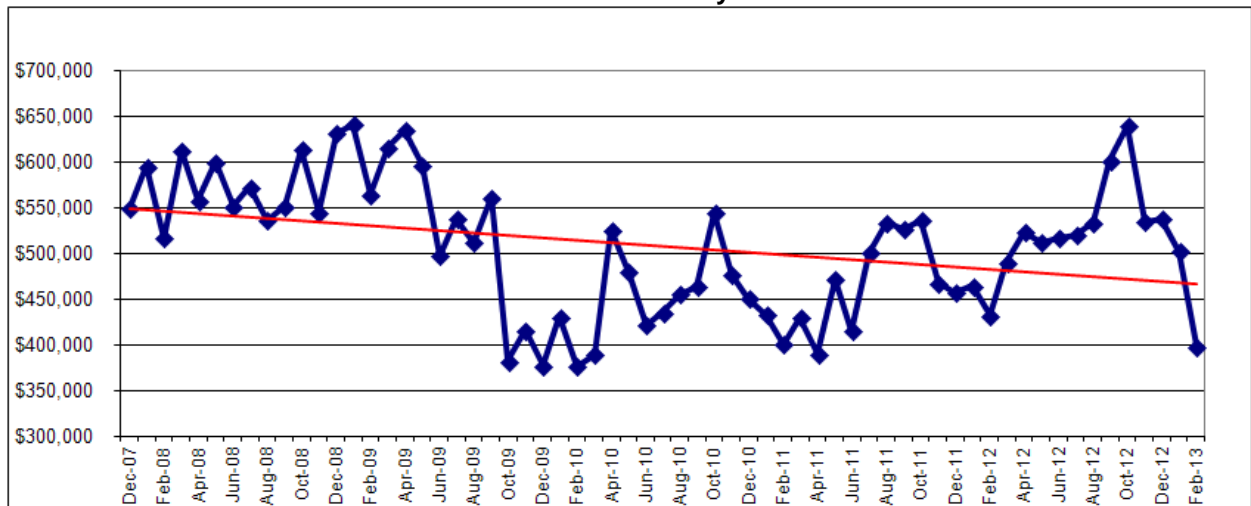
Revenue from Patient Services by Month



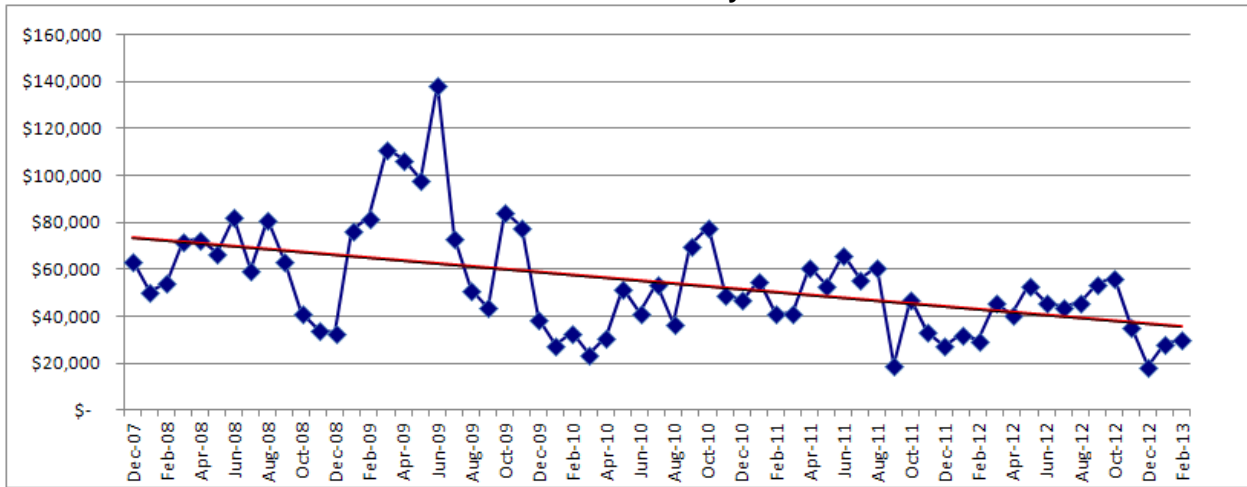
Medicare A Revenues by Month



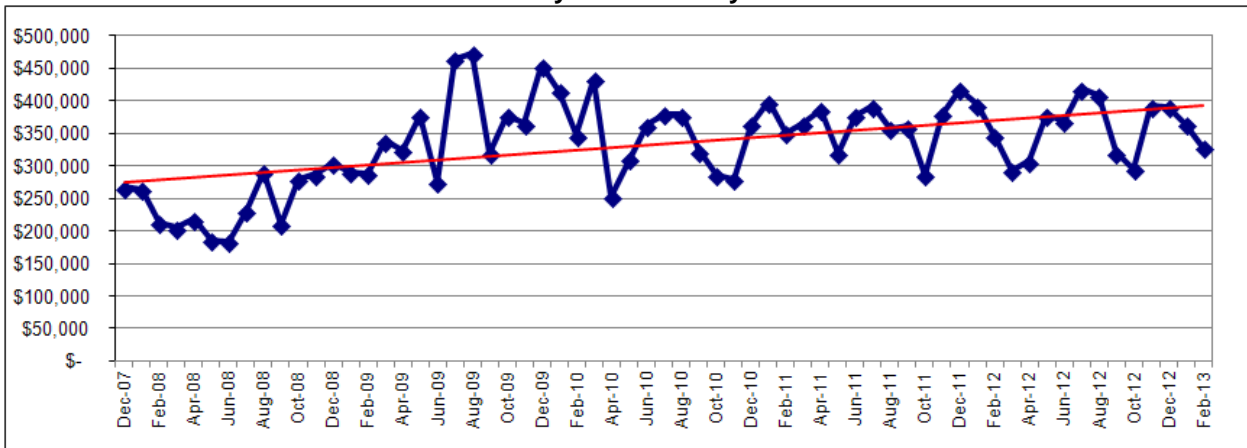
Medicaid Revenues By Month



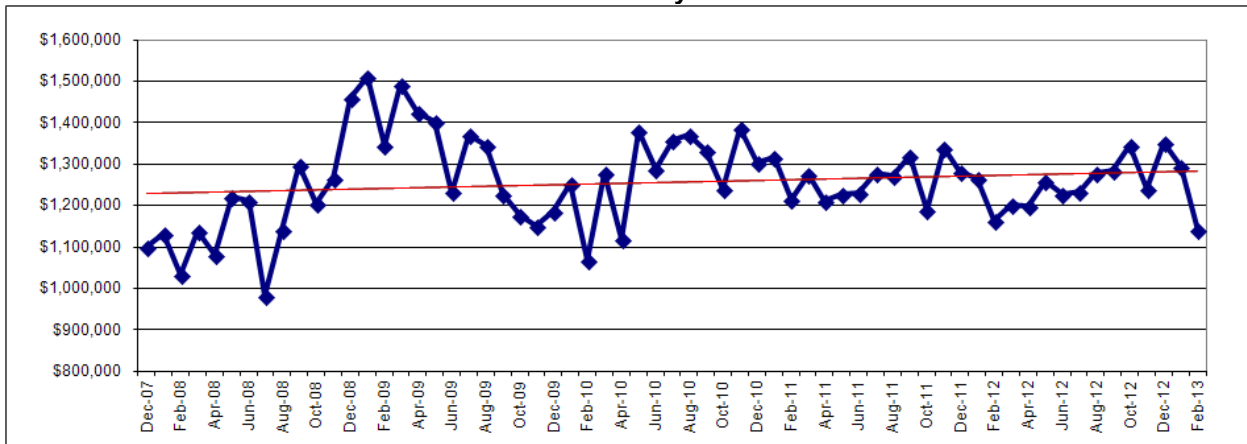
Medicare B Revenues By Month



Private Pay Revenues By Month

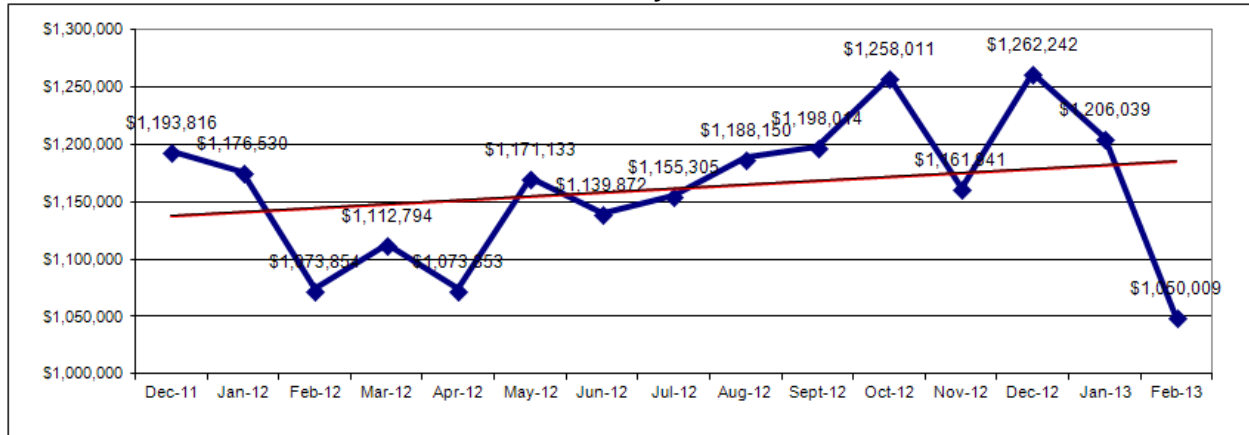


All Revenues By Month

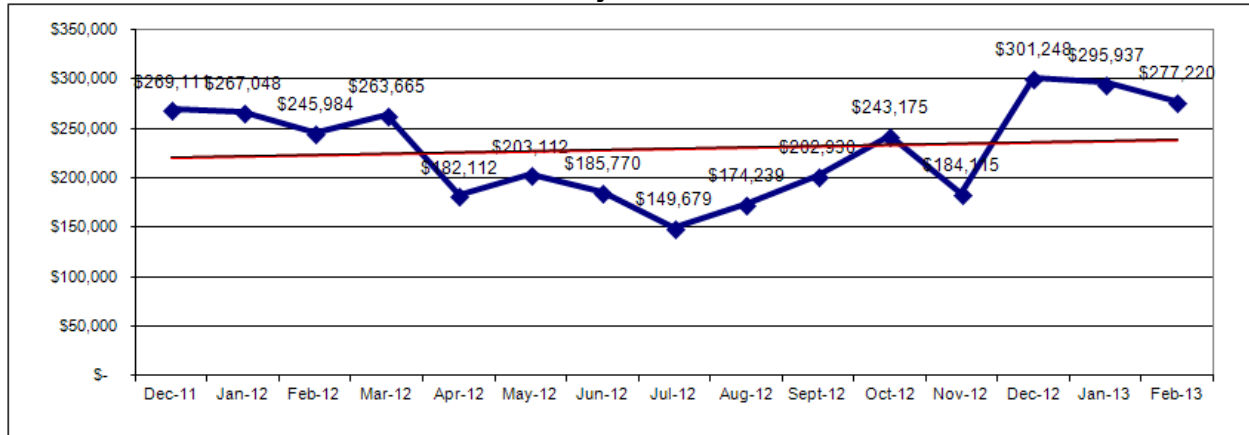


The following charts summarize the monthly revenues trends for FY 2012 and FY2013.

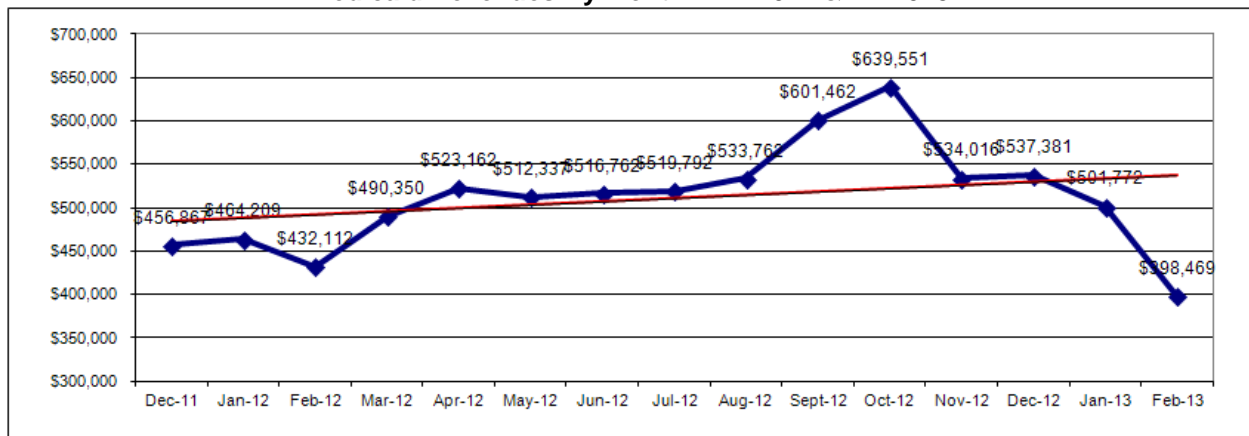
Revenue from Patient Services by Month – FY 2012 & FY 2013



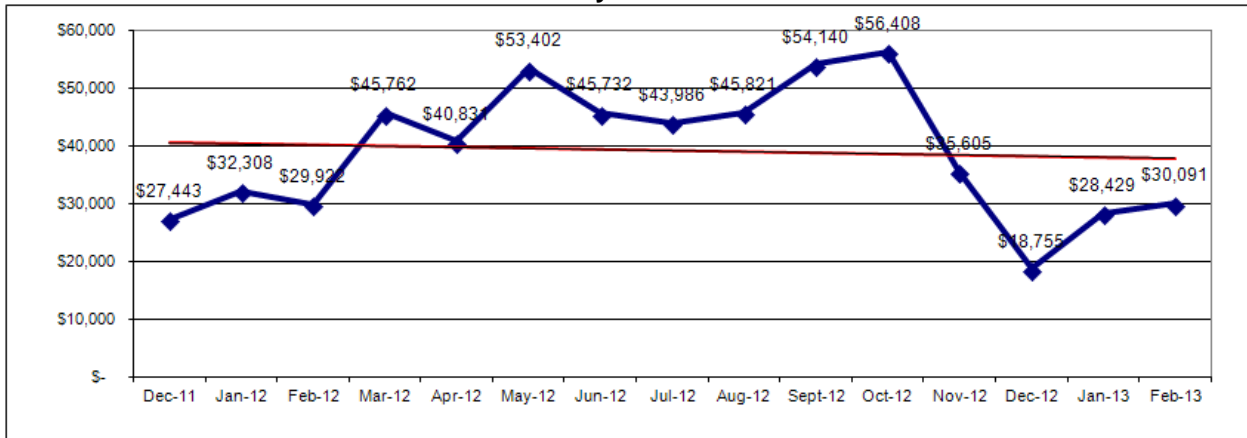
Medicare A Revenues by Month – FY 2012 & FY 2013



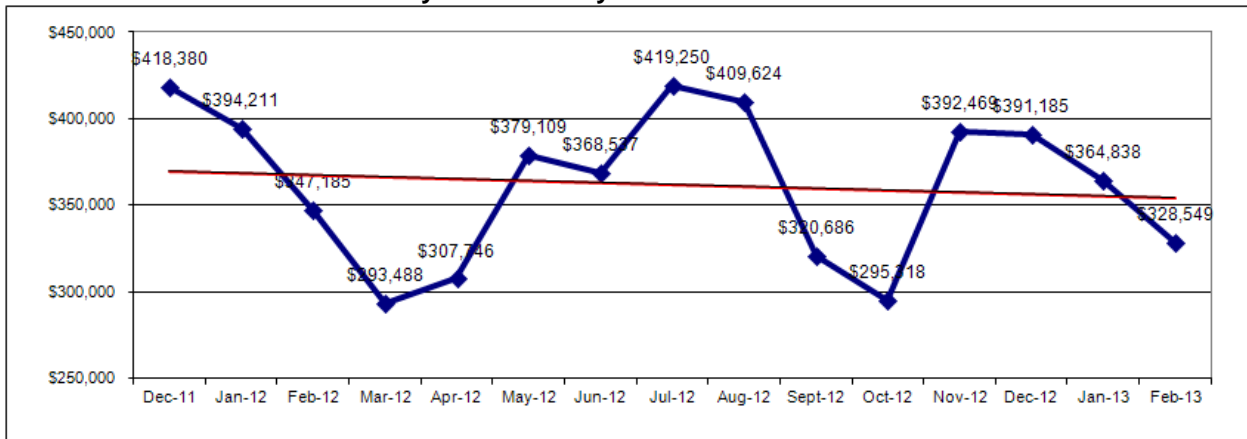
Medicaid Revenues By Month – FY 2012 & FY 2013



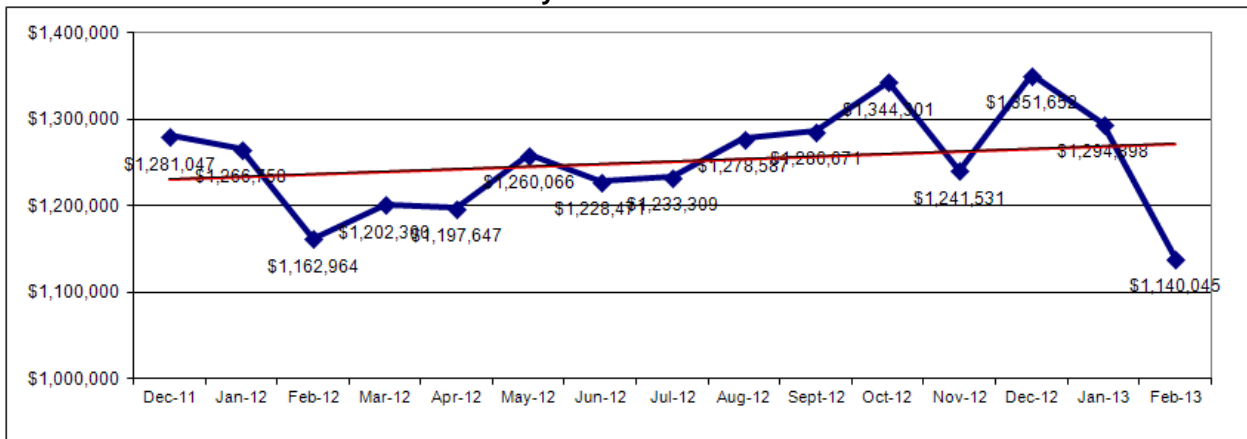
Medicare B Revenues By Month – FY 2012 & FY 2013



Private Pay Revenues By Month – FY 2012 & FY 2013

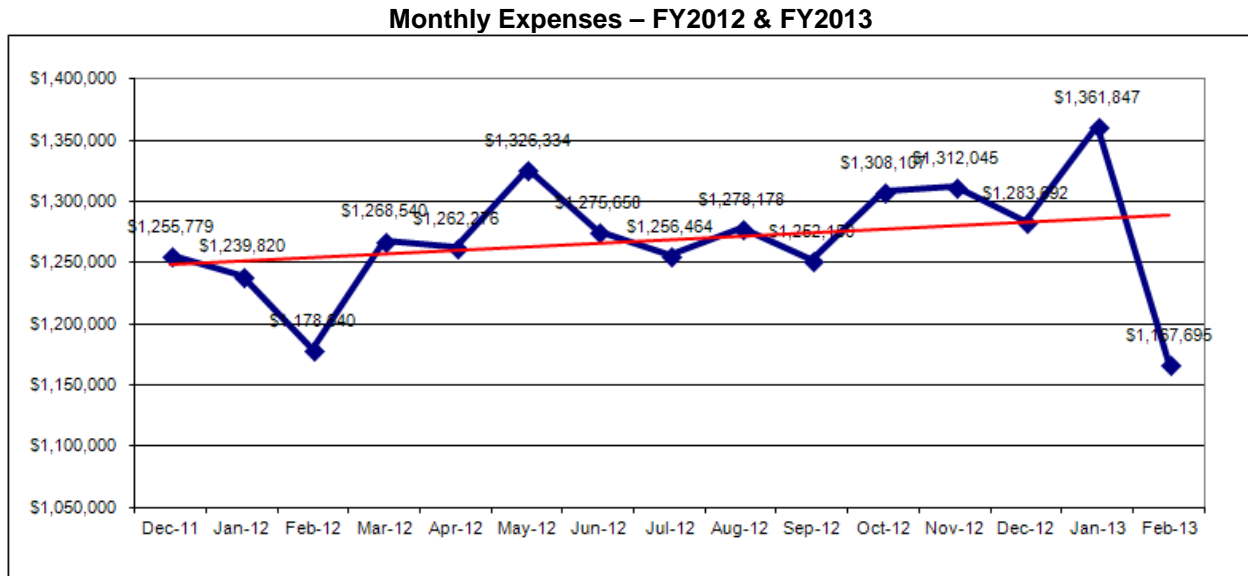


All Revenues By Month – FY 2012 & FY 2013

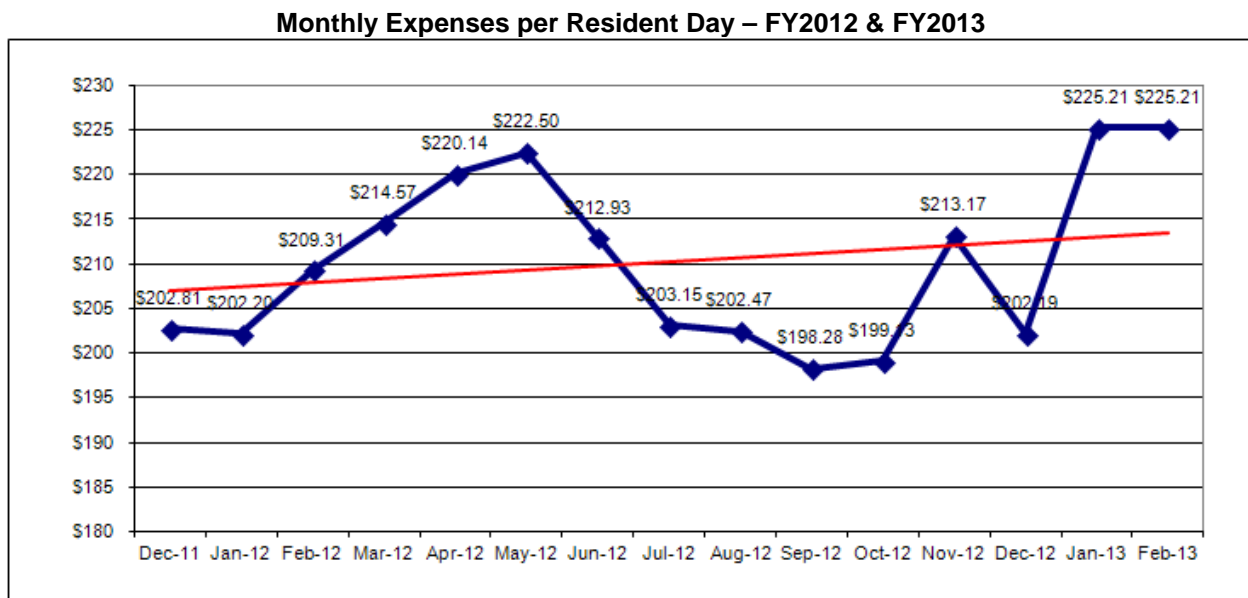


Expenses

Expenses fell from \$1.342 million in January 2013 to \$1.168 million in February.



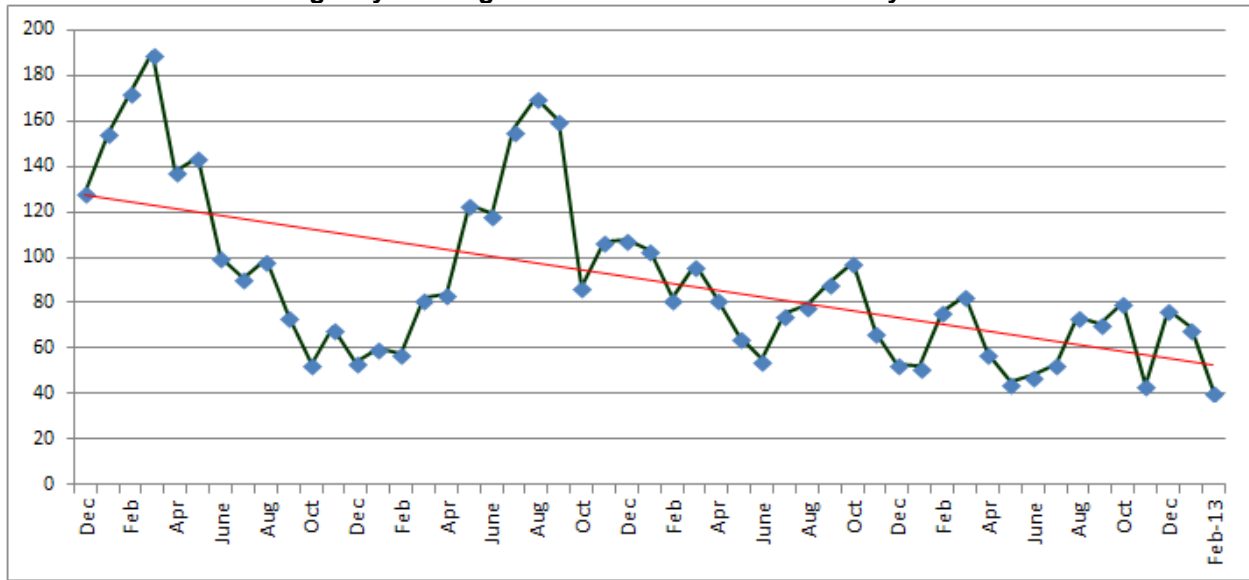
The chart below summarizes the monthly expenses per resident day. It clearly shows that as the census fell between March and May, the costs per day increased dramatically. Since then, as the census has increased, the average costs per day have steadily declined through October before showing a year-end increase in November. December 2012 showed a nice decline down to \$202 per day, but January jumped to \$225 per day. Expenses in February fell by \$191k or 14 percent compared to January. However, patient days fell by 14 percent, resulting in no change in the expenses per day.



Nursing salaries per resident day did show a decrease from \$64.07 to \$61.92 per day between January and February.

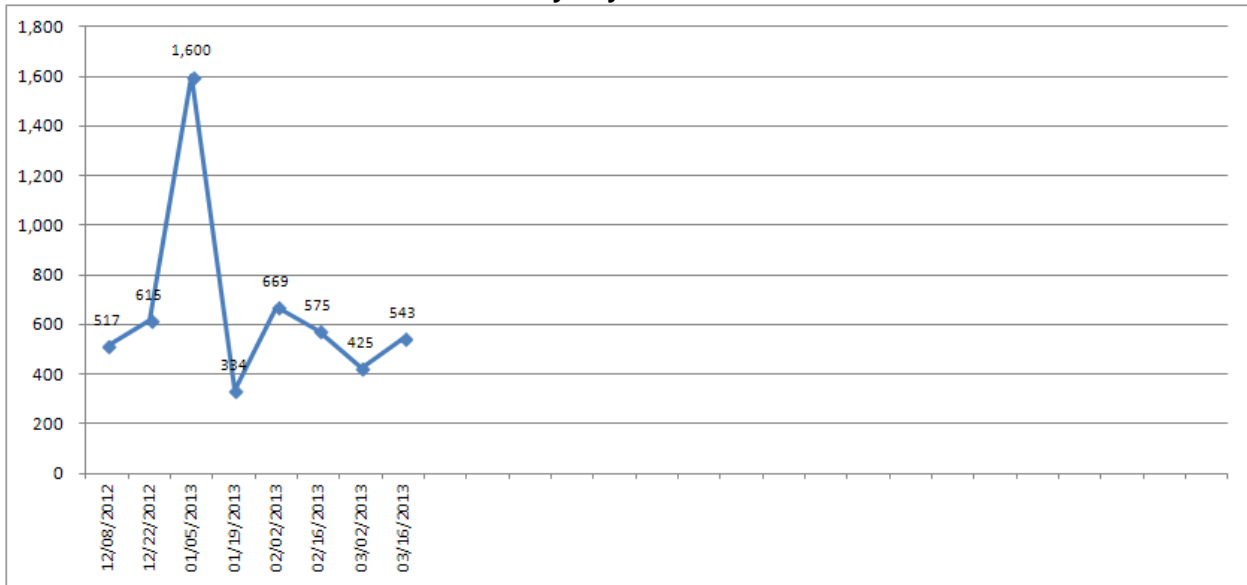
The following graph illustrates agency expense since December 2008. February's total of \$41k is an all time low, beating the previous low of \$45k from May 2012. On a per day basis, agency costs fell from \$11.33 per day in January to \$7.85 per day in February.

Agency Nursing Costs – Dec 2008 thru February 2013

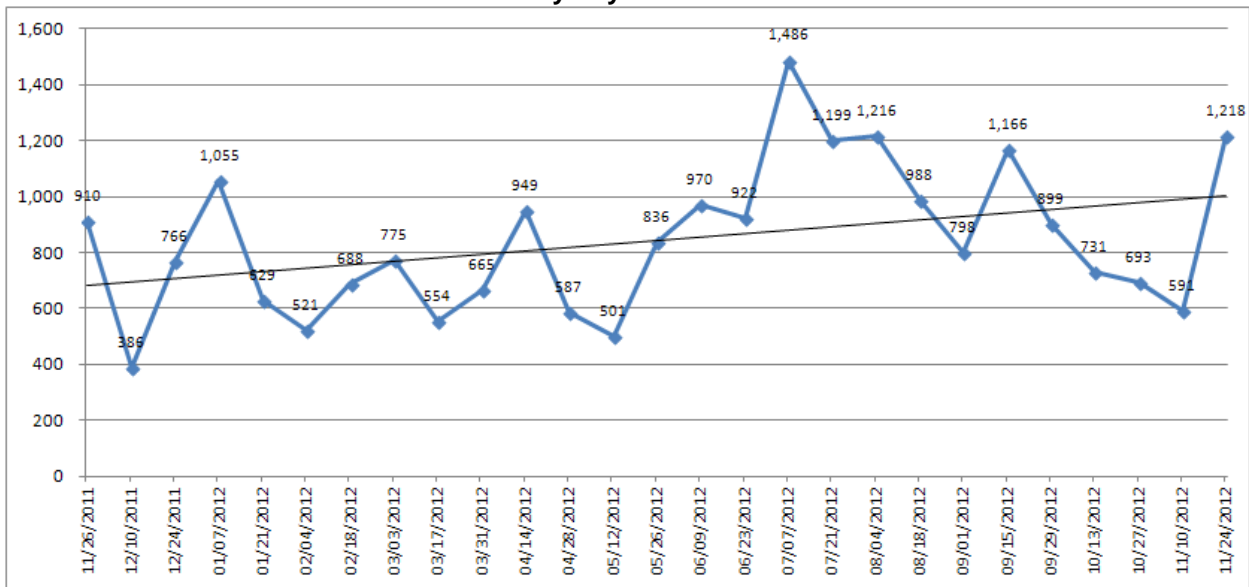


Vacation or TOPS usage usually drives an increase in agency expense. The chart below shows the change in TOPs hours by payroll period for FY 2013 and FY 2012. The spike in the 1/5/13 payroll follows a similar pattern seen in 2012. In 2012, TOPs hours averaged 841 per payroll. In 2013, the average is 660 hours per payroll.

TOPS Hours by Payroll Period – FY 2013



TOPS Hours by Payroll Period – FY 2012



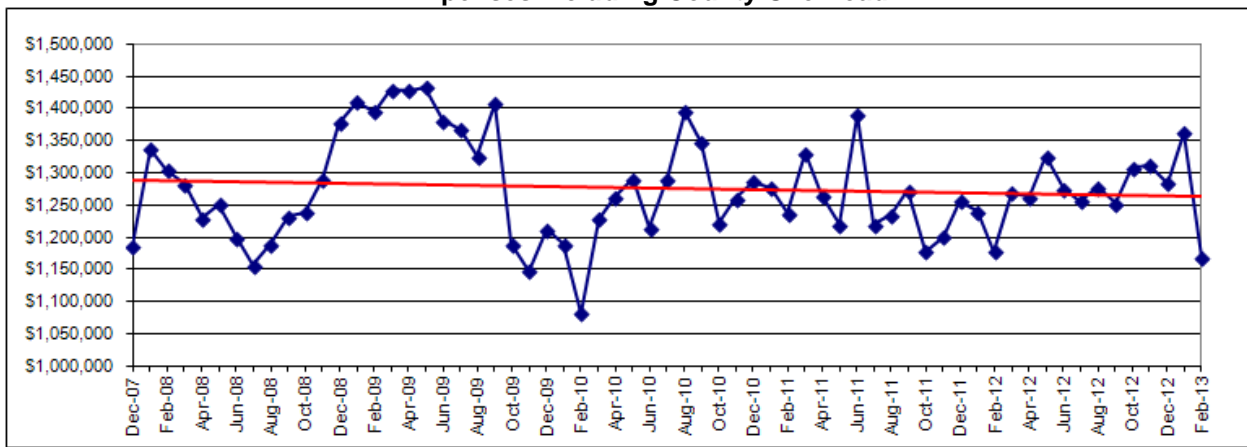
The table below summarizes the average monthly operating expenses since FY 2008. Except for the 9 percent increase between 2008 and 2009, there has been little growth in expenses. Expenses have increased by less than one percent annually since 2011. In the first three months of FY 2013, expenses were up by 0.3 percent compared to the 2012 monthly average.

Monthly Average Operating Expenses

Year	Operating Expenses	Annual % Change
FY 2008	\$1,241,775	
FY 2009	\$1,357,833	9.3%
FY 2010	\$1,249,738	(8.0)%
FY 2011	\$1,259,420	0.8%
FY 2012	\$1,267,833	0.7%
FY 2013	\$1,271,078	0.3%

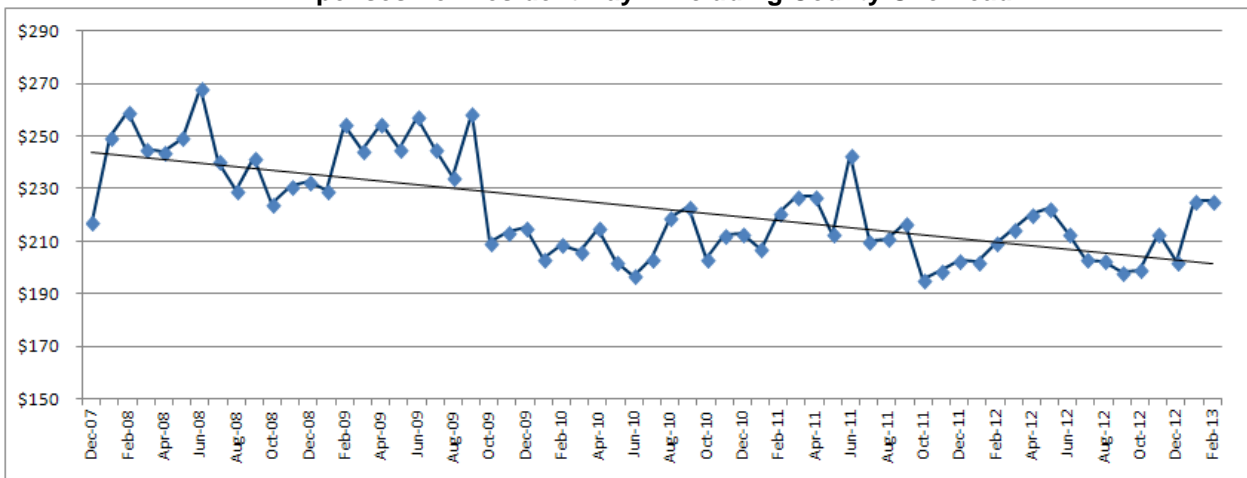
The following graph profiles the long term expense trend for CCNH. The figures since October 09 reflect the elimination of the transfer expense associated with IGT program.

All Expenses Including County Overhead

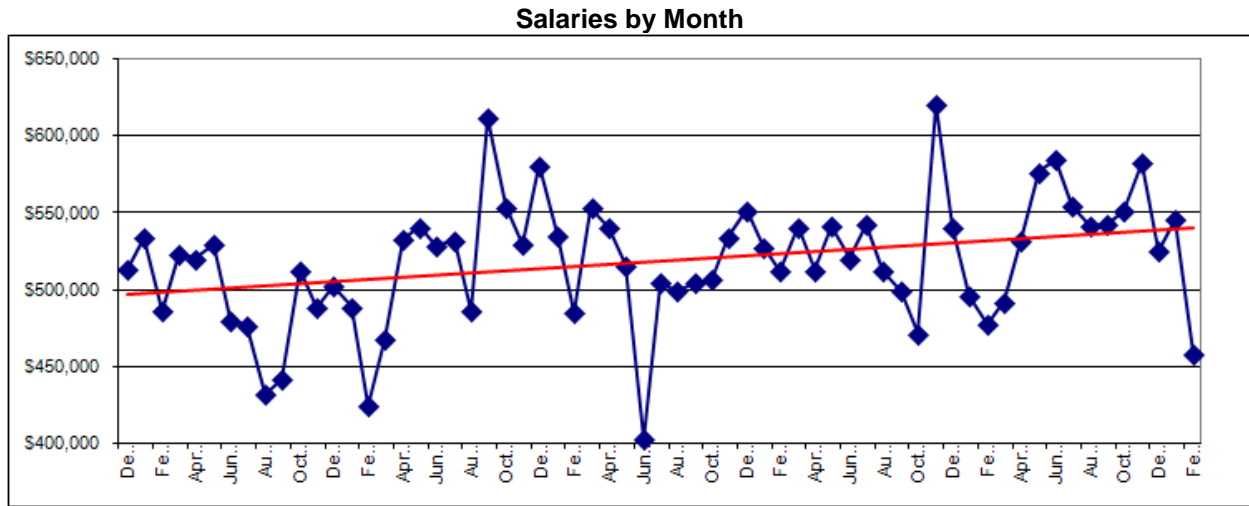


The chart below shows the long-term expenses per day trend. The IGT expense was eliminated in October of 2009. Costs per day have showed significant improvement.

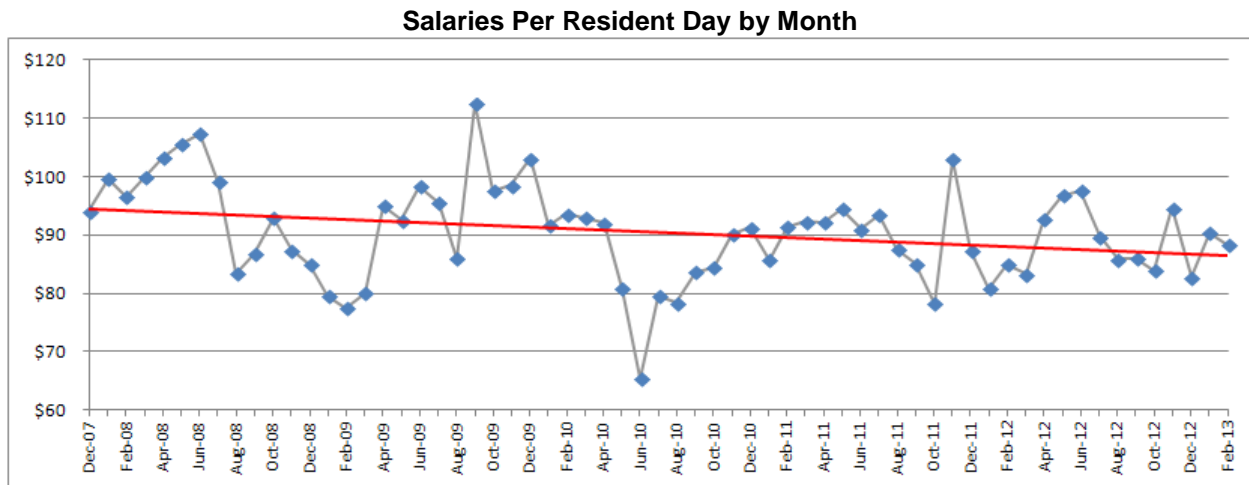
All Expenses Per Resident Day – Including County Overhead



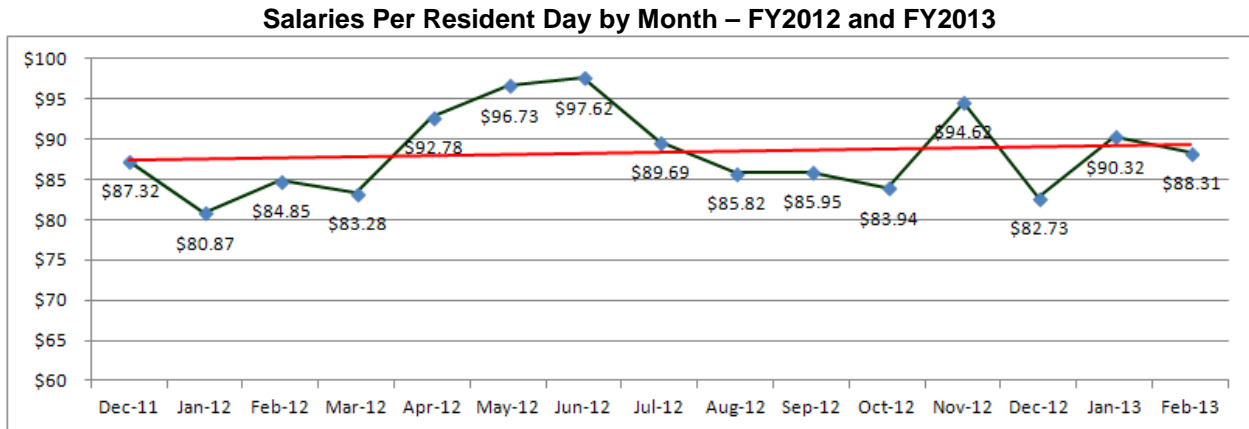
The trend in wages since December 2007 is graphically summarized below. It shows a gradual positive slope.



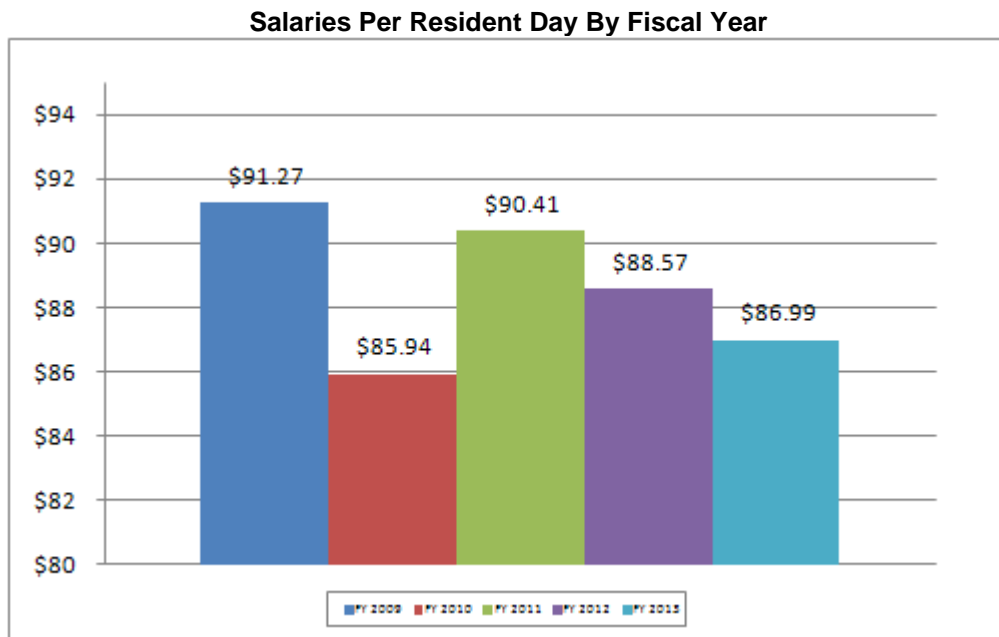
When salaries are calculated on a per day basis, a declining trend is seen over the past five years.



The chart below summarizes the salaries per day for FY 2012. In the low census months in April, May and June, salaries per day increased. Since then, coinciding with the census growth, the salaries per day has shown a declining trend – a positive sign. The increase in November 2012 is due to the payout of two holidays resulting in a sharp increase. December’s per diem fell to \$82.73 per day.

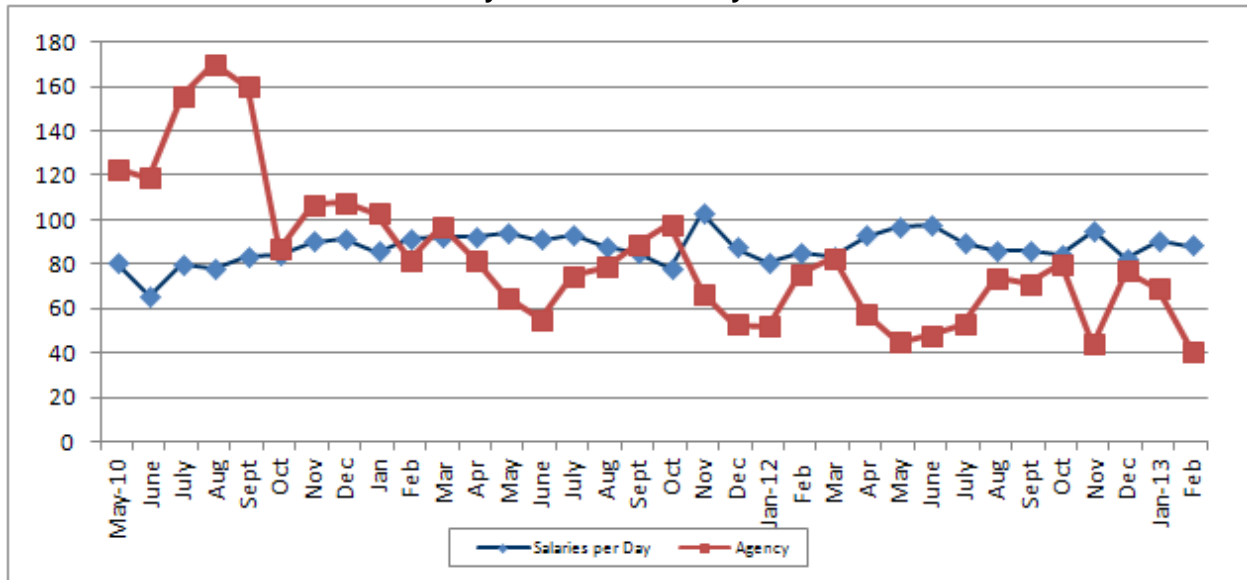


The table below shows that salary costs per day was lower in 2012 compared to 2011. So far in 2013, salary costs per day fall below the 2012 average.



The last graph below compares CCNH salaries to agency expenses. Since May of 2010, agency costs have been drastically reduced while salary costs per day have remained in check.

**CCNH Salaries Per Resident Day vs Agency Expense
May 2010 thru February 2013**



Summary

The drop in census has an obvious impact on reducing revenue. Between January and February, the census has fallen by 14.3 percent. During the same period, revenues have fallen by 12.8 percent and expenses have fallen by 14.3 percent. Nursing wages/benefits and agency expenses – what I would call direct care costs – fell by 20.6 percent. Non-labor expenses fell by 12 percent. Overall, expenses declined at a higher percentage than revenues, resulting in a lower operating loss in February compared to January. On a cash basis, CCNH improved from a net cash loss of \$5,645 in January to a net cash gain of \$33,654 in February. On a YTD basis, there is a net loss of \$15k with a cash gain of \$168k.

02/28/13

Champaign County Nursing Home
Actual vs Budget Statement of Operations

1

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Operating Income						
Miscellaneous Revenue	3,427.89	2,576.00	851.89	7,801.12	7,728.00	73.12
Medicare A Revenue	277,220.46	259,235.00	17,985.46	874,405.49	777,705.00	96,700.49
Medicare B Revenue	30,091.33	39,052.00	(8,960.67)	77,275.75	117,156.00	(39,880.25)
Medicaid Revenue	398,468.57	510,368.00	(111,899.43)	1,437,621.93	1,531,104.00	(93,482.07)
Private Pay Revenue	328,548.61	383,372.00	(54,823.39)	1,084,571.26	1,150,116.00	(65,544.74)
Adult Day Care Revenue	15,680.33	20,084.00	(4,403.67)	44,415.56	60,252.00	(15,836.44)
Total Income	1,053,437.19	1,214,687.00	(161,249.81)	3,526,091.11	3,644,061.00	(117,969.89)
Operating Expenses						
Administration	237,520.53	278,982.00	41,461.47	719,927.46	836,946.00	117,018.54
Environmental Services	85,489.59	95,640.00	10,150.41	266,919.68	286,920.00	20,000.32
Laundry	13,530.12	16,978.00	3,447.88	46,334.60	50,934.00	4,599.40
Maintenance	24,718.27	22,035.00	(2,683.27)	67,752.74	66,105.00	(1,647.74)
Nursing Services	466,413.87	514,356.00	47,942.13	1,597,609.61	1,543,068.00	(54,541.61)
Activities	17,913.65	24,589.00	6,675.35	55,997.65	73,767.00	17,769.35
Social Services	24,210.10	18,599.00	(5,611.10)	65,686.33	55,797.00	(9,889.33)
Physical Therapy	35,594.61	41,418.00	5,823.39	110,850.39	124,254.00	13,403.61
Occupational Therapy	31,096.44	43,501.00	12,404.56	97,353.27	130,503.00	33,149.73
Speech Therapy	9,121.83	13,724.00	4,602.17	27,954.58	41,172.00	13,217.42
Respiratory Therapy	7,466.25	10,400.00	2,933.75	11,123.75	20,800.00	9,676.25
Total This Department	16,588.08	24,124.00	7,535.92	39,078.33	61,972.00	22,893.67
Food Services	96,371.92	108,349.00	11,977.08	326,979.02	325,047.00	(1,932.02)
Barber & Beauty	6,306.65	6,928.00	621.35	19,746.27	20,784.00	1,037.73
Adult Day Care	17,018.96	20,577.00	3,558.04	48,107.15	61,731.00	13,623.85
Alzheimers and Related Disorders	94,922.08	94,632.00	(290.08)	339,076.73	283,896.00	(55,180.73)
Total Expenses	1,167,694.87	1,310,708.00	143,013.13	3,801,419.23	3,921,724.00	120,304.77
Net Operating Income	(114,257.68)	(96,021.00)	(18,236.68)	(275,328.12)	(277,663.00)	2,334.88
NonOperating Income						
Local Taxes	86,530.67	86,531.00	(0.33)	259,868.40	259,593.00	275.40
Miscellaneous NI Revenue	77.09	501.00	(423.91)	635.79	1,503.00	(867.21)
Total NonOperating Income	86,607.76	87,032.00	(424.24)	260,504.19	261,096.00	(591.81)
Net Income (Loss)	(27,649.92)	(8,989.00)	(18,660.92)	(14,823.93)	(16,567.00)	1,743.07

Champaign County Nursing Home
Actual vs Budget Statement of Operations

02/28/13

1

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Operating Income						
Miscellaneous Revenue						
Lunch Reimbursement	445.00	525.00	(80.00)	1,348.00	1,575.00	(227.00)
Late Charge, NSF Check Charge	2,797.74	1,334.00	1,463.74	6,162.28	4,002.00	2,160.28
Other Miscellaneous Revenue	185.15	717.00	(531.85)	290.84	2,151.00	(1,860.16)
Total Miscellaneous Revenue	3,427.89	2,576.00	851.89	7,801.12	7,728.00	73.12
Medicare A Revenue						
Medicare A	186,111.81	201,154.00	(15,042.19)	656,300.26	603,462.00	52,838.26
ARD - Medicare A	20,013.51	14,568.00	5,445.51	45,361.82	43,704.00	1,657.82
NH Pt_Care - Medicare Advantage/ Hmo	71,095.14	42,629.00	28,466.14	172,743.41	127,887.00	44,856.41
ARD_Pt Care - Medicare Advantage/ HMO		884.00	(884.00)		2,652.00	(2,652.00)
Total Medicare A Revenue	277,220.46	259,235.00	17,985.46	874,405.49	777,705.00	96,700.49
Medicare B Revenue						
Medicare B	30,091.33	39,052.00	(8,960.67)	77,275.75	117,156.00	(39,880.25)
Total Medicare B Revenue	30,091.33	39,052.00	(8,960.67)	77,275.75	117,156.00	(39,880.25)
Medicaid Revenue						
Medicaid Title XIX (IDHFS)	248,268.75	341,342.00	(93,073.25)	913,562.91	1,024,026.00	(110,463.09)
ARD - Medicaid Title XIX (IDHFS)	107,280.89	155,113.00	(47,832.11)	350,054.05	465,339.00	(115,284.95)
Patient Care-Hospice	27,926.75	8,071.00	19,855.75	98,928.65	24,213.00	74,715.65
ARD Patient Care - Hospice	14,992.18	5,842.00	9,150.18	75,076.32	17,526.00	57,550.32
Total Medicaid Revenue	398,468.57	510,368.00	(111,899.43)	1,437,621.93	1,531,104.00	(93,482.07)
Private Pay Revenue						
VA-Veterans Nursing Home Care	12,135.76	11,507.00	628.76	48,109.62	34,521.00	13,588.62
ARD - VA - Veterans Care		2,923.00	(2,923.00)		8,769.00	(8,769.00)
Nursing Home Patient Care - Private Pay	216,612.99	273,516.00	(56,903.01)	737,942.27	820,548.00	(82,605.73)
Nursing Home Beauty Shop Revenue	3,244.00	3,731.00	(487.00)	10,195.80	11,193.00	(997.20)
Medical Supplies Revenue	4,479.87	5,594.00	(1,114.13)	15,980.59	16,782.00	(801.41)
Patient Transportation Charges	2,382.99	1,626.00	756.99	5,172.08	4,878.00	294.08
ARD Patient Care- Private Pay	89,693.00	84,475.00	5,218.00	267,170.90	253,425.00	13,745.90
Total Private Pay Revenue	328,548.61	383,372.00	(54,823.39)	1,084,571.26	1,150,116.00	(65,544.74)
Adult Day Care Revenue						
VA-Veterans Adult Daycare	3,792.60	2,500.00	1,292.60	11,376.75	7,500.00	3,876.75
IL Department Of Aging-Day Care Grant (Title XX)	9,990.73	12,917.00	(2,926.27)	30,086.84	38,751.00	(8,664.16)
Adult Day Care Charges-Private Pay	1,897.00	4,667.00	(2,770.00)	2,951.97	14,001.00	(11,049.03)
Total Adult Day Care Revenue	15,680.33	20,084.00	(4,403.67)	44,415.56	60,252.00	(15,836.44)
Total Income	1,053,437.19	1,214,687.00	(161,249.81)	3,526,091.11	3,644,061.00	(117,969.89)

Operating Expenses

Administration

Reg. Full-Time Employees	24,018.82	29,665.00	5,646.18	73,947.34	88,995.00	15,047.66
Temp. Salaries & Wages	1,521.57	903.00	(618.57)	5,152.09	2,709.00	(2,443.09)
Per Diem	238.76	209.00	(29.76)	470.54	627.00	156.46
Overtime	67.91	103.00	35.09	461.69	309.00	(152.69)
TOPS - Balances	1,663.75	1,185.00	(478.75)	825.08	3,555.00	2,729.92
TOPS - FICA	127.28	90.00	(37.28)	63.12	270.00	206.88
Social Security - Employer	1,813.61	2,210.00	396.39	5,607.54	6,630.00	1,022.46
IMRF - Employer Cost	2,265.44	2,866.00	600.56	6,945.52	8,598.00	1,652.48
Workers' Compensation Insurance	1,525.57	1,707.00	181.43	5,144.76	5,121.00	(23.76)
Unemployment Insurance	1,284.90	500.00	(784.90)	3,144.59	1,500.00	(1,644.59)

Monday, April 01, 2013

Champaign County Nursing Home
Actual vs Budget Statement of Operations

02/28/13

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Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Employee Health/Life Insurance	3,859.20	4,840.00	980.80	11,577.60	14,520.00	2,942.40
IMRF - Early Retirement Obligation	3,465.44	3,510.00	44.56	10,396.32	10,530.00	133.68
Employee Development/Recognition	20.98	154.00	133.02	83.92	462.00	378.08
Employee Physicals/Lab	3,034.40	1,922.00	(1,112.40)	6,027.20	5,766.00	(261.20)
Stationary & Printing		322.00	322.00	498.95	966.00	467.05
Books, Periodicals & Manuals		11.00	11.00	166.00	33.00	(133.00)
Copier Supplies	182.76	749.00	566.24	1,684.45	2,247.00	562.55
Postage, UPS, Federal Express	415.21	619.00	203.79	1,105.48	1,857.00	751.52
Operational Supplies	387.10	2,133.00	1,745.90	3,260.24	6,399.00	3,138.76
Audit & Accounting Fees	4,023.50	3,661.00	(362.50)	12,070.50	10,983.00	(1,087.50)
Attorney Fees	2,719.20	7,249.00	4,529.80	5,221.70	21,747.00	16,525.30
Engineering Fees	99.01		(99.01)	99.01		(99.01)
Professional Services	37,298.12	50,250.00	12,951.88	107,912.38	150,750.00	42,837.62
Job Required Travel Expense	471.58	165.00	(306.58)	691.50	495.00	(196.50)
Insurance	22,508.34	20,620.00	(1,888.34)	67,458.38	61,860.00	(5,598.38)
Property Loss & Liability Claims		481.00	481.00		1,443.00	1,443.00
Computer Services	3,316.34	4,203.00	886.66	15,151.02	12,609.00	(2,542.02)
Telephone Services	1,381.07	1,475.00	93.93	4,524.21	4,425.00	(99.21)
Automobile Maintenance		48.00	48.00		144.00	144.00
Legal Notices, Advertising	2,489.46	3,924.00	1,434.54	6,754.06	11,772.00	5,017.94
Photocopy Services	800.00	870.00	70.00	2,700.00	2,610.00	(90.00)
Public Relations		3.00	3.00	306.34	9.00	(297.34)
Dues & Licenses	1,725.08	1,115.00	(610.08)	5,183.31	3,345.00	(1,838.31)
Conferences & Training	462.00	389.00	(73.00)	504.00	1,167.00	663.00
Finance Charges, Bank Fees	1,290.03	218.00	(1,072.03)	4,189.57	654.00	(3,535.57)
Cable/Satellite TV Expense	2,503.83	2,465.00	(38.83)	5,887.40	7,395.00	1,507.60
IPA Licensing Fee	38,395.00	53,444.00	15,049.00	129,069.00	160,332.00	31,263.00
Fines & Penalties		1,225.00	1,225.00		3,675.00	3,675.00
Depreciation Expense	61,304.44	61,763.00	458.56	183,120.16	185,289.00	2,168.84
Interest-Tax Anticipation Notes Payable		583.00	583.00		1,749.00	1,749.00
Interest- Bonds Payable	10,840.83	11,133.00	292.17	32,522.49	33,399.00	876.51
Total Administration	237,520.53	278,982.00	41,461.47	719,927.46	836,946.00	117,018.54
Environmental Services						
Reg. Full-Time Employees	27,561.32	30,627.00	3,065.68	79,679.22	91,881.00	12,201.78
Overtime	26.66	751.00	724.34	4,622.54	2,253.00	(2,369.54)
TOPS - Balances	1,216.50	1,274.00	57.50	1,020.31	3,822.00	2,801.69
TOPS- FICA	93.06	97.00	3.94	2,429.15	291.00	(2,138.15)
Social Security - Employer	2,076.71	2,328.00	251.29	6,346.08	6,984.00	637.92
IMRF - Employer Cost	2,791.99	3,138.00	346.01	8,470.49	9,414.00	943.51
Workers' Compensation Insurance	1,634.72	1,735.00	100.28	5,156.06	5,205.00	48.94
Unemployment Insurance	1,434.55	833.00	(601.55)	3,491.51	2,499.00	(992.51)
Employee Health/Life Insurance	6,283.49	7,236.00	952.51	18,850.47	21,708.00	2,857.53
Books, Periodicals & Manuals				98.45		(98.45)
Operational Supplies	4,531.10	4,744.00	212.90	17,033.04	14,232.00	(2,801.04)
Professional Services				1,554.05		(1,554.05)
Gas Service	13,085.57	12,106.00	(979.57)	38,514.51	36,318.00	(2,196.51)
Electric Service	17,679.11	21,891.00	4,211.89	55,628.18	65,673.00	10,044.82
Water Service	2,523.46	2,307.00	(216.46)	7,942.21	6,921.00	(1,021.21)
Pest Control Service	482.00	554.00	72.00	1,446.00	1,662.00	216.00
Waste Disposal & Recycling	2,511.55	4,125.00	1,613.45	9,698.30	12,375.00	2,676.70
Equipment Rentals	258.00	260.00	2.00	774.00	780.00	6.00
Sewer Service & Tax	1,299.80	1,634.00	334.20	4,165.11	4,902.00	736.89
Total Environmental Services	85,489.59	95,640.00	10,150.41	266,919.68	286,920.00	20,000.32

Laundry

Champaign County Nursing Home
Actual vs Budget Statement of Operations

02/28/13

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Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Reg. Full-Time Employees	7,344.00	9,083.00	1,739.00	22,998.00	27,249.00	4,251.00
Overtime		229.00	229.00	918.36	687.00	(231.36)
TOPS Balances	399.15	507.00	107.85	1,318.59	1,521.00	202.41
TOPS - FICA	30.54	38.00	7.46	100.88	114.00	13.12
Social Security - Employer	550.08	688.00	137.92	1,792.72	2,064.00	271.28
IMRF - Employer Cost	740.48	928.00	187.52	2,393.26	2,784.00	390.74
Workers' Compensation Insurance	437.69	515.00	77.31	1,492.71	1,545.00	52.29
Unemployment Insurance	382.46	233.00	(149.46)	943.36	699.00	(244.36)
Employee Health/Life Insurance	554.00	1,782.00	1,228.00	5,070.00	5,346.00	276.00
Laundry Supplies	1,955.05	1,601.00	(354.05)	5,053.00	4,803.00	(250.00)
Linen & Bedding	1,136.67	1,374.00	237.33	4,253.72	4,122.00	(131.72)
Total Laundry	13,530.12	16,978.00	3,447.88	46,334.60	50,934.00	4,599.40
Maintenance						
Reg. Full-Time Employees	3,188.80	4,105.00	916.20	10,107.16	12,315.00	2,207.84
Overtime		26.00	26.00		78.00	78.00
TOPS - Balances	172.31	223.00	50.69	27.58	669.00	641.42
TOPS - FICA	13.19	17.00	3.81	2.11	51.00	48.89
Social Security - Employer	242.74	312.00	69.26	769.42	936.00	166.58
IMRF - Employer Cost	326.64	421.00	94.36	1,027.18	1,263.00	235.82
Workers' Compensation Insurance	190.36	228.00	37.64	650.48	684.00	33.52
Unemployment Insurance	167.42	145.00	(22.42)	406.59	435.00	28.41
Employee Health/Life Insurance	573.20	4.00	(569.20)	1,719.60	12.00	(1,707.60)
Gasoline & Oil		12.00	12.00	2,614.34	36.00	(2,578.34)
Ground Supplies		23.00	23.00		69.00	69.00
Maintenance Supplies	3,139.01	4,682.00	1,542.99	9,090.91	14,046.00	4,955.09
Professional Services		20.00	20.00		60.00	60.00
Automobile Maintenance	294.04	573.00	278.96	1,011.45	1,719.00	707.55
Equipment Maintenance	2,472.34	1,758.00	(714.34)	7,184.68	5,274.00	(1,910.68)
Equipment Rentals	275.60		(275.60)	568.80		(568.80)
Nursing Home Building Repair/Maintenance	12,862.62	7,500.00	(5,362.62)	26,864.44	22,500.00	(4,364.44)
Conferences & Training		243.00	243.00		729.00	729.00
Landscaping Services		4.00	4.00		12.00	12.00
Parking Lot/Sidewalk Maintenance	800.00	961.00	161.00	5,708.00	2,883.00	(2,825.00)
Nursing Home Building Construction/Improvements		778.00	778.00		2,334.00	2,334.00
Total Maintenance	24,718.27	22,035.00	(2,683.27)	67,752.74	66,105.00	(1,647.74)
Nursing Services						
Reg. Full-Time Employees	114,313.80	111,176.00	(3,137.80)	348,157.34	333,528.00	(14,629.34)
Reg. Part-Time Employees		2,911.00	2,911.00		8,733.00	8,733.00
Temp. Salaries & Wages	9,681.27	27,780.00	18,098.73	38,865.72	83,340.00	44,474.28
Overtime	18,416.72	40,254.00	21,837.28	130,113.74	120,762.00	(9,351.74)
TOPS - Balances	1,283.53	3,706.00	2,422.47	6,855.96	11,118.00	4,262.04
No Benefit Full-Time Employees	79,515.15	86,145.00	6,629.85	241,008.50	258,435.00	17,426.50
No Benefit Part-Time Employees	30,776.45	30,710.00	(66.45)	106,775.78	92,130.00	(14,645.78)
TOPS - FICA	98.19	283.00	184.81	524.48	849.00	324.52
Social Security - Employer	18,837.40	22,525.00	3,687.60	64,801.16	67,575.00	2,773.84
IMRF - Employer Cost	24,357.47	27,043.00	2,685.53	82,137.54	81,129.00	(1,008.54)
Workers' Compensation Insurance	13,967.52	16,533.00	2,565.48	47,456.83	49,599.00	2,142.17
Unemployment Insurance	13,305.78	5,833.00	(7,472.78)	36,347.54	17,499.00	(18,848.54)
Employee Health/Life Insurance	19,377.10	17,316.00	(2,061.10)	57,002.10	51,948.00	(5,054.10)
Books, Periodicals & Manuals		64.00	64.00	139.95	192.00	52.05
Stocked Drugs	2,239.91	3,333.00	1,093.09	5,673.99	9,999.00	4,325.01
Pharmacy Charges-Public Aid	756.64	992.00	235.36	3,834.32	2,976.00	(858.32)
Oxygen		3,333.00	3,333.00	5,164.63	9,999.00	4,834.37
Incontinence Supplies	8,188.72	9,000.00	811.28	29,424.13	27,000.00	(2,424.13)

Champaign County Nursing Home
Actual vs Budget Statement of Operations

02/28/13

4

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Pharmacy Charges - Insurance	7,222.24	6,666.00	(556.24)	13,224.81	19,998.00	6,773.19
Equipment < \$2,500	317.50		(317.50)	8,103.88		(8,103.88)
Operational Supplies	13,641.43	15,240.00	1,598.57	58,984.30	45,720.00	(13,264.30)
Pharmacy Charges-Medicare	11,920.32	13,449.00	1,528.68	43,109.30	40,347.00	(2,762.30)
Medical/Dental/Mental Health	3,400.00	1,616.00	(1,784.00)	10,200.00	4,848.00	(5,352.00)
Professional Services	35,604.10	5,000.00	(30,604.10)	98,740.77	15,000.00	(83,740.77)
Job Require Travel		81.00	81.00		243.00	243.00
Laboratory Fees		2,013.00	2,013.00	2,894.83	6,039.00	3,144.17
Equipment Rentals	4,359.88	4,084.00	(275.88)	17,190.01	12,252.00	(4,938.01)
Dues & Licenses		45.00	45.00		135.00	135.00
Conferences & Training		526.00	526.00		1,578.00	1,578.00
Contract Nursing Services	32,468.93	50,000.00	17,531.07	137,579.09	150,000.00	12,420.91
Medicare Medical Services	2,363.82	6,250.00	3,886.18	3,298.91	18,750.00	15,451.09
Medical/ Health Equipment		449.00	449.00		1,347.00	1,347.00
Total Nursing Services	466,413.87	514,356.00	47,942.13	1,597,609.61	1,543,068.00	(54,541.61)
Activities						
Reg. Full-Time Employees	10,666.21	16,666.00	5,999.79	37,188.83	49,998.00	12,809.17
Overtime	(96.53)	38.00	134.53	137.06	114.00	(23.06)
TOPS - Balances	1,356.48	250.00	(1,106.48)	(509.97)	750.00	1,259.97
TOPS - FICA	103.77	19.00	(84.77)	(39.01)	57.00	96.01
Social Security - Employer	760.52	1,245.00	484.48	2,688.76	3,735.00	1,046.24
IMRF - Employer Cost	1,021.81	1,677.00	655.19	3,587.90	5,031.00	1,443.10
Workers' Compensation Insurance	633.61	923.00	289.39	2,409.46	2,769.00	359.54
Unemployment Insurance	547.41	308.00	(239.41)	1,593.31	924.00	(669.31)
Employee Health/Life Insurance	2,231.00	3,012.00	781.00	7,261.78	9,036.00	1,774.22
Operational Supplies	439.97	245.00	(194.97)	1,430.13	735.00	(695.13)
Professional Services	249.40	125.00	(124.40)	249.40	375.00	125.60
Conferences & Training		81.00	81.00		243.00	243.00
Total Activities	17,913.65	24,589.00	6,675.35	55,997.65	73,767.00	17,769.35
Social Services						
Reg. Full-Time Employees	8,036.63	11,489.00	3,452.37	22,244.32	34,467.00	12,222.68
Temp. Salaries & Wages		601.00	601.00		1,803.00	1,803.00
Overtime	142.53	387.00	244.47	237.62	1,161.00	923.38
TOPS - Balances	453.32	533.00	79.68	787.85	1,599.00	811.15
TOPS - FICA	34.68	40.00	5.32	60.27	120.00	59.73
Social Security - Employer	607.30	918.00	310.70	1,691.20	2,754.00	1,062.80
IMRF - Employer Cost	814.02	1,176.00	361.98	2,255.40	3,528.00	1,272.60
Workers' Compensation Insurance	472.82	690.00	217.18	1,420.43	2,070.00	649.57
Unemployment Insurance	419.07	275.00	(144.07)	903.61	825.00	(78.61)
Employee Health/Life Insurance	1,694.80	2,076.00	381.20	5,084.40	6,228.00	1,143.60
Books, Periodicals & Manuals		58.00	58.00		174.00	174.00
Professional Services	11,534.93	235.00	(11,299.93)	31,001.23	705.00	(30,296.23)
Conferences & Training		121.00	121.00		363.00	363.00
Total Social Services	24,210.10	18,599.00	(5,611.10)	65,686.33	55,797.00	(9,889.33)
Physical Therapy						
Reg. Full-Time Employees	3,955.20	4,377.00	421.80	12,656.64	13,131.00	474.36
Overtime		3.00	3.00	8.31	9.00	0.69
TOPS - Balances	476.81	324.00	(152.81)	(57.34)	972.00	1,029.34
TOPS - FICA	36.47	24.00	(12.47)	(4.39)	72.00	76.39
Social Security - Employer	291.46	339.00	47.54	935.12	1,017.00	81.88
IMRF - Employer Cost	392.25	431.00	38.75	1,248.29	1,293.00	44.71
Workers' Compensation Ins.	236.12	242.00	5.88	814.58	726.00	(88.58)
Unemployment Insurance	203.92	91.00	(112.92)	495.21	273.00	(222.21)

Champaign County Nursing Home
Actual vs Budget Statement of Operations

02/28/13

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Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Employee Health/Life Insurance	1,141.20	1,204.00	62.80	3,423.60	3,612.00	188.40
Professional Services	28,861.18	34,383.00	5,521.82	91,330.37	103,149.00	11,818.63
Total Physical Therapy	35,594.61	41,418.00	5,823.39	110,850.39	124,254.00	13,403.61
Occupational Therapy						
Reg. Full-Time Employees	1,968.00	2,102.00	134.00	6,297.63	6,306.00	8.37
Overtime				(11.31)		11.31
TOPS - Balances	17.83	36.00	18.17	15.37	108.00	92.63
TOPS - FICA	1.37	2.00	0.63	1.18	6.00	4.82
Social Security - Employer	149.32	149.00	(0.32)	477.92	447.00	(30.92)
IMRF - Employer Cost	200.96	217.00	16.04	638.01	651.00	12.99
Workers' Compensation Ins.	117.48	116.00	(1.48)	405.08	348.00	(57.08)
Unemployment Insurance	103.32	46.00	(57.32)	250.92	138.00	(112.92)
Employee Health/Life Insurance	570.60	602.00	31.40	1,711.80	1,806.00	94.20
Professional Services	27,967.56	40,231.00	12,263.44	87,566.67	120,693.00	33,126.33
Total Occupational Therapy	31,096.44	43,501.00	12,404.56	97,353.27	130,503.00	33,149.73
Speech Therapy						
Professional Services	9,121.83	13,724.00	4,602.17	27,954.58	41,172.00	13,217.42
Total Speech Therapy	9,121.83	13,724.00	4,602.17	27,954.58	41,172.00	13,217.42
Respiratory Therapy						
Professional Services	7,466.25	10,400.00	2,933.75	11,123.75	20,800.00	9,676.25
Total Respiratory Therapy	7,466.25	10,400.00	2,933.75	11,123.75	20,800.00	9,676.25
Total This Department	16,588.08	24,124.00	7,535.92	39,078.33	61,972.00	22,893.67
Food Services						
Reg. Full-Time Employees	33,425.23	39,617.00	6,191.77	111,170.04	118,851.00	7,680.96
Reg. Part-Time Employees	1,771.15	2,422.00	650.85	5,552.87	7,266.00	1,713.13
Overtime	392.46	1,471.00	1,078.54	8,900.79	4,413.00	(4,487.79)
TOPS - Balances	(2,352.20)	498.00	2,850.20	(5,557.78)	1,494.00	7,051.78
TOPS - FICA	(179.95)	38.00	217.95	(425.17)	114.00	539.17
Social Security - Employer	2,682.83	3,222.00	539.17	9,466.44	9,666.00	199.56
IMRF - Employer Cost	3,614.30	4,344.00	729.70	12,638.72	13,032.00	393.28
Workers' Compensation Insurance	2,102.42	2,406.00	303.58	7,523.52	7,218.00	(305.52)
Unemployment Insurance	2,138.41	1,083.00	(1,055.41)	5,707.69	3,249.00	(2,458.69)
Employee Health/Life Insurance	6,801.00	7,803.00	1,002.00	21,541.60	23,409.00	1,867.40
Food	34,287.21	36,083.00	1,795.79	113,956.19	108,249.00	(5,707.19)
Nutritional Supplements	3,451.99	2,500.00	(951.99)	9,682.36	7,500.00	(2,182.36)
Operational Supplies	4,752.69	3,756.00	(996.69)	15,524.61	11,268.00	(4,256.61)
Professional Services	3,079.43	2,616.00	(463.43)	10,082.29	7,848.00	(2,234.29)
Equipment Rentals	404.95	394.00	(10.95)	1,214.85	1,182.00	(32.85)
Dues & Licenses		13.00	13.00		39.00	39.00
Conferences & Training		83.00	83.00		249.00	249.00
Total Food Services	96,371.92	108,349.00	11,977.08	326,979.02	325,047.00	(1,932.02)
Barber & Beauty						
Reg. Full-Time Employees	3,972.80	4,446.00	473.20	12,712.97	13,338.00	625.03
Overtime		4.00	4.00	(14.12)	12.00	26.12
TOPS - Balances	120.17	155.00	34.83	149.35	465.00	315.65
TOPS - FICA	9.20	11.00	1.80	11.43	33.00	21.57
Social Security - Employer	264.50	242.00	(22.50)	849.55	726.00	(123.55)
IMRF - Employer Cost	355.95	336.00	(19.95)	1,134.04	1,008.00	(126.04)
Workers' Compensation Insurance	237.17	246.00	8.83	817.81	738.00	(79.81)
Unemployment Insurance	205.66	166.00	(39.66)	499.70	498.00	(1.70)
Employee Health/Life Insurance	1,141.20	1,204.00	62.80	3,423.60	3,612.00	188.40

Champaign County Nursing Home
Actual vs Budget Statement of Operations

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Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Operational Supplies		118.00	118.00	161.94	354.00	192.06
Total Barber & Beauty	6,306.65	6,928.00	621.35	19,746.27	20,784.00	1,037.73
Adult Day Care						
Reg. Full-Time Employees	8,838.80	12,908.00	4,069.20	28,273.67	38,724.00	10,450.33
Temp. Salaries & Wages		32.00	32.00		96.00	96.00
Overtime	30.89	50.00	19.11	58.99	150.00	91.01
TOPS - Balances	895.91	340.00	(555.91)	1,449.25	1,020.00	(429.25)
TOPS - FICA	68.54	26.00	(42.54)	110.87	78.00	(32.87)
Social Security - Employer	662.71	958.00	295.29	2,118.08	2,874.00	755.92
IMRF - Employer Cost	891.82	1,288.00	396.18	2,827.45	3,864.00	1,036.55
Workers' Compensation Insurance	527.64	718.00	190.36	1,819.07	2,154.00	334.93
Unemployment Insurance	459.45	250.00	(209.45)	1,113.45	750.00	(363.45)
Employee Health/Life Insurance	2,282.40	2,598.00	315.60	6,847.20	7,794.00	946.80
Books, Periodicals & Manuals		30.00	30.00		90.00	90.00
Gasoline & Oil	2,311.50	1,319.00	(992.50)	3,380.91	3,957.00	576.09
Operational Supplies	49.30	35.00	(14.30)	108.21	105.00	(3.21)
Conferences & Training		25.00	25.00		75.00	75.00
Total Adult Day Care	17,018.96	20,577.00	3,558.04	48,107.15	61,731.00	13,623.85
Alzheimers and Related Disord						
Reg. Full-Time Employees	23,638.63	22,433.00	(1,205.63)	73,081.06	67,299.00	(5,782.06)
Overtime	5,488.13	11,837.00	6,348.87	28,926.93	35,511.00	6,584.07
TOPS - Balances	(5,545.31)	389.00	5,934.31	(5,070.89)	1,167.00	6,237.89
No Benefit Full-Time Employees	19,402.36	21,746.00	2,343.64	64,938.70	65,238.00	299.30
No Benefit Part-Time Employees	19,825.84	12,785.00	(7,040.84)	54,151.79	38,355.00	(15,796.79)
TOPS - FICA	(424.21)	29.00	453.21	(387.92)	87.00	474.92
Social Security - Employer	5,172.51	5,145.00	(27.51)	16,699.62	15,435.00	(1,264.62)
IMRF - Employer Cost	6,964.71	6,942.00	(22.71)	22,297.57	20,826.00	(1,471.57)
Workers' Compensation Insurance	3,746.86	1,895.00	(1,851.86)	12,413.14	5,685.00	(6,728.14)
Unemployment Insurance	3,845.02	1,500.00	(2,345.02)	10,143.78	4,500.00	(5,643.78)
Employee Health/Life Insurance	4,522.40	3,783.00	(739.40)	13,567.20	11,349.00	(2,218.20)
Operational Supplies	4.48	77.00	72.52	4.48	231.00	226.52
Conferences & Training	56.89	238.00	181.11	56.89	714.00	657.11
ARD - Contract Nursing	8,223.77	5,833.00	(2,390.77)	48,254.38	17,499.00	(30,755.38)
Total Alzheimers and Related Disorders	94,922.08	94,632.00	(290.08)	339,076.73	283,896.00	(55,180.73)
Total Expenses	1,167,694.87	1,310,708.00	143,013.13	3,801,419.23	3,921,724.00	120,304.77
Net Operating Income	(114,257.68)	(96,021.00)	(18,236.68)	(275,328.12)	(277,663.00)	2,334.88
NonOperating Income						
Local Taxes						
Current-Nursing Home Operating	86,530.67	86,531.00	(0.33)	259,592.01	259,593.00	(0.99)
Payment in Lieu of Taxes				276.39		276.39
Total Local Taxes	86,530.67	86,531.00	(0.33)	259,868.40	259,593.00	275.40
Miscellaneous NI Revenue						
Investment Interest	67.09	84.00	(16.91)	201.51	252.00	(50.49)
Restricted Donations	10.00	417.00	(407.00)	434.28	1,251.00	(816.72)
Total Miscellaneous NI Revenue	77.09	501.00	(423.91)	635.79	1,503.00	(867.21)
Total NonOperating Income	86,607.76	87,032.00	(424.24)	260,504.19	261,096.00	(591.81)
Net Income (Loss)	(27,649.92)	(8,989.00)	(18,660.92)	(14,823.93)	(16,567.00)	1,743.07

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Champaign County Nursing Home
Historical Statement of Operations

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Description	03/12	04/12	05/12	06/12	07/12	08/12	09/12	10/12	11/12	12/12	01/13	02/13	Total
Operating Income													
Miscellaneous Revenue	1,666	4,919	2,438	2,282	3,880	3,804	1,897	85	2,281	2,456	1,918	3,428	31,052
Medicare A Revenue	263,665	182,112	203,112	185,770	149,679	174,239	202,930	243,175	169,111	301,248	295,937	277,220	2,648,197
Medicare B Revenue	45,762	40,831	53,402	45,732	43,986	45,821	54,140	56,408	70,790	18,755	28,429	30,091	534,147
Medicaid Revenue	490,350	523,162	512,337	516,762	519,792	533,762	601,462	639,551	911,212	537,381	501,772	398,469	6,686,013
Private Pay Revenue	293,488	307,746	379,109	368,537	419,250	409,624	320,686	295,318	361,590	391,185	364,838	328,549	4,239,919
Adult Day Care Revenue	19,528	20,001	23,172	23,072	22,599	24,703	18,795	23,559	14,364	13,672	15,063	15,680	234,210
Total Income	1,114,458	1,078,772	1,173,571	1,142,154	1,159,185	1,191,953	1,199,911	1,258,096	1,529,348	1,264,698	1,207,956	1,053,437	14,373,539
Operating Expenses													
Administration	215,254	253,989	255,685	257,753	255,780	254,154	253,634	270,961	758,492	231,058	251,349	237,521	3,495,630
Environmental Services	96,940	98,505	101,913	95,839	91,388	95,753	87,990	95,310	103,097	87,632	93,798	85,490	1,133,655
Laundry	15,521	16,042	15,967	17,576	15,372	15,089	14,479	18,410	15,352	14,973	17,831	13,530	190,142
Maintenance	20,012	25,539	29,874	11,212	18,647	18,085	14,238	23,495	23,308	18,267	24,768	24,718	252,163
Nursing Services	544,242	526,834	554,103	514,985	525,843	513,437	512,473	509,558	542,289	552,005	579,190	466,414	6,341,374
Activities	22,600	20,833	20,486	17,021	14,597	16,700	17,759	20,257	21,416	18,781	19,303	17,914	227,667
Social Services	19,364	16,609	20,376	19,816	19,456	17,622	15,496	16,878	19,477	17,742	23,734	24,210	230,781
Physical Therapy	39,067	39,759	47,638	42,134	42,243	42,064	41,649	40,879	33,993	35,207	40,049	35,595	480,276
Occupational Therapy	36,064	33,311	35,218	36,792	32,507	34,664	37,370	35,748	27,964	31,508	34,749	31,096	406,991
Speech Therapy	11,501	9,617	9,350	10,424	11,493	10,491	12,496	13,241	8,867	9,665	9,168	9,122	125,433
Respiratory Therapy													
Respiratory Therapy											3,658	7,466	11,124
Total This Department	11,501	9,617	9,350	10,424	11,493	10,491	12,496	13,241	8,867	9,665	12,825	16,588	136,557
Food Services	118,169	107,616	112,445	117,465	104,217	116,358	107,468	109,188	110,601	114,446	116,161	96,372	1,330,506
Barber & Beauty	7,236	6,049	6,900	7,121	6,581	5,798	5,955	6,557	6,277	6,026	7,414	6,307	78,220
Adult Day Care	20,327	20,992	23,910	21,818	17,683	23,226	19,643	20,750	18,439	14,430	16,659	17,019	234,894
Alzheimers and Related Disorders	102,244	86,580	92,469	105,701	100,656	114,737	111,502	126,878	109,517	120,139	124,016	94,922	1,289,360
Total Expenses	1,268,540	1,262,276	1,326,334	1,275,658	1,256,464	1,278,178	1,252,150	1,308,107	1,799,089	1,271,877	1,361,847	1,167,695	15,828,215
Net Operating Income	(154,082)	(183,504)	(152,763)	(133,504)	(97,279)	(86,225)	(52,239)	(50,011)	(269,740)	(7,180)	(153,891)	(114,258)	(1,454,676)
NonOperating Income													
Local Taxes	86,187	86,147	86,023	86,119	86,119	86,286	86,119	86,119	77,772	86,531	86,807	86,531	1,026,759
Miscellaneous NI Revenue	1,654	32,728	472	198	(11,995)	347	641	86	(556,468)	424	134	77	(531,700)
Total NonOperating Income	87,840	118,875	86,496	86,317	74,124	86,633	86,760	86,205	(478,696)	86,955	86,941	86,608	495,059
Net Income (Loss)	(66,242)	(64,629)	(66,267)	(47,187)	(23,154)	408	34,521	36,194	(748,436)	79,775	(66,949)	(27,650)	(959,617)

**Champaign County Nursing Home
Historical Statement of Operations**

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Description	03/12	04/12	05/12	06/12	07/12	08/12	09/12	10/12	11/12	12/12	01/13	02/13	Total
Operating Income													
Miscellaneous Revenue													
Lunch Reimbursement	594	477	591	500	206	240	200	511	1,818	540	363	445	6,485
Late Charge, NSF Check Charge	541	3,010	1,637	1,753	3,294	3,405	1,564	(436)	1,330	1,896	1,469	2,798	22,260
Other Miscellaneous Revenue	531	1,432	210	29	381	159	133	10	(868)	20	86	185	2,307
Total Miscellaneous Revenue	1,666	4,919	2,438	2,282	3,880	3,804	1,897	85	2,281	2,456	1,918	3,428	31,052
Medicare A Revenue													
Medicare A	182,809	144,263	150,371	156,996	102,518	140,572	158,293	159,041	127,539	231,485	238,703	186,112	1,978,703
ARD - Medicare A	26,113	21,571	4,564	3,077	5,623			3,804	1,131	16,789	8,559	20,014	111,246
NH Pt_Care - Medicare Advantage/ H	54,742	11,402	48,176	25,697	41,537	33,667	44,637	80,330	40,441	52,974	48,675	71,095	553,373
ARD_Pt Care - Medicare Advantage/		4,875											4,875
Total Medicare A Revenue	263,665	182,112	203,112	185,770	149,679	174,239	202,930	243,175	169,111	301,248	295,937	277,220	2,648,197
Medicare B Revenue													
Medicare B	45,762	40,831	53,402	45,732	43,986	45,821	54,140	56,408	70,790	18,755	28,429	30,091	534,147
Total Medicare B Revenue	45,762	40,831	53,402	45,732	43,986	45,821	54,140	56,408	70,790	18,755	28,429	30,091	534,147
Medicaid Revenue													
Medicaid Title XIX (IDHFS)	318,981	360,936	348,187	351,217	343,239	389,706	422,984	419,644	733,596	335,488	329,806	248,269	4,602,053
ARD - Medicaid Title XIX (IDHFS)	160,121	143,567	141,715	129,674	136,422	109,763	140,913	172,491	128,795	123,845	118,928	107,281	1,613,514
Patient Care-Hospice	7,700	12,592	9,959	26,431	29,335	18,695	19,460	25,510	25,352	40,248	30,754	27,927	273,961
ARD Patient Care - Hospice	3,549	6,067	12,477	9,441	10,796	15,598	18,105	21,906	23,470	37,800	22,284	14,992	196,485
Total Medicaid Revenue	490,350	523,162	512,337	516,762	519,792	533,762	601,462	639,551	911,212	537,381	501,772	398,469	6,686,013
Private Pay Revenue													
VA-Veterans Nursing Home Care	14,520	13,653	13,436	13,003	15,386	14,303	13,003	15,820	14,962	20,154	15,820	12,136	176,194
Nursing Home Patient Care - Private	232,772	205,854	263,659	261,982	312,215	255,603	204,987	230,313	235,357	274,061	247,268	216,613	2,940,687
Nursing Home Patient Care - Private								(9,122)					(9,122)
Nursing Home Beauty Shop Revenue	3,656	3,484	3,836	3,666	3,855	3,603	3,576	3,831	3,598	3,372	3,580	3,244	43,299
Medical Supplies Revenue	5,093	5,007	4,823	1,742	5,837	8,334	1,868	7,371	4,945	5,409	6,091	4,480	61,001
Patient Transportation Charges	2,003	886	1,391	27	1,211	1,162	250	502	1,048	1,087	1,702	2,383	13,652
ARD Patient Care- Private Pay	35,444	78,862	91,963	88,117	80,745	126,620	97,003	46,603	101,680	87,102	90,376	89,693	1,014,208
Total Private Pay Revenue	293,488	307,746	379,109	368,537	419,250	409,624	320,686	295,318	361,590	391,185	364,838	328,549	4,239,919
Adult Day Care Revenue													
VA-Veterans Adult Daycare	3,269	3,198	3,212	2,982	3,056	2,840	3,053	4,116	2,940	3,343	4,241	3,793	40,043
IL Department Of Aging-Day Care Gra	12,617	13,721	16,612	16,173	15,293	17,313	12,294	14,763	8,702	9,968	10,128	9,991	157,575
Adult Day Care Charges-Private Pay	3,643	3,082	3,348	3,916	4,250	4,551	3,448	4,681	2,722	361	694	1,897	36,591

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**Champaign County Nursing Home
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Description	03/12	04/12	05/12	06/12	07/12	08/12	09/12	10/12	11/12	12/12	01/13	02/13	Total
Total Adult Day Care Revenue	19,528	20,001	23,172	23,072	22,599	24,703	18,795	23,559	14,364	13,672	15,063	15,680	234,210
Total Income	1,114,458	1,078,772	1,173,571	1,142,154	1,159,185	1,191,953	1,199,911	1,258,096	1,529,348	1,264,698	1,207,956	1,053,437	14,373,539
Operating Expenses													
Administration													
Reg. Full-Time Employees	29,177	28,724	29,943	29,873	36,458	38,225	32,864	32,134	39,986	23,217	26,711	24,019	371,331
Temp. Salaries & Wages	971	562	955	1,196	840	774	1,229	1,190	1,145	1,639	1,992	1,522	14,014
Per Diem	315	159	274	207	225	180	180	135	35		232	239	2,181
Overtime	16	8	329	171	96	77	292	171	170	265	129	68	1,791
TOPS - Balances	1,698	(98)	1,327	5,715	(2,316)	(2,001)	(2,287)	2,794	(11,269)	(1,320)	482	1,664	(5,611)
TOPS - FICA	130	(8)	102	437	(177)	(153)	(175)	214	(862)	(101)	37	127	(429)
Social Security - Employer	2,197	2,122	2,265	2,334	2,735	2,854	2,453	2,394	3,259	1,754	2,040	1,814	28,221
IMRF - Employer Cost	2,763	2,723	2,862	2,934	3,493	3,661	3,062	3,017	4,223	2,171	2,509	2,265	35,684
Workers' Compensation Insurance	1,669	1,620	1,710	1,719	2,064	2,158	1,886	1,049	3,305	1,923	1,696	1,526	22,323
Unemployment Insurance	1,281	711	600	465	279	108	68	73	(131)	78	1,782	1,285	6,598
Employee Health/Life Insurance	4,871	4,739	4,739	4,882	4,739	4,739	4,739	4,393	3,776	3,859	3,859	3,859	53,197
IMRF - Early Retirement Obligation	3,475	3,475	3,475	3,475	3,475	3,475	3,475	3,475	3,356	3,465	3,465	3,465	41,555
Employee Development/Recognition	49	26	525	147	59	49	86	(53)	53	34	29	21	1,026
Employee Physicals/Lab	1,744	1,745	1,615	1,905	2,478	3,715	3,794	4,432	898	1,500	1,493	3,034	28,354
Stationary & Printing		99		202	111		173		357		499		1,442
Books, Periodicals & Manuals										69	97		166
Copier Supplies	636	602	674	609	432	548	548	914	731	771	731	183	7,378
Postage, UPS, Federal Express	804	386	421	736	501		1,072	953	335	330	360	415	6,314
Operational Supplies	3,518	1,058	1,128	1,156	3,251	1,889	588	958	729	1,307	1,567	387	17,536
Audit & Accounting Fees	3,625	3,625	3,625	6,225	3,625	3,625	3,625	3,625	8,408	4,024	4,024	4,024	52,078
Attorney Fees	7,998	4,450	5,287	864	6,409	1,073	3,986	7,765	6,932		2,503	2,719	49,984
Engineering Fees									5,550			99	5,649
Professional Services	33,237	38,582	32,856	29,151	23,882	24,579	30,518	40,813	46,452	28,733	41,881	37,298	407,981
Job Required Travel Expense	249	123	129	119	144	155	136	141	204	69	151	472	2,091
Insurance	10,241	20,731	24,731	24,981	24,731	24,731	24,731	24,808	48,776	22,442	22,508	22,508	295,919
Property Loss & Liability Claims	38		227	42									307
Computer Services	4,008	2,939	3,309	4,220	3,318	3,309	4,284	3,309	3,942	8,462	3,373	3,316	47,791
Telephone Services	664	2,011	1,585	1,382	1,613	1,617	1,404	1,420	1,671	1,511	1,633	1,381	17,891
Automobile Maintenance													
Legal Notices, Advertising	6,278	3,467	3,428	4,213	6,520	3,578	2,764	2,145	1,914	218	4,047	2,489	41,059
Photocopy Services	1,041	1,041	1,041	2,082	1,041		1,224	1,047	1,499	1,100	800	800	12,716
Public Relations		23		217	153	739	(133)	188	33	292	14		1,527
Dues & Licenses	1,925	1,625	1,625	1,625	1,625	1,625	3,615	1,700	4,575	1,625	1,833	1,725	25,124
Conferences & Training	1,267		1,047	327		342	72	548	435		42	462	4,541
Finance Charges, Bank Fees	1,981	3,128	1,803	1,953	1,835	1,878	1,626	1,624	22,497	1,284	1,616	1,290	42,513
Cable/Satellite TV Expense	2,472	2,472	2,472	2,474	2,474	2,474	2,474	2,474	2,474	2,474	909	2,504	28,148

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**Champaign County Nursing Home
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Description	03/12	04/12	05/12	06/12	07/12	08/12	09/12	10/12	11/12	12/12	01/13	02/13	Total
IPA Licensing Fee	11,300	43,082	45,219	45,019	47,356	47,726	46,973	49,049	439,588	46,512	44,163	38,395	904,379
Fines & Penalties	1,430	5,850							90				7,370
General Liability Claims									35,000				35,000
Depreciation Expense	60,762	60,762	60,762	60,638	60,638	60,638	60,638	60,638	66,948	60,511	61,305	61,304	735,546
Transfers to General Corporate Fund						3,960							3,960
Interest-Tax Anticipation Notes Payabl			2,173	2,633	246	381	222		(18)				5,637
Interest- Bonds Payable	11,425	11,425	11,425	11,425	11,425	11,425	11,425	11,425	11,425	10,841	10,841	10,841	135,349
Total Administration	215,254	253,989	255,685	257,753	255,780	254,154	253,634	270,961	758,492	231,058	251,349	237,521	3,495,630
Environmental Services													
Reg. Full-Time Employees	31,531	30,744	31,471	35,104	30,874	31,216	29,073	32,364	32,612	25,732	26,386	27,561	364,668
Overtime			1,207	4	1,193		1,196		1,672	2,406	2,190	27	9,894
TOPS - Balances	2,329	1,174	1,673	(143)	(1,909)	67	564	819	(3,512)	(1,866)	1,670	1,217	2,084
TOPS- FICA	178	90	128	(11)	(146)	5	43	63	(269)	2,208	128	93	2,510
Social Security - Employer	2,380	2,292	2,416	2,640	2,368	2,304	2,243	2,394	2,766	2,121	2,148	2,077	28,150
IMRF - Employer Cost	3,133	3,016	3,180	3,476	3,117	3,033	2,953	3,151	3,708	2,792	2,886	2,792	37,239
Workers' Compensation Insurance	1,744	1,700	1,740	1,941	1,707	1,726	1,608	979	2,818	1,963	1,558	1,635	21,120
Unemployment Insurance	1,672	1,454	1,415	1,471	1,221	484	233	249	123	188	1,869	1,435	11,814
Employee Health/Life Insurance	6,725	7,087	7,604	7,274	7,060	6,515	5,970	6,256	5,574	6,283	6,283	6,283	78,916
Books, Periodicals & Manuals											98		98
Operational Supplies	4,141	5,177	4,326	4,112	3,680	4,962	2,118	7,071	6,309	5,178	7,324	4,531	58,929
Professional Services											1,554		1,554
Gas Service	8,570	11,429	11,624	6,457	4,324	4,745	4,332	10,742	18,942	12,000	13,429	13,086	119,678
Electric Service	23,096	23,953	25,634	26,580	29,833	29,796	30,000	20,769	22,429	19,054	18,895	17,679	287,718
Water Service	2,233	2,165	2,250	2,172	2,644	2,290	2,172	2,697	2,474	2,586	2,832	2,523	29,039
Pest Control Service	468	954	468	482	942	932	482	482	482	482	482	482	7,137
Waste Disposal & Recycling	5,745	5,735	5,119	2,737	2,462	6,004	3,245	6,955	4,164	4,745	2,441	2,512	51,863
Equipment Rentals	258	258	258	258	258	258	258	258	18	258	258	258	2,856
Conferences & Training								221					221
Sewer Service & Tax	2,738	1,278	1,400	1,286	1,760	1,413	1,500	(161)	2,787	1,500	1,365	1,300	18,166
Total Environmental Services	96,940	98,505	101,913	95,839	91,388	95,753	87,990	95,310	103,097	87,632	93,798	85,490	1,133,655
Laundry													
Reg. Full-Time Employees	8,410	9,035	8,711	10,496	9,465	9,983	8,997	9,973	8,976	7,745	7,909	7,344	107,043
Overtime		5	361		368		243		554	418	500		2,450
TOPS Balances	1,025	196	183	(569)	(824)	(480)	(301)	83	(878)	216	704	399	(245)
TOPS - FICA	78	15	14	(44)	(63)	(37)	(23)	6	(67)	17	54	31	(19)
Social Security - Employer	627	675	677	795	735	746	691	746	775	612	630	550	8,259
IMRF - Employer Cost	825	889	891	1,046	968	983	909	982	1,044	806	847	740	10,930
Workers' Compensation Insurance	465	500	482	580	523	552	498	308	804	587	468	438	6,205
Unemployment Insurance	451	477	428	432	371	208	80		(41)		561	382	3,350
Employee Health/Life Insurance	1,662	1,612	1,612	1,662	1,612	1,609	1,609	1,675	1,642	2,258	2,258	554	19,766

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Champaign County Nursing Home
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Description	03/12	04/12	05/12	06/12	07/12	08/12	09/12	10/12	11/12	12/12	01/13	02/13	Total
Laundry Supplies	1,170	1,323	1,545	1,442	2,218	1,062	1,137	1,691	1,771	755	2,343	1,955	18,411
Linen & Bedding	809	1,314	1,065	1,735		462	638	2,946	771	1,559	1,558	1,137	13,994
Total Laundry	15,521	16,042	15,967	17,576	15,372	15,089	14,479	18,410	15,352	14,973	17,831	13,530	190,142
Maintenance													
Reg. Full-Time Employees	4,242	4,904	5,237	5,155	5,089	5,400	4,696	4,667	3,747	3,251	3,667	3,189	53,244
Overtime		4	148		11								162
TOPS - Balances	796	415	456	243	(527)	259	(29)	(407)	(328)	(125)	(20)	172	905
TOPS - FICA	61	32	35	19	(40)	20	(2)	(31)	(25)	(10)	(2)	13	69
Social Security - Employer	323	372	408	392	386	409	356	355	300	248	279	243	4,072
IMRF - Employer Cost	426	490	537	516	508	539	468	468	401	326	375	327	5,381
Workers' Compensation Insurance	235	271	290	285	281	299	260	176	308	243	217	190	3,055
Unemployment Insurance	228	264	272	273	268	194	96		(19)		239	167	1,983
Employee Health/Life Insurance	3	5	5	550	550	550	550	572	1,105	573	573	573	5,609
Gasoline & Oil		65		1,227					(1,227)	2,614			2,679
Maintenance Supplies	3,674	6,017	7,346	2,022	3,179	2,448	1,613	3,526	4,033	2,701	3,251	3,139	42,950
Automobile Maintenance	931	482	560	2,228	209	398	1,217	447	109	377	340	294	7,591
Equipment Maintenance	676	4,439	2,804	919	1,730	1,903	4,005	992	5,098	2,171	2,541	2,472	29,750
Equipment Rentals					19	19	18	18	241	276	18	276	882
Nursing Home Building Repair/Mainte	9,295	7,512	10,795	(2,616)	6,984	5,648	991	12,711	13,942	5,296	8,706	12,863	92,126
Conferences & Training	486		959						35				1,480
Landscaping Services			24										24
Parking Lot/Sidewalk Maintenance	1,134	267							213	325	4,583	800	7,322
Nursing Home Building Construction/I	(2,496)								(4,625)				(7,121)
Total Maintenance	20,012	25,539	29,874	11,212	18,647	18,085	14,238	23,495	23,308	18,267	24,768	24,718	252,163
Nursing Services													
Reg. Full-Time Employees	110,704	110,697	113,272	116,140	99,965	99,994	107,151	104,893	94,265	110,538	123,306	114,314	1,305,237
Reg. Part-Time Employees	2,625	2,678	2,106	3,034	2,632	1,050	1,237	105	(478)				14,989
Temp. Salaries & Wages	19,317	21,600	31,655	35,961	31,389	17,871	17,269	17,502	15,801	15,620	13,565	9,681	247,230
Overtime	28,825	36,344	50,153	44,808	43,276	38,133	45,250	36,169	62,571	60,651	51,047	18,417	515,644
TOPS - Balances	7,981	3,671	(331)	(16,671)	(5,659)	2,322	(1,708)	(11,270)	5,624	2,368	3,204	1,284	(9,185)
No Benefit Full-Time Employees	84,010	103,593	93,197	93,527	92,422	91,783	95,048	98,213	87,366	76,201	85,292	79,515	1,080,168
No Benefit Part-Time Employees	30,485	35,354	37,934	40,988	40,037	36,736	38,293	46,659	44,261	41,074	34,926	30,776	457,523
TOPS - FICA	611	281	(25)	(1,275)	(433)	178	(131)	(862)	430	181	245	98	(703)
Social Security - Employer	20,790	23,398	24,950	25,415	23,365	21,533	23,001	22,909	23,683	22,889	23,075	18,837	273,848
IMRF - Employer Cost	25,309	27,718	28,814	29,406	27,387	26,421	26,789	28,329	30,254	28,319	29,461	24,357	332,564
Workers' Compensation Insurance	13,667	15,148	15,404	15,997	14,734	13,683	14,323	8,169	20,972	18,316	15,173	13,968	179,553
Unemployment Insurance	11,991	9,789	8,709	7,535	6,409	4,425	3,245	2,655	2,859	3,338	19,704	13,306	93,965
Employee Health/Life Insurance	16,947	17,068	16,532	16,498	14,937	13,853	14,395	15,055	15,796	18,813	18,813	19,377	198,082
Books, Periodicals & Manuals			381	89	120	591			113	140			1,434
Stocked Drugs	2,778	4,497	5,146	2,263	1,179	2,577	13,315	4,312	2,133	1,853	1,581	2,240	43,875

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Champaign County Nursing Home
Historical Statement of Operations

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Description	03/12	04/12	05/12	06/12	07/12	08/12	09/12	10/12	11/12	12/12	01/13	02/13	Total
Pharmacy Charges-Public Aid	1,275	855	979	2,164	1,886	2,879	1,144	1,181	2,698	2,039	1,039	757	18,897
Oxygen	4,223	3,155	3,116	3,560	3,788	3,005	2,102	3,061	(355)	61	5,104		30,818
Incontinence Supplies	8,209	6,727	10,797	8,248	9,235	10,660	5,435	8,185	13,024	10,024	11,212	8,189	109,946
Pharmacy Charges - Insurance	8,344	2,913	2,883	2,550	2,995	2,425	3,275	4,425	2,850	4,232	1,771	7,222	45,885
Equipment < \$2,500						2,100	110	686	3,079	5,247	2,540	318	14,080
Operational Supplies	21,618	13,678	12,365	12,138	16,727	16,700	11,771	24,791	16,926	22,162	23,181	13,641	205,698
Pharmacy Charges-Medicare	15,276	12,150	8,050	8,725	7,018	7,275	9,175	8,875	8,800	14,670	16,519	11,920	128,454
Medical/Dental/Mental Health	6,400	1,600	1,600	1,600	16,000	3,400	3,400	3,400	16,000	3,400	3,400	3,400	63,600
Professional Services	18,117	19,996	22,133	21,807	19,465	25,636	18,693	21,366	35,195	25,881	37,256	35,604	301,148
Job Require Travel		182	305		766			208	239				1,700
Laboratory Fees	1,918	2,397	1,547	1,713	990		1,697		1,638	2,895			14,795
Equipment Rentals	5,707	712	2,016	2,319	4,490	4,536	3,734	4,749	6,271	7,433	5,397	4,360	51,725
Dues & Licenses	150						160						310
Conferences & Training	959	519	1,080	129	1,218	352	168		607				5,032
Contract Nursing Services	74,099	47,435	37,695	35,478	44,561	61,900	52,788	50,462	28,609	53,531	51,579	32,469	570,608
Medicare Medical Services	1,904	2,679	21,643	840	4,943	1,419	1,344	5,329	3,729	133	802	2,364	47,128
Medical/ Health Equipment									(2,671)				(2,671)
Total Nursing Services	544,242	526,834	554,103	514,985	525,843	513,437	512,473	509,558	542,289	552,005	579,190	466,414	6,341,374
Activities													
Reg. Full-Time Employees	14,345	13,719	20,084	11,674	9,844	10,943	11,616	14,472	14,187	12,269	14,254	10,666	158,072
Overtime			231	347	192	102				120	114	(97)	1,009
TOPS - Balances	414	107	(7,446)	(717)	(544)	251	377	(561)	(303)	7	(1,873)	1,356	(8,930)
TOPS - FICA	32	8	(570)	(55)	(42)	19	29	(43)	(23)	1	(143)	104	(683)
Social Security - Employer	1,075	1,022	1,529	909	747	823	869	1,083	1,122	905	1,023	761	11,867
IMRF - Employer Cost	1,415	1,345	2,012	1,196	983	1,084	1,144	1,426	1,510	1,192	1,375	1,022	15,703
Workers' Compensation Insurance	793	759	1,111	646	544	605	642	438	1,217	931	845	634	9,164
Unemployment Insurance	759	662	554	492	374	313	327	293	222	230	816	547	5,590
Employee Health/Life Insurance	2,807	2,725	2,725	2,263	2,180	2,180	2,180	2,290	2,758	2,801	2,230	2,231	29,369
Books, Periodicals & Manuals					60		61						121
Equipment < \$2,500													
Operational Supplies	349	362	132	142	133	254	387	609	848	326	664	440	4,647
Professional Services	125	125	125	125	125	125	125	249				249	1,372
Conferences & Training	486								(122)				365
Total Activities	22,600	20,833	20,486	17,021	14,597	16,700	17,759	20,257	21,416	18,781	19,303	17,914	227,667
Social Services													
Reg. Full-Time Employees	11,337	10,971	11,743	11,611	11,582	11,505	10,682	11,544	16,108	6,835	7,373	8,037	129,328
Temp. Salaries & Wages	536	419	1,435	2,111	1,917	727							7,145
Overtime	367	17	62	18	19	37			56	66	29	143	812
TOPS - Balances	899	6	949	413	642	307	108	709	(7,488)	(191)	525	453	(2,669)
TOPS - FICA	69		73	32	49	23	8	54	(573)	(15)	40	35	(204)

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**Champaign County Nursing Home
Historical Statement of Operations**

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Description	03/12	04/12	05/12	06/12	07/12	08/12	09/12	10/12	11/12	12/12	01/13	02/13	Total
Social Security - Employer	908	845	983	1,037	1,005	910	790	854	1,289	520	564	607	10,312
IMRF - Employer Cost	1,141	1,071	1,150	1,152	1,127	1,124	1,040	1,124	1,722	685	757	814	12,907
Workers' Compensation Insurance	662	630	729	759	746	676	591	353	1,247	512	436	473	7,813
Unemployment Insurance	634	374	391	306	134	37	1		(27)		485	419	2,753
Employee Health/Life Insurance	2,201	2,151	2,151	2,212	2,151	2,151	2,151	2,239	2,195	1,695	1,695	1,695	24,689
Books, Periodicals & Manuals			349										349
Operational Supplies				41	(41)				153				153
Professional Services	125	125	125	125	125	125	125		4,915	7,635	11,832	11,535	36,790
Conferences & Training	486		238						(122)				603
Total Social Services	19,364	16,609	20,376	19,816	19,456	17,622	15,496	16,878	19,477	17,742	23,734	24,210	230,781
Physical Therapy													
Reg. Full-Time Employees	4,300	4,097	4,503	4,561	4,307	4,503	3,912	4,502	4,574	4,153	4,548	3,955	51,915
Overtime	22						4		4	8			39
TOPS - Balances	583	501	186	(225)	276	(789)	24	563	(38)	(192)	(342)	477	1,023
No Benefit Full-Time Employees			390	(390)									
TOPS - FICA	45	38	14	(17)	21	(60)	2	43	(3)	(15)	(26)	36	78
Social Security - Employer	320	303	407	344	319	333	290	333	260	308	335	291	3,845
IMRF - Employer Cost	421	399	439	452	420	439	382	439	508	406	450	392	5,147
Workers' Compensation Ins.	238	227	249	252	238	249	216	141	399	310	269	236	3,023
Unemployment Insurance	227	216	222	172	84	6			(16)		291	204	1,407
Employee Health/Life Insurance	1,122	1,089	1,089	1,122	1,089	1,089	1,089	1,133	1,111	1,141	1,141	1,141	13,358
Professional Services	31,789	32,888	40,139	35,862	35,489	36,294	35,729	33,724	27,194	29,088	33,382	28,861	400,440
Total Physical Therapy	39,067	39,759	47,638	42,134	42,243	42,064	41,649	40,879	33,993	35,207	40,049	35,595	480,276
Occupational Therapy													
Reg. Full-Time Employees	2,144	2,046	1,851	2,786	2,144	2,241	1,949	2,241	2,211	2,066	2,263	1,968	25,911
Overtime										(11)			(11)
TOPS - Balances	194	(32)	(75)	(7)	208	(23)	(105)	232	(150)	(131)	129	18	257
TOPS - FICA	15	(2)	(6)	(1)	16	(2)	(8)	18	(11)	(10)	10	1	20
Social Security - Employer	163	155	96	183	163	170	148	170	260	157	172	149	1,985
IMRF - Employer Cost	214	204	224	240	214	224	195	224	250	207	231	201	2,627
Workers' Compensation Ins.	119	113	124	132	119	124	108	70	195	154	134	117	1,509
Unemployment Insurance	114	111	113	114	12				(8)		148	103	708
Employee Health/Life Insurance	561	545	545	561	545	545	545	567	556	571	571	571	6,679
Professional Services	32,541	30,171	32,346	32,783	29,087	31,385	34,539	32,227	24,661	28,506	31,093	27,968	367,307
Total Occupational Therapy	36,064	33,311	35,218	36,792	32,507	34,664	37,370	35,748	27,964	31,508	34,749	31,096	406,991
Speech Therapy													
Professional Services	11,501	9,617	9,350	10,424	11,493	10,491	12,496	13,241	8,867	9,665	9,168	9,122	125,433
Total Speech Therapy	11,501	9,617	9,350	10,424	11,493	10,491	12,496	13,241	8,867	9,665	9,168	9,122	125,433

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**Champaign County Nursing Home
Historical Statement of Operations**

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Description	03/12	04/12	05/12	06/12	07/12	08/12	09/12	10/12	11/12	12/12	01/13	02/13	Total
Respiratory Therapy													
Professional Services													
Professional Services											3,658	7,466	11,124
Total Respiratory Therapy											3,658	7,466	11,124
Total This Department	11,501	9,617	9,350	10,424	11,493	10,491	12,496	13,241	8,867	9,665	12,825	16,588	136,557
Food Services													
Reg. Full-Time Employees	39,904	38,844	40,683	40,438	37,592	38,950	38,453	41,655	37,058	37,426	40,318	33,425	464,748
Reg. Part-Time Employees	3,078	2,383	2,634	2,150	2,566	2,284	1,664	1,599	2,109	1,814	1,968	1,771	26,021
Overtime	173	375	1,404	1,999	2,531	609	1,445	171	3,993	4,831	3,678	392	21,601
TOPS - Balances	2,521	(798)	124	(456)	(3,591)	1,427	(266)	(2,770)	(882)	(733)	(2,473)	(2,352)	(10,247)
TOPS - FICA	193	(61)	10	(35)	(275)	109	(20)	(212)	(67)	(56)	(189)	(180)	(784)
Social Security - Employer	3,227	3,111	3,344	3,374	3,192	3,127	3,114	3,248	3,487	3,322	3,462	2,683	38,690
IMRF - Employer Cost	4,247	4,095	4,402	4,441	4,202	4,117	4,074	4,275	4,683	4,372	4,652	3,614	51,174
Workers' Compensation Insurance	2,381	2,280	2,356	2,395	2,221	2,280	2,219	1,343	3,477	2,921	2,500	2,102	28,475
Unemployment Insurance	2,297	1,953	1,884	1,844	1,385	773	691	761	955	752	2,818	2,138	18,251
Employee Health/Life Insurance	7,275	7,061	7,061	7,275	7,058	5,969	5,969	6,255	6,120	7,369	7,372	6,801	81,583
Food	39,649	38,746	38,221	40,658	37,477	38,406	35,976	40,160	38,654	41,233	38,436	34,287	461,903
Nutritional Supplements	4,238	3,295	3,444	3,985	3,155	3,779	2,944	2,600	2,706	3,386	2,845	3,452	39,827
Equipment < \$2,500								1,262					1,262
Operational Supplies	5,404	3,374	3,288	6,450	2,822	4,338	4,829	3,300	4,728	4,805	5,967	4,753	54,058
Professional Services	2,609	2,553	2,253	2,542	3,476	9,785	5,971	5,138	3,297	2,601	4,402	3,079	47,707
Equipment Rentals	405	405	405	405	405	405	405	405	405	405	405	405	4,859
Dues & Licenses	80												80
Conferences & Training	486		933						(122)				1,297
Total Food Services	118,169	107,616	112,445	117,465	104,217	116,358	107,468	109,188	110,601	114,446	116,161	96,372	1,330,506
Barber & Beauty													
Reg. Full-Time Employees	4,326	4,129	4,514	4,829	4,326	4,523	3,933	4,523	4,387	4,171	4,569	3,973	52,202
Overtime			28							(19)	5		14
TOPS - Balances	516	(138)	47	(272)	129	(601)	(13)	67	(375)	(212)	241	120	(490)
TOPS - FICA	39	(11)	4	(21)	10	(46)	(1)	5	(29)	(16)	18	9	(37)
Social Security - Employer	241	230	253	324	241	252	219	252	382	281	305	265	3,242
IMRF - Employer Cost	317	303	333	427	317	331	239	331	452	369	409	356	4,184
Workers' Compensation Insurance	239	228	250	267	239	250	217	141	394	310	270	237	3,044
Unemployment Insurance	227	218	223	228	23				(16)		294	206	1,402
Employee Health/Life Insurance	1,122	1,089	1,089	1,122	1,089	1,089	1,089	1,133	1,111	1,141	1,141	1,141	13,358
Operational Supplies	209		159	216	207		272	104	(29)		162		1,301
Total Barber & Beauty	7,236	6,049	6,900	7,121	6,581	5,798	5,955	6,557	6,277	6,026	7,414	6,307	78,220
Adult Day Care													

Adult Day Care

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Champaign County Nursing Home
Historical Statement of Operations

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Description	03/12	04/12	05/12	06/12	07/12	08/12	09/12	10/12	11/12	12/12	01/13	02/13	Total
Reg. Full-Time Employees	13,374	12,771	13,760	14,459	13,375	13,234	12,145	13,971	14,086	9,284	10,150	8,839	149,450
Temp. Salaries & Wages	86			363	104		456						1,009
Overtime	20	9	234	77	62	132	45	59	75	28		31	773
TOPS - Balances	(571)	295	2,017	295	40	(246)	162	6	(3,883)	(537)	1,090	896	(438)
TOPS - FICA	(44)	23	154	23	(1,699)	1,683	12		(297)	(41)	83	69	(33)
Social Security - Employer	1,009	953	1,043	1,126	1,009	995	943	1,045	1,154	697	758	663	11,395
IMRF - Employer Cost	1,319	1,255	1,372	1,446	1,318	1,309	1,196	1,376	1,543	918	1,018	892	14,962
Workers' Compensation Insurance	745	706	761	820	745	732	697	438	1,203	691	600	528	8,666
Unemployment Insurance	712	637	499	229	16		24		(48)		654	459	3,183
Employee Health/Life Insurance	2,244	2,696	2,696	2,773	2,696	2,696	2,696	2,806	2,751	2,282	2,282	2,282	30,902
Books, Periodicals & Manuals			90										90
Gasoline & Oil	1,398	1,450	1,246	94		2,495	1,200	1,042	1,770	1,069		2,312	14,075
Operational Supplies	35	48	38	34		31	43	4	43	37	22	49	384
Field Trips/Activities					16					27			43
Conferences & Training		150		78		165	25						418
Automobiles, Vehicles									16				16
Total Adult Day Care	20,327	20,992	23,910	21,818	17,683	23,226	19,643	20,750	18,439	14,430	16,659	17,019	234,894
Alzheimers and Related Disord													
Reg. Full-Time Employees	22,548	20,274	21,959	24,826	24,433	29,105	25,109	27,042	24,774	23,994	25,449	23,639	293,151
Overtime	14,047	6,642	8,451	8,192	10,772	10,471	9,745	5,645	12,247	13,488	9,951	5,488	115,141
TOPS - Balances	3,214	(216)	(2,241)	291	206	248	1,412	(144)	(759)	148	326	(5,545)	(3,060)
No Benefit Full-Time Employees	16,930	17,716	21,246	23,651	20,641	24,355	19,967	19,583	20,383	21,713	23,823	19,402	249,411
No Benefit Part-Time Employees	13,828	13,168	14,441	14,701	14,217	16,805	18,801	20,428	15,063	14,250	20,076	19,826	195,604
TOPS - FICA	246	(16)	(171)	22	1,718	(1,683)	108	(11)	(58)	11	25	(424)	(234)
Social Security - Employer	5,089	4,360	4,992	5,427	5,299	6,113	5,577	5,503	5,875	5,546	5,981	5,173	64,935
IMRF - Employer Cost	6,699	5,740	6,571	7,143	6,945	8,047	7,341	7,244	7,874	7,300	8,032	6,965	85,903
Workers' Compensation Insurance	3,069	2,829	3,188	3,494	3,279	3,886	142	5,440	5,398	4,580	4,086	3,747	43,137
Unemployment Insurance	3,367	2,139	2,069	1,848	1,364	1,442	1,215	1,282	1,111	1,512	4,786	3,845	25,981
Employee Health/Life Insurance	3,342	3,782	3,782	3,347	3,237	3,778	3,778	3,943	3,866	4,522	4,522	4,522	46,424
Operational Supplies	403	43					42		42			4	535
Conferences & Training	486		928				21	1,581	(1,655)			57	1,418
ARD - Contract Nursing	8,975	10,120	7,255	12,758	8,545	12,170	18,242	29,340	15,355	23,073	16,958	8,224	171,015
Total Alzheimers and Related Disord	102,244	86,580	92,469	105,701	100,656	114,737	111,502	126,878	109,517	120,139	124,016	94,922	1,289,360
Total Expenses	1,268,540	1,262,276	1,326,334	1,275,658	1,256,464	1,278,178	1,252,150	1,308,107	1,799,089	1,271,877	1,361,847	1,167,695	15,828,215
Net Operating Income	(154,082)	(183,504)	(152,763)	(133,504)	(97,279)	(86,225)	(52,239)	(50,011)	(269,740)	(7,180)	(153,891)	(114,258)	(1,454,676)
NonOperating Income													
Local Taxes													
Current-Nursing Home Operating	86,187	86,147	86,023	86,119	86,119	86,119	86,119	86,119	75,056	86,531	86,531	86,531	1,023,600
Back Tax-Nursing Home Operating									1,589				1,589

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Champaign County Nursing Home
Historical Statement of Operations

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Description	03/12	04/12	05/12	06/12	07/12	08/12	09/12	10/12	11/12	12/12	01/13	02/13	Total
Mobile Home Tax									1,127				1,127
Payment in Lieu of Taxes						167					276		443
Total Local Taxes	86,187	86,147	86,023	86,119	86,119	86,286	86,119	86,119	77,772	86,531	86,807	86,531	1,026,759
Miscellaneous NI Revenue													
Prior Period Adjustment		32,549			(12,600)				(557,023)				(537,074)
Investment Interest	111	119	89	98	107	77	67	86	208		134	67	1,164
Restricted Donations	1,543	60	384	100	498	270	574		347	424		10	4,210
Total Miscellaneous NI Revenue	1,654	32,728	472	198	(11,995)	347	641	86	(556,468)	424	134	77	(531,700)
Total NonOperating Income	87,840	118,875	86,496	86,317	74,124	86,633	86,760	86,205	(478,696)	86,955	86,941	86,608	495,059
Net Income (Loss)	(66,242)	(64,629)	(66,267)	(47,187)	(23,154)	408	34,521	36,194	(748,436)	79,775	(66,949)	(27,650)	(959,617)

ASSETS**Current Assets****Cash**

Cash	\$1,059,709.98
Petty Cash	\$300.00
Total Cash	\$1,060,009.98

Rec., Net of Uncollectible Amounts

Accts Rec-Nursing Home Private Pay	\$694,672.04
Accts Rec-Nursing Home Med Adv/ HMO/ Ins	\$718,961.05
Total Rec., Net of Uncollectible Amounts	\$1,413,633.09

Rec., Net of Uncollectible Amounts

Accts Rec-Nursing Home Hospice	\$209,695.30
Allowance for Uncollectible Accts-Private Pay	(\$42,520.00)
Allowance for Uncollectible Accts-Patient Care P	(\$5,093.00)
Allowance for Uncollectible Accts-Patient Care H	(\$3,258.00)
Total Rec., Net of Uncollectible Amounts	\$158,824.30

Accrued Interest

Property Tax Revenue Receivable	\$260,285.26
Total Accrued Interest	\$260,285.26

Intergvt. Rec., Net of Uncollectibl

Due from Collector Funds	\$76.01
Due From Other Funds	(\$18.01)
Due from Other Governmental Units	\$542,077.14
Due from IL Public Aid	\$594,648.14
Due from IL Department of Aging-Title XX	\$90,201.34
Due from US Treasury-Medicare	\$467,046.09
Due From VA-Adult Daycare	\$11,538.86
Due From VA-Nursing Home Care	\$33,485.79
Allowance for Uncollectible Accts-IPA	(\$63,244.00)
Allow For Uncollectible Accts-IL Dept Of Aging	(\$1,630.00)
Allowance for Uncollectible Accts-Medicare	(\$26,119.00)
Allowance For Uncollectible Accts-VA Adult Day C	(\$362.00)
Allowance for Uncollectible Accts-VA Veterans Nu	(\$1,734.00)
Total Intergvt. Rec., Net of Uncollectibl	\$1,645,966.36

Prepaid Expenses

Prepaid Expenses	\$71,489.52
Stores Inventory	\$11,622.68
Total Prepaid Expenses	\$83,112.20

Long-Term Investments

Patient Trust Cash, Invested	\$8,750.17
Total Long-Term Investments	\$8,750.17
Total Current Assets	\$4,630,581.36

Fixed Assets

Nursing Home Buildings	\$23,223,630.04
Improvements not Buildings	\$469,743.52
Equipment, Furniture & Autos	\$1,327,490.18
Construction in Progress	\$10,700.00
Accumulated Depreciation-Land Improvements	(\$224,312.73)
Accumulated Depreciation-Equipment, Furniture, &	(\$796,872.37)
Accumulated Depreciation-Buildings	(\$3,523,306.10)
Total Fixed Assets	<hr/> \$20,487,072.54
Total ASSETS	<hr/> \$25,117,653.90 <hr/> <hr/>

LIABILITIES & EQUITY**Current Liabilities**

A/R Refunds	(\$3,275.48)
Accounts Payable	\$1,579,466.28
Salaries & Wages Payable	\$197,650.02
Interest Payable - Bonds	\$32,522.49
Due to General Corporate Fund	\$333,141.98
Due to Others (Non-Government)	\$0.00
Tax Anticipation Notes Payable	\$914,000.00
Total Current Liabilities	\$3,053,505.29

Non-Current Liabilities

Nursing Home Patient Trust Fund	\$8,750.17
Bonds Payable	\$3,065,000.00
Accrued Compensated Absences	\$343,209.75
Total Non-Current Liabilities	\$3,416,959.92
Total Current Liabilities	\$6,470,465.21

Equity

Revenues	\$0.00
Retained Earnings-Unreserved	\$18,647,171.04
Year To Date Earnings	\$14,841.58
Contributed Capital	\$0.00
	(\$14,823.93)
Total Equity	\$18,647,188.69
Total LIABILITIES & EQUITY	\$25,117,653.90

To: Board of Directors
Champaign County Nursing Home

From: Scott T Gima
Manager

Date: April 3, 2013

Re: Cash Position
Sources & Uses of Anticipated Funds
Cash Flow Projection

Attached are the exhibits showing CCNH's cash position as of the end of February.

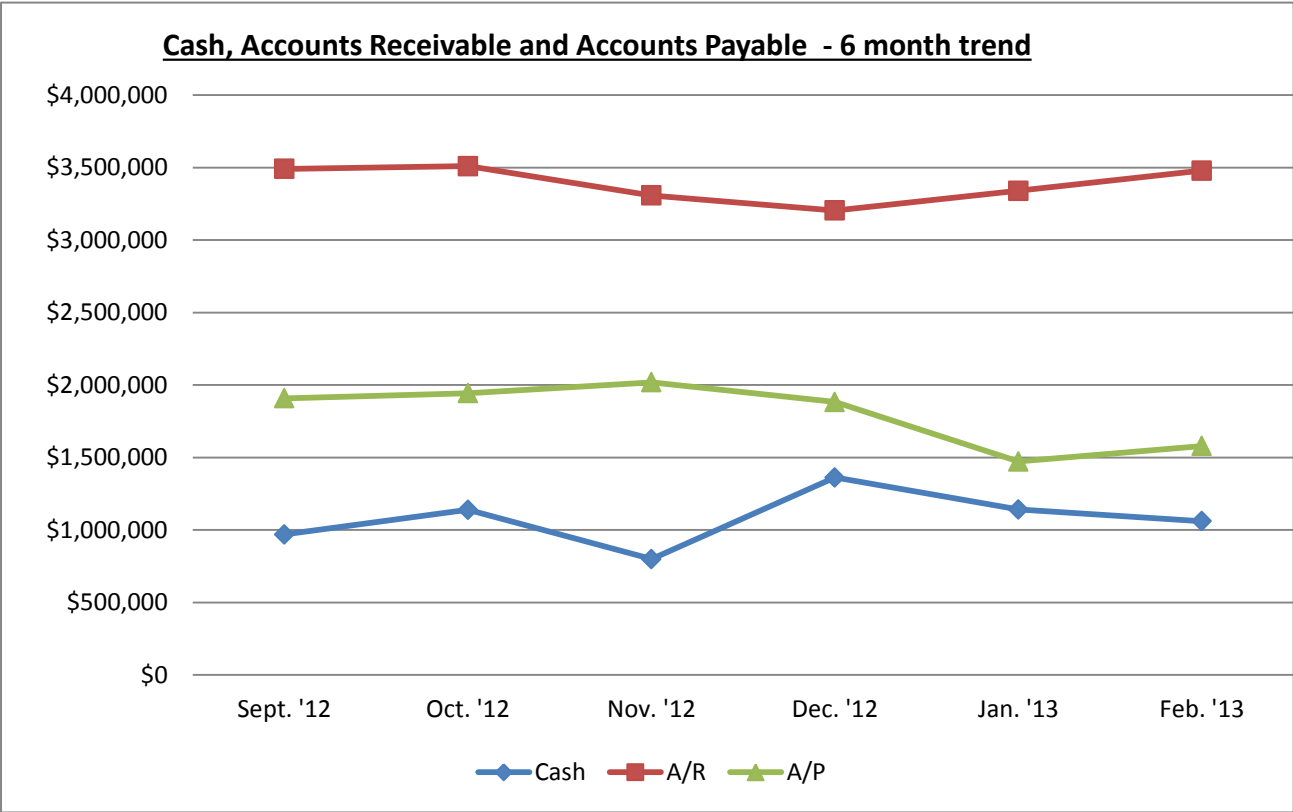
The ending cash balance for February was \$1.060 million, down from \$1.141 million in January, a difference of \$81k. Operations provided a positive cash contribution of \$33,654. Accounts receivable increased from \$3.340 million in January to \$3.479 million in February. Accounts payable increased from \$1.472 million in January to \$1.579 million in February.

Also attached is the cash flow analysis/projection updated with cash receipts and disbursements through March 20th. The December 2013 ending balance is \$1.878 million, down slightly from last month and is reflective of the lower revenue numbers in January and February. Medicaid payments continue to be made monthly. January Medicaid revenue was paid in March.

Champaign County Nursing Home September 30, 2012 through February 28, 2013

Key Balance Sheet Items Charted Below:

	<u>Sept. '12</u>	<u>Oct. '12</u>	<u>Nov. '12</u>	<u>Dec. '12</u>	<u>Jan. '13</u>	<u>Feb. '13</u>
Cash	968,505	1,138,748	798,749	1,361,624	1,141,050	1,060,010
A/R	3,490,710	3,510,518	3,308,373	3,203,952	3,340,470	3,478,707
A/P	1,907,778	1,943,402	2,018,480	1,882,932	1,472,311	1,579,466



Champaign County Nursing Home
Statement of Cash Flows (Indirect Method)
3 Months
November 30, 2012 through February 28, 2013

CASH FLOW FROM OPERATING ACTIVITIES:

Net Income (Loss) - YTD	\$ (14,824)
Depreciation Expense	183,120
(Incr.)/Decr. in Accounts Receivable	(379,181)
(Incr.)/Decr. in Prepaid Expenses	(62,896)
(Incr.)/Decr. in Inventory	-
(Incr.)/Decr. in Patient Trust	(946)
Incr./(Decr.) in Accounts Payable	(439,014)
Incr./(Decr.) in Salaries and Wages Payable	51,638
Incr./(Decr.) in Interest Payable	32,522
Incr./(Decr.) in Accrued Com. Absences	3,701
Incr./(Decr.) in Other Liabilities	<u>(1,861)</u>
Net Cash Provided by Operating Activities:	(627,741)

CASH FLOW FROM INVESTING ACTIVITIES:

Purchase of Equipment	(14,298)
Improvements (CIP)	<u>(10,700)</u>
Net Cash Provided by Investing Activities	(24,998)

CASH FLOW FROM FINANCING ACTIVITIES:

Increase in Tax Anticipation Note	914,000
(Decrease) in Bonds Payable	-
Increase in Equity Adjustment	<u>-</u>
Net Cash Provided by Financing Activities	914,000

Total Cash Flow	261,261
Beginning Cash Flow - 11/30/2012	<u>798,749</u>
ENDING CASH - 2/28/2013	<u><u>\$ 1,060,010</u></u>

Champaign County Nursing Home
Monthly Statements of Cash Flow (Indirect Method)
September 30, 2012 through February 28, 2013

	<u>Sept. '12</u>	<u>Oct. '12</u>	<u>Nov. '12</u>	<u>Dec. '12</u>	<u>Jan. '13</u>	<u>Feb. '13</u>
<u>CASH FLOW FROM OPERATING ACTIVITIES:</u>						
Net Income (Loss) - Monthly	\$ 34,521	\$ 36,194	\$ (503,947)	\$ 79,775	\$ (66,949)	\$ (27,650)
Depreciation Expense	60,638	60,638	66,948	60,511	61,305	61,304
(Incr.)/Decr. in Accounts Receivable	480,770	(19,808)	202,145	(104,421)	(136,520)	(138,238)
(Incr.)/Decr. in Prepaid Expenses	12,356	12,356	67,850	(53,869)	48,836	(57,863)
(Incr.)/Decr. in Inventory	-	-	8,850	(8,850)	8,850	-
(Incr.)/Decr. in Patient Trust	(164)	(705)	1,329	(55)	521	(1,411)
Incr./Decr. in Accounts Payable	36,459	35,624	75,078	(135,548)	(410,621)	107,155
Incr./Decr. in Salaries and Wages Payable	33,364	52,039	15,424	(212,350)	275,749	(11,761)
Incr./Decr. in Interest Payable	11,425	11,426	(43,784)	(2,502)	24,184	10,841
Incr./Decr. in Accrued Com. Absences	(2,222)	(10,633)	(26,096)	(413)	3,943	171
Incr./Decr. in Other Liabilities	163	705	(1,654)	8,184	(3,652)	1,410
Net Cash Provided (Used) by Operating Activities	667,310	177,836	(137,857)	(369,538)	(194,354)	(56,042)
<u>CASH FLOW FROM INVESTING ACTIVITIES:</u>						
Purchase of Equipment	-	(7,540)	(6,051)	-	-	(14,298)
Improvements (CIP)	13,527	-	(13,527)	-	-	(10,700)
Net Cash Provided (Used) by Investing Activities	13,527	(7,540)	(19,578)	-	-	(24,998)
<u>CASH FLOW FROM FINANCING ACTIVITIES:</u>						
Incr./Decr. in Tax Anticipation Note	(254,923)	-	-	914,000	-	-
Incr./Decr. in Bonds Payable	-	-	(170,000)	-	-	-
Incr./Decr. in Equity Adjustment	-	(53)	(12,564)	26,220	(26,220)	-
Net Cash Provided (Used) by Financing Activities	(254,923)	(53)	(182,564)	932,413	(26,220)	-
Total Cash Flow	425,914	170,243	(339,999)	562,875	(220,574)	(81,040)
Beginning Cash Balance (Prior Month's)	542,591	968,505	1,138,748	798,749	1,361,624	1,141,050
MONTH ENDING CASH BALANCE	\$ 968,505	\$ 1,138,748	\$ 798,749	\$ 1,361,624	\$ 1,141,050	\$ 1,060,010

Champaign County Nursing Home
Cash Flow Analysis

Dec	Deposits		Running Balance
	Pending Deposits	Estimated Deposits	
	Beginning Balance	791,279	791,279
12/3/2012	Medicare Deposit	2,118	793,397
12/3/2012	Tax Distribution Payment	914,000	1,707,397
12/5/2012	Private Pay Deposit	55,638	1,763,035
12/6/2012	Medicare Deposit	31,970	1,795,005
12/6/2012	Private Pay Deposit	4,617	1,799,622
12/7/2012	Medicare Deposit	2,234	1,801,857
12/7/2012	Private Pay Deposit	9,304	1,811,160
12/7/2012	A/P (Vouchers) - Friday after 3rd Tuesday	(355,323)	1,455,838
12/10/2012	Medicare Deposit	390	1,456,227
12/11/2012	Medicare Deposit	15,203	1,471,430
12/11/2012	Private Pay Deposit	4,627	1,476,057
12/13/2012	Medicare Deposit	57	1,476,114
12/13/2012	Private Pay Deposit	34,976	1,511,090
12/14/2012	Private Pay Deposit	1,833	1,512,923
12/14/2012	Payroll	(277,292)	1,235,631
12/14/2012	A/P (Vouchers) - Friday after 3rd Tuesday	(120,964)	1,114,667
12/17/2012	Medicare Deposit	1,242	1,115,909
12/17/2012	Private Pay Deposit	28,688	1,144,597
12/18/2012	Medicare Deposit	2,203	1,146,800
12/18/2012	Private Pay Deposit	127,371	1,274,170
12/19/2012	Medicare Deposit	2,976	1,277,146
12/19/2012	Private Pay Deposit	55,058	1,332,204
12/19/2012	VA Deposits	19,936	1,352,140
12/19/2012	Medicaid Distribution	357,127	1,709,267
12/20/2012	Medicare Deposit	57	1,709,324
12/20/2012	Private Pay Deposit	57,873	1,767,197
12/21/2012	Private Pay Deposit	58,756	1,825,953
12/21/2012	Liab./Prop. Tax	(104,895)	1,721,058
12/21/2012	Bond Principal Payment	(238,551)	1,482,507
12/21/2012	A/P (Vouchers) - Friday after 3rd Tuesday	(126,911)	1,355,596
12/27/2012	Medicare Deposit	3,699	1,359,295
12/27/2012	Private Pay Deposit	68,346	1,427,641
12/27/2012	IGA Payment	166,347	1,593,988
12/28/2012	Medicare Deposit	10,722	1,604,710
12/28/2012	Private Pay Deposit	29,302	1,634,011
12/28/2012	Payroll	(239,339)	1,394,672
12/28/2012	A/P (Vouchers) - Friday after 3rd Tuesday	(106,316)	1,288,356
12/31/2012	Medicare Deposit	351	1,288,707
12/31/2012	Medicare Deposit	68,721	1,357,428
12/31/2012	Private Pay Deposit	12,449	1,369,876
			In Out
			2,148,188 (1,569,591)
<u>Jan 2013</u>			
	Beginning Balance	1,369,876	1,369,876
	Year-end Adjustments	7,170	1,377,046
12/21/2012	County Collector	1,589	1,378,636
1/2/2013	Medicare	19,774	1,398,410
1/3/2013	Medicare	4,761	1,403,171
1/3/2013	Facility/Bank Deposits	67,610	1,470,781
1/4/2013	Medicare	19,368	1,490,149
1/7/2013	Facility Deposit	40,235	1,530,384
1/10/2013	Bank Deposit	14,796	1,545,180
1/10/2013	A/P Check Run	(205,676)	1,339,504
1/10/2013	Bed Tax (4/12)	(32,147)	1,307,357
1/11/2013	Payroll	(246,924)	1,060,433
1/11/2013	Medicare/ Facility Deposits	77,011	1,137,444
1/14/2013	Medicaid Deposit	320,123	1,457,568
1/14/2013	Facility Deposit	30,415	1,487,983
1/15/2013	Facility/Bank Deposits	65,217	1,553,200
1/16/2013	Bank/ Medicare Deposit	17,439	1,570,639
1/17/2013	Facility/Bank Deposits	88,753	1,659,392
1/17/2013	A/P Check Run	(293,423)	1,365,969
1/18/2013	Bank Deposit	12,422	1,378,391
1/22/2013	Facility Deposit	12,261	1,390,652
1/23/2013	Bank/Facility Deposit	82,324	1,472,976
1/24/2013	Bank/Facility Deposit	14,144	1,487,120
1/25/2013	Bank Deposit	16,569	1,503,689

Champaign County Nursing Home
Cash Flow Analysis

		Deposits		
		Pending Deposits		
		<u>Estimated Deposits</u>	<u>Running Balance</u>	
1/25/2013	Estimated Bed Tax	(33,919)	1,469,770	
1/25/2013	A/P Check Run	(133,144)	1,336,626	
1/25/2013	Payroll	(244,762)	1,091,864	In Out
1/28/2013	VA/Medicare/Facility/County Deposit	47,509	1,139,373	
1/29/2013	Bank/ Facility/ Medicare Deposit	194,439	1,333,812	
1/30/2013	Medicaid/ Medicare Deposit	16,877	1,350,690	
1/31/2013	Facility/ Medicare Deposit	21,281	1,371,971	
1/31/2013	A/P Check Run	(196,195)	1,175,775	\$ 161,445.11 Over Projection
1/31/2013	Settlement Check	(35,000)	1,140,775	In Out
				1,184,919 (1,421,190)
 <u>Feb</u>				
	Beginning Balance	1,140,775	1,140,775	
	Final year-end adjustmens	33	1,140,808	
2/1/2013	Medicare Deposit	22,840	1,163,648	
2/4/2013	Facility/ Bank/ Medicare Deposit	55,811	1,219,460	
2/6/2013	Facility Deposit	19,501	1,238,961	
2/7/2013	Facility/ Medicare Deposits	6,493	1,245,454	
2/8/2013	Bank Deposit	5,933	1,251,387	
2/8/2013	A/P Check Run	(251,005)	1,000,382	
2/8/2013	Payroll	(240,835)	759,547	
2/11/2013	Medicare Deposit	24,024	783,571	
2/12/2013	Facility/ Medicare Deposits	38,878	822,449	
2/13/2013	Bank/Facility/ Medicare Deposits	61,152	883,601	
2/14/2013	Bank/ VA Deposits	32,617	916,218	
2/14/2013	A/P Check Run	(104,406)	811,812	
2/19/2013	Facility/Bank/VA Deposits	110,476	922,288	
2/20/2013	Facility/ Medicare Deposits	66,562	988,851	
2/21/2013	VA/Medicare/ Bank Deposits	74,426	1,063,276	
2/21/2013	Medicaid Deposit	261,713	1,324,989	
2/22/2013	Payroll	(229,055)	1,095,933	
2/22/2013	Bed Tax	(34,083)	1,061,850	
2/22/2013	A/P Check Run	(28,159)	1,033,691	
2/25/2013	Facility Deposit	12,914	1,046,605	
2/26/2013	Facility/ Bank Deposits	57,860	1,104,465	In Out
2/27/2013	VA/Medicare Deposit	25,004	1,129,469	1,021,214 1,021,214
2/28/2013	VA/Medicare/Facility Deposits	145,010	1,274,478	
2/28/2013	A/P Check Run	(214,710)	1,059,768	
 <u>Mar</u>				
	Beginning Balance	1,059,768	1,059,768	
3/1/2013	Bank/Medicare Deposits	9,344	1,069,112	
3/4/2013	Facility/Medicare Deposits	29,384	1,098,496	
3/5/2013	Medicare Deposit	1,185	1,099,681	
3/6/2013	Facility Deposit	35,440	1,135,121	
3/7/2013	Medicare Deposit	20,795	1,155,916	
3/7/2013	A/P Check Run	(121,571)	1,034,345	
3/8/2013	Payroll	(243,248)	791,097	
3/8/2013	Bank Deposit	7,365	798,462	
3/11/2013	Medicare Deposits	2,661	801,124	
3/12/2013	Facility Deposit	25,063	826,187	
3/13/2013	Facility/Medicare Deposits	58,830	885,018	
3/14/2013	Facility/Bank/ Medicare Deposits	39,038	924,055	
3/14/2013	A/P Check Run	(273,896)	650,159	
3/15/2013	Facility Deposit	31,651	681,810	
3/18/2013	Facility/Bank Deposit	44,507	726,317	
3/18/2013	Estimated Medicaid Deposit	210,482	936,799	
3/19/2013	Facility/Bank/ Medicare Deposits	57,167	993,967	
3/20/2013	Facility/Bank Deposits	49,665	1,043,632	
	Estimated Medicare Deposit	170,000	1,213,632	
	Est. Deposit Medicare (remain. F/M/A/M/J/J/A/S/O/N/D/J)	39,806	1,253,438	
	Estimated Private Pay Deposit	308,226	1,561,663	
	Estimated VA Deposits	17,000	1,578,663	
	Estimated Insurance Deposits	111,379	1,690,042	
	Estimated Title XX Deposits	3,392	1,693,434	
	Estimated IGT/FFP Payment	175,000	1,868,434	
	Bed Tax	(36,056)	1,832,378	
	Estimated Payroll	(256,752)	1,575,626	In Out
	Estimated A/P (Vouchers) - Thursdays & Friday after 3rd Monday	(211,533)	1,364,092	824,802 (504,342)

Champaign County Nursing Home
Cash Flow Analysis

	Deposits			
	Pending Deposits			
	<u>Estimated Deposits</u>	<u>Running Balance</u>		
<u>Apr</u>				
Beginning Balance	1,364,092	1,364,092		
Estimated Medicare Deposit	170,000	1,534,092		
Est. Deposit Medicare (remain. F/M/A/M/J/J/A/S/O/N/D/J)	30,000	1,564,092		
Estimated Private Pay Deposit	512,000	2,076,092		
Estimated VA Deposits	17,000	2,093,092		
Estimated Insurance Deposits	75,000	2,168,092		
Estimated Hospice Deposits	20,000	2,188,092		
Estimated Title XX Deposits	15,000	2,203,092		
Estimated Medicaid Deposit	321,000	2,524,092		
Bed Tax	(36,426)	2,487,666		
Estimated Payroll	(500,000)	1,987,666	In	Out
Estimated A/P (Vouchers) - Thursdays & Friday after 3rd Monday	(727,000)	1,260,666	1,160,000	(1,263,426)
<u>May</u>				
Beginning Balance	1,260,666	1,260,666		
Estimated Medicare Deposit	170,000	1,430,666		
Est. Deposit Medicare (remain. F/M/A/M/J/J/A/S/O/N/D/J)	30,000	1,460,666		
Estimated Private Pay Deposit	512,000	1,972,666		
Estimated VA Deposits	17,000	1,989,666		
Estimated Insurance Deposits	75,000	2,064,666		
Estimated Hospice Deposits	20,000	2,084,666		
Estimated Title XX Deposits	15,000	2,099,666		
Estimated Medicaid Deposit	321,000	2,420,666		
Bed Tax	(36,038)	2,384,628		
Estimated Payroll	(750,000)	1,634,628	In	Out
Estimated A/P (Vouchers) - Thursdays & Friday after 3rd Monday	(647,000)	987,628	1,160,000	(1,433,038)
<u>June</u>				
Beginning Balance	987,628	987,628		
Estimated Medicare Deposit	170,000	1,157,628		
Est. Deposit Medicare (remain. F/M/A/M/J/J/A/S/O/N/D/J)	30,000	1,187,628		
Estimated Private Pay Deposit	512,000	1,699,628		
Estimated VA Deposits	17,000	1,716,628		
Estimated Insurance Deposits	75,000	1,791,628		
Estimated Hospice Deposits	20,000	1,811,628		
Estimated Title XX Deposits	15,000	1,826,628		
Estimated Medicaid Deposit	321,000	2,147,628		
Estimated IGT/FFP Payment	175,000	2,322,628		
Estimated Bed Tax	(37,749)	2,284,879		
Estimated Payroll	(530,000)	1,754,879	Attendance Bonus	
Estimated A/P (Vouchers) - Thursdays & Friday after 3rd Monday	(597,000)	1,157,879	In	Out
Estimated Bond Payment	(65,045)	1,092,834	1,335,000	(1,229,794)
<u>July</u>				
Beginning Balance	1,092,834	1,092,834		
Estimated Medicare Deposit	170,000	1,262,834		
Est. Deposit Medicare (remain. F/M/A/M/J/J/A/S/O/N/D/J)	30,000	1,292,834		
Estimated Private Pay Deposit	512,000	1,804,834		
Estimated VA Deposits	17,000	1,821,834		
Estimated Insurance Deposits	75,000	1,896,834		
Estimated Hospice Deposits	20,000	1,916,834		
Estimated Title XX Deposits	15,000	1,931,834		
Estimated Medicaid Deposit	321,000	2,252,834		
Estimated Bed Tax	(35,376)	2,217,458		
Estimated Payroll	(500,000)	1,717,458	In	Out
Estimated A/P (Vouchers) - Thursdays & Friday after 3rd Monday	(677,000)	1,040,458	1,160,000	(1,212,376)
<u>Aug</u>				
Beginning Balance	1,040,458	1,040,458		
Estimated Medicare Deposit	170,000	1,210,458		
Est. Deposit Medicare (remain. F/M/A/M/J/J/A/S/O/N/D/J)	30,000	1,240,458		
Estimated Private Pay Deposit	512,000	1,752,458		
Estimated VA Deposits	17,000	1,769,458		
Estimated Insurance Deposits	75,000	1,844,458		
Estimated Hospice Deposits	20,000	1,864,458		
Estimated Title XX Deposits	15,000	1,879,458		
Estimated Medicaid Deposit	321,000	2,200,458		
Estimated Bed Tax	(36,000)	2,164,458		

Champaign County Nursing Home
Cash Flow Analysis

	Deposits			
	Pending Deposits			
	<u>Estimated Deposits</u>	<u>Running Balance</u>		
Estimated Payroll	(500,000)	1,664,458	In	Out
Estimated A/P (Vouchers) - Thursdays & Friday after 3rd Monday	(597,000)	1,067,458	1,160,000	(1,133,000)
<u>Sept</u>				
Beginning Balance	1,067,458	1,067,458		
Estimated Medicare Deposit	170,000	1,237,458		
Est. Deposit Medicare (remain. F/M/A/M/J/J/A/S/O/N/D/J)	30,000	1,267,458		
Estimated Private Pay Deposit	512,000	1,779,458		
Estimated VA Deposits	17,000	1,796,458		
Estimated Insurance Deposits	75,000	1,871,458		
Estimated Hospice Deposits	20,000	1,891,458		
Estimated Title XX Deposits	15,000	1,906,458		
Estimated Medicaid Deposit	321,000	2,227,458		
Estimated IGT/FFP Payment	175,000	2,402,458		
Estimated Property Tax Monies	125,000	2,527,458		
Estimated Bed Tax	(36,000)	2,491,458		
Estimated Payroll	(500,000)	1,991,458	In	Out
Estimated A/P (Vouchers) - Thursdays & Friday after 3rd Monday	(597,000)	1,394,458	1,460,000	(1,133,000)
<u>Oct</u>				
Beginning Balance	1,394,458	1,394,458		
Estimated Medicare Deposit	170,000	1,564,458		
Est. Deposit Medicare (remain. F/M/A/M/J/J/A/S/O/N/D/J)	30,000	1,594,458		
Estimated Private Pay Deposit	512,000	2,106,458		
Estimated VA Deposits	17,000	2,123,458		
Estimated Insurance Deposits	75,000	2,198,458		
Estimated Hospice Deposits	20,000	2,218,458		
Estimated Title XX Deposits	15,000	2,233,458		
Estimated Medicaid Deposit	321,000	2,554,458		
Estimated Bed Tax	(36,000)	2,518,458		
Estimated Payroll	(500,000)	2,018,458	In	Out
Estimated A/P (Vouchers) - Thursdays & Friday after 3rd Monday	(627,000)	1,391,458	1,160,000	(1,163,000)
<u>Nov</u>				
Beginning Balance	1,391,458	1,391,458		
Estimated Medicare Deposit	170,000	1,561,458		
Est. Deposit Medicare (remain. F/M/A/M/J/J/A/S/O/N/D/J)	30,000	1,591,458		
Estimated Private Pay Deposit	512,000	2,103,458		
Estimated VA Deposits	17,000	2,120,458		
Estimated Insurance Deposits	75,000	2,195,458		
Estimated Hospice Deposits	20,000	2,215,458		
Estimated Title XX Deposits	15,000	2,230,458		
Estimated Medicaid Deposit	321,000	2,551,458		
Estimated Property Tax Monies	15,000	2,566,458		
Estimated Bed Tax	(36,000)	2,530,458		
Estimated Payroll	(750,000)	1,780,458	3 Payrolls	
Estimated A/P (Vouchers) - Thursdays & Friday after 3rd Monday	(592,000)	1,188,458		
Estimated IMRF Early Obligation Payment	(36,000)	1,152,458	In	Out
Estimated Property/Liability Insurance	(110,000)	1,042,458	1,175,000	(1,524,000)
			15,110,568	(12,565,543)
<u>Dec</u>				
Beginning Balance	1,042,458	1,042,458		
Estimated Medicare Deposit	170,000	1,212,458		
Est. Deposit Medicare (remain. F/M/A/M/J/J/A/S/O/N/D/J)	30,000	1,242,458		
Estimated Private Pay Deposit	512,000	1,754,458		
Estimated VA Deposits	17,000	1,771,458		
Estimated Insurance Deposits	75,000	1,846,458		
Estimated Hospice Deposits	20,000	1,866,458		
Estimated Title XX Deposits	15,000	1,881,458		
Estimated Medicaid Deposit	321,000	2,202,458		
Estimated IGT/FFP Payment	175,000	2,377,458		
Estimated Tax Warrants	900,000	3,277,458		
Estimated Bed Tax	(36,000)	3,241,458		
Estimated Payroll	(500,000)	2,741,458		
Estimated A/P (Vouchers) - Thursdays & Friday after 3rd Monday	(578,000)	2,163,458		
Estimated Bond Payment	(245,045)	1,918,413	In	Out
Estimated FY13 County Billings	(40,000)	1,878,413	2,235,000	(1,399,045)

To: Board of Directors
Champaign County Nursing Home

From: Scott T Gima
Manager

Date: April 3, 2013

Re: Management Update

This is the fifty-sixth in a series of updates designed to keep you current on developments at CCNH.

Respiratory Therapy

The new therapist started on March 21st. There are currently 8 residents being actively seen by the RT. I expect the numbers to rise when Medicare numbers increase.

Open Manager Positions

The new Food Services Director will be starting on April 10th. The Director of Nursing and Adult Day Care Director positions remain open. We have recently received one application for the Adult Day Care Director and two resumes were submitted for the Director of Nursing position. We are reaching out to recruiting firms for the DON position.

Compliance Program

I have included a resolution and four policies for your review. The resolution expresses approval for the Compliance Program/Code of Conduct and the appointment of Josh Drake as the CCNH Compliance Officer. The other three documents (bullets 3, 4 and 5) are the general compliance program policies that are an OIG requirement. The documents for your review include the following:

1. Board Resolution
2. Compliance Program/Code of Conduct Policy. This document provides the policy and procedures on general compliance requirements and principles. This document also includes an employee acknowledgement form that every employee, director, contractor, and others will be required to sign after reviewing the Compliance Program document.
3. Compliance Officer and Committee Policy. This document summarizes the responsibilities of the Compliance Officer and the Compliance Committee.
4. Compliance Program Training and Education Policy. This document addresses CCNH's commitment to compliance education and training.
5. Responding to Non-Compliance and Taking Corrective Action Policy. This document addresses the guidelines for investigating and responding to possible incidents of non-compliance.

MPA has already begun work with Karen and Josh to implement the “Compliance Program Policies and Procedures” and “Employee Screening” sections of the CCNH Baseline Audit Summary. This policy development work is the initial steps in stage three of the compliance program development. Employee screening is discussed in more detail below.

Once the Compliance Program Policies and Procedures and Employee Screening sections of the CCNH Baseline Audit are complete, the next areas of focus will be HIPAA, Quality of Care, and Billing.

Also attached is a Compliance Client Update that MPA provided to CCNH on March 29, 2013, addressing two recent OIG reports directly targeting non-compliance in nursing homes: one addressing inappropriate billing (namely, overutilization of therapy); and one addressing inadequate care and discharge planning. MPA will incorporate these compliance risks into CCNH’s compliance program. MPA will continue to provide these compliance updates as new compliance issues arise.

Compliance training has been scheduled for CCNH managers on April 9, 2013; and for all other CCNH employees on April 26, 2013. New employees who join CCNH after this training occurs will receive compliance training as part of orientation. The Board of Directors will also require Compliance training. The training will take one hour and I am tentatively scheduling it for the May Board of Director’s meeting.

Compliance Employee Screening

Pre-employment and ongoing employee and contractor/vendor screening is a compliance program requirement. Failure to screen potential and current employees, vendors and contractors can result in significant penalties and repayments.

The Office of Inspector General (OIG) maintains a List of Excluded Individuals/Entities (LEIE). Federal healthcare programs will not pay for items or services furnished by parties on this list (also called “excluded providers”). This prohibition includes itemized claims, cost reports, and PPS. The government will not pay for:

- Items or services furnished by an excluded provider (such as a physician, nurse, CNA, etc.)

- Items or services directed or prescribed by an excluded physician

- Administrative and management services that are a necessary component to providing healthcare to Federal healthcare program beneficiaries—even if the services are not directly related to patient care.

- An excluded party’s salary, expenses or benefits—even if the party doesn’t provide direct patient care.

- Services provided by an independent contractor, which are payable by a Federal health care program.

If a provider employs or contracts with an excluded party to provide items or services reimbursable by a Federal healthcare program, the following penalties apply:

- \$10,000 per item or service
- 3 times the amount of each item or service
- Exclusion from Federal health care programs

It is imperative that all healthcare providers screen the OIG LEIE at hire and monthly thereafter, as well as the following lists:

General Services Administration (GSA) Excluded Parties List System (EPLS) of individuals excluded from contracting with any Federal agency, such as Medicare or Medicaid

Illinois Medicaid program exclusion list. Illinois maintains a list of parties excluded from participating in the Medicaid program.

Licensure Verification through the Illinois Department of Financial and Professional Regulation online system

I-9 Verification – Employers must verify United States employment eligibility of all employees.

Monthly screening is necessary for four reasons.

First, the OIG updates its database of excluded providers on a monthly basis. Monthly screening is the only way to ensure your staff verification is up to date.

Second, in 2009, CMS issued a notice requiring states to advise Medicaid providers to screen the OIG LEIE monthly. Monthly screenings are becoming the recommended standard in the industry.

Third, penalties for employing or contracting with an excluded provider add up quickly. For example, CVS paid \$969,230 to resolve its liability under the false claims act after 3 CVS pharmacy stores submitted claims to Medicare for prescriptions that were dispensed by a single excluded pharmacist. The CVS penalty was for one pharmacist. CVS had to repay the government for every Medicare prescription filled by that pharmacist. Penalties quickly pile up for providers who only screen upon hire. By conducting monthly screening, providers limit their exposure to repayments.

Finally, providers who find out they are employing an excluded provider and self-disclose this to the government will pay lower settlement amounts.

A monthly check of all of these databases is a labor intensive process. CCNH has approximately 240 employees and over 30 vendors. The databases are such that manual input of names is required. With MPA's assistance, CCNH has identified an affordable software vendor that will provide an automated process to conduct the database exclusion screens and nationwide license verification, with indemnification for CCNH. The cost is approximately \$3,100 a year. The indemnification is a huge benefit of this service. CCNH is in the process of implementing this software solution.

As always, give me a call (314-434-4227, x21) or contact me via e-mail at stg@healthcareperformance.com.

Champaign County Nursing Home Compliance Program

_____, 2013

Champaign County Nursing Home Compliance Program

Introduction: Commitment to Compliance

It is the intent of Champaign County Nursing Home (“Nursing Home”) to comply in good faith and to the best of its ability and knowledge with applicable Federal and State law, program requirements of Federal, State and private health plans, and ethical business practice. Nursing Home is also committed to exercising due diligence to prevent and detect criminal conduct. Nursing Home wants its employees to be fully informed about applicable laws and regulations so they do not engage in conduct that may raise compliance issues.

To honor its commitment to compliance, Nursing Home has developed a Compliance Program with the following key elements:

- Written Compliance Policies and Procedures
- Responsibility for Corporate Compliance
- Education and Training
- Effective Lines of Communication/Reporting Compliance Issues
- Auditing and Monitoring
- Compliance as an Element of Employee Performance/Disciplinary Guidelines
- Responding to Non-Compliance and Taking Corrective Action
- Code of Conduct

This Compliance Program is intended to provide the framework for ongoing development. It is not intended to set forth all of Nursing Home’s substantive programs and practices. Nursing Home will continue to modify existing practices and develop new programs as part of its compliance efforts. This Compliance Program will be distributed to all Nursing Home employees, directors, agents and contractors.

Written Compliance Policies and Procedures

Nursing Home has developed and adopted policies and procedures designed to prevent fraud and abuse in business operations while ensuring a high standard of quality care. These policies and procedures will educate and alert all Nursing Home employees, physicians, vendors, agents, and contractors to Federal and State laws, rules and regulations as well as Medicare, Medicaid and other payor requirements. They also will identify potential areas of non-compliance and delineate procedures that should be followed to report problems and adopt changes to prevent any further non-compliance. These policies and procedures shall encompass Nursing Home's clinical, financial and administrative functions including the following risk areas:

Quality of care
Resident Rights
Billing and Cost Reporting
Employee Screening
Kickbacks, Inducements and Self-referrals
Submission of Accurate Claims
Anti-Supplementation
Medicare Part D
HIPAA Privacy and Security Rules (including Breach Notification)
Creation and Retention of Records

The Compliance Officer, with the oversight of the Compliance Committee and the Board of Directors, shall issue written policies, procedures, and instructions relating to the Compliance Program. Some policies and procedures may be written by the Administrator, the DON, or other managers, with the assistance and approval of the Compliance Officer. These policies, procedures and instructions will be communicated periodically to Nursing Home's employees (including management), directors, contractors, and agents, as appropriate. At least annually, the Compliance Officer and Compliance Committee will assess these policies and procedures and update them as necessary.

Responsibility for Corporate Compliance

The following parties share responsibility for the Compliance Program. It is Nursing Home's policy not to assign any individual as Compliance Officer, a member of the Compliance Committee, or another position of substantial authority, without first exercising due diligence to verify that such individual has not engaged in illegal activities or other conduct inconsistent with an effective compliance program. Such due diligence includes taking the following actions before hiring management level employees: conducting background checks, checking the federal and state health care program exclusion lists, calling prior employers, and asking the potential employee to disclose any illegal conduct in writing.

A. Compliance Officer

Primary responsibility for implementing and managing Nursing Home's compliance program shall be with the Compliance Officer:

Joshua Drake
Champaign County Nursing Home
500 Bartell Rd, Urbana, IL 61802
217-693-5013
jdrake@co.champaign.il.us

The Compliance Officer has the primary responsibility for overseeing compliance program implementation, maintenance and improvement at Nursing Home and assumes the managerial and administrative tasks involved in establishing, monitoring and updating this program. For a complete list of Compliance Officer responsibilities, please see the Compliance Officer and Compliance Committee policy and procedure.

The Compliance Officer will report to the Board of Directors. The Compliance Officer has direct access to the Compliance Committee, the Board of Directors, and Nursing Home's legal counsel.

B. Compliance Committee

The Compliance Committee will advise and assist the Compliance Officer in the development and implementation of the Compliance Program.

The Compliance Committee comprises the following parties:

- Compliance Officer (chair)
- Administrator
- Assistant Administrator
- Director of Nursing
- Social Services Director
- Food Service Director
- Environmental Services Director
- Therapy Director
- Accounting Supervisor
- Admissions Coordinator
- Activity Director
- Unit Managers

For a complete list of Compliance Committee responsibilities, please see the Compliance Officer and Compliance Committee policy and procedure.

C. Employees

Each employee has a duty to promptly report actual or suspected violations of the Compliance Program. See Effective Lines of Communication/Reporting Compliance Issues, below.

D. Vendors and Contractors

All persons and entities with which Nursing Home contracts will receive a copy of this Compliance Program and will be asked and expected to comply with it. This includes physicians, physician groups, other health care providers, suppliers, vendors, agents, and contractors. At the time a contract is signed, these parties will also be expected to sign an

Acknowledgment (attached), which will be kept on file. Contracts will require all vendors and contractors to follow the Compliance Program and Code of Conduct.

Education and Training

The Compliance Officer is responsible for ensuring the Compliance Program and Code of Conduct are distributed to all employees, directors, vendors, agents and contractors. When the Compliance Program is first implemented, as part of new employee and director orientation, and annually, employees and directors will receive compliance training. Employees and Directors will then review the Compliance Program and Code of Conduct and be given an opportunity to ask questions. Employees and directors should then complete the attached Acknowledgment, which will be kept on file.

The Compliance Officer will also distribute the Compliance Program and Code of Conduct to volunteers and students (if any), and obtain an Acknowledgment from them. The Compliance Program and Code of Conduct will be posted on the employee bulletin board and on Nursing Home's website, and will be available to residents and their families upon request.

Employees and directors will be given annual "refresher" compliance training. Nursing Home will also provide periodic training and updates to maintain employee and director awareness of compliance policies and procedures, including reports of compliance activities and regulatory updates.

Employees who work in highly regulated areas such as medical records, coding, billing, cost reporting and contracting will receive additional training specific to their job functions. Specific compliance-related training topics are listed in Nursing Home's Compliance Training and Education Policy.

Attendance at all training sessions, and training curriculum, will be documented and retained.

Effective Lines of Communication/ Reporting Compliance Issues

A. Questions are encouraged

Employees are encouraged to ask their supervisors or the Compliance Officer any questions they have about compliance. Supervisors who are unable to answer employee compliance questions will seek guidance from the Compliance Officer. When the Compliance Officer is unable to answer a compliance question, he or she will seek guidance from Nursing Home's legal counsel.

B. Reporting Non-Compliance

Employees are required to report any and all suspected non-compliance, no matter how minor the issue may seem, so it may be corrected. Reporting may be done the following ways:

Contacting your immediate supervisor

Contacting the Compliance Officer

Calling the toll-free, confidential hotline: 1-866-419-1841. The hotline is available 24/7. The hotline will also be available to contractors/vendors, and residents and their families.

All reports will be kept confidential to the fullest extent reasonably possible. Employees may make reports anonymously. When possible, and when the identity of the individual making the complaint is known, Nursing Home will follow up with the complainant to inform him or her of the results of the investigation.

Employee training will promote the use of the hotline to report potential compliance issues. The hotline number will also be listed on Nursing Home's bulletin board, in the Personnel Policy and on posters.

Nursing Home posts the names, addresses and telephone numbers for the State survey and certification agency, State licensure office, State ombudsman program, State protection and advocacy network, State Medicaid fraud control unit, and HHS-OIG hotline number.

C. Non-Retaliation

Employees who ask a compliance question or report potential compliance issues to Nursing Home or to a government agency will not be subject to retaliation or harassment by Nursing Home as a result of the report. Concerns about potential retaliation or harassment should be reported to the Compliance Officer. Any reports of retaliation or harassment will be immediately and thoroughly investigated, and if retaliation or harassment is found, it will be met with disciplinary action.

Nursing Home welcomes reports of non-compliance and views these reports as essential to improving Nursing Home's operations. Harassment and retaliation in response to reporting will not be tolerated.

D. Documentation

The Compliance Officer will keep a log reflecting any compliance issues raised (including all hotline reports) and the results of the investigation of those issues. The Compliance Officer will use this log to update policies and procedures and improve training, as necessary. All complaints and their disposition will be tracked in Nursing Home's Quality Assurance program.

Auditing and Monitoring

A. Baseline Review

Nursing Home conducted a baseline audit to assess its performance in compliance risk areas. The results of the baseline audit have been shared with the Administrator, and will be shared with the Compliance Committee and the Board of Directors and used to implement standards, goals, and policies and procedures.

B. Ongoing Review

Nursing Home will establish a compliance calendar on an annual basis that includes scheduled auditing and monitoring activities in each identified area of compliance risk. Additional audits will be conducted if Nursing Home identifies a high-risk program or operation, or a deviation from its baseline compliance status. Audit tools may include: random sampling of records or charts, reviewing written contracts, observing clinical staff, assessing HIPAA documentation, evaluating employee training and discipline records, and reviewing compliance report complaint logs and investigative files. When additional expertise is required, contractors will be used to conduct audits.

C. Annual Review

The Compliance Officer will direct an annual comprehensive audit to evaluate the effectiveness of the Compliance Program. As part of the annual review, the Compliance Officer will recommend changes to current policies and procedures if new or alternative methods are found.

In addition to evaluating each component of the Compliance Program, the annual review will assess the overall effectiveness of the Compliance Program using the following measures:

- Have adequate resources been allocated to compliance initiatives?
- Is there a reasonable timetable for implementation of the compliance measures?
- Have the Compliance Officer and Compliance Committee been vested with sufficient autonomy, authority, and accountability to implement and enforce appropriate compliance measures?
- Do compensation structures create undue pressures to pursue profit over compliance?
- Do employees understand the policies and procedures applicable to their job functions?
- Do employees feel they can report compliance issues without retaliation?
- Is discipline for non-compliance imposed consistently?

D. Auditing Procedures

The purpose of compliance monitoring and auditing is to measure performance, identify problem areas, improve processes, and advance compliance with Federal and State laws and regulations, program requirements, ethical standards, and payor rules. Audits will be conducted by appropriate personnel under the direction of the Compliance Officer. The Compliance Officer will document the procedures and findings of each audit and share the results with the Compliance Committee. If an audit identifies potential compliance issues, the Compliance Officer will handle the matter according to Nursing Home's policies and procedures for investigating compliance matters. Any weaknesses or deficiencies identified in the Compliance Program will be promptly corrected. This includes promptly repaying any detected overpayments. The Compliance Officer and Compliance Committee will use the audit results to improve and update the Compliance Program. Employees will be promptly trained on policy and procedure changes.

E. Dashboard

In order to foster an organizational culture and leadership that understands and promotes compliance, Nursing Home may use a dashboard to communicate compliance related information to the Compliance Committee and Board of Directors, such as patient and customer satisfaction, financial measures, staffing and nursing hours, and hotline reports. A dashboard may also be used to report quality of care information to the Board of Directors, such as increases in the number of patient falls, pressure ulcers, or use of restraints, and poor outcomes in the management of diabetic patients.

Compliance as an Element of Employee Performance/ Disciplinary Action

Compliance with this Compliance Program is a condition of employment at Nursing Home. Employees who fail to comply with the Compliance Program will be subject to disciplinary action, regardless of their level or position. Managers and supervisors have a responsibility to discipline employees who violate the Compliance Program, in a fair and consistent manner. Managers and supervisors should discuss with employees and contractors the compliance policies and legal requirements relevant to their functions, and the disciplinary consequences for failing to comply. Disciplinary action will be taken fairly and firmly enforced for conduct such as:

Participation in or authorization of actions that violate Federal and/or State laws and regulations, the Compliance Program (including the Code of Conduct), or Nursing Home policies and procedures.

Failure to report a violation or suspected violation of Federal and/or State laws or regulations, the Compliance Program, or Nursing Home policies and procedures.

Actively or passively encouraging, directing, facilitating or permitting non-compliant behavior.

Failure by a violator's supervisor to detect and report a compliance violation, if such failure reflects inadequate supervision or lack of oversight.

Refusal to cooperate in an investigation of a potential violation.
Retaliation against an individual for reporting a compliance violation.

The Compliance Officer has no disciplinary enforcement authority; he or she may investigate, evaluate, and make recommendations to the Administrator consistent with Nursing Home policies and procedures as they apply to employees. Any disciplinary action shall be determined by the Administrator in conjunction with the appropriate supervisor. All disciplinary action will be taken in accordance with Nursing Home's Disciplinary Action procedure as set forth in section 6-2 of the Personnel Policy.

The degree of disciplinary action will range from verbal warning to termination of employment. In addition to the factors listed in section 6-2.3 of the Disciplinary Action procedure, the following factors may influence the imposition of discipline for a compliance violation:

- The severity of the violation
- Whether the violation was committed accidentally, negligently, recklessly or intentionally
- Whether the individual has previously committed Compliance Program violations
- Whether the violation was self-reported
- Whether, and the extent to which, the individual cooperated with the investigation of the violation
- Whether the violation constitutes a crime; and if so, whether it is a misdemeanor or a felony
- Whether the violation is unethical
- Whether anyone was harmed by the violation

Disciplinary measures may include the following:

- Oral warning
- Written warning
- Suspension
- Dismissal

In addition to imposing discipline, Nursing Home will implement other remedial measures as appropriate (e.g. training).

Employees' non-adherence to the Compliance Program will be considered as a criterion in performance reviews. Prompt and complete self-disclosure of one's own non-compliance may be considered a mitigating factor in determining an employee's discipline or sanction. Likewise, employees' adherence to the Compliance Program and efforts to advance compliance initiatives in Nursing Home will be considered a positive criterion in performance reviews.

Responding to Non-Compliance and Taking Corrective Action

A. Investigating Compliance Issues

All reports of potential compliance violations will be immediately reviewed by the Compliance Officer to determine whether there is reasonable cause to believe the Compliance Program has been violated. If reasonable cause exists, the Compliance Officer will conduct an investigation with assistance from Nursing Home's legal counsel, as appropriate.

Nursing Home employees are required to cooperate fully with all Compliance Program investigations. To the extent possible, the inquiries and all information gathered will remain confidential. If the Compliance Officer determines the integrity of the investigation could be compromised by the presence of employees under investigation, those employees will be put on administrative leave until the investigation is complete.

The investigative file should contain a completed Compliance Report Intake Form (attached). All reports will be investigated unless the information provided by the report contains insufficient information to permit a meaningful investigation. The Compliance Officer will attempt to obtain additional information if possible. If not possible, the Compliance Officer will document the reason an investigation did not take place.

The Compliance Officer will include all compliance reports and their results in his or her reports to the Compliance Committee and the Board of Directors.

B. Corrective Action Plans

Once an investigation has identified non-compliance, the Compliance Officer shall have the responsibility and authority to take or direct appropriate action to address and correct the issue. In developing the corrective action plan, the Compliance Officer should consult with the Compliance Committee and appropriate clinical and administrative personnel, as appropriate. Legal counsel should be consulted as soon as possible if the corrective action will involve returning overpayments and/or reporting conduct to the authorities. The corrective action plan will be provided to the Administrator and included in quarterly reports to the Compliance Committee and the Board of Directors. The corrective action plan should be designed to ensure not only that the specific issue is addressed, but also that similar problems do not recur in other areas of the facility. Possible corrective actions include:

- Imposing disciplinary action upon an employee
- Reporting alleged incidents of mistreatment, neglect, abuse, or misappropriation of resident property to the Administrator and the State
- Returning overpayments to the Government
- Notifying criminal and/or civil law enforcement authorities
- Self-reporting potential fraud using the OIG's voluntary self-disclosure protocol
- Expanding the investigation to include a broader audit of systems

Updating the Compliance Program

Modifying policies and procedures

Training employees to improve adherence to policies and procedures

All compliance issues will be addressed promptly, and on a case-by-case basis. When assessing corrective action, the Compliance Officer will seek advice from Nursing Home's legal counsel to determine the extent of Nursing Home's liability and obligations, and to plan the appropriate course of action. Strict timelines might apply.

Code of Conduct

This Code of Conduct is part of Nursing Home's Compliance Program. It provides guidance to all Nursing Home employees, directors, agents, and contractors, and assists us in maintaining appropriate ethical and legal standards. These obligations apply to our relationships with residents, affiliated physicians, third-party payors, vendors, consultants and each other. This Code of Conduct does not represent a change from Nursing Home's prior practices, but is a recordation and compilation of these practices. The Code of Conduct is available for review by residents and their families, physicians, and independent contractors.

It is the intent of Nursing Home to comply in good faith and to the best of its ability and knowledge with all State and Federal laws. This Code of Conduct is not intended to be a comprehensive summary of facility standards, but instead to provide a framework for Nursing Home's Compliance Program policies and procedures. Many standards set forth in this Code of Conduct are expanded in detail in policies and procedures. Employees should familiarize themselves with Nursing Home's Compliance Program and policies and procedures applicable to their job function, and seek guidance from their supervisor and/or the Compliance Officer as needed. When an employee is unsure whether an activity or practice is illegal or inappropriate, the employee should not "guess" as to the correct answer. Employees will not be penalized for asking compliance-related questions. Nursing Home strives to create a culture in which every individual is comfortable asking questions about how to conform their job duties to the Compliance Program.

This Code of Conduct summarizes Nursing Home's commitment to meet ethical standards and to comply in good faith and to the best of its ability and knowledge with laws, statutes and regulations in the following areas:

1. Provision of quality health care services
2. Protection of resident rights
3. Integrity of billing and coding
4. Conforming business practices to laws and regulatory requirements
5. Cultivation of an ethical culture

1. Provision of Quality Health Care Services

All employees shall:

Use professional skill and judgment when providing health care services.

Provide high quality health care services in a responsible, reliable manner, in accordance with all applicable federal and state regulatory requirements and recognized standards of care.

Provide health care services that are individualized for the specific needs of each resident and that attain and maintain each resident's highest practicable medical, mental and psychosocial needs, based on a comprehensive and accurate assessment of the resident's functional capacity.

Document the provision of health care services in a complete and accurate medical record.

Maintain, dispense and transport all drugs and controlled substances in conformance with all applicable laws and regulations.

Continually work to improve the quality of patient care.

2. Protection of Residents Rights

All employees shall:

Promote the resident's right to a dignified existence that emphasizes freedom of choice, self-determination, and reasonable accommodation of individual needs.

Provide treatment to residents without discrimination as to race, color, religion, sex, national origin, disability, source of payment, sexual orientation, or age.

Provide residents with considerate and respectful care in a clean and safe environment free of unnecessary restraints.

Provide residents information in order to make intelligent decisions. This includes information about Nursing Home and its policies, procedures and charges, and who will provide services on behalf of Nursing Home.

Respect the right of all residents to make their own health care decisions if able. Family and/or durable power of attorney will be consulted on behalf of residents who are unable to make their own decisions.

3. Integrity of Billing and Coding

All employees involved with billing and/or coding shall:

Bill only for necessary and appropriate items and services actually rendered, which are fully documented in the medical record. Employees will not knowingly engage in any form of up-coding of any service in violation of any law, rule or regulation.

Take every reasonable precaution to ensure their billing and/or coding work is accurate, timely, and complies with 1) federal and state laws and regulations; 2) billing requirements imposed by federal and state programs and other third party payors; and 3) Nursing Home policies and procedures.

Ensure no claims for payment or reimbursement of any kind that are false, fraudulent, inaccurate or fictitious are submitted. No falsification of medical, time or other records that are used in the billing process will be tolerated.

Promptly investigate and correct billing issues (including making any required repayments) if errors are discovered.

Maintain complete and thorough medical and billing records.

Be knowledgeable of the billing policies and procedures established by government programs and private third party payors, and remain current on all applicable billing requirements by attending training seminars sponsored by Nursing Home, payors, and/or professional organizations.

4. Conforming Business Practices to Laws and Regulatory Requirements

Nursing Home is committed to conducting its business affairs with integrity, honesty and fairness, and without conflict with personal interests. All employees shall adhere to the following standards of conduct:

A. Books and Records

All books, records and accounts, such as financial transactions, cost reports, and documents used in the ordinary course of business, must accurately reflect transactions and payments.

Absolutely no false or artificial entries or misstatements may be made.

Nursing Home may not give or receive any payments (or anything else of value), or agree to a purchase price, with an intention or understanding that part of that payment will be used for any purpose other than what is listed in the document supporting the payment.

All facts will be documented truthfully and accurately. Nursing Home does not conceal or fail to document any transactions.

B. Gifts

Employees and directors may not accept or provide any benefits that could be viewed as a conflict between personal interests and Nursing Home business interests. Employees and directors may not accept gifts or benefits in exchange for referrals; or in exchange for the purchasing, leasing, ordering, arranging, or recommending an item or service. This includes accepting expensive meals, gifts, refreshments, transportation, or entertainment provided or received in connection with Nursing Home business activity. This policy applies to relationships with vendors, physicians, residents and their families, referral sources, and others. Occasional non-cash gifts that are limited to reasonable meal expenditures or entertainment or that are of nominal value, although not expressly prohibited, are discouraged. All gifts must be disclosed to the Administrator.

C. Conflicts of Interest

No employee or director may enter into any joint venture, partnership or other risk sharing arrangement with a potential or actual referral source unless the arrangement has been reviewed and approved by the Board of Directors.

All employees, directors and contractors should avoid any activity that conflicts with the interests of Nursing Home or its patients. This includes involvement with outside commercial activities with potential customers, competitors or contractors or placing business with any entity in which there is a family relationship, ownership interest, or financial interest. All such interests or relationships must be disclosed to the Compliance Officer.

All employees and directors who are in positions to influence business decisions must submit an annual Conflicts of Interest Disclosure Statement, disclosing all

business and familial interests that compete with or are associated with Nursing Home.

D. Compliance with State and Federal Fraud and Abuse Laws

It is against State and Federal law to pay or give anything of value to an individual, provider, or vendor to induce or reward referrals. All employees shall adhere to the following standards of conduct:

The selection of physicians, subcontractors, suppliers, and vendors shall be made on the basis of objective criteria that include quality, technical excellence, price, delivery, timeliness, and service. Nursing Home will not pay incentives to employees, contractors, physicians, suppliers, vendors, or referring parties based on number of referrals. Financial relationships with entities that refer patients to Nursing Home will be based on the fair market value of the items or services provided and will not be in any way related to the value or volume of referrals or contain an inducement to refer.

Employees of Nursing Home who are in a position to make referrals must make such referrals based on the preferences of the individual seeking treatment/services or, if the individual does not express a preference for a particular provider, what is best for the individual.

Nursing Home will not waive insurance co-payments or deductibles, or otherwise provide financial or non-cash benefits to individuals in order to induce such individuals to obtain health care services from Nursing Home.

Nursing Home expects all contractors to be familiar with and comply with all applicable federal and state regulatory requirements and to conduct all business in an ethical manner.

E. Confidentiality

All employees shall:

Ensure the confidentiality, integrity, and availability of all protected health information, electronic or otherwise (“PHI”) that Nursing Home creates, receives, maintains, or transmits; protect against any reasonably anticipated threats or hazards to the security or integrity of PHI; protect against any reasonably anticipated uses or disclosures of PHI that are not permitted by federal or state privacy law; and notify the Compliance Officer immediately of any potential privacy or security breaches involving PHI.

Protect residents’ rights to privacy and confidentiality of their medical records (including electronic records), in accordance with HIPAA and its regulations, state law, accreditation standards, and Nursing Home’s policies and procedures.

Refrain from engaging in unauthorized review or disclosure of medical records.

Refrain from disclosing confidential or proprietary information of Nursing Home (such as resident lists, development plans, marketing strategies, business deals, and financial information), during or after employment.

F. Employee Screening

Background checks will be performed on all employees as required by law.

All potential employees will certify that they have not been convicted of an offense that would preclude employment in a nursing facility and that they are not excluded from participation in Federal or State health care programs. All employees have an ongoing duty to notify the Nursing Home if they become convicted or excluded.

Nursing Home will not employ or continue to employ individuals who have been excluded from participation in Federal or State health care programs, or convicted of crimes of neglect, violence, abuse, theft, dishonesty, financial misconduct, or other offenses relevant to the job for which they are applying.

The OIG's List of Excluded Individuals/Entities, the GSA's list of barred contractors, and the Illinois Medicaid Sanctions List will be checked to verify that employees, vendors, and contractors are not excluded from participating in the Federal or State health care programs.

Nursing Home will require temporary employment agencies to ensure their temporary staff have undergone background checks that verify they have not been (1) convicted of an offense that would preclude them from employment in the facility; or 2) excluded from participation in Federal or State health care programs.

5. Cultivation of an Ethical Culture

All employees shall:

Perform their duties in good faith and to the best of their ability.

Refrain from illegal conduct in both personal and business matters.

Comply with Nursing Home's records policies and procedures. Employees shall not alter or destroy Nursing Home documents in anticipation of or in response to a request for documents by a government agency or a court of competent jurisdiction.

Participate in training regarding the Compliance Program and policies and procedures.

Immediately report all suspected violations of the law, this Code of Conduct, the Compliance Program, or any Nursing Home policy or procedure, to the Compliance Officer or by using the hotline.

Follow Nursing Home's policy and procedure regarding mandatory reporting of incidents and events to the proper authorities.

Immediately notify their supervisor upon receipt of an inquiry, subpoena (other than for medical records or other routine licensing or tax matters) or other government request for information regarding Nursing Home.

Employee Acknowledgement

All employees, directors, contractors, volunteers, and other persons representing Champaign County Nursing Home are required, as a condition of employment (or other identified relationship), to comply with the Compliance Program and Code of Conduct. This form acknowledges receipt of the Compliance Program and Code of Conduct and commitment to comply.

I, _____ (name and title),
acknowledge that on _____ (date), I received a copy of the
Compliance Program, including the Code of Conduct, and read it in its entirety. I was also given a
meaningful opportunity to ask questions about the Compliance Program. I agree to comply with the
Compliance Program, and to report any violations or suspected violations of the Compliance Program to
my immediate supervisor, the Compliance Officer, and/or via the hotline. I further agree that if I have
questions about the Compliance Program at any time, I will seek guidance from the Compliance Program
and policies and procedures; my immediate supervisor; and/or the Compliance Officer, as appropriate.
Except as written below or on the attached document, as of this date I have no knowledge of any
transactions or events that appear to violate the Compliance Program. I understand that compliance with the
Compliance Program is a condition of employment, and violation of the Compliance Program will result in
discipline up to and including possible termination. I also acknowledge that the Compliance Program does
not represent an employment agreement and that my employment is "at will."

Signature

Print name

Date

Please check the most appropriate:

- Employee
- Director
- Medical Staff
- Contractor (please identify: _____)
- Other (please identify: _____)

This form will be collected following the New Employee Orientation, and is required to be in your personnel file as a condition of employment. The Compliance Program Code of Conduct will be acknowledged on an annual basis.

**Champaign County Nursing Home
Compliance Program Resolution of the Board of Directors
Adopted at a Meeting Held on April 8, 2013**

At the regular meeting of the Champaign County Nursing Home Board of Directors (the "Board"), the following Resolution was adopted:

Whereas, Champaign County Nursing Home is committed to conducting its activities in accordance with all laws and regulations that apply to its business activities;

Whereas, Champaign County Nursing Home is committed to establishing a high level of quality and service in all aspects of its operation; and

Whereas, the Board believes it is important to document and demonstrate this commitment to Champaign County Nursing Home's residents, employees and our community;

Be It Resolved that the Board hereby implements the Champaign County Nursing Home Compliance Program which is designed to prevent and detect violations of applicable laws and regulations. The development of the program is based on the Office of Inspector General's seven fundamental elements of a compliance program:

1. Implementing written policies, procedures and standards of conduct;
2. Designating a compliance officer and compliance committee;
3. Conducting effective training and education;
4. Developing effective lines of communication;
5. Enforcing standards through well-publicized disciplinary guidelines;
6. Conducting internal monitoring and auditing; and
7. Responding promptly to detected offenses and developing corrective action.

Be It Further Resolved that the Board hereby adopts the following compliance policies and procedures:

Code of Conduct
Compliance Program
Compliance Education and Training
Compliance Officer and Compliance Committee
Responding to Non-Compliance and Taking Corrective Action

Be It Further Resolved that the Board hereby adopts the position of a Compliance Officer and has approved the selection of Joshua Drake to fill this position. The Compliance Officer will have the authority and responsibility for implementation and oversight of the Compliance Program;

Be It Further Resolved that the Board hereby establishes the Compliance Committee whose composition and responsibilities are contained in the above-referenced Compliance Program. The Board directs that the Compliance Officer fill any vacancies until permanent appointments are made by the Board;

Be It Further Resolved that the Board hereby establishes a goal for implementing the Compliance Program by the end of 2013 (with further developments and improvements on an ongoing basis);

Be It Further Resolved that the Board hereby acknowledges a commitment to allocate adequate resources to the implementation and enforcement of the Compliance Program, as additional funds, personnel or contractors are required, to the fullest extent possible;

This resolution is hereby adopted by action of the Board of Directors Champaign County Nursing Home.

Chairperson, Board of Directors
Champaign County Nursing Home

Signature

Printed Name

Date

Compliance Report Intake Form

Date of report:
Name of individual filling out this form:
Name of individual making report (if known):
Method of reporting:
Date of incident:
Amount of time incident has been going on (if applicable):
Other people who are aware of this incident:
Nature of report (Please provide all details regarding the alleged violation, including the locations of witnesses and any other information that could be valuable in the evaluation and ultimate resolution of this situation):
Description of the investigation, including objectivity of investigators and methodologies used:
Please attach interview notes and other key documents, a witness log, and all documents reviewed.
Results of internal investigation:
Did the investigation reveal a billing problem? If so, describe next steps for investigating billing history in order to determine if any false claims were submitted:
Corrective action implemented, if any:
Discipline imposed, if any:
Does this matter need to be referred to legal counsel? (Legal counsel should be notified if the complaint involves potential abuse or other harm or potential harm; fraud and abuse or other violation of federal law; criminal activity; or a potential overpayment)

Champaign County Nursing Home Compliance Officer and Committee

Compliance Officer

The Compliance Officer listed below has the primary responsibility for implementing and managing Champaign County Nursing Home's ("Nursing Home's") Compliance Program, and assumes the managerial and administrative tasks involved in establishing, monitoring and updating the Compliance Program.

Joshua Drake
Champaign County Nursing Home
500 Bartell Rd, Urbana, IL 61802
217-693-5013
jdrake@co.champaign.il.us

The Compliance Officer reports to the Nursing Home Board of Directors (hereafter, "Board"). The Compliance Officer will have direct access to the Board, senior management, and legal counsel.

The Compliance Officer will, with the oversight of the Board and assistance of the Compliance Advisory Committee, perform the following responsibilities:

1. Oversee and monitor implementation of the Compliance Program
2. Develop and implement, in conjunction with clinical and administrative departments, policies and procedures ensuring compliance with government laws and regulations
3. Seek to ensure that all relevant employees and management understand and comply with pertinent Federal and State standards
4. Establish methods to improve Nursing Home's efficiency and quality of services and reduce its vulnerability to fraud, waste and abuse
5. Develop, coordinate, implement, and participate in a multifaceted compliance education and training program for all employees and directors
6. Provide compliance updates to Nursing Home leadership and staff
7. Ensure independent contractors and agents who furnish health care services to patients are aware of resident rights, as well as requirements of the Compliance Program applicable to the services they provide
8. Provide the Compliance Program to employees, contractors and directors; make the Compliance Program available to residents and their families upon request.
9. Coordinate personnel issues with the Human Resources Department to ensure that: 1) the OIG, GSA and state excluded provider lists have been checked for all employees, directors, medical staff, and independent contractors; 2) Federal and state background checks are

completed on all employees, medical staff, directors, and independent contractors; and 3) license verification is completed for all staff and physicians as applicable

10. Independently receive, investigate and act on instances of suspected compliance issues
11. Develop corrective action plans for suspected compliance issues
12. Work with Nursing Home's legal counsel in appropriately reporting self-discovered violations of the compliance program
13. Develop audit tools and coordinate systematic ongoing audit reviews
14. Share auditing and monitoring results with the Compliance Committee and the Board
15. Keep a dated log of compliance hotline reports and employee questions about compliance, and the Compliance Officer's response; share this information with other staff in order to update standards and improve employee training
16. Complete the annual Compliance Program review and make recommendations for improvement of the program
17. Analyze and revise the Compliance Program in light of the annual review and changes in Nursing Home's needs, and changes in the law and policies of Government and private payors
18. Continue the momentum of the Compliance Program after the initial years of implementation

The Compliance Officer will make quarterly reports to the Compliance Committee and the Board, regarding the implementation, on-going status, and effectiveness of the Compliance Program. These reports will address:

A summary of the compliance activities undertaken during the preceding period, including results of any compliance audits performed

A copy of the hotline log and complaint summaries for the preceding period, along with a summary of how they were investigated and resolved

A description of actions taken to ensure the effectiveness of training and education efforts

A report of employees who were previously disciplined for non-compliance, and whether they have improved their performance

Results of auditing and monitoring activity

Recommendations for changes to the Compliance Program to improve its effectiveness

Any other compliance information the Compliance Officer deems pertinent

To the extent the above information is available in data format, a dashboard may be used to communicate compliance progress.

The Compliance Officer has the authority to review all documents and other information that is relative to compliance activities, including resident records, billing records, and marketing agreements and records.

Compliance Committee

The Compliance Committee will advise and assist the Compliance Officer in the development and implementation of the Compliance Program. The Compliance Committee will include the following members:

- Compliance Officer (chair)
- Administrator
- Assistant Administrator
- Director of Nursing
- Social Services Director
- Food Service Manager
- Environmental Services Director
- Therapy Director
- Accounting Supervisor
- Activity Director

The Compliance Officer shall chair the Compliance Committee. No member of the Compliance Committee can have a criminal history.

The Committee's functions include:

1. Analyzing the legal requirements with which Nursing Home must comply, and specific risk areas
2. Assessing existing policies and procedures that address these risk areas for possible incorporation into the Compliance Program
3. Working with appropriate departments to develop standards of conduct and policies and procedures to promote compliance with legal and ethical requirements
4. Recommending and monitoring, in conjunction with the relevant departments, the development of internal systems and controls to carry out Nursing Home's policies
5. Determining the appropriate strategies and approaches to promote compliance with program requirements and detection of any potential violations, such as through hotlines and other fraud reporting mechanisms
6. Developing a system to solicit, evaluate, and respond to complaints and problems
7. Monitoring internal and external audits and investigations for the purpose of identifying deficiencies, and implementing corrective action

The Compliance Committee shall meet at least quarterly; however any member may call a special meeting.

Champaign County Nursing Home Compliance Program Training and Education

Champaign County Nursing Home (Nursing Home) is committed to providing ongoing education and training to its employees and managers regarding the Compliance Program policies and procedures.

General Compliance Training

The Compliance Officer is responsible for ensuring the Compliance Program is distributed to all employees, directors, managers, Compliance Committee members, vendors, agents and contractors (including physicians). When the Compliance Program is first implemented, as part of new employee orientation, and as part of annual compliance training, employees and contractors/vendors will be provided with a copy of the Compliance Program and given an opportunity to ask questions. Employees and contractors should then complete the attached Acknowledgment, which will be kept on file.

New employees will receive compliance training within **15 days** of employment. Compliance training will include an overview of compliance laws and requirements, the Code of Conduct, and general compliance policies and procedures, such as procedures for reporting compliance violations, including the use of the compliance hotline or other available reporting mechanisms; and the disciplinary system. Compliance training will be provided to temporary employees before they are assigned responsibility for resident care. Compliance training will also be provided to the Board of Directors annually.

Annually thereafter, all employees will receive training in compliance. The Compliance Officer will also provide periodic education and updates to maintain employee and director awareness of compliance policies and procedures, including reports of compliance activities and regulatory updates.

Job-Specific Compliance Training

Employees and contractors/vendors who work in highly regulated areas such as claims development and submission processes, residents' rights, and marketing practices will receive additional training specific to their job functions. The specific topics to be addressed are listed on the attached Training Schedule.

Training Requirement

All employees will receive a **minimum of 2 hours** of compliance training per year.

The Compliance Officer will ensure training occurs according to the attached Training Schedule.

Participation in training programs will be a condition of continued employment and failure to comply with training requirements may result in disciplinary action. Adherence to the training requirements as well as other provisions of the Compliance Program will be a factor in the

annual evaluation of each employee. The Compliance Officer will retain records of training, including training schedules and agendas, dated attendance logs and material distributed at training sessions.

As appropriate, Nursing Home may give vendors and outside contractors the opportunity to participate in the compliance training and educational programs.

Questions about Compliance

Employees will be told that they can obtain additional compliance information from their supervisor or the Compliance Officer. If the Compliance Officer cannot answer a compliance question, he or she will consult with Nursing Home's legal counsel.

**Champaign County Nursing Home
Compliance—Employee Record of Attendance**

Employee name:	Year:
Job title:	
Licensed/certified as:	

Course name	Date	Instructor	No. of hours	No. of CEUs awarded	Pass or fail	Comments

**Champaign County Nursing Home
Compliance: Course Attendance Sheet**

Printed name	Signature	Department	Shift
Compliance training			Date:
Sponsor:			Time:
Course location:			
Instructor:			

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Champaign County Nursing Home Training Schedule

Training Topic	Department/Category of Personnel	Frequency	Date of Next Scheduled Training
Compliance program training (including duty to report misconduct)	All employees and board members	At hire and annually	Date: _____ Did training occur? _____
Quality of care (including abuse and neglect, quality assurance, philosophy of care)	All employees	At hire and _____	Date: _____ Did training occur? _____
Billing and claims submission (includes reimbursement requirements; examples of proper and improper claims submission practices; Federal health care program and private payor requirements)	All employees involved with billing and claims submission	At hire and _____	Date: _____ Did training occur? _____
Cost Reporting	All employees involved with cost reporting and billing	At hire and _____	Date: _____ Did training occur? _____
Employee screening	HR personnel	At hire and _____	Date: _____ Did training occur? _____
Kickbacks, inducements and self-referrals	All employees	At hire and _____	Date: _____ Did training occur? _____
HIPAA	Privacy: all employees Security: all employees Breach notification: all employees	At hire and _____	Date: _____ Did training occur? _____
Anti-Supplementation	All employees	At hire and _____	Date: _____ Did training occur? _____
Medicare Part D	All employees	At hire and _____	Date: _____ Did training occur? _____
Compliance with Medicare participation requirements	All employees	At hire and _____	Date: _____ Did training occur? _____
Appropriate and sufficient documentation (clinical and financial records)	All employees		Date: _____ Did training occur? _____
Residents' rights	All employees and contractors	Upon hire and _____	Date: _____ Did training occur? _____

Employee Acknowledgement

All employees, directors, contractors, volunteers, and other persons representing Champaign County Nursing Home are required, as a condition of employment (or other identified relationship), to comply with the Compliance Program and Code of Conduct. This form acknowledges receipt of the Compliance Program and Code of Conduct and commitment to comply.

I, _____ (name and title), acknowledge that on _____ (date), I received a copy of the Compliance Program, including the Code of Conduct, and read it in its entirety. I was also given a meaningful opportunity to ask questions about the Compliance Program. I agree to comply with the Compliance Program, and to report any violations or suspected violations of the Compliance Program to my immediate supervisor, the Compliance Officer, and/or via the hotline. I further agree that if I have questions about the Compliance Program at any time, I will seek guidance from the Compliance Program and policies and procedures; my immediate supervisor; and/or the Compliance Officer, as appropriate. Except as written below or on the attached document, as of this date I have no knowledge of any transactions or events that appear to violate the Compliance Program. I understand that compliance with the Compliance Program is a condition of employment, and violation of the Compliance Program will result in discipline up to and including possible termination. I also acknowledge that the Compliance Program does not represent an employment agreement and that my employment is "at will."

Signature

Print name

Date

Please check the most appropriate:

- Employee
- Director
- Medical Staff
- Contractor (please identify: _____)
- Other (please identify: _____)

This form will be collected following the New Employee Orientation, and is required to be in your personnel file as a condition of employment. The Compliance Program Code of Conduct will be acknowledged on an annual basis.

Champaign County Nursing Home Responding to Non-Compliance and Taking Corrective Action

This policy contains general guidelines for investigating and responding to potential incidents of non-compliance. Each incident will be evaluated on a case-by-case basis. Because non-compliance can take many forms, each incident may require Nursing Home to apply different regulatory requirements and/or timelines. Nursing Home will consult legal counsel regarding the applicability of any such requirements.

Investigating Compliance Issues

All reports of potential compliance violations will be immediately investigated by the Compliance Officer to determine whether there is reasonable cause to believe a violation of the Compliance Program, the law, or health care program requirements has occurred.

Upon receipt of audit results, a hotline report or other information suggesting a possible compliance violation, the Compliance Officer shall make a record of the information, and may confer with Nursing Home's legal counsel before determining who should conduct the investigation and how the investigation should be conducted.

The Compliance Officer and/or designee will conduct an investigation as soon as reasonably possible. Nursing Home employees and contractors should cooperate fully with all Compliance Program investigations. To the extent possible, the inquiries and all information gathered will remain confidential. In some cases, outside help of clinical/billing and other experts may be used to support the investigation. If the Compliance Officer determines the integrity of the investigation could be compromised by the presence of employees under investigation, those employees may be put on administrative leave until the investigation is complete or assigned to other duties so as not to hinder the investigation.

The investigative file should contain a completed Compliance Report Intake Form (attached). All reports will be investigated unless the information provided by the report contains insufficient information to permit a meaningful investigation. The Compliance Officer will attempt to obtain additional information if possible. If not possible, the Compliance Officer will document the reason an investigation did not take place. The investigative file should contain:

- documentation of the alleged violation
- a description of the investigative process (including objectivity of investigators and methodologies used)
- copies of interview notes and key documents
- a log of the witnesses interviewed
- the documents reviewed
- the results of the investigation (e.g., any disciplinary action taken)
- the corrective action implemented

The Compliance Officer will take appropriate steps to secure or prevent the destruction of documents or other evidence relevant to the investigation.

If the investigation reveals a billing problem, Nursing Home management will take immediate steps to determine the scope of any suspected billing deficiency and whether the investigation needs to be expanded.

The Compliance Officer will include all compliance reports and their investigation results in his reports to the Compliance Committee and the Board.

Corrective Action Plans

Once an investigation has identified non-compliance, the Compliance Officer shall have the responsibility and authority to take or direct appropriate action to address and correct the issue. In developing the corrective action plan, the Compliance Officer should consult with the Compliance Committee and appropriate clinical and administrative personnel, as appropriate. Legal counsel should be consulted as soon as possible if the corrective action will involve returning overpayments and/or reporting conduct to the authorities. The corrective action plan will be provided to the Administrator and included in quarterly reports to the Compliance Committee and the Board of Directors. The corrective action plan should be designed to ensure not only that the specific issue is addressed, but also that similar problems do not recur in other areas of the facility. Possible corrective actions include:

- Imposing disciplinary action upon an employee
- Reporting alleged incidents of mistreatment, neglect, abuse, or misappropriation of resident property to the Administrator and the authorities
- Returning overpayments to the Government
- Notifying criminal and/or civil law enforcement authorities
- Self-reporting potential fraud using the OIG's voluntary self-disclosure protocol
- Expanding the investigation to include a broader audit of systems
- Updating the Compliance Program
- Modifying policies and procedures
- Training employees to improve adherence to policies and procedures

Special Reporting Considerations

Disciplinary Action. The corrective action plan may include recommendations that a sanction or disciplinary action be imposed if it is found that the non-compliance was committed intentionally, recklessly, or negligently by an employee.

Appropriate disciplinary action measures shall be made on a case-by-case basis. The imposition of discipline can be based on:

- Participation in or authorization of actions that violate the law, the Compliance Program (including the Code of Conduct), or Nursing Home policies and procedures.
- Failure to report a violation or suspected violation of the law, the Compliance Program, or Nursing Home policies and procedures.
- Actively or passively encouraging, directing, facilitating or permitting non-compliant behavior.

A supervisor's or manager's failure to advise personnel and contractors about compliance policies and procedures.

Failure by a violator's supervisor to detect and report a compliance violation, if such failure reflects inadequate supervision or lack of oversight.

Refusal to cooperate in an investigation of a potential violation.

Retaliation against an individual for reporting a compliance violation.

The Compliance Officer has no disciplinary enforcement authority; the Compliance Officer may investigate, evaluate, and make recommendations to the Administrator consistent with Nursing Home policies and procedures as they apply to employees. Any disciplinary action shall be determined by the Administrator in conjunction with the appropriate supervisor. All disciplinary action will be taken in accordance with Nursing Home's Disciplinary Action procedure as set forth in section 6-2 of Nursing Home's Personnel Policy.

The degree of disciplinary action will range from verbal warning to termination of employment. In addition to the factors listed in section 6-2.3 of the Disciplinary Action procedure, the following factors may influence the imposition of discipline for a compliance violation:

The severity of the violation

Whether the violation was committed accidentally, negligently, recklessly or intentionally

Whether the individual has previously committed Compliance Program violations

Whether the violation was self-reported

Whether, and the extent to which, the individual cooperated with the investigation of the violation

Whether the violation constitutes a crime; and if so, whether it is a misdemeanor or a felony

Whether the violation is unethical

Whether anyone was harmed by the violation

Disciplinary measures may include the following:

Oral warning

Written warning

Suspension

Dismissal

Abuse. All alleged incidents of mistreatment, neglect or abuse (including injuries from an unknown source), and misappropriation of resident property, must promptly be reported to the Administrator, and to the authorities within required timelines.

Notifying Law Enforcement. When, after an inquiry, Nursing Home has reason to believe that detected or reported misconduct might violate criminal, civil, or administrative law, Nursing Home will immediately consult legal counsel about what reports should be made to

the applicable authorities, such as the OIG, CMS, Office of Civil Rights, Department of Justice, U.S. Attorney, FBI, state survey agency, state Medicaid fraud control unit, state licensing boards, other state authorities, or the local police. The following violations might need to be reported immediately and before an investigation is complete: clear violations of OIG administrative authority or civil or criminal fraud law; violations with a significant adverse effect on quality of care; or violations that indicate a systemic failure to comply with laws or a Corporate Integrity Agreement. Before making any report to law enforcement, legal counsel should be consulted regarding when and where to make the report, and, if so, the contents of the report.

Repayment of overpayments. The Compliance Officer will be notified of all overpayments, so that he can identify if a system-wide problem exists. Overpayments that do not involve potential fraud will be promptly returned using normal repayment channels. If fraud is suspected, legal counsel will be contacted immediately. Repayment and/or self-disclosure to the government may be necessary.

Compliance Report Intake Form

Date of report:
Name of individual filling out this form:
Name of individual making report (if known):
Method of reporting:
Date of incident:
Amount of time incident has been going on (if applicable):
Other people who are aware of this incident:
Nature of report (Please provide all details regarding the alleged violation, including the locations of witnesses and any other information that could be valuable in the evaluation and ultimate resolution of this situation):
Description of the investigation, including objectivity of investigators and methodologies used:
Please attach interview notes and other key documents, a witness log, and all documents reviewed.
Results of internal investigation:
Did the investigation reveal a billing problem? If so, describe next steps for investigating billing history in order to determine if any false claims were submitted:
Corrective action implemented, if any:
Discipline imposed, if any:
Does this matter need to be referred to legal counsel? (Legal counsel should be notified if the complaint involves potential abuse or other harm or potential harm; fraud and abuse or other violation of federal law; criminal activity; or other conduct that could require disclosure to the government or result in liabilities)

**Champaign County Nursing Home
Compliance Program Resolution of the Board of Directors
Adopted at a Meeting Held on April 8, 2013**

At the regular meeting of the Champaign County Nursing Home Board of Directors (the "Board"), the following Resolution was adopted:

Whereas, Champaign County Nursing Home is committed to conducting its activities in accordance with all laws and regulations that apply to its business activities;

Whereas, Champaign County Nursing Home is committed to establishing a high level of quality and service in all aspects of its operation; and

Whereas, the Board believes it is important to document and demonstrate this commitment to Champaign County Nursing Home's residents, employees and our community;

Be It Resolved that the Board hereby implements the Champaign County Nursing Home Compliance Program which is designed to prevent and detect violations of applicable laws and regulations. The development of the program is based on the Office of Inspector Generals' seven fundamental elements of a compliance program:

1. Implementing written policies, procedures and standards of conduct;
2. Designating a compliance officer and compliance committee;
3. Conducting effective training and education;
4. Developing effective lines of communication;
5. Enforcing standards through well-publicized disciplinary guidelines;
6. Conducting internal monitoring and auditing; and
7. Responding promptly to detected offenses and developing corrective action.

Be It Further Resolved that the Board hereby adopts the following compliance policies and procedures:

Code of Conduct
Compliance Program
Compliance Education and Training
Compliance Officer and Compliance Committee
Responding to Non-Compliance and Taking Corrective Action

Be It Further Resolved that the Board hereby adopts the position of a Compliance Officer and has approved the selection of Joshua Drake to fill this position. The Compliance Officer will have the authority and responsibility for implementation and oversight of the Compliance Program;

Be It Further Resolved that the Board hereby establishes the Compliance Committee whose composition and responsibilities are contained in the above-referenced Compliance Program.

The Board directs that the Compliance Officer fill any vacancies until permanent appointments are made by the Board;

Be It Further Resolved that the Board hereby establishes a goal for implementing the Compliance Program by the end or 2013 (with further developments and improvements on an ongoing basis);

Be It Further Resolved that the Board hereby acknowledges a commitment to allocate adequate resources to the implementation and enforcement of the Compliance Program, as additional funds, personnel or contractors are required, to the fullest extent possible;

This resolution is hereby adopted by action of the Board of Directors Champaign County Nursing Home.

Chairperson, Board of Directors
Champaign County Nursing Home

Signature

Printed Name

Date



Management Performance Associates

Woods Mill Towers • Suite 501 South

14323 South Outer Forty Road

Chesterfield, Missouri 63017

314 • 434-4227 FAX 314 • 434-4337

www.healthcareperformance.com

MPA Compliance Client Update

March 29, 2013

Over-Utilization of Therapy Services

By now it should be no secret that the Office of Inspector General (OIG) has targeted SNFs and therapy providers for over-utilization of therapy services. There are several recent examples of this emphasis:

- A Tennessee-based nursing home manager and its related ancillary affiliate agreed to pay \$2.7 million to resolve allegations that its therapy claims were “medically unnecessary and unreasonable.”
- An Iowa facility paid a \$675,000 settlement for over-billing Medicare therapy services; it entered into a Corporate Integrity Agreement and then proceeded to sue its therapy provider for the over-utilization of therapy services.
- A nursing home company paid \$953,375 to resolve allegations that it provided unnecessary services (for example, occupational therapy provided to elderly Alzheimer’s Syndrome patients who could never expect to return to work).
- A chain of nursing homes is charged with violating the False Claims Act by encouraging therapists to bill higher amounts and perform more expensive therapy—even if patients didn’t need therapy or could be harmed by it.
- A nursing home in Virginia and its owners agreed to pay \$700,000 to resolve liability under the False Claims Act for submitting claims to Medicare for non-reimbursable therapy provided to 37 residents.

These examples are a few of the many that exist. The OIG’s focus on claims for therapy services provided in SNFs is further emphasized by an OIG report issued in November 2012:

Inappropriate Payments to Skilled Nursing Facilities Cost Medicare More than a Billion Dollars in 2009. In this report, the OIG found 25% of all SNF claims submitted in 2009 to be faulty. The majority of these claims involved an upcoded RUG. Of these upcoded claims, most involved SNFs providing more therapy on the MDS than was documented in the medical record. The OIG also found that 25% of these claims involved therapy listed in the medical record that was not

reasonable and necessary. In response to this report, the OIG and CMS plan to increase review of SNF claims, and identify SNFs that are billing for higher paying RUGs.

It's not hard to figure this out. MPA examined the Expected versus Actual RUG Distributions from CMS, which is available for the first 8 months of 2012. In every Ultra classification, the actual experience exceeded expected. In terms of percentage increases, the escalation in Ultra activity was extraordinary. The result was predictable on two fronts. First, the industry saw its rates rolled back. Second, providers' own documentation proved that upcoding existed, the exact degree of which must be determined on a case-by-case basis.

Here's the CMS data:

RUG	Expected Distribution	Actual Distribution	Difference	In Percent
RUX	0.18%	0.55%	0.37%	206%
RUL	0.05	0.55	0.5	1000
RUC	3.56	13.76	10.21	287
RUB	3.76	17.41	14.15	434
UA	2.12	12.87	10.75	507

Source: www.cms.gov/

The OIG is sending unmistakable signals that it is serious about attacking not only over-billing, but also the basis for therapy itself. In this latter regard, make sure that goals for therapy are appropriate and realistic for each resident. Goals that are unrealistic lead to over-billing. For instance, if Ralph has been confined to a wheelchair for three years, does it make sense to set a goal for him to walk 500 feet? If Mary suffers from advanced dementia, is 92 years old, has a DNR order, and has been bed-ridden for the past 4 months, does it make sense to embark on an aggressive therapy regimen involving PT-OT-ST? In both of these examples, we believe that the answer is No. The tricky and humane part is deciding which services are appropriate as residents near the end of life.

On October 1 2011, CMS reduced the rates it paid under SNF PPS. CMS was upfront in its rationale that its actual experience exceeded expected by a wide margin. In particular, the percentage of cases coded into the highest paying RUG classifications were greater than CMS felt they should be; therefore, the industry received – among other things – a rate reduction.

There is nothing wrong with maximizing revenue. In the all-important context of compliance, however, services must be appropriate for each resident's condition and cannot create unnecessary utilization. In the examples cited above, documentation was not sufficient to allay the concerns of the OIG.

MPA Recommendations:

- The SNF and its therapy provider are joined at the hip. Both have a lot at stake in the compliance arena. One cannot say that the other is solely responsible for coding specific sections of the MDS. Nor can one party assume that the other has billed all claims

correctly. Both the facility and the therapy provider must work collectively to assure that goals are correct and that subsequent coding – i.e., the results of the goal setting – is submitted correctly. Reviewing goals for appropriateness is *always* wise.

Take a quantitative look at where you stand in relation to others. If the CMS average for Ultras in your State is 40 percent and you are hitting 60, you should take note of the disparity and investigate. If you have a Comparative Billing Report from CMS, that indicates similar disparities, you should feel compelled to investigate.

- Identify how many of your Medicare residents max out at 100 days. It's not always upcoding that can be a problem. Every facility should measure its length of stay by RUG and develop its own profile that can be compared to benchmark data. If you are not tracking length of stay, back into it using minutes provided by RUG.
- Conduct an audit of your billing accuracy to identify your most frequent billing errors.
- Use sample audits to determine if your MDS information is backed by medical record documentation.
- Review therapy treatment plans and goals for appropriateness.
- Strengthen the partnership between skilled nursing and therapy in order to 1) identify and address any RUG assignment inaccuracies and 2) hone in on the appropriateness of therapy goals.

Care Planning and Discharge Planning Requirements

In February 2013, the OIG issued another report targeting SNFs: **Skilled Nursing Facilities Often Fail to Meet Care Planning and Discharge Planning Requirements**. In this report, the OIG made the following findings after a random sample medical review of Part A stays from 2009 (21 days or longer):

- 37% of stays did not meet care plan or service requirements. 26% of these stays involved care plans that did not meet requirements. 15% of these stays involved care plans for which SNFs failed to provide all services prescribed. Care plans were often “computer-generated” rather than customized to the needs of beneficiaries.
- 31% of stays did not meet discharge planning requirements. 16% of these stays lacked summaries of beneficiaries' stays or statuses at discharge. 23% of stays lacked post-discharge plans of care.
- Poor quality of care related to wound care, medication management, and therapy. The medical review found instances of poor wound care; inadequate management of medications (particularly, antipsychotics); and inappropriately high levels of therapy.

In response to this report, the OIG recommends, among other things, that surveyors increase efforts to identify SNFs that do not meet care planning and discharge planning requirements—and hold these SNFs accountable.

MPA Recommendations:

Recognize that getting the technical aspects of billing correct is just the tip of the iceberg. As we have demonstrated above, the OIG is targeting appropriateness – or medical necessity. Audit activities must take this emphasis into account, if for no other reason than the penalties are simply too great to ignore. So, when you do an audit, check for the following characteristics:

- Do care plans meet requirements?
 - Appropriate, reasonable goals
 - Timetables for achieving those goals
 - Documentation of progress toward goals
 - Documentation of all activities listed in the care plan
 - Consistent with assessed needs identified in the MDS and medical chart

- Were all services in care plans actually provided?
 - Check ADL flowsheets
 - Therapy, nurse, social service, activity, and dietary notes
 - Interview staff regarding the resident's abilities and care needs

- Are care plans computer generated or copy/pasted? This would not be a good sign!

- Are discharge planning requirements met?
 - Thorough recapitulation of the resident's stay
 - Description of the resident's functional status at the time of discharge
 - Description of the plan of care following discharge. Include location, care needs, and specific methods of satisfying those needs

- Does the audit activity address the report's 3 top quality issues (wound care, medication management, and therapy)?
 - Does your QA program monitor these quality issues? Are your results trending up or down? Is there an analysis of negative results?

MPA will be following up with you to discuss ways you can implement these recommendations. In the meantime, please call or email with any questions.