

# NURSING HOME BOARD OF DIRECTORS AGENDA

County of Champaign, Urbana, Illinois

Monday, March 9, 2015 – 6:00pm

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

**CHAIR:** Catherine Emanuel  
**DIRECTORS:** Jack Anderson, Sam Banks, Lorraine Cowart, Don Lyn, Mary Hodson, Robert Palinkas

<u>ITEM</u>	<u>Page #</u>
I. <u>CALL TO ORDER</u>	
II. <u>ROLL CALL</u>	
III. <u>APPROVAL OF AGENDA</u>	
IV. <u>APPROVAL OF MINUTES</u> February 9, 2015 Open Session February 9, 2015 Closed Session	1 - 5 To be distributed
V. <u>PUBLIC PARTICIPATION</u>	
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X. <u>OTHER BUSINESS</u>	
a. Expectations	

XI. **NEXT MEETING DATE & TIME**  
April 13, 2015 – 6:00pm

X. **ADJOURNMENT**

**Board of Directors  
Champaign County Nursing Home (CCNH) –Minutes  
Urbana, Illinois  
February 9, 2015**

Directors Present: Anderson, Emanuel, Lyn, Hodson

Directors Absent/Excused: Banks, Cowart, Palinkas

Also Present: Busey, Gima, Noffke, Nolan

**1. Call to Order**

The meeting was called to order at 6:00 p.m. by Chair Emanuel.

**2. Roll Call**

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

**3. Agenda & Addendum**

Agenda was approved as amended (motion by Anderson, second by Lyn, unanimous).

**4. Approval of Minutes**

The minutes of January 12, 2015 were approved as submitted (motion by Anderson, second by Hodson, unanimous).

**5. Public Participation**

David Laker noted that food service has improved, but additional staff members are needed on weekends to meet the needs of each resident.

**6. Administrator's Report**

a. Quality – Kathy Vanderslice, Director of Nursing; Brandi Newell, Unit 2 Nurse Manager

Brand Newell was introduced as the new Unit 2 Nurse Manager. Ms. Newell explained that she is focused on organizing her unit while concentrating on skin issues with the residents. She has worked as a nurse for 5 years with a main background in geriatrics.

Kathy Vanderslice was introduced as the new Director of Nursing. Ms. Vanderslice has worked as a nurse for 30 years and has a wide background in nursing including acute care, labor and delivery, long-term care, hospice and management. She plans to focus on Unit 4 staffing problems and implement a recruiting and retention program to ensure consistent staffing in consistent areas.

Ms. Emanuel asked Ms. Vanderslice to name her top three priorities for the next month. Ms. Vanderslice noted that improvements need to be made in regards to infection control, updated crash carts need to be implemented in order to be better prepared for emergencies and skin issues need to be better managed. Additionally, implementing and transitioning to electronic medical records is a top priority. Mr. Lyn noted that electronic records would cut down on time spent at the nurse's stations.

Ms. Emanuel noted that the board is focused on falls and would like Ms. Vanderslice to update the board with any improvements that could be made to the falls management program. Mr. Lyn noted that many wheelchairs were fixed in the past month and the repairs will improve the problems with falls. Ms. Vanderslice explained she developed a falls management program at a previous facility and will look to see how it can be implemented at the nursing home in the future.

## **7. Management Report**

### **a. December 2014 Financial Management Report**

Mr. Gima reported the average daily census for December was 190. Medicare census was 9.8. Conversion days totaled 1,980. Without the conversion, the actual number of private pay days totaled 2,262. The census in January was 190 with Medicare showing closer to an average census of 15. The census started to rebound in the last week of January due to a higher number of referrals and admissions.

December shows a net loss of \$167,025. Net income for the year is \$508,792. Cash flow from operations for the month is -\$107,287. The YTD cash flow from operations is \$1,302,724.

The conversion of 1,980 private pay days to Medicaid days reduced revenue by \$79,200 in December due to a \$40 per day difference between the private pay rate and Medicaid rate. Property tax revenue is half the normal accrual due to the 13 month fiscal year and the accounting decision to accrue 12 months of property tax instead of 13 months. This was a collective decision between MPA, CCNH, the County Treasurer and County Auditor.

Operating revenue in December fell to \$1.108 million from \$1.244 million in November. Conversion days reduced revenue about \$80,000. Medicare revenue fell by \$80,000 due to Medicare census falling from 14.6 to 9.8 between November and December.

Expenses increased slightly from \$1.304 million in November to \$1.316 million in December. Increases in expenses are due to holiday payouts, making wages increase. Expenses per day fell from \$218.52 to \$199.93. The average cost per day in FY2013 was \$220.81 per day. YTD cost per day is \$199.93. Agency expenses were \$98,588 in December. Agency costs should decrease as newly hired CNAs complete orientation. CNA separations were the lowest they have been since 2008, with only 41 separations in 2014.

The December ending cash balance was \$704,310, up from \$178,952 in November. Receivables fell from \$5.311 million in November to \$5.014 million in December. Accounts payable decreased from \$2.088 million to \$1.667 million. Payables are between 30 and 60 days. Mr. Gima noted that the cash position for the nursing home is largest problem they are facing. The nursing home is still waiting on 40 pending Medicaid applications totaling \$1.2 million in past due revenue. The nursing home's lobbyist Dave Stricklin will continue to reach out to contacts at the Department of Human Services in order get pending applications processed. Additionally, the County Auditor has met with State Representative Chad Hays and will be contacting DHS on the nursing home's behalf. The nursing home is also owed \$276,000 from Health Alliance for managed care programs.

Mr. Lyn asked what role the Department of Insurance has in the process of receiving past due payments. Mr. Gima explained that the Department of Insurance does not have a role in this process; it is mainly Medicaid and CMS.

b. Strategic Objective Metrics Report

The Pinnacle food quality score for December is 3.21 with a national average of 3.69. The Pinnacle dining service for December is 3.33 with a national average of 4.21. While scores continue to slowly improve, the nursing home still isn't where it needs to be with food service scores.

Plating times have remained the same between January and December, but there is still an issue between the time the trays are assembled and the time they are delivered to residents. Ms. Emanuel noted that plating times look to be the best they have been since the metric has been established. Mr. Gima noted that this metric does not account for the time it takes to get the tray to the resident; it is solely a measure of how fast plates are assembled and put on the food carts. My. Lyn noted that staff members need to work together in order to achieve better plating times and getting meals to residents quicker.

Mr. Gima noted a 36% Medicare 30-day Readmission Rate for the month of January. Zero out of 16 Pinnacle survey scores met the national average for the month of December. The CMS 5 Star Rating is still at 2 stars, but Ms. Noffke found unreported hours and believes the nursing can achieve a 3 star rating once those hours are processed.

The annual turnover rate for FY14 was 49.3%, an improvement from FY13 which was 63%. The average daily census for the year was 202.1 residents, an increase from previous years.

Ms. Emanuel noted that there are still areas that need improvements. Pinnacle scores on food still need major improvements, and a time period for improvements needs to be set with Healthcare Group Services in order to see real, observable changes. Mr. Lyn noted that food survey scores are suffering because residents are expecting a certain standard of meals that Healthcare Group Services is not delivering. Once a new menu is developed, scores should see improvements. Mr. Lyn noted more residents should be surveyed on the Pinnacle score. Ms. Hodson noted that many families who are surveyed may not visit the nursing home and do not know the quality of the food, which will negatively impact the score.

c. Management Update

Payment delays may be experienced with Medicaid Payments due to amount of money the State of Illinois will be expected to pay. Revenue Anticipation Notes have been considered in the past, which is a vehicle that can be used to borrow against Medicaid receivables. In 2013, 26 lending institutions were approached with no takers. The problem was that no one was willing to increase their exposure to Illinois government. The nursing home may face the same predicament but market interest needs to be determined. A disinterested financial market could help the cause for special treatment by the State. Lobbying work in 2012 and 2013 determined Governor Quinn's office and the Comptroller were very sympathetic to the position of county homes. The previous Director of HFS, Julie Hamos was not sympathetic to county homes. The new Director, Felicia Norwood may have a different opinion of county homes.

d. Compliance Update

Mr. Gima did not have the report with him, but noted he will forward the information to the board as soon as possible.

## 8. Other Business

### a. Pharmacy RFP – Management Recommendation

The current pharmacy services provider in the nursing home is responsible for providing all medications to all residents in the home regardless of payer source. Additionally, they are responsible for pharmacy consulting services, medication recommendations and medication cost control. Since CMS has pushed to reduce the use of psychotropic medications, the nursing home has used this as a metric in the evaluation of potential pharmacy service providers. Pricing, references and pharmacy consulting were all considered in determining the new pharmacy service provider. Evanta, the current pharmacy provider, Williams Brothers and RXperts were each considered and evaluated. Based upon the scoring matrix of pricing, references and pharmacy consulting services, it was determined that Evanta will continue to provide pharmacy services to the nursing home.

The Pharmacy RFP was approved as recommended (motion by Lyn, second by Anderson, unanimous.)

### b. Therapy RFP – Management Recommendation

The current therapy services provider is Symbria, formerly known as Alliance Rehab. Therapy Services provide therapy program management, an on-site program manager and staff, care and discharge planning, staff education, clinic protocol development, marketing of the therapy program and out-patient therapy programming for adult day care. Five criteria were developed in order to evaluate each potential therapy service provider. Those criteria included pricing and contract terms, references, administration and corporate support, program management, and staffing and turnover. Symbria, Rehab Care Group and HealthPro responded to the RFP to be considered. Based on the evaluation criteria, HealthPro was chosen to provide therapy services to the nursing home.

Ms. Emanuel asked where the closest HealthPro nursing home is located. Mr. Gima noted that the closest home is in Morris, IL. Mr. Lyn asked where the headquarters is located. Mr. Gima noted the regional headquarters is located in Chicago. Mr. Anderson asked how staffing will change and how long it will take to get fully staffed in order to provide the services the nursing home requires. Mr. Gima noted that typically the new therapy provider will communicate with the previous therapy provider to see if any staff wants to remain at the nursing home. Otherwise, recruiting will occur with interim help. Ms. Noffke noted that HealthPro has a 23 day fill rate for open positions. Ms. Emanuel asked when the current contract ends and when the new contract would begin. Mr. Gima noted that the contract with the current provider has a 60 day notification for termination; however, he does not know if the RFP stands as the beginning of the notification period. He plans to provide written notice to the current provider, which gives the new provider 60 days to establish itself with the nursing home.

The Therapy RFP was approved as recommended (motion by Anderson, second by Lyn, unanimous.)

### c. Compliance Program Commitment Reestablishment Resolution

Mr. Gima noted that a resolution was passed in 2013 to establish the Compliance Program Commitment. There is no guidance on where or not a resolution should be reestablished or reissued. It was decided that a resolution will be passed each year to show that the nursing

home is committed to its Compliance Program.

d. **Administrative Report on MPA Performance Expectations**

Ms. Busey noted that an administrative review of MPA Performance Expectations was initiated in October 2014 when issues and concerns with MPA contract requirements were raised. The review team included Ms. Emanuel, Mr. Banks, Deputy County Administrator Van Anderson and Ms. Busey. Concerns were raised about the annual survey and its results, food services and nursing home staffing issues. The review team met and identified 6 critical issues and performance expectations for each of those issues. The team then met with MPA and worked together to document responses to those issues and performance expectations. An action plan was then developed.

The number one issue identified during the process was the need to establish and hire a Human Resources Director in order to deal with staffing and employment issues.

A monthly report will be provided on the action plan so the board is aware of what is being done to address the issues in the MPA Performance Expectations.

**9. Closed Session**

Closed Session pursuant to 5 ILCS 120/2©1 to consider the employment, compensation, discipline, performance, or dismissal of an employee.

**10. Next Meeting Date & Time**

The next meeting date and time for the Nursing Home Board of Directors is Monday, March 9, 2015 at 6:00 p.m.

**11. Adjournment**

Chair Emanuel declared the meeting adjourned at 7:30 p.m.

Respectfully submitted

Brian Nolan  
Recording Secretary

# GHR Engineers and Associates, Inc.

October 16, 2014 /

Mechanical and Electrical Consulting Engineers

Revised January 19, 2015 / Revised February 17, 2015

6846

Project Name: Champaign County Nursing Home (CCNH)

Meeting Date: July 9, 2014

Meeting Time: 8:30 am

Meeting Location: CCNH

Purpose of Meeting: Review MEP system.

**In attendance:**

Kirk Kirkland	CCAS
Craig Terven	CCAS
Dana Brenner	CCAS (Present for a Portion of this Session)
Jim Gleason	GHR

**Topics discussed**

1.	Smoke dampers and fire dampers are required by IDPH to be tested by the Owner every three or four years.			
a.	Approximately 400 to 500 in the building.			
b.	Many dampers were added during construction.			
c.	Some areas have rated ceilings.			
d.	Companies specialize in this.			
e.	No plan of locations exist.			
f.	Never got as-builts from the A/E.			
	<b><u>Life Safety</u></b>	<b><u>Code Compliance to Stay Open</u></b>	<b><u>System Efficiency and / or Reliability</u></b>	
<b><u>Issue</u></b>				
	<b><i>The lack of as-builts that document dampers added during the construction phase puts the County at a serious disadvantage when it comes time to test/check them for IDPH compliance.</i></b>			

<u>Solutions</u>			
<b>Prepare CAD drawings that document the location and size of all fire and smoke dampers using a system reference. This should include the building fire ratings shown on a CAD drawing.</b>		<b>\$8,000 - \$10,000</b>	
<p>2. Sprinklers</p> <p>a. IDPH requires a flow test every three years. An IDPH person opens the "Inspector's Test" valve and simulates the flow expected from a single sprinkler head. The dry systems are expected to show water "flow" within 60 seconds of initiating the test.</p> <p>b. Failed last time.</p> <p>c. Initially installed by Automatic Fire Sprinkler Company. Then went to Fire Suppression, Inc. for maintenance and testing.</p> <p>d. Different "accelerators" have been installed over the years to increase the speed at which the dry systems fill and flow water. These are intended to allow the air to escape more quickly from the dry systems to make way for the in-rushing water.</p>			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<u>Issue</u>			
<b>The flow response has been unacceptable. This compromises the ability to rapidly extinguish a fire and jeopardizes licensing.</b>			
<u>Solutions</u>			
<b>Hire a sprinkler contractor as a benchmark to properly test all four of the dry systems for flow response times. Test witnessed by Owner.</b>		<b>\$900 - \$900</b>	
<b>If flow response time exceeds 55 seconds then replace the four existing dry valves and accelerators.</b>		<b>\$32,000 - \$32,000</b>	

e. Dry systems except in basement which is wet. f. Need yearly maintenance and monthly testing.			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
Quarterly testing required by IDPH.			
<b><u>Solutions</u></b>			
Hire a qualified Sprinkler Contractor to conduct quarterly tests. \$400 / quarter.		\$1,200 - \$1,200	
<b><u>Issue</u></b>			
Yearly testing required by IDPH.			
<b><u>Solutions</u></b>			
Hire a qualified Sprinkler Contractor to conduct yearly test. (Note this is in addition to the quarterly tests.)		\$800 - \$800	
<b><u>Issue</u></b>			
Flow switch trip testing required every three years by IDPH.			
<b><u>Solutions</u></b>			
Hire a qualified Sprinkler Contractor to conduct the three-year tests. (Cost of \$1,200 is annualized for purposes of this report.)		\$400 - \$400	
g. The air compressor that fills the dry systems was too small as-installed and was replaced with a much larger one by the County. h. Four dry valve zones (ground floor). i. One wet zone (basement). j. Pre-action system for elevator. k. Could add fire pump to the building to increase water pressure and reduce flow times but they are <u>very</u> costly and would be doubly costly to retrofit. l. Very few false alarms.			

- m. The Urbana Fire Department is okay with Fire Department Connection (FDC), knox box, etc. They respond to front desk.
3. Fire Alarm - Edwards EST-2 Network
- a. Installed by Bennet Electronics. (Post-Meeting Note: Bennett informed October 15, 2014 they are no longer selling Edwards products.)
  - b. (Post-Meeting Note: County was told the system was "obsolete". Discussion with Bennett indicated Edwards set a "sunset date" of July 31, 2014 for the existing EST-2 panel. Technically the system is obsolete in that it is no longer manufactured. This will become an issue if the system malfunctions or is somehow damaged.)
  - c. FE Moran monitors the fire alarm system.
  - d. It is an addressable system.
  - e. FE Moran maintains the system.
  - f. Every two years IDPH requires the Nursing Home to test sensitivity of all the smoke detectors, as well as the overall system itself.
  - g. When constructed, the system had "ground fault" error on main panel. This is a transitory problem that has not been corrected. It comes and goes for no apparent reason.
  - h. There is a drawing of device locations. It's on an old computer with proprietary software from Edwards. County should have the software and the drawings.

	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<b><i>The inability of the County to access the device drawings complicates maintenance and troubleshooting. Further, it requires the County to depend on a single outdated computer.</i></b>			
<b><u>Solutions</u></b>			
<b><i>Negotiate with Edwards for purchase of the software. Buy a version that is compatible with typical County-owned computers Cost is estimated. Edwards Representative is Alex Petrovic 630-406-1151, alexander.petrovic@fs.utc.com.</i></b>			<b>\$5,000 - \$5,000</b>

<p><b>Replace the Edwards EST-2 fire alarm control panel with a new Edwards control panel. Reprogram. Cost discussed with Alex Petrovic.</b></p>			<p><b>\$11,000 - \$14,000</b></p>
<p><b>Replace the Edwards system with a Notifler system. Cost is per Bennett October 15, 2014.</b></p>			<p><b>\$104,000 - \$104,000</b></p>
<p>i. Alarm annunciators are located at front desk and each wing by nurses stations.</p> <p>j. The resident rooms have automatic door closers with magnetic hold-opens that release by the fire alarm system. The automatic closers are very expensive. These need to be tested.</p>			
<p>4. Overall training on the various MEP systems never really happened. Turnover negated some of the training that did occur. In other words, individuals were trained but then left County employment which resulted in the training being lost.</p>			
<p>5. Did receive Operation and Maintenance Manuals that cover most of the systems.</p>			
	<p><b><u>Life Safety</u></b></p>	<p><b><u>Code Compliance to Stay Open</u></b></p>	<p><b><u>System Efficiency and / or Reliability</u></b></p>
<p><b><u>Issue</u></b></p>			
<p><b>The lack of documentation coupled with turnover precludes any institutional memory.</b></p>			
<p><b><u>Solutions</u></b></p>			
<p><b>Digitize the O &amp; M Manuals if they aren't already digitized. This can be done by an intern.</b></p>			<p><b>\$10,000 - \$14,000</b></p>
<p><b>Use the O &amp; M Manuals to develop Programmed Maintenance schedules.</b></p>			<p><b>\$5,000 - \$7,000</b></p>
<p><b>Add notes to the materials developed above that incorporate lessons learned on an ongoing basis.</b></p>			<p><b>\$0 - \$0</b></p>

6. Room numbers changed after completion of the project. The Building Automation System (BAS) graphics shows room numbers that are not the same as the actual numbers. Needs fixed.			
	<u><b>Life Safety</b></u>	<u><b>Code Compliance to Stay Open</b></u>	<u><b>System Efficiency and / or Reliability</b></u>
<u><b>Issue</b></u>			
<b>Confusion generated by mislabeled room numbers complicates repair efforts, extends response time and opens the door to resident complaints.</b>			
<u><b>Solutions</b></u>			
<b>Revise the room names and numbers to correspond exactly with actual designations. (Try to do this at the same time as the fire damper documentation.)</b>			<b>\$2,200 - \$2,200</b>
7. Reduced pressure backflow preventers on the two water services are (domestic and fire) checked every year.			
a. Same for smaller ones.			
8. There is no softener on the water supply to the kitchen equipment. The equipment vendors typically require soft water to warranty their equipment.			
a. City water causing dishwasher and booster heater problems.			
b. The electric booster heater limes up quickly. It cost \$4,000 to \$5,000 to replace it.			
c. The County pays ECO LAB yearly to keep the kitchen equipment functioning. It would cost less if the water was softened.			
	<u><b>Life Safety</b></u>	<u><b>Code Compliance to Stay Open</b></u>	<u><b>System Efficiency and / or Reliability</b></u>
<u><b>Issue</b></u>			
<b>Failure to soften the hot water supplied to the dishwashing equipment causes premature failure of the booster heater, increased maintenance on the dishwasher and degrades the performance of the dishwasher.</b>			

<b><u>Solutions</u></b>			
<b><i>Install a water softener on the hot water supply piping to the electric booster heater. Price is for 150,000 grains between regeneration, 51 gpm peak. Exact requirements in terms of flow should be determined.</i></b>			<b>\$7,000 - \$9,000</b>
<p>9. Laundry sanitization.</p> <p>a. Now using ozone to sanitize (this was installed in last six months).</p> <p>b. Bleach is only used on white linens.</p> <p>c. Allows use of cold water which should reduce natural gas consumption. Uses less overall water. Reduces chemical consumption.</p> <p>d. Safety concern - There is no ozone detection in the laundry.</p>			
	<b><u>Life Safety</u></b>	<b><u>Code Compliance to Stay Open</u></b>	<b><u>System Efficiency and / or Reliability</u></b>
<b><u>Issue</u></b>			
<b><i>Conversation with Max Redmond indicates he will install ozone detection in the laundry. Ozone exposure is regulated by OHSA. The detector will have dry contacts (1NO and 1NC) that index on alarm.</i></b>			
<b><u>Solutions</u></b>			
<b><i>Connect the BAS to the alarm and notify maintenance staff of the event.</i></b>			<b>\$1,000 - \$1,000</b>
<p>e. Using Exceptional Laundry Systems (<a href="http://www.laundrybyozone.com">www.laundrybyozone.com</a>) for the ozone generation system (Max Redmond, 217-398-3710, is the contact).</p>			

10. Water heaters.			
a. One gas-fired water heater in each unit.			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<i>In late January 2015 complaints about lack of domestic hot water led to the discovery that two of the five domestic water heaters were failing. The manufacturer's representative visited the site and determined the two in question are at the end of their service life. The other three aren't far behind.</i>			
<b><u>Solutions</u></b>			
<i>Remove the falling heaters and install new heaters. The capacity / recovery rate should be established by calculation. An analysis of heater cost versus efficiency should be conducted before final selection based on a reasonable service life projection. Note the BAS work needed to automatically monitor hot water temperatures and control the recirculation pumps should be done at the same time.</i>		<b>\$90,000 - \$105,000</b>	
b. Recently replaced the one in the basement that serves laundry and kitchen. There are two water heaters plus a large storage tank in the basement that feed the laundry and kitchen. One heater serves as back-up.			
c. Considerably less hot water is required following the switch to ozone disinfection in the laundry.			
11. The TMV's (Thermostatic Mixing Valves) are a problem.			
a. The purpose of the TMV's is to prevent scalding. They are required by State Plumbing Code and by the ADA. None of them hold settings on a continuous basis. Staff has to check temperatures twice a day manually.			

	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<b><i>Assigning staff to record water temperatures is costly and relies on humans to take measurements and write them down.</i></b>			
<b><u>Solutions</u></b>			
<b><i>Automate the temperature measurements at all five of the resident wing TMV's. Use the BAS to monitor and record temperatures. Send "out of limits" alarm to building operators if necessary.</i></b>	<b>\$8,250 - \$8,250</b>		
<p>b. 110°F setting can't be held. Codes consider temperatures in excess of 110°F to be a burn potential. If no one uses hot water at night the temperature will climb past 120°F. Currently addressing this manually. Have reach 130°F in Alzheimer's unit on occasion.</p> <p>c. The high-low TMV's are very tricky to adjust.</p> <p>d. Check valves on return lines may be causing a problem.</p> <p>e. High maintenance. Have replaced five or six. Always using Leonard products.</p> <p>f. Leonard has been on site to help set up the TMV's. The problem persists and needs to be addressed.</p>			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<b><i>Proper temperature regulation hasn't been achievable with the present set-up. This puts the residents at risk.</i></b>			

<u>Solutions</u>			
<b>Automate operation of the five pertinent domestic hot water recirculation pumps using the BAS.</b>	<b>\$8,000</b>	<b>- \$8,000</b>	
<b>Analyze sizing of all five TMV's with the manufacturer. Check maximum flow rate, pressure drop and minimum flow rate. Review pipe arrangement at the TMV's and revise accordingly.</b>	<b>\$5,500</b>	<b>- \$8,000</b>	
12. Hydro Therapy Tubs (whirlpools). a. Have "Hydrogard" faucet mixing valves that need 120°F water (which is not available in the facility) to function properly. Can't get proper cartridge. (Note: Apparently these tubs and fittings were provided by the County, according to the construction documents. They were salvaged from the old facility.)			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<u>Issue</u>			
<b>The mixing valves on these tubs mix hot water and cold water to the desired tub temperature. They won't function properly with the ADA-regulated 110°F "hot water". Efforts to rectify this problem has not been successful.</b>			
<u>Solutions</u>			
<b>Replace all five faucet fittings with new fittings intended to work with 110°F "hot" water.</b>	<b>\$3,800</b>	<b>- \$3,800</b>	
13. Plumbing fixtures. a. Sloan fittings. b. Okay in general.			
14. Sewage ejector in basement (on generator). a. No issues to date. b. These are duplex pumps but are fed by a single electrical circuit (need on different circuit). c. Serves all basement level drains, including the laundry.			

d. Has local alarm. The alarm is visual and audible. It is not tied into the BAS.			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<i>A local alarm is installed but will be ineffective if the mechanical room is not staffed.</i>			
<b><u>Solutions</u></b>			
<i>Connect the high water alarm to the BAS. Notify appropriate staff on alarm.</i>		\$1,000 - \$1,000	
15. Sump pump in basement (on generator).			
a. No issues to date.			
b. Like the sewage ejectors these are duplex (need on different circuit).			
c. Has local alarm. The alarm is visual and audible. Not tied into the BAS.			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<i>A local alarm is installed but will be ineffective if the mechanical room is not staffed.</i>			
<b><u>Solutions</u></b>			
<i>Connect the high water alarm to the BAS. Notify appropriate staff on alarm.</i>		\$1,000 - \$1,000	
16. Interceptors.			
a. A single grease interceptor for kitchen (located outside by the dock). This needs cleaned at regular intervals to keep the kitchen functioning. Currently this interceptor is cleaned twice a year by the Berg Company.			
b. Special waste interceptor for dental (located in basement mechanical area).			
c. Lint separator (located in laundry area in the basement).			
17. There is an oil / water separator outside near the dock area.			
a. The need for this needs to be explored. It's causing problems.			

<p>b. Fills with trash that spills from compactor. The loading dock is cleaned periodically by maintenance staff. It is a never-ending job.</p> <p>c. Need basket before the separator or some way to easily remove solids before they reach the separator.</p> <p>d. The dock floods. This is due in part to the separator getting clogged.</p>			
	<u><b>Life Safety</b></u>	<u><b>Code Compliance to Stay Open</b></u>	<u><b>System Efficiency and / or Reliability</b></u>
<b><u>Issue</u></b>			
<b><i>Dock flooding has damaged the garbage compactor, spreads loose trash around the area and prevents use of the dock.</i></b>			
<b><u>Solutions</u></b>			
<b><i>Develop and monitor a program to keep the dock area clean and free of trash and debris.</i></b>			<b>\$0 - \$0</b>
<b><i>The separator is thought to be not required by the Illinois State Plumbing Code. Verify this with the State Plumbing Inspector. Assuming the separator is not required, it should be removed.</i></b>			<b>\$2,700 - \$2,700</b>
<p>18. Storm water drainage.</p> <p>a. The site is relatively flat. The building floor elevation is only a few inches above ground.</p> <p>b. There are no gutters on the majority of the building. Rainwater runs to grade where it has to find its way to catch basins.</p> <p>c. Surface water runs across sidewalk by generator where it's low. Tried tile. Tried French drain. That didn't work. Creates a dangerous ice problem in winter. Two people fell. Ice gets 2" thick. The sidewalk needs to be elevated and the water problem needs to be addressed.</p>			
	<u><b>Life Safety</b></u>	<u><b>Code Compliance to Stay Open</b></u>	<u><b>System Efficiency and / or Reliability</b></u>
<b><u>Issue</u></b>			
<b><i>The low spot in the sidewalk is a safety hazard when its ice-covered.</i></b>			

<u>Solutions</u>			
<i>Raise the sidewalk enough to keep water off it.</i>		\$2,300 - \$3,500	
<i>Install a properly-sized catch basin on the upstream side of the sidewalk to drain water away before it gets to be a problem.</i>		\$4,000 - \$5,000	
<p>d. Water leaks into control conduit that feeds the chiller and runs into the basement.</p> <p>e. Basement has drainage tile around it. On this day a steady stream of water was flowing from the tile into the sump pump.</p> <p>f. Ground water occasionally seeps into the service conduits and then leaks into the building.</p> <p>g. The utility transformer reportedly stays above water. (Post-Meeting Note: In the very heavy rain of July 12, 2014, this area flooded and water did reach the utility transformer.)</p> <p>h. Try to reduce both surface water groundwater build-up by adding gutters and downspouts that are piped directly to the storm sewer system.</p>			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<u>Issue</u>			
<i>The massive quantity of rainwater coming off the roof onto the ground is creating problems with surface drainage that exacerbate ground water infiltration into electrical conduits.</i>			
<u>Solutions</u>			
<i>Install gutters on the entire building and pipe them directly into the storm sewers. This assumes the existing storm sewers can handle the flow.</i>		\$98,200 - \$127,600	
<p>i. The catch basins on the site are small diameter, pre-fab fiberglass. It is impossible to get in them to clean them or remove anything that might fall in or impede water flow.</p> <p>19. Reportedly this building originally was intended to be LEED-certified. Apparently that fell by the wayside due to cost concerns.</p> <p>20. DWV (Drain Waste and Vent) piping.</p> <p>a. Certain kitchen drains overflow and occasionally flood space below.</p> <p>i. Dishwasher primarily causes this.</p>			

ii. Drains are currently open site per IDPH and health code.			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<i>The "open site" drain connections are unable to keep up with the instantaneous flow from the dishwasher and from the three compartment sink.</i>			
<b><u>Solutions</u></b>			
<i>Work with the State Plumbing Inspector and local Health Department to review the potential to direct the three compartment sink while using adjacent floor drain to "protect" against sewage back-up.</i>	\$4,100 - \$4,100		
<i>State Plumbing Code specifically prohibits hard-piping a dishwasher. The only solution is a larger floor sink if the discharge rate of the dishwasher can't be slowed.</i>	\$4,900 - \$4,900		
b. Basket strainers need periodic access.			
i. One is inaccessible (at prep table).			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<i>The inaccessible basket strainer gets clogged up and results in sewage running on the floor in the kitchen.</i>			
<b><u>Solutions</u></b>			
<i>Remove the inaccessible drain. Direct-connect the prep table and provide a floor drain at the prep table to an easily accessible location. Work with State and Local Plumbing Inspectors and local Health Department in advance.</i>	\$4,100 - \$4,100		

21. Walk-in freezer and cooler.			
a. Light fixtures collect water inside. Lack seals on the conduits to prevent infiltration of humid air.			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<i>Humid air is drawn into the electrical conduits by the difference in vapor pressure. It then condenses water inside the sealed light fixtures where it can't escape.</i>			
<b><u>Solutions</u></b>			
<i>Seal the conduits outside the coolers to prevent the passage of moisture-laden air.</i>			<i>Fixed 01/15/15</i>
b. The walk-ins both have insulation under them. Had to be added during construction. The insulation prevents frost heaving under the freezer.			
c. The seals on the freezer apparently were not properly re-installed after the freezer was taken apart and then re-assembled following the addition of the insulation.			
d. Polar Refrigeration out of Urbana does maintenance.			
22. Water piping.			
a. There is a domestic water pressure booster system in the basement. It's entirely possible this system is not needed.			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<i>The booster pressure system represents an investment and energy that may not be necessary.</i>			

<u>Solutions</u>			
<b>As an experiment manipulate the valves to bypass the booster system and turn it off. Operate on utility water pressure only on a temporary basis. Monitor system water pressure. If pressure and flow are acceptable then leave the booster system off and save the energy.</b>			<b>\$0 - \$0</b>
b. "Corrosion" reported at water heater connections. <ul style="list-style-type: none"> <li>i. Been repiped a couple of times.</li> <li>ii. Plumbers doing the repiping work have suggested a thin wall type of copper pipe was used. Thicker wall pipe is available.</li> <li>iii. Leaks caused by pin hole pitting at elbows. Mostly in Adult Day Care.</li> </ul>			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<u>Issue</u>			
<b>Pinhole leaks are generally caused by "erosion corrosion". This is caused by localized high velocities which means too much flow in too small of a pipe.</b>			
<u>Solutions</u>			
<b>Analyze pipe velocities at areas with a history of pinhole leaks. Upsize piping and / or reduce flow to keep velocities low enough to preclude erosion.</b>			<b>\$2,500 - \$6,000</b>
23. Natural gas service is from Ameren. <ul style="list-style-type: none"> <li>a. Piping is black steel.</li> <li>b. There are no alarms on the system for leaks. Alarms are not typically installed for natural gas as the tracer (mercaptan) is easily detectable by the human nose.</li> </ul> 24. Boilers <ul style="list-style-type: none"> <li>a. Have four "Pulse" boilers manufactured by Fulton. Minimum input per boiler is 400,000 Btuh / maximum input per boiler is 2,000,000 Btuh. One is non-functional and can't be repaired due to internal carbon / soot build-up caused by ingesting and burning airborne lint.</li> <li>b. Lint destroyed that boiler completely and is wrecking the remaining three boilers.</li> </ul>			

- c. Needed all three of the remaining boilers to heat the building last winter so had no back-up. This is highly undesirable. Another boiler failure will leave the facility without adequate heat.
- d. Boiler panel now communicates with BAS as a monitor point only. Can't adjust remotely.
- e. Currently do not have reset of hot water temperature based on outdoor air temperature. This feature should be added to conserve energy.
- f. Reheat and perimeter heat are the same system.
- g. Combustion air intake pipes, which are intended to draw air from outside the building, have been opened to inside the building to avoid ingesting lint. This totally negates the advantage of closed combustion boilers by using room air for combustion. When the lint problem is solved these pipes should be reconnected to outside to conserve energy.
- h. Pulse boilers are very efficient at lower water temperatures but have proven extremely vulnerable to the lint.
- i. The pulse boilers are noisy and cause noise issues in space above. The noise is detected mostly by staff.
- j. The boiler burner pre-purge control cycle dumps natural gas smells in courtyard. This raises health and safety concerns for people in the courtyard.
- k. The boilers will be more efficient at lower temperatures. (It is believed they operate at a fixed temperature of 180°F. This totally negates the advantage of condensing-type boilers.)
- l. Have local CO (carbon monoxide) alarm in the boiler area. It's not connected to the Building Automation System.

	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<i>While CO is typically not an issue with closed-combustion equipment there is a small potential for problems that is not monitored.</i>			
<b><u>Solutions</u></b>			
<i>Install remote carbon monoxide sensors in the boiler room and in the clothes dryer chase. Connect them to the BAS.</i>	<b>\$2,800 - \$2,800</b>		

<b><u>Issue</u></b>		
<b>Lack of hot water reset prevents the boilers from ever operating at temperatures lower than 180°F where they are more efficient. Temperature can't be adjusted remotely.</b>		
<b><u>Solutions</u></b>		
<b>Install hot water reset on the DDC control system. This will require an interface card between the DDC and the boiler control panel to facilitate.</b>		<b>\$7,000 - \$9,000</b>
<b><u>Issue</u></b>		
<b>Recent winter weather required all three of the remaining functional boilers to heat the building. There is no spare in the event of an outage.</b>		
<b><u>Solutions</u></b>		
<b>Replace the failed boiler with a new, condensing-type boiler. The County will need to decide if they want another Fulton boiler. Note such a boiler will fit in the available space. Boilers made by other manufacturers may not fit. Cost is for one boiler. Note: <u>Must</u> have lint problem fixed.</b>		<b>\$80,000 - \$95,000</b>
<p>25. Chemical treatment.</p> <ul style="list-style-type: none"> <li>a. Both the heating hot water and the chilled water systems have "pot" feeders to allow chemical treatment.</li> <li>b. Currently there is no treatment of either system. Currently there is no freeze-protective glycol in the chilled water system.</li> <li>c. An effective chemical treatment regimen needs to be established. Evidence at one of the pipeline drains suggests the circulating water is filthy.</li> <li>d. Recommend engaging Garratt Callahan Company to analyze the condition of the water and recommend a treatment program. (Kurt Harper 309-287-1206.)</li> </ul>		

	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<i>The circulating water systems need to be kept clean for optimum heat transfer. Water chemistry needs to be regulated to minimize corrosion and minimal deposition.</i>			
<b><u>Solutions</u></b>			
<i>Flush both systems with fresh, clean water until the systems are clean. This includes pipeline strainers and pump strainers. Once the systems are clean use the pot feeders to implement a chemical treatment regimen with a reputable firm that specializes in that work.</i>			<b>\$14,400 - \$14,400</b>
<p>26. Have two HW (hot water) heating pumps.</p> <ul style="list-style-type: none"> <li>a. The two pumps share a single VFD (variable frequency drive). It's built into the motor control center.</li> <li>b. If that single VFD fails the heating pump will be difficult, if not impossible to operate and, if it does operate, will have no running overload protection.</li> <li>c. Pump HWP-1A had a bearing problem in the motor on day of walkthrough (July 9, 2014).</li> <li>d. The motor with the bearing problem is a Baldor Super E catalog no. EM2513T. It's not clear if this motor is VFD rated.</li> <li>e. One pump will carry the heating load. Note: a pump needs to run year-round because the facility employs reheat systems that must have hot water to avoid overcooling in the summer.</li> </ul> <p>27. No issues with hot water heating piping now that strainers have removed most of the construction dirt out the system. (See comment above regarding chemical treatment.)</p> <p>28. Not a lot of "spot heating." Mostly forced air.</p> <p>29. VAV / RH (Variable Air Volume with Terminal Re-Heat) systems are employed in the core. This is not a resident room area. It is predominantly offices and program spaces.</p> <ul style="list-style-type: none"> <li>a. Multiple offices are grouped together on single zones.</li> <li>b. These types of systems do a good job of conditioning the spaces albeit at a high cost in energy.</li> </ul>			

	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<b>High energy costs are typical of VAV / reheat systems.</b>			
<b><u>Solutions</u></b>			
<b>The energy costs can be reduced by employing sophisticated control strategies. These include static pressure reset , supply air temperature reset, and demand-controlled ventilation (based on carbon dioxide levels).</b>			<b>\$21,000 - \$21,000</b>
<p>30. Residence rooms each have their own reheat coils.</p> <p>a. Coils are located above the ceilings. They are not inspected or cleaned unless a problem is detected. There are around 170 resident system reheat coils and around 35 reheat coils on VAV boxes.</p>			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<b>Proper reheat coil performances cannot be achieved or maintained with dirty coils.</b>			
<b><u>Solutions</u></b>			
<b>Implement a Programmed Maintenance schedule to inspect he coils once a year and clean them when necessary. This will improve temperature control and reduce energy consumption.</b>			<b>\$9,000 - \$12,000</b>
<p>b. These coils need cleaned to work properly and allow proper airflow.</p> <p>i. Filtration is a very important factor in keeping downstream components like heating and cooling coils clean.</p> <p>ii. Filters in the Magic Aire air handling units are changed every three months.</p> <p>c. With the exception of a couple rooms the resident rooms heat okay. These two rooms are both at the ends of their respective systems so this is thought to be an airflow / balancing issue.</p>			

	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<i>These two rooms need proper temperature control to keep the residents and their families happy.</i>			
<b><u>Solutions</u></b>			
<i>Investigate airflow to the pertinent two rooms as well as hot water flow to the pertinent reheat coils. Address any shortfalls accordingly.</i>			<b>\$3,000 - \$7,000</b>
<p>31. The two VAV air handling units have heating coils. No issues reported.</p> <p>32. Chillers</p> <p>a. Two York packaged air-cooled chillers are located on grade at some distance north from the building.</p> <p>b. One compressor is failing and hasn't run "for years". Needs fixed (\$50 K). Reportedly there is copper in crank case oil. Mike Schum Entec.</p> <p>c. There are two compressors / chillers, so if one compressor is non-functional, the chiller operates essentially at 50% of nominal capacity.</p>			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<i>With one compressor out, the system is reduced to 75% capacity. If and when another compressor falls, the system very likely will not be able to cool a building full of old people.</i>			
<b><u>Solutions</u></b>			
<i>Repair or replace the falling compressor.</i>		<b>\$53,000 - \$53,000</b>	
<p>d. Have service contract with Entec.</p> <p>e. There is plain water in these chillers and in the chilled water system.</p> <p>i. The lack of glycol (anti-freeze) was a bone of contention with the design A/E who didn't want the modest reduction in system efficiency that results from adding glycol.</p>			

<p>ii. The design A/E added heat tape to the chillers and exposed chilled water piping. They also added a control system to operate the chilled water pump if the exposed piping got too cold and turned on an alarm.</p> <p>f. Froze a chilled water coil in the VAV AHU last winter that cost approximately \$8,000 material only. Labor was expected to be around \$4,000 for a total repair on the order of \$12,000. The outdoor air damper actuator broke and let too much cold air into the unit.</p> <p>g. Used to drain the systems, but had issues with dirty water and with the expense to drain and refill several times a season, so quit draining it and relied on the heat tape to protect the chiller evaporator barrels and piping from freezing.</p> <p>h. The chillers have to run in colder temperatures than normal since MagicAires don't have free cooling. This needs a second look.</p> <p>i. Glycol should be added to the chilled water system to protect against freeze-up. There is a modest performance penalty to operate with glycol but that penalty is offset by the cost to repair accidental freeze-ups.</p>			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b>Issue</b>			
<i>Chilled water is subject to freezing conditions in the air handling units when controls malfunction. Further, anything that compromises the heat tape exposes the chillers and the piping to freeze-ups that are very costly to repair.</i>			
<b>Solutions</b>			
<i>Flush the entire chilled water system with clean water. When the system is clean, refill it with a 30% solution (by volume) of corrosion-inhibited ethylene glycol. Monitor inhibitor concentrations as part of the chemical treatment program recommended elsewhere.</i>		<b>\$18,000 - \$21,000</b>	
<p>j. The condenser coils on both chillers are packed with dirt and need to be cleaned to develop full capacity at best efficiency. At a minimum these coils should be cleaned twice a year. It's not clear why these aren't being cleaned under the service contract. (Post-Meeting Note: It was subsequently reported that Entec has cleaned the condenser coils.)</p>			

	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<b><i>The condenser coils on the chillers exchange heat with the atmosphere. Like the radiator on a car they rely on the free flow of air for that exchange. Coils packed with dirt are seriously compromised. This has a major impact on energy consumption.</i></b>			
<b><u>Solutions</u></b>			
<b><i>Implement a Program Maintenance program and clean these coils. Use quarterly intervals to begin and adjust according to conditions. Cost is per year.</i></b>	<b>\$1,300 - \$2,200</b>		
33. AHU-3 (VAV) runs with supply fan on VFD variable speed control, but with the return fan RF-3 on manual speed control. This mode of operation will create airflow and pressure imbalances. The building operators need training on setting up the VFD's.			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<b><i>Airflow imbalance leads to decreased comfort, odor transfers, and increased energy consumption.</i></b>			
<b><u>Solutions</u></b>			
<b><i>Repair the VFD for RF-3 and troubleshoot the controls to restore automatic controls.</i></b>		<b>\$3,000 - \$3,000</b>	
34. AHU-5B (MagicAire) was reported to continually blow fuses on one of the three phase conductors. (Post-Meeting Note: Subsequent transformer replacement in the starter coupled with discovery and replacement of a nicked wire appears to have resolved the fuse blowing problem.)			
a. The contactor chatters. The unit only runs on "manual." It won't run under automatic control. 7 amp load, 15 amp fuse.			

	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<b><i>The inability to run on "hand" puts the system at the mercy of the "automatic" controls. If the automatic functions fail, then the residents will have no heating or cooling.</i></b>			
<b><u>Solutions</u></b>			
<b><i>Troubleshoot the electrical aspect of these controls. Check voltage and the coil. Check the contactor, etc.</i></b>			<b>Completed 01/15/15</b>
<p>35. Kitchen has heating-only MUAU (Make-Up Air Unit) on roof.</p> <ul style="list-style-type: none"> <li>a. Interlocked with range hood and dishwasher.</li> <li>b. Gas-fired.</li> <li>c. This unit ingests lint from the dryers and needs continual attention to the filters.</li> </ul>			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<b><i>The underlying issue is the lint. See below. Any lint that makes it past the filters gets blown into the kitchen.</i></b>			
<b><u>Solutions</u></b>			
<b><i>Continue to change filters with properly fitting products. Assume quarterly changes.</i></b>			<b>\$800 - \$1,100</b>
<p>36. Kitchen has heating / cooling unit on roof (RTU-1).</p> <ul style="list-style-type: none"> <li>a. The condenser fins are shot. They're brittle and have lost proper contact with the tubes. (There is a suggestion that cleaning solution used to remove lint may have caused this damage.)</li> </ul>			

	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<i>The conditions of the condenser coil fins suggests the ability of this unit to cool the space is seriously compromised.</i>			
<b><u>Solutions</u></b>			
<i>Have a competent refrigeration mechanic test heat transfer at the condenser coil. If, as suspected, the coil is shot, then replace the coil (In the alternate, replace the entire unit). Cost is for condenser coil.</i>			<b>\$5,000 - \$6,500</b>
b. This unit has had filter issues. Due to the lint problem the air filters absolutely must fit properly to protect the cooling coil from lint build-up.			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<i>Improperly-fitted filters will allow lint to deposit on the cooling coil where it chokes off airflow and reduces efficiency.</i>			
<b><u>Solutions</u></b>			
<i>Address the lint problem.</i>			<b>\$0 - \$0</b>
<i>Institute Programmed Maintenance on the filters to ensure properly fitted filters that are clean are in place at all times. Assume quarterly changes.</i>			<b>\$800 - \$1,100</b>
c. Reportedly, getting 40° temperature drop in cooling but that's not enough to keep the kitchen cool when it's 95° OAT (this may be due more to reduced airflow than anything else).			
d. It is assumed that kitchens are hot places and this kitchen will be hot even with this unit performing at its maximum output.			
37. Laundry has its own air handling unit AHU-9. This is a MagicAire unit. No issue reported with this system other than the unsuitability of MagicAire equipment. Proper operation of this unit is particularly important now that the laundry uses ozone.			
38. AHU-8 serves basement. This is a reheat system with duct-mounted coils. The air handling unit is a MagicAire. No issues reported with this system other than the unsuitability of MagicAire equipment.			

- 39. VAV AHU-3 serves east half of core. The AHU and RF are located in the basement by the laundry.
  - a. Motors that are powered by VFD's need special ratings to prevent premature bearing failure.
  - b. This is the unit that has the chilled water coil freeze-up.
- 40. AHU-2 (VAV / RH) serves dining room and adjacent spaces. The AHU and F are located in the basement northeast corner.
  - a. Just replaced RF-2 motor. Not clear if it was inverter-rated.

	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
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**Issue**

<b><i>Motors powered by Variable Frequency Drives need a special rating to prevent premature bearing failure or winding failure. Motor failure this soon suggests the need for investigation.</i></b>			
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**Solutions**

<b><i>Motor data from the VAV systems should be checked to see if they are "Inventor Rated" or "VFD enabled" or something similar. When existing motors reach the end of their service life, they should be replaced with motors expressly sold as suitable for this use.</i></b>			<b>\$0 - \$0</b>
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- 41. Magic Aire air handling units typically serve the resident rooms.
  - a. These units are not suitable for this application. The manufacturer does not warrant them for this application.
  - b. Experienced bowed casing problems due to excessive negative pressure.
  - c. Condensate drains not properly installed because there isn't adequate elevation of the pans above the floor. This causes occasional overflows of the pans.
  - d. Broke bearing brackets on some of the Magic Aire's.
  - e. The original A/E added in-line return fans (RF's) and modified the ductwork as part of a negotiated settlement with the County after the MagicAire units were unable to move required airflows. The "return fans" are more correctly denoted as return air assist fans.
  - f. The Magic Aire systems were then re-balanced to meet IDPH airflow requirements.

<p>g. Access to the Magic Aire units and to the retrofitted return fans is very difficult (some through shower rooms).</p> <p>h. The air filters in these units are Viskon Corp 16" x 25" x 2" rated for 700 cfm with a MERV rating of 13 (80 to 90% efficiency).</p>			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<b><i>The MagicAire units are totally unsuitable and are already failing. The booster fans are an unwanted complication.</i></b>			
<b><u>Solutions</u></b>			
<b><i>Replace the MagicAire air handling units with institutional grade equipment intended for this application. Remove the booster fans. Cost is for construction only. This will be difficult.</i></b>			<b><i>\$315,000 - \$360,000</i></b>
<p>42. Resident room toilet exhaust fans generally okay. There's approximately nineteen of them.</p> <p>a. There is no energy recovery from these fans.</p> <p>b. No issues reported with these fans.</p> <p>43. Range hood exhaust system.</p> <p>a. Hood is exhaust only (i.e., no short-circuit provisions).</p> <p>b. Need grease ducts cleaned every six months (hood as well). Had to add at least one access door to the grease duct to allow cleaning.</p> <p>c. Has Anusl dry chemical fire suppression system.</p> <p>d. Cooking equipment can now be manually shut down. Two emergency stop switches to shut all equipment off were added after a fire in the wall resulted in an unintended release of the Anusl system chemicals.</p> <p>e. Grease filters cleaned when needed by a third party (as opposed to kitchen staff).</p>			

	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b>Issue</b>			
<b>Clean grease filters keep the exhaust duct and exhaust fan cleaner, which increases safety and reduces the cost to clean the duct and fan.</b>			
<b>Solutions</b>			
<b>Task the kitchen staff with removing, cleaning and re-installing (perhaps nightly) the grease filters at regular intervals.</b>			<b>\$0 - \$0</b>
<p>44. Dryers</p> <p>a. Lint screens are cleaned by laundry staff every second or third use. There's a differential pressure switch that senses if the screens are loaded with lint and prevents the dryers from operating until the screens are cleaned.</p> <p>b. Staff keeps the lint screens clean since it takes longer to dry the laundry when screens are dirty.</p> <p>i. Significant quantities of lint get through the screens, go up the vents, and are deposited on the roof.</p>			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b>Issue</b>			
<b>The lint emissions on the roof have ruined one boiler and are in the process of ruining the other three. The condenser coil on the RTU serving the kitchen was ruined when attempts were made to get the lint off it. Lint deposition on RTU and MUAU filters is costing serious money to address.</b>			
<b>Solutions</b>			
<b>Install an automatic lint filtration device on the roof to capture the lint. Project cost is listed and is based on scope identified in "Lint Remediation Study" dated December 5, 2012.</b>	<b>\$230,000 - \$322,000</b>		

<p>c. Staff cleans the fan wheels manually to keep them from getting out of balance.</p> <p>d. The dryers have provisions to clean the wheels automatically but there is no source of compressed air. This came up during construction and someone made the decision to not buy a compressor for this purpose.</p>			
	<u><b>Life Safety</b></u>	<u><b>Code Compliance to Stay Open</b></u>	<u><b>System Efficiency and / or Reliability</b></u>
<u><b>Issue</b></u>			
<b>Lack of an air compressor dedicated to keeping the dryer wheels clean and in balance automatically requires valuable staff time to do it manually.</b>			
<u><b>Solutions</b></u>			
<b>Provide a dedicated air compressor (DO NOT use the dry sprinkler system air compressor!). Pipe to the dryers per written instructions.</b>			<b>\$3,000 - \$4,000</b>
<p>e. The dryers have internal sprinkler heads to extinguish a fire in the drum. These were never connected to anything. These heads would not be considered part of the required building sprinkler system.</p>			
	<u><b>Life Safety</b></u>	<u><b>Code Compliance to Stay Open</b></u>	<u><b>System Efficiency and / or Reliability</b></u>
<u><b>Issue</b></u>			
<b>The dryer could be damaged if a fire develops in the drums.</b>			
<u><b>Solutions</b></u>			
<b>Provide a water connection to the internal sprinkler head per written instructions. Install a single flow switch and wire to the BAS.</b>			<b>\$2,000 - \$2,400</b>
<p>f. Milnor is manufacturer. Loomis Bros out of Peoria does repair and maintenance.</p> <p>g. Can't clean the dryer vent "pipe" that goes through the roof since there's no access into those vents. (This is addressed in "lint filtration" above.)</p>			
<p>45. Controls</p> <p>a. Originally installed as Honeywell Tridium direct digital control (DDC) system.</p> <p>b. System taken over by Entec (Peoria - Steve O'Crasky).</p>			

<p>c. The front end program hasn't been receiving yearly updates and is several revisions behind.</p> <p>d. There currently is no service agreement between Entec and the County for the DDC system.</p> <p>e. Operators report they don't have a lot of control. This is a training deficiency as Steve O'Crasky reports the operators have access to setpoints.</p>			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<i>Inability to change set-points and control variables reduces the effectiveness of the control system and costs the County money to hire Entec to make changes.</i>			
<b><u>Solutions</u></b>			
<i>Work with Entec to train qualified County staff how to change set-points and control variables. Training must be documented for the benefit of future County Staff.</i>			\$0 - \$3,000
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<i>The programs driving the control system needed to be upgraded at periodic intervals to remain effective.</i>			
<b><u>Solutions</u></b>			
<i>Catch up with the various upgrades that have been deferred since the system went into operation.</i>			\$2,000 - \$5,000
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<i>The HVAC system employs reheat strategies throughout the building. Such systems produce excellent temperature and</i>			

<p><b>humidity control but at the cost of high energy consumption for both gas and electricity. Implementing sophisticated control strategies that minimize overcooling and reheating will save considerable dollars.</b></p>			
<p><b><u>Solutions</u></b></p>			
<p><b>Conduct a detailed audit of energy consumption along with all the systems that consume that energy. Identify the costs to implement those strategies. Explore possible incentive payments available from DCEO. Cost listed is for the energy audit.</b></p>			<p><b>\$6,000 - \$8,000</b></p>
<p>f. Entec reported the thermostats in the shower rooms have been problematic. The thermostats contain the circuitry that controls the associated reheat coils. Their location in a humid / wet environment results in corrosion failures and loss of control.</p>			
	<p><b><u>Life Safety</u></b></p>	<p><b><u>Code Compliance to Stay Open</u></b></p>	<p><b><u>System Efficiency and / or Reliability</u></b></p>
<p><b><u>Issue</u></b></p>			
<p><b>Improperly applied thermostats in the shower rooms fail prematurely in that wet environment.</b></p>			
<p><b><u>Solutions</u></b></p>			
<p><b>Install the controllers in dry areas and use remote bulb sensors in the shower rooms that are suitable for the environment. Seven locations.</b></p>			<p><b>\$4,500 - \$6,000</b></p>
<p>g. Recently lost remote access function. This is thought to be an issue with the County network as opposed to a DDC issue. (Post-Meeting Note: Remote access function has been restored.)</p> <p>h. Have good graphics.</p> <p>i. There are no pneumatic controls anywhere in this facility (which is good!).</p> <p>j. Need training for current staff. This is an ongoing issue. The staff who originally received training are no longer working at the Nursing Home.</p> <p>k. Have night setback that is not used. This is only valuable in core / staff areas. The residential wings are not suitable for night setback. It should be implemented as an energy efficiency issue.</p>			

	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b>Issue</b>			
<b>An opportunity to save energy is being missed by not employing setback in the core/people areas.</b>			
<b>Solutions</b>			
<b>Put the night setback (aka program control) into operation in these areas.</b>			<b>\$200 - \$200</b>
I. Steve O'Crasky is reportedly hard to reach. This results in delays addressing problems. (Post-Meeting Note: This may be due to the lack of service contract with Entec.)			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b>Issue</b>			
<b>Delays in response time antagonizes residents and their families. Delays in response time put the facility at risk.</b>			
<b>Solutions</b>			
<b>Discuss the matter with Entec service representatives and explain expectations.</b>			<b>\$0 - \$0</b>
<b>Assuming a satisfactory relationship exists with Entec hire them on a service contract to periodically test and correct defects.</b>			<b>\$8,000 - \$20,000</b>
46. Electric service is from Ameren. <ul style="list-style-type: none"> <li>a. Underground primary conductors feed a pad-mounted transformer located north of the dock. It's perilously close to an area that routinely floods. Staff reports the transformers have not been flooded to date. It is important that site drainage be addressed to prevent problems.</li> <li>b. Service conductors from the transformers are conduit and wire underground to main switchboard.</li> </ul>			
47. The Main Switchboard (MSB) is in the basement. <ul style="list-style-type: none"> <li>a. 2500 amp, 277/480 volt, 3 phase, 4 wire</li> <li>b. Has a single main breaker.</li> </ul>			

<p>c. All breakers, including the main, have ground fault protection.</p>			
<p>48. Post-Meeting Note: Staff reports lightning damage August 25 - 26, 2014 that involved delayed egress door control circuit boards, nurse call system and fire alarm system door releases. These are all noted as fed from 120 / 208 volt panels.</p>			
<p>a. No building is immune to lightning strikes or lightning-induced failures.</p>			
<p>b. Near-misses or cloud-to-cloud strikes can induce voltages in building wires and systems without ever touching them.</p>			
<p>c. Voltage spikes caused by lightning on incoming power lines are hard to catch / clamp before they travel to vulnerable systems.</p>			
<p>d. The Main Service Board (MSB) distribution panel appears to have a Transient Voltage Surge Suppressor (TVSS) that was intended to intercept surges coming in from the utility.</p>			
<p>e. The sprawling one-story floor plan of the facility guarantees long lengths of electrical feeders downstream of the MSD that are vulnerable to induced over voltage.</p>			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<u>Issue</u>			
<b>Lightning-caused voltage surges cause thousands of dollars in damage.</b>			
<u>Solutions</u>			
<p><b>Search for a pattern of damage. Make sure stepdown transformers are properly grounded. Make sure the neutrals of the 120 / 208 volt panels are properly bonded. Assuming all is well install high quality TVSS devices on the 120 / 208 volt panels that feed the affected loads. These appear to be the "CCK" panels. The TVSS devices should be high quality similar to Square D "Surelogic". Assume six panels.</b></p>			\$6,000 - \$9,000
<p>49. There are three open-transition Automatic Transfer Switches (ATS) in the Main Switchboard. These correspond to the three branches of emergency power.</p>			
<p>a. Critical Care branch</p>			
<p>b. Life Safety branch</p>			

<p>c. Equipment power branch</p>			
<p>50. Post-Meeting Note: On September 11, 2014, the generator was started and run under load in a scheduled test. Staff experienced great difficulty transferring back to utility power. GFI-protected main breakers for both the life safety and the critical care branches tripped reportedly before reset could be accomplished successfully. Nurse call system components (transformer in the power supplies) were damaged in this process.</p>			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<u>Issue</u>			
<p><i>This is thought to be a problem with the open-transition automatic transfer switches. It appears utility power is re-established slightly out of phase with generator power.</i></p>			
<u>Solutions</u>			
<p><i>Involve an electrical engineer and the ATS manufacturer (Asco) to develop a thorough understanding of the problem and how to fix it. Worst-case this would involve replacing the three automatic transfer switches with</i></p>		\$3,000 - 60,000	
<p>51. When the building was put into operation, Coleman Electric had to reset the sensitivity on the Life Safety ground fault interrupter to prevent nuisance tripping but it didn't solve the problem completely. This needs to be investigated and fixed.</p>			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<u>Issue</u>			
<p><i>"Nuisance tripping" means the circuiting takes the life safety power off-line for no apparent reason. This compromises the safety of all the building occupants.</i></p>			
<u>Solutions</u>			
<p><i>Hire a qualified electrical contractor to systematically evaluate everything that is fed by the Life Safety panel LSC. Find the offending load and fix it. (It may be a setting issue.)</i></p>		\$400 - \$2,400	

<p><b>Perform a gfi coordination study to ensure a problem downstream of the branch switches in the Main Switchboard doesn't take the main switch (i.e. the entire building) off-line.</b></p>		<p><b>\$1,200 - \$3,000</b></p>	
<p>52. 750 KW Generator is located outside, north of the dock.</p> <ul style="list-style-type: none"> <li>a. Diesel with underslung fuel tank.</li> <li>b. Load tested once a year.</li> <li>c. Exercised once a month for thirty minutes.</li> <li>d. ATS indexed to put loads on the generator.</li> <li>e. Need to test batteries monthly.</li> </ul>			
	<p><u><b>Life Safety</b></u></p>	<p><u><b>Code Compliance to Stay Open</b></u></p>	<p><u><b>System Efficiency and / or Reliability</b></u></p>
<p><u><b>Issue</b></u></p>			
<p><b>The lead/acid batteries require maintenance while the gel cell batteries are "maintenance-free."</b></p>			
<p><u><b>Solutions</b></u></p>			
<p><b>Replace the lead/acid batteries with gel cell batteries when the lead/acid batteries reach the end of their life.</b></p>			<p><b>Completed 01/15/15</b></p>
<ul style="list-style-type: none"> <li>f. The engine is reportedly quite loud.</li> </ul> <p>53. Kitchen equipment occasionally trips on overload or gfi. This is not thought to be a major problem.</p> <p>54. Need training on VFD's (Variable Frequency Drives). Staff lacks the training to set up, adjust or troubleshoot them.</p> <ul style="list-style-type: none"> <li>a. The drives power numerous pieces of equipment that are essential to building operation.</li> <li>b. The VFD's are tied into Entec DDC system.</li> <li>c. The VFD's are manufactured by GE. It appears most of them are built into motor control centers.</li> <li>d. Bill Heinz from Davis-Houk Mechanical normally does maintenance on the VFD's.</li> </ul>			

	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<b><i>Inability of County staff to troubleshoot the drives increases response time to problems and requires the County to rely on outside vendors.</i></b>			
<b><u>Solutions</u></b>			
<b><i>Obtain documentation on all the drives. Have a product service representative come to the site and train County staff. Document the training for future use.</i></b>		<b>\$400 - \$800</b>	
<p>55. Lighting is primarily 277 volt with T8 lamps.</p> <p>a. No occupancy sensors were installed as this building was constructed prior to adoption of energy codes that now require occupancy sensors.</p> <p>56. Emergency lighting is provided by standard light fixtures that are on 24 x 7. These fixtures are powered by the Life Safety branch of the generator.</p> <p>57. CCTV Surveillance Camera system (installed by Bennett Electronics).</p> <p>a. Camera coverage at exterior doors.</p> <p>b. Exterior camera coverage at delayed egress doors.</p> <p>c. Exterior camera coverage in courtyard.</p> <p>d. Camera coverage in kitchen.</p> <p>e. System is currently full (i.e., won't accept new cameras). There are 14 cameras now.</p>			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<b><i>Want 22 new cameras.</i></b>			
<b><u>Solutions</u></b>			
<b><i>To serve.</i></b>		<b>\$83,000 - \$90,000</b>	

- f. System is monitored at:
    - i. Front door reception area.
    - ii. Unit 2 nurse desk.
    - iii. Admin area.
    - iv. Maintenance office.
    - v. Control room (not sure where this is).
  - g. Records are kept for twenty-eight days.
  - h. Preparing for wireless.
58. Replace outdated analog CCTV system with new IP-based (Internet Protocol = IP) system that provides better access and ability to add additional cameras. Replace the lead end. Provide an encoder to incorporate some of the existing cameras. Replace the exterior PTZ (Pan Tilt Zoom) cameras with IP-based models. Provide certain new cameras. Cost is based on Bennett October 15, 2014 proposal.
59. Door alarm system (installed by Bennett Electronics).
- a. All exit doors are alarmed.
  - b. Crash bars with microswitches are very expensive.
  - c. Have card key readers on certain doors.
  - d. Craig Terven prints the cards.
  - e. Delayed egress doors tied into this system.
  - f. Certain doors have physical keys.
  - g. The IdentiPass Software is functional, but hasn't been updated. It is now outdated and can't be replaced. (Per Bennett October 15, 2014.)
  - h. The series 9000 door hardware is now obsolete as well according to Bennett October 18, 2014. Apparently the hardware can be used in a new system.
  - i. No back-up at this point. If the system crashes the control function is lost.
  - j. Running on original computer. It is outdated as is the computer operating system.
  - k. The entire door alarm system needs updated with software that allows the system to run on the County network.

	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<b><i>Outdated software and the inability to run that software puts the system at risk.</i></b>			
<b><u>Solutions</u></b>			
<b><i>Replace head end controller and field panels with new Premisys system. Re-use all field equipment, locking hardware, power supplies and all existing field cabling. Provide new software with license to the County. Software must be compatible with any "standard" County-owned computer. Provide training. Cost is estimated in the absence of a proposal from Bennett.</i></b>		<b>\$40,000 - \$60,000</b>	
<p>60. Call buttons (installed by Bennett Electronics).</p> <ul style="list-style-type: none"> <li>a. It's a Rauland Responder 4000 system.</li> <li>b. Hard to troubleshoot.</li> <li>c. There is no audio capability. The system has the ability to incorporate speakers but speakers were not specified according to Bennett.</li> </ul>			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
<b><i>Lack of communication (i.e. speakers) requires staff to physically travel to the call source to respond. Much time is wasted.</i></b>			
<b><u>Solutions</u></b>			
<b><i>Change out the existing stations for new audio bed stations and change out the corridor lights to allow staff to respond appropriately and effectively. Reprogram the system and provide training. Cost is based on Bennett October 15, 2014 proposal.</i></b>			<b>\$77,000 - \$77,000</b>

<p>d. Pushbutton in room lights up on corridor wall and at nurse station.</p> <p>e. Pullstring in bathroom. Cords can be pulled out of the wall and not replaced properly.</p>			
	<u><b>Life Safety</b></u>	<u><b>Code Compliance to Stay Open</b></u>	<u><b>System Efficiency and / or Reliability</b></u>
<b><u>Issue</u></b>			
<p><i>Didn't buy software module to track history of response time. This could be important if a resident or family member brought the County to court over response time allegations.</i></p>			
<b><u>Solutions</u></b>			
<p><i>Purchase the software module to track response time and keep records. Cost is based on Bennett October 15, 2014 proposal.</i></p>			<b>\$5,200 - \$5,200</b>
<p>61. Copper system phone okay (Champaign Telephone Company).</p> <p>a. E-phone (Emergency Phone) in parking lot needs checked weekly.</p> <p>b. Ditto E-phone in elevator.</p> <p>c. E-phone needs to go to 911 call center (does it?).</p> <p>62. Fiber optic loop okay. The loop communicates with virtually all units of government in Champaign County.</p> <p>63. Data network run by County IT (Information Technology) Department (Andy Rhodes).</p> <p>a. There is no WiFi in the building.</p> <p>b. Want to go wireless. Wheels are in motion.</p>			
	<u><b>Life Safety</b></u>	<u><b>Code Compliance to Stay Open</b></u>	<u><b>System Efficiency and / or Reliability</b></u>
<b><u>Issue</u></b>			
<p><b>WiFi is an expected amenity in facilities like this. Family members will use it as much as the residents.</b></p>			
<b><u>Solutions</u></b>			
<p><b>Install WiFi in the building.</b></p>			<b>\$26,000 - \$26,000</b>

64. CATV (installed by Premier Sound) Andy _____ a. Direct TV via dish. b. Forty boxes correspond to forty channels. c. The Direct TV equipment is obsolete. d. Replacing obsolete boxes with obsolete boxes now.			
	<u>Life Safety</u>	<u>Code Compliance to Stay Open</u>	<u>System Efficiency and / or Reliability</u>
<b><u>Issue</u></b>			
Obsolete equipment will soon be impossible to obtain. This will take the TV system down station by station.			
<b><u>Solutions</u></b>			
Replace the obsolete equipment with new updated equipment. Cost has been represented as approximately \$10,000			\$10,000 - \$10,000
65. Can broadcast building and event schedules. a. Senior Net. 66. Oxygen is held in individual tanks. a. Third party transfers to small bottles for use by residents.			
Totals	\$272,750 - \$368,150	\$441,800 - \$581,600	\$756,303 - \$867,800

Jim Gleason

JNG/smh

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<u>GHR Engineering Study of Nursing Home Mechanicals - Physical Plant Prioritization</u>					
<u>Project</u>	<u>Priority 1</u>	<u>Priority 2</u>	<u>Priority 3</u>	<u>Cost</u>	<u>GHR Categories</u>
1. Smoke and Fire Dampers		\$ 10,000.00		\$ 10,000.00	2
2. Sprinklers		\$ 35,300.00		\$ 35,300.00	2
3. Fire Alarm			\$ 123,000.00	\$ 123,000.00	3
4/5. MEP Training and Operation Manuals			\$ 21,000.00	\$ 21,000.00	3
6. Room Number Project			\$ 2,200.00	\$ 2,200.00	3
7. Pressurized Back Flow Preventers			\$ -	\$ -	
8. Water Softener			\$ 9,000.00	\$ 9,000.00	3
9. Laundry Sanitization - Ozone Detection			\$ 1,000.00	\$ 1,000.00	3
10. Water Heaters	\$ 105,000.00			\$ 105,000.00	2
11. Thermostatic Mixing Valves	\$ 24,250.00			\$ 24,250.00	1
12. Hydro Therapy Tubs	\$ 3,800.00			\$ 3,800.00	1
13. Plumbing Fixtures				\$ -	
14. Sewage Ejector		\$ 1,000.00		\$ 1,000.00	2
15. Sump Pump		\$ 1,000.00		\$ 1,000.00	2
16. Interceptors				\$ -	
17. Oil/Water Separator			\$ 2,700.00	\$ 2,700.00	3
18a. Storm Water Drainage		\$ 8,500.00		\$ 8,500.00	2
18b. Rain Gutters		\$ 127,600.00		\$ 127,600.00	2
19. LEED				\$ -	
20a. Drain Waste and Vent Piping	\$ 9,000.00			\$ 9,000.00	1
20b. Basket Strainers	\$ 4,100.00			\$ 4,100.00	1
21. Walk-in Freezer and Cooler - COMPLETED				\$ -	3
22b. Water Piping Corrosion			\$ 6,000.00	\$ 6,000.00	3
23. Natural Gas				\$ -	
24i. Boilers - Carbon Monoxide Sensors	\$ 2,800.00			\$ 2,800.00	1
24b. Boilers - Hot Water Reset			\$ 9,000.00	\$ 9,000.00	3
24c. Boilers - Replace four units	\$ 380,000.00			\$ 380,000.00	3
25. Chemical Treatment of Hot & Cold Water			\$ 14,400.00	\$ 14,400.00	3
26. Hot Water Heat Pumps (two)			\$ -	\$ -	
27. Hot Water Strainers			\$ -	\$ -	

<b>GHR Engineering Study of Nursing Home Mechanicals - Physical Plant Prioritization</b>						
<b>Project</b>	<b>Priority 1</b>	<b>Priority 2</b>	<b>Priority 3</b>	<b>Cost</b>	<b>GHR Categories</b>	
28. Spot Heating			\$			
29. VAV/RH			\$	21,000.00		3
30a. Residence Room Reheat Coils			\$	12,000.00		3
30c. Address two rooms w/ proper temps			\$	7,000.00		
31. Two VAV Air Handling Units			\$			
32c. Chiller - Replace Compressor		\$ 53,000.00	\$	53,000.00		2
32i. Chiller - Flush water and add glycol		\$ 21,000.00	\$	21,000.00		2
32j. Chillers - Clean Coils Annually	\$ 2,200.00		\$	2,200.00		1
33. AHU-3 - Repair		\$ 3,000.00	\$	3,000.00		2
34. AHU-5B - Trouble Shoot Electricals - <b>COMPLETED</b>			\$			3
35. Kitchen Heating-only MUAU - quarterly filter change			\$	1,100.00		3
36a. Kitchen RTU-1			\$	6,500.00		3
36b. Annual Maintenance Program			\$	1,100.00		3
37. Laundry AHU-3			\$			
38. AHU-8			\$			
39. VAV AHU-3			\$			
40. AHU-2 (VAV/RH)			\$			
41. Magic Air Handling Units - 14 units			\$	360,000.00		3
42. Resident Room Toilet Exhaust Fan			\$			
43. Range Hood Exhaust			\$			
44b. Dryers - LINT PROBLEM	\$ 322,000.00		\$	322,000.00		1
44d. Dedicated Air Compressor			\$	4,000.00		3
44e. Water Connection Switch			\$	2,400.00		3
45. Controls - ENTEC BAS			\$	42,200.00		3
46. Electric Service			\$			
47. Main Switch Board			\$			
48. Lightning Damage			\$	9,000.00		3
49. Automatic Transfer Switch			\$			
50. Generator Tripping - ATS		\$ 60,000.00	\$	60,000.00		2
51. Life Safety Ground		\$ 5,400.00	\$	5,400.00		2
52. Generator - Replace Batteries - <b>COMPLETED</b>			\$			
53. Kitchen Equipment Tripping			\$			

<b>GHR Engineering Study of Nursing Home Mechanicals - Physical Plant Prioritization</b>						
<b>Project</b>	<b>Priority 1</b>	<b>Priority 2</b>	<b>Priority 3</b>	<b>Cost</b>	<b>GHR Categories</b>	
54. Training on VFD	\$	800.00		\$ 800.00	2	
55. Lighting				-		
56. Emergency Lighting				-		
57. CCTV Surveillance System	\$	90,000.00		90,000.00	2	
58. CCTV System - included in CCTV Surveillance Quote				-		
59. Door Alarm	\$	60,000.00		60,000.00	2	
60. Call Buttons			\$ 82,200.00	82,200.00	3	
61. Copper System Phone				-		
62. Fiber Optic Loop				-		
63. IT Network			\$ 26,000.00	26,000.00	3	
64. CATV			\$ 10,000.00	10,000.00	3	
65. Internal TV - Schedules				-		
66. Oxygen Transfer	\$	-	\$ -	-		
<b>TOTALS</b>	\$	853,150.00	\$ 476,600.00	\$ 772,800.00	\$ 2,102,550.00	

**Nursing Home - Expense Projection FY 2015 through FY 2024**

GHR Number	Project	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
21	Walk-in Freezer and Cooler - COMPLETED										
34	AHU-5B - Trouble Shoot Electricals - COMPLETED										
52	Generator - Replace Batteries - COMPLETED										
10	Water Heaters	\$105,000.00									
24b	Boilers - Hot Water Reset	\$9,000.00									
24c	Boilers - Replace four units	\$380,000.00									
11	Thermostatic Mixing Valves		\$24,250.00								
12	Hydro Therapy Tubs		\$3,800.00								
14	Sewage Ejector		\$1,000.00								
15	Sump Pump		\$1,000.00								
18a	Storm Water Drainage		\$8,500.00								
18b	Rain Gutters		\$127,600.00								
20a	Drain Waste and Vent Piping		\$9,000.00								
20b	Basket Strainers		\$4,100.00								
24i	Boilers - Carbon Monoxide Sensors		\$2,800.00								
32c	Chiller - Replace Compressor		\$53,000.00								
32i	Chiller - Flush water and add glycol		\$21,000.00								
33	AHU-3 - Repair		\$3,000.00								
50	Generator Tripping - ATS		\$60,000.00								
51	Life Safety Ground		\$5,400.00								
1	Smoke and Fire Dampers			\$10,000.00							
22b	Water Piping Corrosion			\$6,000.00							
25	Chemical Treatment of Hot & Cold Water			\$14,400.00							
29	VAV/RH			\$21,000.00							
30a	Residence Room Reheat Coils			\$12,000.00							
30c	Address two rooms w/ proper temps			\$7,000.00							
36a	Kitchen RTU-1			\$6,500.00							
63	IT Network			\$26,000.00							
48	Lightning Damage				\$9,000.00						
8	Water Softener					\$9,000.00					
17	Oil/Water Separator					\$2,700.00					
60	Call Buttons					\$82,200.00					
2	Sprinklers						\$35,300.00				
57	CCTV Surveillance System						\$90,000.00				
3	Fire Alarm							\$123,000.00			
59	Door Alarm							\$60,000.00			
64	CATV							\$10,000.00			
4/5	MEP Training and Operation Manuals									\$21,000.00	

**Nursing Home - Expense Projection FY 2015 through FY 2024**

GHR Number	Project	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
44b	Dryers - LINT PROBLEM								\$322,000.00		
6	Room Number Project									\$2,200.00	
68	Tuck Pointing									\$ 45,000.00	
	Multiple-Year Projects										
32j	Chillers - Clean Coils Annually	\$2,200.00	\$2,200.00	\$2,200.00	\$2,200.00	\$2,200.00	\$2,200.00	\$2,200.00	\$2,200.00	\$2,200.00	\$2,200.00
35	Kitchen Heating-only MUAU - quarterly filter change	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00
36b	Annual Maintenance Program	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00
41	Magic Air Handling Units - 14 units			\$72,000.00	\$144,000.00						
67	Parking Lots			\$ 95,000.00				\$ 65,000.00			
	<b>TOTALS</b>	<b>\$498,400.00</b>	<b>\$328,850.00</b>	<b>\$ 274,300.00</b>	<b>\$157,400.00</b>	<b>\$ 242,300.00</b>	<b>\$129,700.00</b>	<b>\$262,400.00</b>	<b>\$347,400.00</b>	<b>\$51,600.00</b>	<b>\$4,400.00</b>
	2024 have been increased by an estimated annual CPI of 2%		\$ 335,427.00	\$ 285,381.72	\$ 167,034.14	\$ 262,273.31	\$ 143,199.28	\$ 295,505.02	\$ 399,053.40	\$ 60,457.62	\$ 5,258.41

February 17, 2015

GHR No. 6846, Task 101

Replace Five Domestic Water Heaters

	Tech	Principal	Engr	Cler
Time to date.	--	--	--	--
Review existing heater sizing (5).	4		3	
Review installed conditions, venting.			4	
Preliminary select heater replacements.	1		2	
Run payback calculations.		1	2	
Discuss with County.		1	1	
Final select heater replacements / schedule.	3		2	
Get AutoCad files and set up.	3			
Review TMV piping (5).			3	
Review recirc pipe sizing (5).	2		1	
Show heater replacements in plan.	2		1	
Piping schematic and venting.	2		3	
Add wells for HW temperature sensors to BAS.	1			
Bring recirc pumps under BAS control.	--	--	--	--
BAS work direct contract with Entec.	--	--	--	--
Front end specifications - revise generator specifications.	--	--	2	2
Technical specifications.	--	--	4	3
Estimates.	--	1	2	1
Review with County and CCNH.	--	1	1	1
Get bid documents to Dean's / print.	2	--	--	1
Newspaper ad by County.	--	--	--	--
Prebid Meeting.	--	--	2	1
Allow for Addenda.	--	--	1	1
Take bids.			1	1
Make recommendation.			1	

February 17, 2015

GHR No. 6846, Task 101

Replace Five Domestic Water Heaters

	Tech	Principal	Engr	Cler
Prepare contract, review insurance.			1	2
Preconstruction Meeting.			1	1
Shop drawing review.	4	1	2	1
Coordination Meetings (3).			6	3
Pay / Progress Meetings (2).			4	2
Punch list / follow-up.			3	2
Final.			1	1
Totals	24	5	54	23

JNG/smh

Hours Task 101.JNG.wpd

$$\begin{array}{r} \times 79 \\ 1896 \end{array}$$
  
$$\begin{array}{r} \times 65 \\ 825 \end{array}$$
  
$$\begin{array}{r} \times 144 \\ 7776 \end{array}$$
  
$$\begin{array}{r} \times 76 \\ 1743 \end{array}$$

HRLY NTE → \$ 12,245

To: Board of Directors  
Champaign County Nursing Home

From: Scott Gima  
Manager

Date: March 4, 2015

Re: January 2015 Financial Management Report

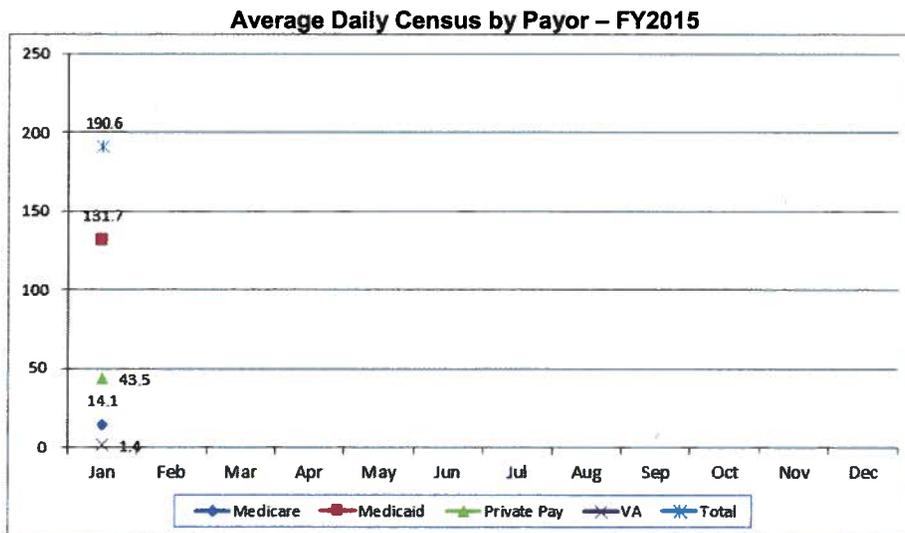
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The average daily census in January was 190.6 with 14.1 Medicare. There were 773 Medicaid conversion days in January. December had 1,980 conversion days. The February census is 193.8 with 15.1 Medicare. The current census is 191.

January 2015 closed with a net loss of -\$18,747. Cash flow from operations for the month is \$40,992.

**Statistics**

The census remained unchanged between December (109.7) and January (190.6). The census did show improvement in late January through the third week of February with the census climbing near 200 and remained above 195 until falling in the last week of the month to just below 190. The census remains at 189 so far in early March.

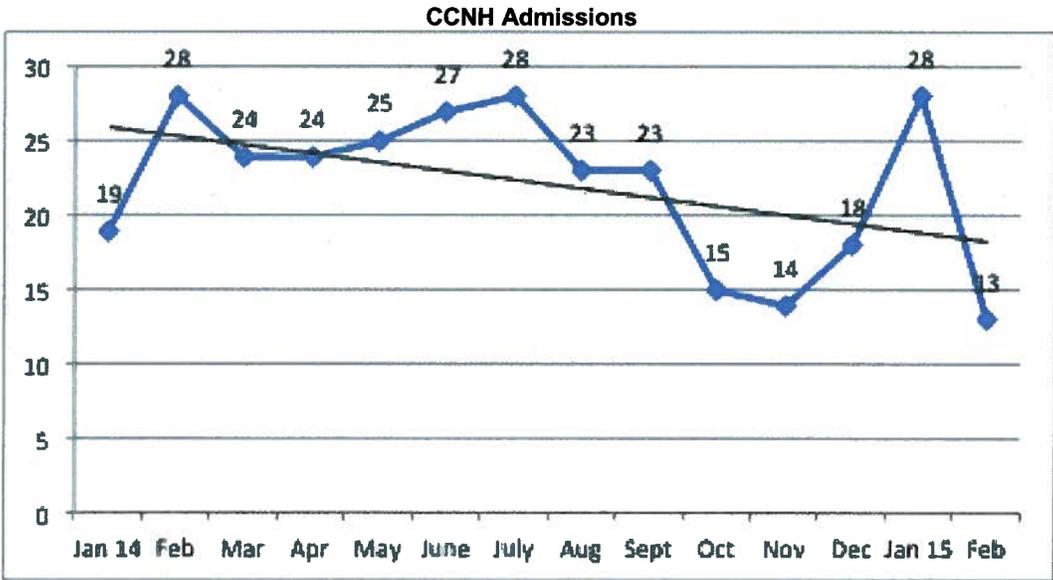


The table below shows a sharp drop in admissions in February. Referrals were down slightly in February, totaling 40, but February is a short month. March is starting off strong with 2 admissions and three tentative admissions and no planned home discharges.

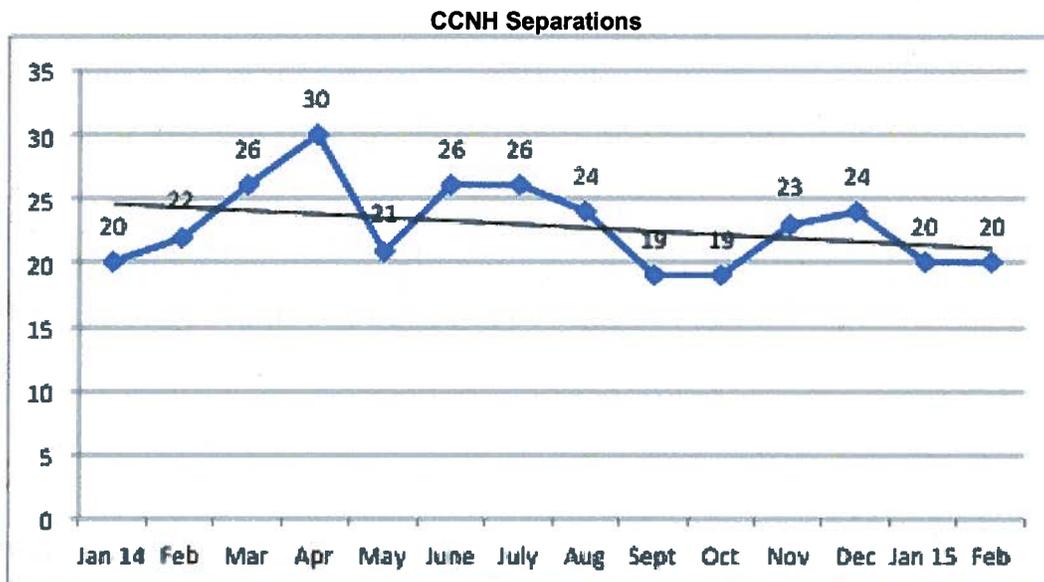
**Admissions and Discharges  
January 2014 to February 2015**

	Medicare Admits	Non-Medicare Admits	Total Admits	Discharges	Expirations	Total Discharges/Expirations
Jan 14	9	10	19	12	8	20
Feb	16	12	28	16	6	22
Mar	10	14	24	18	8	26
Apr	18	6	24	19	11	30
May	13	12	25	17	4	21
June	12	15	27	16	10	26
July	16	12	28	21	5	27
Aug	10	13	23	18	6	24
Sept	14	9	23	16	3	19
Oct	12	3	15	13	6	19
Nov	7	7	14	13	10	23
Dec	10	8	18	16	8	24
Jan	11	17	28	11	9	20
Feb	7	6	13	14	6	20

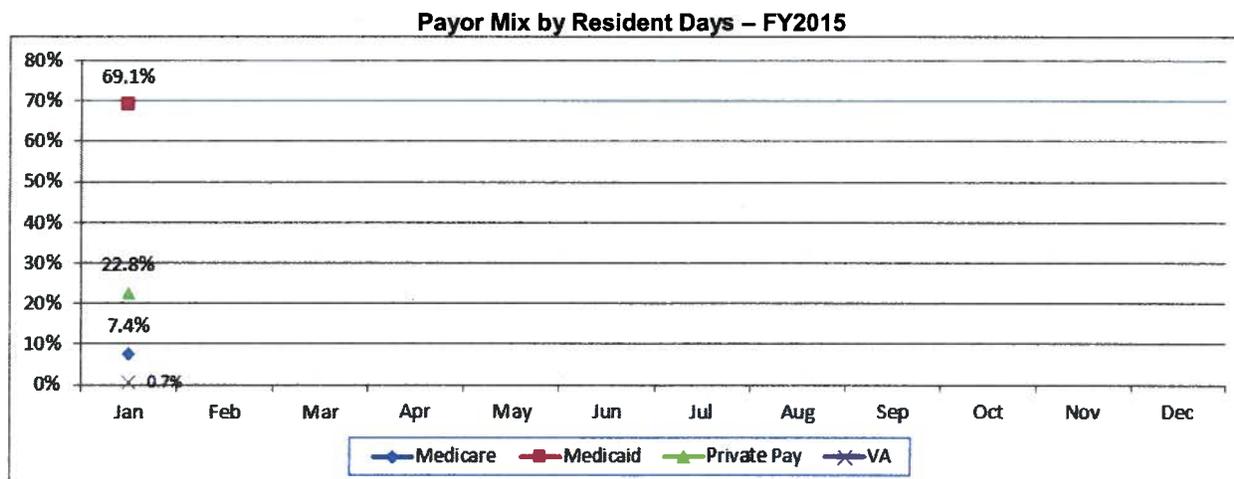
The chart below summarizes the monthly admissions. In FY2012, monthly admissions averaged 22.2 per month. FY2013 admissions averaged 25.5 per month, a 15 percent increase. The monthly average number of admissions for 2014 was 22.9.



The chart below summarizes separations. Separations include discharges and deaths. In FY2012, the average separations per month was 23.5, ranging between 12 and 32 in a month. The monthly average for FY2013 was 28.1, a 20 percent increase from 2012. For 2014, the monthly average was 23.4.



The FY2013 payor mix was Medicare – 8.7%, Medicaid – 56.3% and Private pay 35.0%. FY2014 conversion days totaled as follows: December – 87, January – 970, February, 112, March – 437, April – 70, May – 160, June – 2,139, July – 578 and August – 367. The 2014 payor mix was Medicare – 7.5%, Medicaid – 58.3%, Private pay – 32.8%, and VA – 1.3%. The payor mix for January reflects the 773 Medicaid conversion days resulting in a high Medicaid mix and low private pay mix.



### Net Income/(Loss)/Cash from Operations

A net loss of \$18,747 was seen in January. Cash flow from operations for the month is \$40,992.

#### Revenues

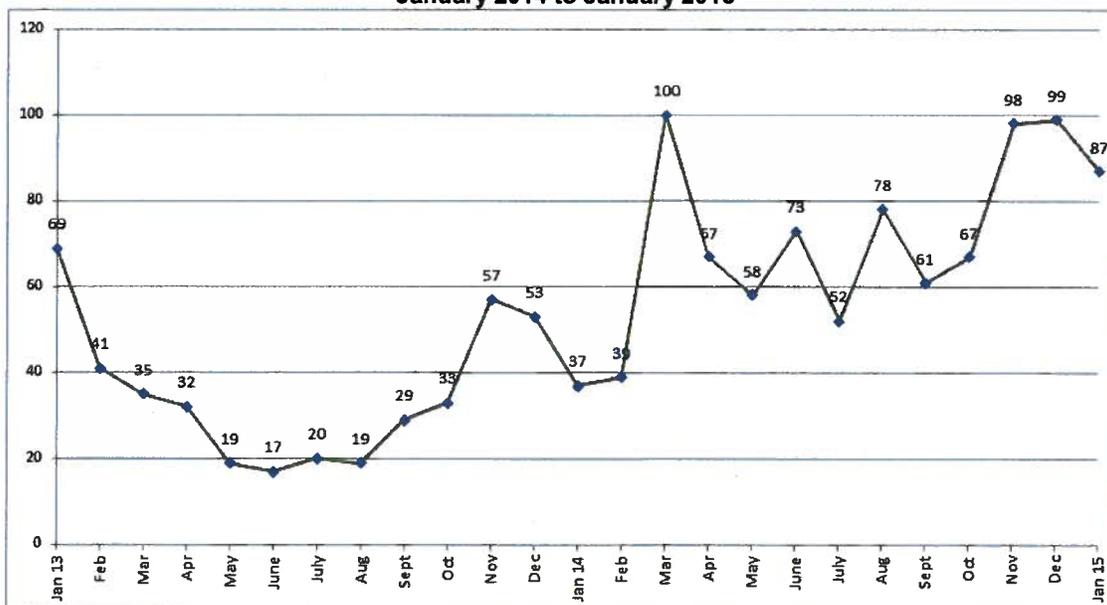
- The conversion of 773 private pay days to Medicaid days reduced revenue by \$31,000 due to a \$40 per day difference between the private pay rate and Medicaid rate.
- Operating revenue increased between December and January. Revenues totaled \$1.120 million in December and \$1.248 million in January. The gain was due to Medicare revenues increasing from \$145,535 in December to \$230,673 in January.

#### Expenses

- Expenses increased slightly from \$1.316 million in December to \$1.359 million in January. Expenses per day increased from \$220.56 to \$230.02 in January.
- Wages increased from \$558,214 to \$562,927. Wages per day increased from \$94.42 to \$95.25. Wages in December and January are typically higher due to two holidays in both months.
- Non-labor expenses increased slightly from \$584,214 in December to \$597,789 in January. Expenses per day were \$98.94 in December and \$101.15 in January.

Agency expenses totaled \$98,588 in December and fell to \$86,674 in January., close to the \$98,025 expensed in November. February agency expenses based on invoices received total \$47,077.

**Agency Nursing Costs  
January 2014 to January 2015**



### Cash Position

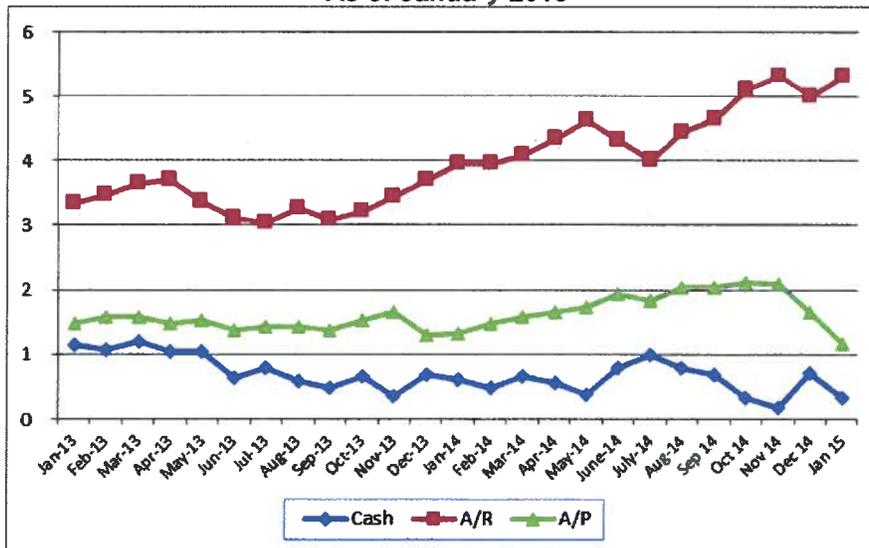
The cash balance at the end of January was \$330,041, down from \$704,310 in December. Receivables increased from \$5.014 million in December to \$5.297 million in January. Accounts payable increased from \$1.741 million to \$1.818 million during the same period.

Some of the Medicaid applications have been cleared up as shown by the 1,980 conversion days in December and 773 days in January. At the beginning of the year, open applications were down to 40 from a high of 59 at the end of November. Open applications have since increased to 52 due to the admission of 12 residents that have community Medicaid. These are individuals who have been previously approved for Medicaid but have never required long term care services. Individuals who have been approved for community Medicaid must apply for long term care Medicaid coverage, but the process requires the submission of a short form without the need for financial documentation. The risk of denial for long term care coverage is minimal. Under normal circumstances, these applications are approved quickly.

We continue to keep up the pressure to expedite our applications. February is expected to show approximately 500 conversion days. LeadingAge was able to speak to an administrator with the Macon County hub. He promised to look into our applications. As a follow-up, I am trying to get a meeting scheduled.

Regarding the delay in MMAI payments, MPA and CCNH administration met with a Health Alliance provider contracting representative. We recently receive a payment for more than \$70,000, which is a start. A remaining \$280k remains outstanding.

**Cash, Accounts Receivable & Accounts Payable  
As of January 2015**



**Champaign County Nursing Home**  
**Actual vs Budget Statement of Operations**

01/31/15

1

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
<b>Operating Income</b>						
Miscellaneous Revenue	3,251.22	2,293.00	958.22	3,251.22	2,293.00	958.22
Medicare A Revenue	230,672.89	240,451.00	(9,778.11)	230,672.89	240,451.00	(9,778.11)
Medicare B Revenue	11,202.12	35,000.00	(23,797.88)	11,202.12	35,000.00	(23,797.88)
Medicaid Revenue	656,718.08	496,448.00	160,270.08	656,718.08	496,448.00	160,270.08
Private Pay Revenue	323,705.53	494,118.00	(170,412.47)	323,705.53	494,118.00	(170,412.47)
Adult Day Care Revenue	22,440.09	17,335.00	5,105.09	22,440.09	17,335.00	5,105.09
<b>Total Income</b>	<b>1,247,989.93</b>	<b>1,285,646.00</b>	<b>(37,655.07)</b>	<b>1,247,989.93</b>	<b>1,285,645.00</b>	<b>(37,655.07)</b>
<b>Operating Expenses</b>						
Administration	246,777.39	261,152.00	14,374.61	246,777.39	261,152.00	14,374.61
Environmental Services	88,862.27	99,366.00	10,503.73	88,862.27	99,366.00	10,503.73
Laundry	20,197.84	18,054.00	(2,143.84)	20,197.84	18,054.00	(2,143.84)
Maintenance	28,207.56	24,981.00	(3,226.56)	28,207.56	24,981.00	(3,226.56)
Nursing Services	567,488.44	546,782.00	(20,706.44)	567,488.44	546,782.00	(20,706.44)
Activities	24,534.34	28,605.00	4,070.66	24,534.34	28,605.00	4,070.66
Social Services	19,936.19	22,525.00	2,588.81	19,936.19	22,525.00	2,588.81
Physical Therapy	42,697.20	38,511.00	(4,186.20)	42,697.20	38,511.00	(4,186.20)
Occupational Therapy	30,943.67	29,613.00	(1,330.67)	30,943.67	29,613.00	(1,330.67)
Speech Therapy	12,089.72	9,529.00	(2,560.72)	12,089.72	9,529.00	(2,560.72)
Respiratory Therapy	9,088.75	9,533.00	444.25	9,088.75	9,533.00	444.25
<b>Total This Department</b>	<b>21,178.47</b>	<b>19,062.00</b>	<b>(2,116.47)</b>	<b>21,178.47</b>	<b>19,062.00</b>	<b>(2,116.47)</b>
Food Services	124,716.57	141,480.00	16,763.43	124,716.57	141,480.00	16,763.43
Barber & Beauty	7,398.15	6,690.00	(708.15)	7,398.15	6,690.00	(708.15)
Adult Day Care	20,349.02	20,639.00	289.98	20,349.02	20,639.00	289.98
Alzheimers and Related Disorders	116,107.22	150,682.00	34,574.78	116,107.22	150,682.00	34,574.78
<b>Total Expenses</b>	<b>1,359,394.33</b>	<b>1,408,142.00</b>	<b>48,747.67</b>	<b>1,359,394.33</b>	<b>1,408,142.00</b>	<b>48,747.67</b>
<b>Net Operating Income</b>	<b>(111,404.40)</b>	<b>(122,497.00)</b>	<b>11,092.60</b>	<b>(111,404.40)</b>	<b>(122,497.00)</b>	<b>11,092.60</b>
<b>NonOperating Income</b>						
Local Taxes	92,507.83	95,208.00	(2,700.17)	92,507.83	95,208.00	(2,700.17)
Miscellaneous NI Revenue	150.00	317.00	(167.00)	150.00	317.00	(167.00)
<b>Total NonOperating Income</b>	<b>92,657.83</b>	<b>95,525.00</b>	<b>(2,867.17)</b>	<b>92,657.83</b>	<b>95,525.00</b>	<b>(2,867.17)</b>
<b>Net Income (Loss)</b>	<b>(18,746.57)</b>	<b>(26,972.00)</b>	<b>8,225.43</b>	<b>(18,746.57)</b>	<b>(26,972.00)</b>	<b>8,225.43</b>

**Champaign County Nursing Home  
Actual vs Budget Statement of Operations**

01/31/15

1

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
<b>Operating Income</b>						
<b>Miscellaneous Revenue</b>						
Lunch Reimbursement	138.00	334.00	(196.00)	138.00	334.00	(196.00)
Late Charge, NSF Check Charge	3,080.77	1,417.00	1,663.77	3,080.77	1,417.00	1,663.77
Other Miscellaneous Revenue	32.45	542.00	(509.55)	32.45	542.00	(509.55)
<b>Total Miscellaneous Revenue</b>	<b>3,251.22</b>	<b>2,293.00</b>	<b>958.22</b>	<b>3,251.22</b>	<b>2,293.00</b>	<b>958.22</b>
<b>Medicare A Revenue</b>						
Medicare A	103,287.13	152,815.00	(49,527.87)	103,287.13	152,815.00	(49,527.87)
ARD - Medicare A		24,804.00	(24,804.00)		24,804.00	(24,804.00)
NH Pt_Care - Medicare Advantage/ Hmo	123,325.82	55,624.00	67,701.82	123,325.82	55,624.00	67,701.82
ARD_Pt Care - Medicare Advantage/ HMO	4,059.94	7,208.00	(3,148.06)	4,059.94	7,208.00	(3,148.06)
<b>Total Medicare A Revenue</b>	<b>230,672.89</b>	<b>240,451.00</b>	<b>(9,778.11)</b>	<b>230,672.89</b>	<b>240,451.00</b>	<b>(9,778.11)</b>
<b>Medicare B Revenue</b>						
Medicare B	11,202.12	35,000.00	(23,797.88)	11,202.12	35,000.00	(23,797.88)
<b>Total Medicare B Revenue</b>	<b>11,202.12</b>	<b>35,000.00</b>	<b>(23,797.88)</b>	<b>11,202.12</b>	<b>35,000.00</b>	<b>(23,797.88)</b>
<b>Medicaid Revenue</b>						
Medicaid Title XIX (IDHFS)	480,894.43	336,352.00	144,542.43	480,894.43	336,352.00	144,542.43
ARD - Medicaid Title XIX (IDHFS)	128,240.12	124,575.00	3,665.12	128,240.12	124,575.00	3,665.12
Patient Care-Hospice	25,542.28	26,838.00	(1,095.72)	25,542.28	26,838.00	(1,095.72)
ARD Patient Care - Hospice	22,041.25	8,883.00	13,158.25	22,041.25	8,883.00	13,158.25
<b>Total Medicaid Revenue</b>	<b>656,718.08</b>	<b>496,448.00</b>	<b>160,270.08</b>	<b>656,718.08</b>	<b>496,448.00</b>	<b>160,270.08</b>
<b>Private Pay Revenue</b>						
VA-Veterans Nursing Home Care	10,545.00	25,742.00	(15,197.00)	10,545.00	25,742.00	(15,197.00)
ARD - VA - Veterans Care		2,068.00	(2,068.00)		2,068.00	(2,068.00)
Nursing Home Patient Care - Private Pay	199,918.71	322,858.00	(122,939.29)	199,918.71	322,858.00	(122,939.29)
Nursing Home Beauty Shop Revenue	3,288.20	3,275.00	13.20	3,288.20	3,275.00	13.20
Medical Supplies Revenue	6,134.89	7,318.00	(1,183.11)	6,134.89	7,318.00	(1,183.11)
Patient Transportation Charges	1,360.99	1,584.00	(223.01)	1,360.99	1,584.00	(223.01)
ARD Patient Care- Private Pay	102,457.74	131,273.00	(28,815.26)	102,457.74	131,273.00	(28,815.26)
<b>Total Private Pay Revenue</b>	<b>323,705.53</b>	<b>494,118.00</b>	<b>(170,412.47)</b>	<b>323,705.53</b>	<b>494,118.00</b>	<b>(170,412.47)</b>
<b>Adult Day Care Revenue</b>						
VA-Veterans Adult Daycare	9,316.94	5,084.00	4,232.94	9,316.94	5,084.00	4,232.94
IL Department Of Aging-Day Care Grant (Title XX)	10,879.14	9,417.00	1,462.14	10,879.14	9,417.00	1,462.14
Adult Day Care Charges-Private Pay	2,244.01	2,834.00	(589.99)	2,244.01	2,834.00	(589.99)
<b>Total Adult Day Care Revenue</b>	<b>22,440.09</b>	<b>17,335.00</b>	<b>5,105.09</b>	<b>22,440.09</b>	<b>17,335.00</b>	<b>5,105.09</b>
<b>Total Income</b>	<b>1,247,989.93</b>	<b>1,285,645.00</b>	<b>(37,655.07)</b>	<b>1,247,989.93</b>	<b>1,285,645.00</b>	<b>(37,655.07)</b>
<b>Operating Expenses</b>						
<b>Administration</b>						
Reg. Full-Time Employees	31,995.77	29,057.00	(2,938.77)	31,995.77	29,057.00	(2,938.77)
Temp. Salaries & Wages	1,216.83	1,213.00	(3.83)	1,216.83	1,213.00	(3.83)
Per Diem	225.00	212.00	(13.00)	225.00	212.00	(13.00)
Overtime	982.58	413.00	(569.58)	982.58	413.00	(569.58)
TOPS - Balances	(399.58)	623.00	1,022.58	(399.58)	623.00	1,022.58
TOPS - FICA	(30.57)	47.00	77.57	(30.57)	47.00	77.57
Social Security - Employer	2,500.91	2,239.00	(261.91)	2,500.91	2,239.00	(261.91)
IMRF - Employer Cost	2,803.10	2,465.00	(338.10)	2,803.10	2,465.00	(338.10)
Workers' Compensation Insurance	687.23	923.00	235.77	687.23	923.00	235.77
Unemployment Insurance	2,172.52	1,133.00	(1,039.52)	2,172.52	1,133.00	(1,039.52)

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**Champaign County Nursing Home  
Actual vs Budget Statement of Operations**

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Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Employee Health/Life Insurance	3,902.54	4,671.00	768.46	3,902.54	4,671.00	768.46
Employee Development/Recognition	26.58	29.00	2.42	26.58	29.00	2.42
Employee Physicals/Lab	1,228.00	2,825.00	1,397.00	1,228.00	2,625.00	1,397.00
Stationary & Printing	263.47	248.00	(15.47)	263.47	248.00	(15.47)
Books, Periodicals & Manuals	69.00	13.00	(56.00)	69.00	13.00	(56.00)
Copier Supplies		655.00	655.00		655.00	655.00
Postage, UPS, Federal Express	553.76	580.00	26.24	553.76	580.00	26.24
Equipment < \$2,500	24.98	24.00	(0.98)	24.98	24.00	(0.98)
Operational Supplies	862.06	803.00	(59.06)	862.06	803.00	(59.06)
Audit & Accounting Fees	4,054.83	4,666.00	611.17	4,054.83	4,666.00	611.17
Attorney Fees	105.00	5,000.00	4,895.00	105.00	5,000.00	4,895.00
Professional Services	35,783.32	36,757.00	973.68	35,783.32	36,757.00	973.68
Job Required Travel Expense	99.01	216.00	116.99	99.01	216.00	116.99
Insurance	22,457.59	24,325.00	1,867.41	22,457.59	24,325.00	1,867.41
Property Loss & Liability Claims		191.00	191.00		191.00	191.00
Computer Services	10,474.57	7,880.00	(2,594.57)	10,474.57	7,880.00	(2,594.57)
Telephone Services	1,484.10	1,500.00	15.90	1,484.10	1,500.00	15.90
Legal Notices, Advertising	2,966.73	3,747.00	780.27	2,966.73	3,747.00	780.27
Photocopy Services	1,499.36	1,311.00	(188.36)	1,499.36	1,311.00	(188.36)
Public Relations	100.54	50.00	(50.54)	100.54	50.00	(50.54)
Dues & Licenses	1,738.41	1,691.00	(47.41)	1,738.41	1,691.00	(47.41)
Conferences & Training		833.00	833.00		833.00	833.00
Finance Charges, Bank Fees		208.00	208.00		208.00	208.00
Cable/Satellite TV Expense	2,234.84	2,377.00	142.16	2,234.84	2,377.00	142.16
IPA Licensing Fee	45,582.50	45,565.00	(17.50)	45,582.50	45,565.00	(17.50)
Fines & Penalties		2,500.00	2,500.00		2,500.00	2,500.00
General Liability Claims		2,500.00	2,500.00		2,500.00	2,500.00
Depreciation Expense	59,738.24	61,057.00	1,318.76	59,738.24	61,057.00	1,318.76
Interest-Tax Anticipation Notes Payable		583.00	583.00		583.00	583.00
Interest- Bonds Payable	9,374.17	10,222.00	847.83	9,374.17	10,222.00	847.83
<b>Total Administration</b>	<b>246,777.39</b>	<b>261,152.00</b>	<b>14,374.61</b>	<b>246,777.39</b>	<b>261,152.00</b>	<b>14,374.61</b>
<b>Environmental Services</b>						
Reg. Full-Time Employees	26,487.28	36,317.00	9,829.72	26,487.28	36,317.00	9,829.72
Reg. Part-Time Employees	782.35		(782.35)	782.35		(782.35)
Overtime	2,622.67	500.00	(2,122.67)	2,622.67	500.00	(2,122.67)
TOPS - Balances	1,153.93	500.00	(653.93)	1,153.93	500.00	(653.93)
TOPS- FICA	88.27	83.00	(5.27)	88.27	83.00	(5.27)
Social Security - Employer	2,234.99	2,687.00	452.01	2,234.99	2,687.00	452.01
IMRF - Employer Cost	2,620.70	3,337.00	716.30	2,620.70	3,337.00	716.30
Workers' Compensation Insurance	544.40	1,100.00	555.60	544.40	1,100.00	555.60
Unemployment Insurance	2,162.49	1,639.00	(523.49)	2,162.49	1,639.00	(523.49)
Employee Health/Life Insurance	7,818.64	8,387.00	568.36	7,818.64	8,387.00	568.36
Operational Supplies	5,930.05	4,619.00	(1,311.05)	5,930.05	4,619.00	(1,311.05)
Gas Service	11,802.45	17,389.00	5,586.55	11,802.45	17,389.00	5,586.55
Electric Service	15,385.20	14,535.00	(850.20)	15,385.20	14,535.00	(850.20)
Water Service	2,058.21	2,390.00	331.79	2,058.21	2,390.00	331.79
Pest Control Service	621.46	486.00	(135.46)	621.46	486.00	(135.46)
Waste Disposal & Recycling	4,357.16	3,634.00	(723.16)	4,357.16	3,634.00	(723.16)
Equipment Rentals	520.40	240.00	(280.40)	520.40	240.00	(280.40)
Conferences & Training		8.00	8.00		8.00	8.00
Sewer Service & Tax	1,497.47	1,515.00	17.53	1,497.47	1,515.00	17.53
Tools	174.15		(174.15)	174.15		(174.15)
<b>Total Environmental Services</b>	<b>88,862.27</b>	<b>99,366.00</b>	<b>10,503.73</b>	<b>88,862.27</b>	<b>99,366.00</b>	<b>10,503.73</b>

Laundry

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**Champaign County Nursing Home  
Actual vs Budget Statement of Operations**

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Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
<b>Reg. Full-Time Employees</b>	7,039.14	9,586.00	2,546.86	7,039.14	9,586.00	2,546.86
<b>Overtime</b>	694.05	468.00	(238.05)	694.05	468.00	(238.05)
<b>TOPS Balances</b>	485.51	460.00	(25.51)	485.51	460.00	(25.51)
<b>TOPS - FICA</b>	37.14	35.00	(2.14)	37.14	35.00	(2.14)
<b>Social Security - Employer</b>	570.96	746.00	175.04	570.96	746.00	175.04
<b>IMRF - Employer Cost</b>	669.46	881.00	211.54	669.46	881.00	211.54
<b>Workers' Compensation Insurance</b>	154.28	300.00	145.74	154.28	300.00	145.74
<b>Unemployment Insurance</b>	508.32	445.00	(63.32)	508.32	445.00	(63.32)
<b>Employee Health/Life Insurance</b>	1,948.62	1,822.00	(126.62)	1,948.62	1,822.00	(126.62)
<b>Laundry Supplies</b>	1,484.51	1,585.00	100.49	1,484.51	1,585.00	100.49
<b>Linen &amp; Bedding</b>	6,011.51	1,238.00	(4,773.51)	6,011.51	1,238.00	(4,773.51)
<b>Professional Services</b>	594.36		(594.36)	594.36		(594.36)
<b>Laundry &amp; Cleaning Service</b>		500.00	500.00		500.00	500.00
<b>Total Laundry</b>	<b>20,197.84</b>	<b>18,054.00</b>	<b>(2,143.84)</b>	<b>20,197.84</b>	<b>18,054.00</b>	<b>(2,143.84)</b>
<b>Maintenance</b>						
<b>Reg. Full-Time Employees</b>	5,265.12	6,847.00	1,581.88	5,265.12	6,847.00	1,581.88
<b>Overtime</b>	102.96	205.00	102.04	102.96	205.00	102.04
<b>TOPS - Balances</b>	212.24	250.00	37.76	212.24	250.00	37.76
<b>TOPS - FICA</b>	18.24	19.00	2.76	18.24	19.00	2.76
<b>Social Security - Employer</b>	390.34	504.00	113.66	390.34	504.00	113.66
<b>IMRF - Employer Cost</b>	457.69	595.00	137.31	457.69	595.00	137.31
<b>Workers' Compensation Insurance</b>	114.07	210.00	95.93	114.07	210.00	95.93
<b>Unemployment Insurance</b>	354.21	342.00	(12.21)	354.21	342.00	(12.21)
<b>Employee Health/Life Insurance</b>	677.48	1,818.00	1,140.52	677.48	1,818.00	1,140.52
<b>Gasoline &amp; Oil</b>		278.00	278.00		278.00	278.00
<b>Ground Supplies</b>		60.00	60.00		60.00	60.00
<b>Maintenance Supplies</b>	3,484.03	2,218.00	(1,266.03)	3,484.03	2,218.00	(1,266.03)
<b>Equipment &lt; \$2,500</b>		166.00	166.00		166.00	166.00
<b>Operational Supplies</b>		8.00	8.00		8.00	8.00
<b>Professional Services</b>		70.00	70.00		70.00	70.00
<b>Automobile Maintenance</b>	418.57	935.00	516.43	418.57	935.00	516.43
<b>Equipment Maintenance</b>	1,921.67	2,307.00	385.33	1,921.67	2,307.00	385.33
<b>Equipment Rentals</b>		59.00	59.00		59.00	59.00
<b>Nursing Home Building Repair/Maintenance</b>	10,418.74	6,487.00	(3,931.74)	10,418.74	6,487.00	(3,931.74)
<b>Parking Lot/Sidewalk Maintenance</b>	3,808.00	1,603.00	(2,205.00)	3,808.00	1,603.00	(2,205.00)
<b>Furnishings, Office Equipment</b>	566.20		(566.20)	566.20		(566.20)
<b>Total Maintenance</b>	<b>28,207.56</b>	<b>24,981.00</b>	<b>(3,226.56)</b>	<b>28,207.56</b>	<b>24,981.00</b>	<b>(3,226.56)</b>
<b>Nursing Services</b>						
<b>Reg. Full-Time Employees</b>	133,931.98	145,661.00	11,729.02	133,931.98	145,661.00	11,729.02
<b>Reg. Part-Time Employees</b>	5,410.11	5,512.00	101.89	5,410.11	5,512.00	101.89
<b>Temp. Salaries &amp; Wages</b>	6,961.71	15,374.00	8,412.29	6,961.71	15,374.00	8,412.29
<b>Overtime</b>	53,207.36	45,833.00	(7,374.36)	53,207.36	45,833.00	(7,374.36)
<b>TOPS - Balances</b>	(11,384.73)	1,250.00	12,634.73	(11,384.73)	1,250.00	12,634.73
<b>No Benefit Full-Time Employees</b>	64,484.84	67,278.00	2,793.16	64,484.84	67,278.00	2,793.16
<b>No Benefit Part-Time Employees</b>	45,006.76	31,672.00	(13,334.76)	45,006.76	31,672.00	(13,334.76)
<b>TOPS - FICA</b>	(870.93)	231.00	1,101.93	(870.93)	231.00	1,101.93
<b>Social Security - Employer</b>	23,268.71	23,324.00	55.29	23,268.71	23,324.00	55.29
<b>IMRF - Employer Cost</b>	26,659.34	26,796.00	136.66	26,659.34	26,796.00	136.66
<b>Workers' Compensation Insurance</b>	5,280.42	9,308.00	4,027.58	5,280.42	9,308.00	4,027.58
<b>Unemployment Insurance</b>	20,120.13	12,037.00	(8,083.13)	20,120.13	12,037.00	(8,083.13)
<b>Employee Health/Life Insurance</b>	24,192.33	25,806.00	1,613.67	24,192.33	25,806.00	1,613.67
<b>Books, Periodicals &amp; Manuals</b>	199.00	83.00	(116.00)	199.00	83.00	(116.00)
<b>Stocked Drugs</b>	(838.24)	1,964.00	2,802.24	(838.24)	1,964.00	2,802.24
<b>Pharmacy Charges-Public Aid</b>	2,280.26	1,759.00	(501.26)	2,280.26	1,759.00	(501.26)

**Champaign County Nursing Home  
Actual vs Budget Statement of Operations**

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Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Oxygen	3,281.95	3,635.00	353.05	3,281.95	3,635.00	353.05
Incontinence Supplies	10,797.83	9,703.00	(1,094.83)	10,797.83	9,703.00	(1,094.83)
Pharmacy Charges - Insurance	10,191.84	8,342.00	(1,849.84)	10,191.84	8,342.00	(1,849.84)
Equipment < \$2,500	6,015.38	1,704.00	(4,311.38)	6,015.38	1,704.00	(4,311.38)
Operational Supplies	16,249.45	15,430.00	(819.45)	16,249.45	15,430.00	(819.45)
Pharmacy Charges-Medicare	10,003.24	9,998.00	(5.24)	10,003.24	9,998.00	(5.24)
Medical/Dental/Mental Health	3,400.00	3,434.00	34.00	3,400.00	3,434.00	34.00
Professional Services	18,955.58	31,866.00	12,710.42	18,955.58	31,866.00	12,710.42
Job Require Travel		39.00	39.00		39.00	39.00
Laboratory Fees	2,554.97	2,776.00	221.03	2,554.97	2,776.00	221.03
Equipment Rentals	1,540.00	1,000.00	(540.00)	1,540.00	1,000.00	(540.00)
Dues & Licenses	50.00	30.00	(20.00)	50.00	30.00	(20.00)
Conferences & Training	600.00	257.00	(343.00)	600.00	257.00	(343.00)
Contract Nursing Services	85,719.17	41,666.00	(44,053.17)	85,719.17	41,666.00	(44,053.17)
Medicare Medical Services	240.00	3,214.00	2,974.00	240.00	3,214.00	2,974.00
<b>Total Nursing Services</b>	<b>567,488.44</b>	<b>546,782.00</b>	<b>(20,706.44)</b>	<b>567,488.44</b>	<b>546,782.00</b>	<b>(20,706.44)</b>
<b>Activities</b>						
Reg. Full-Time Employees	14,827.52	20,266.00	5,438.48	14,827.52	20,266.00	5,438.48
Overtime	3.68	72.00	68.32	3.68	72.00	68.32
TOPS - Balances	306.69		(306.69)	306.69		(306.69)
Part Time Non Benefit	627.84		(627.84)	627.84		(627.84)
TOPS - FICA	23.46		(23.46)	23.46		(23.46)
Social Security - Employer	1,129.74	1,461.00	331.26	1,129.74	1,461.00	331.26
IMRF - Employer Cost	1,324.66	1,725.00	400.34	1,324.66	1,725.00	400.34
Workers' Compensation Insurance	309.24	608.00	298.76	309.24	608.00	298.76
Unemployment Insurance	968.95	926.00	(42.95)	968.95	926.00	(42.95)
Employee Health/Life Insurance	4,536.50	2,826.00	(1,710.50)	4,536.50	2,826.00	(1,710.50)
Operational Supplies	346.36	544.00	197.64	346.36	544.00	197.64
Professional Services	129.70	134.00	4.30	129.70	134.00	4.30
Conferences & Training		43.00	43.00		43.00	43.00
<b>Total Activities</b>	<b>24,534.34</b>	<b>28,605.00</b>	<b>4,070.66</b>	<b>24,534.34</b>	<b>28,605.00</b>	<b>4,070.66</b>
<b>Social Services</b>						
Reg. Full-Time Employees	12,750.86	15,369.00	2,618.14	12,750.86	15,369.00	2,618.14
Overtime	278.88	294.00	15.12	278.88	294.00	15.12
TOPS - Balances	891.36	150.00	(741.36)	891.36	150.00	(741.36)
TOPS - FICA	68.19	11.00	(57.19)	68.19	11.00	(57.19)
Social Security - Employer	979.10	1,506.00	526.90	979.10	1,506.00	526.90
IMRF - Employer Cost	1,148.06	1,384.00	235.94	1,148.06	1,384.00	235.94
Workers' Compensation Insurance	244.50	468.00	223.50	244.50	468.00	223.50
Unemployment Insurance	895.57	661.00	(234.57)	895.57	661.00	(234.57)
Employee Health/Life Insurance	2,549.97	2,349.00	(200.97)	2,549.97	2,349.00	(200.97)
Professional Services	129.70	333.00	203.30	129.70	333.00	203.30
<b>Total Social Services</b>	<b>19,936.19</b>	<b>22,525.00</b>	<b>2,588.81</b>	<b>19,936.19</b>	<b>22,525.00</b>	<b>2,588.81</b>
<b>Physical Therapy</b>						
Reg. Full-Time Employees	4,523.84	4,506.00	(17.84)	4,523.84	4,506.00	(17.84)
Overtime	4.32	135.00	130.68	4.32	135.00	130.68
TOPS - Balances	322.07	81.00	(241.07)	322.07	81.00	(241.07)
TOPS - FICA	24.63	6.00	(18.63)	24.63	6.00	(18.63)
Social Security - Employer	334.29	342.00	7.71	334.29	342.00	7.71
IMRF - Employer Cost	391.96	404.00	12.04	391.96	404.00	12.04
Workers' Compensation Ins.	87.03	138.00	50.97	87.03	138.00	50.97
Unemployment Insurance	317.54	206.00	(111.54)	317.54	206.00	(111.54)
Employee Health/Life Insurance	1,299.08	1,232.00	(67.08)	1,299.08	1,232.00	(67.08)

**Champaign County Nursing Home  
Actual vs Budget Statement of Operations**

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Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Professional Services	35,392.44	31,461.00	(3,931.44)	35,392.44	31,461.00	(3,931.44)
Total Physical Therapy	42,697.20	38,511.00	(4,186.20)	42,697.20	38,511.00	(4,186.20)
<b>Occupational Therapy</b>						
Reg. Full-Time Employees	2,252.80	2,469.00	216.20	2,252.80	2,469.00	216.20
TOPS - Balances	133.76	(36.00)	(169.76)	133.76	(36.00)	(169.76)
TOPS - FICA	10.24	(3.00)	(13.24)	10.24	(3.00)	(13.24)
Social Security - Employer	170.55	187.00	16.45	170.55	187.00	16.45
IMRF - Employer Cost	199.97	221.00	21.03	199.97	221.00	21.03
Workers' Compensation Ins.	43.36	73.00	29.64	43.36	73.00	29.64
Unemployment Insurance	160.44	111.00	(49.44)	160.44	111.00	(49.44)
Employee Health/Life Insurance	649.54	616.00	(33.54)	649.54	616.00	(33.54)
Professional Services	27,323.01	25,975.00	(1,348.01)	27,323.01	25,975.00	(1,348.01)
Total Occupational Therapy	30,943.67	29,813.00	(1,330.67)	30,943.67	29,813.00	(1,330.67)
<b>Speech Therapy</b>						
Professional Services	12,089.72	9,529.00	(2,560.72)	12,089.72	9,529.00	(2,560.72)
Total Speech Therapy	12,089.72	9,529.00	(2,560.72)	12,089.72	9,529.00	(2,560.72)
<b>Respiratory Therapy</b>						
Professional Services	9,088.75	9,533.00	444.25	9,088.75	9,533.00	444.25
Total Respiratory Therapy	9,088.75	9,533.00	444.25	9,088.75	9,533.00	444.25
Total This Department	21,178.47	19,062.00	(2,116.47)	21,178.47	19,062.00	(2,116.47)
<b>Food Services</b>						
Reg. Full-Time Employees	26,794.50	52,950.00	26,155.50	26,794.50	52,950.00	26,155.50
Reg. Part-Time Employees	4,994.43	1,512.00	(3,482.43)	4,994.43	1,512.00	(3,482.43)
Overtime	5,717.93	1,655.00	(4,062.93)	5,717.93	1,655.00	(4,062.93)
TOPS - Balances	1,631.59		(1,631.59)	1,631.59		(1,631.59)
TOPS - FICA	124.81		(124.81)	124.81		(124.81)
Social Security - Employer	2,830.12	4,234.00	1,403.88	2,830.12	4,234.00	1,403.88
IMRF - Employer Cost	3,307.62	4,994.00	1,686.38	3,307.62	4,994.00	1,686.38
Workers' Compensation Insurance	671.17	1,677.00	1,005.83	671.17	1,677.00	1,005.83
Unemployment Insurance	2,343.46	2,705.00	361.54	2,343.46	2,705.00	361.54
Employee Health/Life Insurance	8,413.88	7,579.00	(834.88)	8,413.88	7,579.00	(834.88)
Food	(67.59)		67.59	(67.59)		67.59
Nutritional Supplements	5,859.68	3,219.00	(2,640.68)	5,859.68	3,219.00	(2,640.68)
Equipment < \$2,500	133.73		(133.73)	133.73		(133.73)
Operational Supplies	(12.17)		12.17	(12.17)		12.17
Professional Services		60,955.00	60,955.00		60,955.00	60,955.00
Equipment Rentals	404.95		(404.95)	404.95		(404.95)
Conferences & Training	30.00		(30.00)	30.00		(30.00)
Food Service	61,538.46		(61,538.46)	61,538.46		(61,538.46)
Total Food Services	124,716.57	141,480.00	16,763.43	124,716.57	141,480.00	16,763.43
<b>Barber &amp; Beauty</b>						
Reg. Full-Time Employees	4,546.08	4,478.00	(68.08)	4,546.08	4,478.00	(68.08)
TOPS - Balances	296.32		(296.32)	296.32		(296.32)
TOPS - FICA	22.66		(22.66)	22.66		(22.66)
Social Security - Employer	302.95	306.00	3.05	302.95	306.00	3.05
IMRF - Employer Cost	355.21	361.00	5.79	355.21	361.00	5.79
Workers' Compensation Insurance	87.46	133.00	45.54	87.46	133.00	45.54
Unemployment Insurance	319.22	199.00	(120.22)	319.22	199.00	(120.22)
Employee Health/Life Insurance	1,299.08	1,121.00	(178.08)	1,299.08	1,121.00	(178.08)
Operational Supplies	169.17	92.00	(77.17)	169.17	92.00	(77.17)
Total Barber & Beauty	7,398.15	6,690.00	(708.15)	7,398.15	6,690.00	(708.15)

**Champaign County Nursing Home  
Actual vs Budget Statement of Operations**

01/31/15

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Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
<b>Adult Day Care</b>						
Reg. Full-Time Employees	11,949.31	12,806.00	856.69	11,949.31	12,806.00	856.69
Overtime	473.20	110.00	(363.20)	473.20	110.00	(363.20)
TOPS - Balances	973.91		(973.91)	973.91		(973.91)
TOPS - FICA	74.50		(74.50)	74.50		(74.50)
Social Security - Employer	933.99	970.00	36.01	933.99	970.00	36.01
IMRF - Employer Cost	1,095.15	1,104.00	8.85	1,095.15	1,104.00	8.85
Workers' Compensation Insurance	232.85	386.00	153.15	232.85	386.00	153.15
Unemployment Insurance	852.95	588.00	(264.95)	852.95	588.00	(264.95)
Employee Health/Life Insurance	2,568.02	3,469.00	900.98	2,568.02	3,469.00	900.98
Books, Periodicals & Manuals		15.00	15.00		15.00	15.00
Gasoline & Oil	1,056.22	949.00	(107.22)	1,056.22	949.00	(107.22)
Operational Supplies	138.92	172.00	33.08	138.92	172.00	33.08
Field Trips/Activities		30.00	30.00		30.00	30.00
Dues & Licenses		20.00	20.00		20.00	20.00
Conferences & Training		20.00	20.00		20.00	20.00
<b>Total Adult Day Care</b>	<b>20,349.02</b>	<b>20,639.00</b>	<b>289.98</b>	<b>20,349.02</b>	<b>20,639.00</b>	<b>289.98</b>
<b>Alzheimers and Related Disord</b>						
Reg. Full-Time Employees	29,273.73	30,203.00	929.27	29,273.73	30,203.00	929.27
Overtime	17,748.06	15,953.00	(1,795.06)	17,748.06	15,953.00	(1,795.06)
TOPS - Balances	2,043.06	333.00	(1,710.06)	2,043.06	333.00	(1,710.06)
No Benefit Full-Time Employees	21,692.82	35,160.00	13,467.18	21,692.82	35,160.00	13,467.18
No Benefit Part-Time Employees	18,678.90	25,606.00	6,927.10	18,678.90	25,606.00	6,927.10
TOPS - FICA	156.29	25.00	(131.29)	156.29	25.00	(131.29)
Social Security - Employer	6,610.92	8,088.00	1,477.08	6,610.92	8,088.00	1,477.08
IMRF - Employer Cost	7,751.82	11,580.00	3,828.38	7,751.82	11,580.00	3,828.38
Workers' Compensation Insurance	1,505.54	3,197.00	1,691.46	1,505.54	3,197.00	1,691.46
Unemployment Insurance	5,737.09	2,876.00	(2,861.09)	5,737.09	2,876.00	(2,861.09)
Employee Health/Life Insurance	3,867.10	5,119.00	1,251.90	3,867.10	5,119.00	1,251.90
Operational Supplies		22.00	22.00		22.00	22.00
Professional Services	87.26		(87.26)	87.26		(87.26)
Conferences & Training		20.00	20.00		20.00	20.00
ARD - Contract Nursing	954.83	12,500.00	11,545.17	954.83	12,500.00	11,545.17
<b>Total Alzheimers and Related Disorders</b>	<b>116,107.22</b>	<b>150,682.00</b>	<b>34,574.78</b>	<b>116,107.22</b>	<b>150,682.00</b>	<b>34,574.78</b>
<b>Total Expenses</b>	<b>1,359,394.33</b>	<b>1,408,142.00</b>	<b>48,747.67</b>	<b>1,359,394.33</b>	<b>1,408,142.00</b>	<b>48,747.67</b>
<b>Net Operating Income</b>	<b>(111,404.40)</b>	<b>(122,497.00)</b>	<b>11,092.60</b>	<b>(111,404.40)</b>	<b>(122,497.00)</b>	<b>11,092.60</b>
<b>NonOperating Income</b>						
<b>Local Taxes</b>						
Current-Nursing Home Operating	92,507.83	95,208.00	(2,700.17)	92,507.83	95,208.00	(2,700.17)
<b>Total Local Taxes</b>	<b>92,507.83</b>	<b>95,208.00</b>	<b>(2,700.17)</b>	<b>92,507.83</b>	<b>95,208.00</b>	<b>(2,700.17)</b>
<b>Miscellaneous NI Revenue</b>						
Investment Interest		25.00	(25.00)		25.00	(25.00)
Restricted Donations	150.00	292.00	(142.00)	150.00	292.00	(142.00)
<b>Total Miscellaneous NI Revenue</b>	<b>150.00</b>	<b>317.00</b>	<b>(167.00)</b>	<b>150.00</b>	<b>317.00</b>	<b>(167.00)</b>
<b>Total NonOperating Income</b>	<b>92,657.83</b>	<b>95,525.00</b>	<b>(2,867.17)</b>	<b>92,657.83</b>	<b>95,525.00</b>	<b>(2,867.17)</b>
<b>Net Income (Loss)</b>	<b>(18,746.57)</b>	<b>(26,972.00)</b>	<b>8,225.43</b>	<b>(18,746.57)</b>	<b>(26,972.00)</b>	<b>8,225.43</b>

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

01/31/15	02/14	03/14	04/14	05/14	06/14	07/14	08/14	09/14	10/14	11/14	12/14	01/15	Total
<b>Operating Income</b>													
Miscellaneous Revenue												3,251	3,251
Medicare A Revenue												230,673	230,673
Medicare B Revenue												11,202	11,202
Medicaid Revenue												656,718	656,718
Private Pay Revenue												323,706	323,706
Adult Day Care Revenue												22,440	22,440
<b>Total Income</b>												<b>1,247,990</b>	<b>1,247,990</b>
<b>Operating Expenses</b>													
Administration												246,777	246,777
Environmental Services												88,862	88,862
Laundry												20,198	20,198
Maintenance												28,208	28,208
Nursing Services												567,488	567,488
Activities												24,634	24,634
Social Services												19,936	19,936
Physical Therapy												42,687	42,687
Occupational Therapy												30,944	30,944
Speech Therapy												12,080	12,080
<b>Respiratory Therapy</b>													
Respiratory Therapy												9,089	9,089
<b>Total This Department</b>												<b>21,178</b>	<b>21,178</b>
Food Services												124,717	124,717
Barber & Beauty												7,398	7,398
Adult Day Care												20,349	20,349
Alzheimers and Related Disorders												116,107	116,107
<b>Total Expenses</b>												<b>1,359,394</b>	<b>1,359,394</b>
<b>Net Operating Income</b>												<b>(111,404)</b>	<b>(111,404)</b>
<b>NonOperating Income</b>													
Local Taxes												92,508	92,508
Miscellaneous NI Revenue												150	150
<b>Total NonOperating Income</b>												<b>92,658</b>	<b>92,658</b>
<b>Net Income (Loss)</b>												<b>(18,747)</b>	<b>(18,747)</b>

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

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Description	02/14	03/14	04/14	05/14	06/14	07/14	08/14	09/14	10/14	11/14	12/14	01/15	Total
<b>Operating Income</b>													
<b>Miscellaneous Revenue</b>													
Lunch Reimbursement												138	138
Late Charge, NSF Check Charge												3,081	3,081
Other Miscellaneous Revenue												32	32
<b>Total Miscellaneous Revenue</b>												3,251	3,251
<b>Medicare A Revenue</b>													
Medicare A												103,287	103,287
NH Pt_Care - Medicare Advantage/ H												123,328	123,328
ARD_Pt Care - Medicare Advantage/												4,060	4,060
<b>Total Medicare A Revenue</b>												230,673	230,673
<b>Medicare B Revenue</b>													
Medicare B												11,202	11,202
<b>Total Medicare B Revenue</b>												11,202	11,202
<b>Medicaid Revenue</b>													
Medicaid Title XIX (IDHFS)												480,894	480,894
ARD - Medicaid Title XIX (IDHFS)												128,240	128,240
Patient Care-Hospice												25,542	25,542
ARD Patient Care - Hospice												22,041	22,041
<b>Total Medicaid Revenue</b>												656,718	656,718
<b>Private Pay Revenue</b>													
VA-Veterans Nursing Home Care												10,545	10,545
Nursing Home Patient Care - Private												189,919	189,919
Nursing Home Beauty Shop Revenue												3,288	3,288
Medical Supplies Revenue												6,135	6,135
Patient Transportation Charges												1,361	1,361
ARD Patient Care- Private Pay												102,458	102,458
<b>Total Private Pay Revenue</b>												323,706	323,706
<b>Adult Day Care Revenue</b>													
VA-Veterans Adult Daycare												9,317	9,317
IL Department Of Aging-Day Care Gra												10,879	10,879
Adult Day Care Charges-Private Pay												2,244	2,244
<b>Total Adult Day Care Revenue</b>												22,440	22,440

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

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01/31/15

Description	02/14	03/14	04/14	05/14	06/14	07/14	08/14	09/14	10/14	11/14	12/14	01/15	Total
Total Income												1,247,990	1,247,990

**Operating Expenses**

<b>Administration</b>													
Reg. Full-Time Employees												31,996	31,996
Temp. Salaries & Wages												1,217	1,217
Per Diem												225	225
Overtime												983	983
TOPS - Balances												(400)	(400)
TOPS - FICA												(31)	(31)
Social Security - Employer												2,501	2,501
IMRF - Employer Cost												2,803	2,803
Workers' Compensation Insurance												687	687
Unemployment Insurance												2,173	2,173
Employee Health/Life Insurance												3,903	3,903
Employee Development/Recognition												27	27
Employee Physicals/Lab												1,228	1,228
Stationary & Printing												283	283
Books, Periodicals & Manuals												69	69
Postage, UPS, Federal Express												554	554
Equipment < \$2,500												25	25
Operational Supplies												862	862
Audit & Accounting Fees												4,055	4,055
Attorney Fees												105	105
Professional Services												35,783	35,783
Job Required Travel Expense												99	99
Insurance												22,458	22,458
Computer Services												10,475	10,475
Telephone Services												1,484	1,484
Legal Notices, Advertising												2,987	2,987
Photocopy Services												1,499	1,499
Public Relations												101	101
Dues & Licenses												1,738	1,738
Finance Charges, Bank Fees												2,235	2,235
Cable/Satellite TV Expense												45,583	45,583
IPA Licensing Fee												58,738	58,738
Depreciation Expense												9,374	9,374
Interest- Bonds Payable													
Total Administration												248,777	248,777

**Environmental Services**

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

01/31/15	02/14	03/14	04/14	05/14	08/14	07/14	08/14	09/14	10/14	11/14	12/14	01/15	Total
<b>3</b>													
<b>Description</b>													<b>Total</b>
Reg. Full-Time Employees												28,487	28,487
Reg. Part-Time Employees												782	782
Overtime												2,823	2,823
TOPS - Balances												1,154	1,154
TOPS- FICA												88	88
Social Security - Employer												2,235	2,235
IMRF - Employer Cost												2,821	2,821
Workers' Compensation Insurance												544	544
Unemployment Insurance												2,182	2,182
Employee Health/Life Insurance												7,819	7,819
Operational Supplies												5,930	5,930
Gas Service												11,802	11,802
Electric Service												15,385	15,385
Water Service												2,058	2,058
Pest Control Service												621	621
Waste Disposal & Recycling												4,357	4,357
Equipment Rentals												520	520
Sewer Service & Tax												1,487	1,487
Tools												174	174
<b>Total Environmental Services</b>												<b>88,862</b>	<b>88,862</b>

<b>Laundry</b>													
Reg. Full-Time Employees												7,039	7,039
Overtime												684	684
TOPS Balances												486	486
TOPS - FICA												37	37
Social Security - Employer												571	571
IMRF - Employer Cost												669	669
Workers' Compensation Insurance												154	154
Unemployment Insurance												508	508
Employee Health/Life Insurance												1,949	1,949
Laundry Supplies												1,485	1,485
Linen & Bedding												6,012	6,012
Professional Services												594	594
<b>Total Laundry</b>												<b>20,198</b>	<b>20,198</b>

<b>Maintenance</b>													
Reg. Full-Time Employees												5,265	5,265
Overtime												103	103
TOPS - Balances												212	212
TOPS - FICA												16	16
Social Security - Employer												390	390

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

01/31/15	02/14	03/14	04/14	05/14	06/14	07/14	08/14	09/14	10/14	11/14	12/14	01/15	Total
<b>Description</b>													
IMRF - Employer Cost												458	458
Workers' Compensation Insurance												114	114
Unemployment Insurance												354	354
Employee Health/Life Insurance												677	677
Maintenance Supplies												3,484	3,484
Automobile Maintenance												419	419
Equipment Maintenance												1,922	1,922
Nursing Home Building Repair/Mainte												10,419	10,419
Parking Lot/Sidewalk Maintenance												3,808	3,808
Furnishings, Office Equipment												566	566
<b>Total Maintenance</b>												<b>28,208</b>	<b>28,208</b>

<b>Nursing Services</b>													
Reg. Full-Time Employees												133,932	133,932
Reg. Part-Time Employees												5,410	5,410
Temp. Salaries & Wages												6,962	6,962
Overtime												53,207	53,207
TOPS - Balances												(11,385)	(11,385)
No Benefit Full-Time Employees												64,485	64,485
No Benefit Part-Time Employees												45,007	45,007
TOPS - FICA												(871)	(871)
Social Security - Employer												23,269	23,269
IMRF - Employer Cost												26,659	26,659
Workers' Compensation Insurance												5,280	5,280
Unemployment Insurance												20,120	20,120
Employee Health/Life Insurance												24,192	24,192
Books, Periodicals & Manuals												199	199
Stocked Drugs												(838)	(838)
Pharmacy Charges-Public Aid												2,260	2,260
Oxygen												3,282	3,282
Incontinence Supplies												10,798	10,798
Pharmacy Charges - Insurance												10,192	10,192
Equipment < \$2,500												6,015	6,015
Operational Supplies												16,249	16,249
Pharmacy Charges-Medicare												10,003	10,003
Medical/Dental/Mental Health												3,400	3,400
Professional Services												18,956	18,956
Laboratory Fees												2,555	2,555
Equipment Rentals												1,540	1,540
Dues & Licenses												50	50
Conferences & Training												600	600
Contract Nursing Services												85,719	85,719
Medicare Medical Services												240	240

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

01/31/15	02/14	03/14	04/14	05/14	06/14	07/14	08/14	09/14	10/14	11/14	12/14	01/15	Total
<b>Total Nursing Services</b>													587,488
<b>Activities</b>													
Reg. Full-Time Employees							14,828					14,828	14,828
Overtime							4					4	4
TOPS - Balances							307					307	307
Part Time Non Benefit							628					628	628
TOPS - FICA							23					23	23
Social Security - Employer							1,130					1,130	1,130
IMRF - Employer Cost							1,325					1,325	1,325
Workers' Compensation Insurance							309					309	309
Unemployment Insurance							969					969	969
Employee Health/Life Insurance							4,537					4,537	4,537
Operational Supplies							346					346	346
Professional Services							130					130	130
<b>Total Activities</b>							24,534					24,534	24,534
<b>Social Services</b>													
Reg. Full-Time Employees							12,761					12,761	12,761
Overtime							279					279	279
TOPS - Balances							891					891	891
TOPS - FICA							68					68	68
Social Security - Employer							979					979	979
IMRF - Employer Cost							1,148					1,148	1,148
Workers' Compensation Insurance							245					245	245
Unemployment Insurance							898					898	898
Employee Health/Life Insurance							2,650					2,650	2,650
Professional Services							130					130	130
<b>Total Social Services</b>							18,936					18,936	18,936
<b>Physical Therapy</b>													
Reg. Full-Time Employees							4,524					4,524	4,524
Overtime							4					4	4
TOPS - Balances							322					322	322
TOPS - FICA							25					25	25
Social Security - Employer							334					334	334
IMRF - Employer Cost							392					392	392
Workers' Compensation Ins.							87					87	87
Unemployment Insurance							318					318	318
Employee Health/Life Insurance							1,298					1,298	1,298
Professional Services							35,362					35,362	35,362
<b>Total Physical Therapy</b>							42,687					42,687	42,687

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

01/31/15

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Description	02/14	03/14	04/14	05/14	06/14	07/14	08/14	09/14	10/14	11/14	12/14	01/15	Total
<b>Occupational Therapy</b>													
Reg. Full-Time Employees												2,253	2,253
TOPS - Balances												134	134
TOPS - FICA												10	10
Social Security - Employer												171	171
IMRF - Employer Cost												200	200
Workers' Compensation Ins.												43	43
Unemployment Insurance												160	160
Employee Health/Life Insurance												650	650
Professional Services												27,323	27,323
<b>Total Occupational Therapy</b>												30,944	30,944
<b>Speech Therapy</b>													
Professional Services												12,080	12,080
<b>Total Speech Therapy</b>												12,080	12,080
<b>Respiratory Therapy</b>													
Professional Services												9,089	9,089
<b>Total Respiratory Therapy</b>												9,089	9,089
<b>Total This Department</b>												21,178	21,178
<b>Food Services</b>													
Reg. Full-Time Employees												26,795	26,795
Reg. Part-Time Employees												4,994	4,994
Overtime												5,718	5,718
TOPS - Balances												1,632	1,632
TOPS - FICA												125	125
Social Security - Employer												2,830	2,830
IMRF - Employer Cost												3,308	3,308
Workers' Compensation Insurance												671	671
Unemployment Insurance												2,343	2,343
Employee Health/Life Insurance												8,414	8,414
Food												(68)	(68)
Nutritional Supplements												5,860	5,860
Equipment < \$2,500												134	134
Operational Supplies												(12)	(12)
Equipment Rentals												405	405
Conferences & Training												30	30
Food Service												61,538	61,538
<b>Total Food Services</b>												124,717	124,717

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

01/31/15	02/14	03/14	04/14	05/14	06/14	07/14	08/14	09/14	10/14	11/14	12/14	01/15	Total
<b>Barber &amp; Beauty</b>													
Reg. Full-Time Employees												4,546	4,546
TOPS - Balances												298	298
TOPS - FICA												23	23
Social Security - Employer												303	303
IMRF - Employer Cost												355	355
Workers' Compensation Insurance												87	87
Unemployment Insurance												319	319
Employee Health/Life Insurance												1,299	1,299
Operational Supplies												169	169
<b>Total Barber &amp; Beauty</b>												<b>7,398</b>	<b>7,398</b>
<b>Adult Day Care</b>													
Reg. Full-Time Employees												11,949	11,949
Overtime												473	473
TOPS - Balances												974	974
TOPS - FICA												75	75
Social Security - Employer												834	834
IMRF - Employer Cost												1,095	1,095
Workers' Compensation Insurance												233	233
Unemployment Insurance												853	853
Employee Health/Life Insurance												2,568	2,568
Gasoline & Oil												1,056	1,056
Operational Supplies												139	139
<b>Total Adult Day Care</b>												<b>20,349</b>	<b>20,349</b>
<b>Alzheimers and Related Disord</b>													
Reg. Full-Time Employees												29,274	29,274
Overtime												17,748	17,748
TOPS - Balances												2,043	2,043
No Benefit Full-Time Employees												21,693	21,693
No Benefit Part-Time Employees												18,679	18,679
TOPS - FICA												158	158
Social Security - Employer												6,611	6,611
IMRF - Employer Cost												7,752	7,752
Workers' Compensation Insurance												1,508	1,508
Unemployment Insurance												5,737	5,737
Employee Health/Life Insurance												3,867	3,867
Professional Services												87	87
ARD - Contract Nursing												955	955
<b>Total Alzheimers and Related Disord</b>												<b>116,107</b>	<b>116,107</b>

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

	01/14	02/14	03/14	04/14	05/14	06/14	07/14	08/14	09/14	10/14	11/14	12/14	01/15	Total
<b>01/31/15</b>														<b>8</b>
Description														
Total Expenses													1,359,394	1,359,394
Net Operating Income													(111,404)	(111,404)

**NonOperating Income**

<b>Local Taxes</b>														
Current-Nursing Home Operating													92,508	92,508
Total Local Taxes													92,508	92,508

**Miscellaneous NI Revenue**

Restricted Donations													150	150
Total Miscellaneous NI Revenue													150	150
Total NonOperating Income													92,658	92,658
Net Income (Loss)													(18,747)	(18,747)

01/31/15

Champaign County Nursing Home  
Balance Sheet

1

**ASSETS**

**Current Assets**

**Cash**

Cash	\$329,740.87
Petty Cash	\$300.00
Total Cash	\$330,040.87

**Rec., Net of Uncollectible Amounts**

Accts Rec-Nursing Home Private Pay	\$1,730,311.84
Accts Rec-Nursing Home Med Adv/ HMO/ Ins	\$874,980.48
Total Rec., Net of Uncollectible Amounts	\$2,605,272.30

**Rec., Net of Uncollectible Amounts**

Accts Rec-Nursing Home Hospice	\$218,238.67
Allowance for Uncollectible Accts-Private Pay	(\$42,520.00)
Allowance for Uncollectible Accts-Patient Care P	(\$29,037.33)
Allowance for Uncollectible Accts-Patient Care H	(\$3,258.00)
Total Rec., Net of Uncollectible Amounts	\$143,423.34

**Accrued Interest**

Property Tax Revenue Receivable	\$92,507.83
Total Accrued Interest	\$92,507.83

**Intergvt. Rec., Net of Uncollectibl**

Due from Collector Funds	\$985.42
Due from Other Governmental Units	\$1,108,868.54
Due from IL Public Aid	\$994,787.84
Due from IL Department of Aging-Title XX	\$59,021.01
Due from US Treasury-Medicare	\$289,806.51
Due From VA-Adult Daycare	\$42,642.48
Due From VA-Nursing Home Care	\$74,804.83
Allowance for Uncollectible Accts-IPA	(\$83,244.00)
Allow For Uncollectible Accts-IL Dept Of Aging	(\$1,830.00)
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	\$2,455,405.61

**Prepaid Expenses**

Prepaid Expenses	\$101,054.33
Stores Inventory	\$11,739.41
Total Prepaid Expenses	\$112,793.74

**Long-Term Investments**

Patient Trust Cash, Invested	\$22,407.07
Total Long-Term Investments	\$22,407.07
Total Current Assets	\$5,761,850.56

**Fixed Assets**

Nursing Home Buildings	\$23,291,270.61
Improvements not Buildings	\$477,681.52
Equipment, Furniture & Autos	\$1,448,666.41
Accumulated Depreciation-Land Improvements	(\$297,718.15)
Accumulated Depreciation-Equipment, Furniture, &	(\$1,007,854.53)
Accumulated Depreciation-Buildings	(\$4,653,404.10)
Total Fixed Assets	<u>\$19,258,641.76</u>
Total ASSETS	<u><u>\$25,020,492.32</u></u>

01/31/15

Champaign County Nursing Home  
Balance Sheet

3

**LIABILITIES & EQUITY**

**Current Liabilities**

A/R Refunds	\$0.60
Accounts Payable	\$1,818,254.41
Salaries & Wages Payable	\$285,579.33
Interest Payable - Bonds	\$9,374.11
Due To Accounts Payable Fund	(\$131.27)
Tax Anticipation Notes Payable	\$971,120.00
Notes Payable	\$438,053.10
<b>Total Current Liabilities</b>	<b>\$3,502,250.28</b>

**Non-Current Liabilities**

Nursing Home Patient Trust Fund	\$22,407.07
Bonds Payable	\$2,700,000.00
Accrued Compensated Absences	\$356,091.94
<b>Total Non-Current Liabilities</b>	<b>\$3,078,499.01</b>
<b>Total Current Liabilities</b>	<b>\$6,580,749.29</b>

**Equity**

Revenues	\$0.00
Retained Earnings-Unreserved	\$18,458,489.60
Year To Date Earnings	\$0.00
Contributed Capital	\$0.00
Year To Date Earnings	(\$18,746.57)
<b>Total Equity</b>	<b>\$18,439,743.03</b>
<b>Total LIABILITIES &amp; EQUITY</b>	<b>\$25,020,492.32</b>

**Champaign County Nursing Home  
Statement of Cash Flows (Indirect Method)  
1 Month  
December 31, 2014 through January 31, 2015**

**CASH FLOW FROM OPERATING ACTIVITIES:**

Net Income (Loss) - YTD	\$ (18,747)
Depreciation Expense	59,738
(Incr.)/Decr. in Accounts Receivable	(282,324)
(Incr.)/Decr. in Prepaid Expenses	(90,787)
(Incr.)/Decr. in Inventory	-
(Incr.)/Decr. in Patient Trust	(1,657)
Incr./Decr. in Accounts Payable	76,876
Incr./Decr. in Salaries and Wages Payable	69,358
Incr./Decr. in Interest Payable	9,374
Incr./Decr. in Accrued Com. Absences	(3,589)
Incr./Decr. in Other Liabilities	<u>1,657</u>
<b>Net Cash Provided by Operating Activities</b>	<b>(180,101)</b>

**CASH FLOW FROM INVESTING ACTIVITIES:**

Purchase of Equipment	-
Improvements / (CIP)	<u>-</u>
<b>Net Cash Provided by Investing Activities</b>	<b>-</b>

**CASH FLOW FROM FINANCING ACTIVITIES:**

Increase in Tax Anticipation Note	-
Notes Payable - Medicaid	-
(Decrease) Due to General Corp. Fund	-
(Decrease) in Bonds Payable	-
Increase in Equity Adjustment	<u>(194,168)</u>
<b>Net Cash Provided by Financing Activities</b>	<b>(194,168)</b>

<b>Total Cash Flow</b>	<b>(374,269)</b>
<b>Beginning Cash Flow - 12/31/2014</b>	<b><u>704,310</u></b>
<b>ENDING CASH - 1/31/2015</b>	<b><u>\$ 330,041</u></b>

**Champaign County Nursing Home**  
**Monthly Statements of Cash Flow (Indirect Method)**  
**August 31, 2014 through January 31, 2015**

	<u>Aug. '14</u>	<u>Sept. '14</u>	<u>Oct. '14</u>	<u>Nov. '14</u>	<u>Dec. '14</u>	<u>Jan. '15</u>
<b>CASH FLOW FROM OPERATING ACTIVITIES:</b>						
Net Income (Loss) - Monthly	\$ 72,495	\$ 152,264	\$ 83,697	\$ (15,421)	\$ (241,314)	\$ (18,747)
Depreciation Expense	60,597	60,597	60,597	59,738	59,738	59,738
(Incr./)Decr. in Accounts Receivable	(431,113)	(210,848)	(455,104)	(215,113)	296,994	(282,323)
(Incr./)Decr. in Prepaid Expenses	10,452	16,283	16,283	16,284	(12,170)	(90,787)
(Incr./)Decr. in Inventory	-	-	-	-	-	-
(Incr./)Decr. in Patient Trust	(3,763)	499	963	(310)	(556)	(1,657)
Incr./)Decr.) in Accounts Payable	197,524	5,535	92,244	(37,412)	(346,889)	76,876
Incr./)Decr.) in Salaries and Wages Payable	32,198	44,929	(178,180)	39,938	55,588	69,358
Incr./)Decr.) in Interest Payable	10,222	10,222	10,222	10,222	(61,331)	9,373
Incr./)Decr.) in Accrued Com. Absences	12,967	4,924	(448)	8,259	(2,463)	(3,589)
Incr./)Decr.) in Other Liabilities	3,763	(499)	(963)	310	556	1,657
<b>Net Cash Provided (Used) by Operating Activities</b>	<b>(34,658)</b>	<b>83,906</b>	<b>(370,689)</b>	<b>(133,505)</b>	<b>(251,847)</b>	<b>(180,101)</b>

**CASH FLOW FROM INVESTING ACTIVITIES:**

Purchase of Equipment	-	(2,600)	(3,829)	(4,648)	(8,915)	-
Improvements / (CIP)	-	(7,938)	-	-	-	-
<b>Net Cash Provided (Used) by Investing Activities</b>	<b>-</b>	<b>(10,538)</b>	<b>(3,829)</b>	<b>(4,648)</b>	<b>(8,915)</b>	<b>-</b>

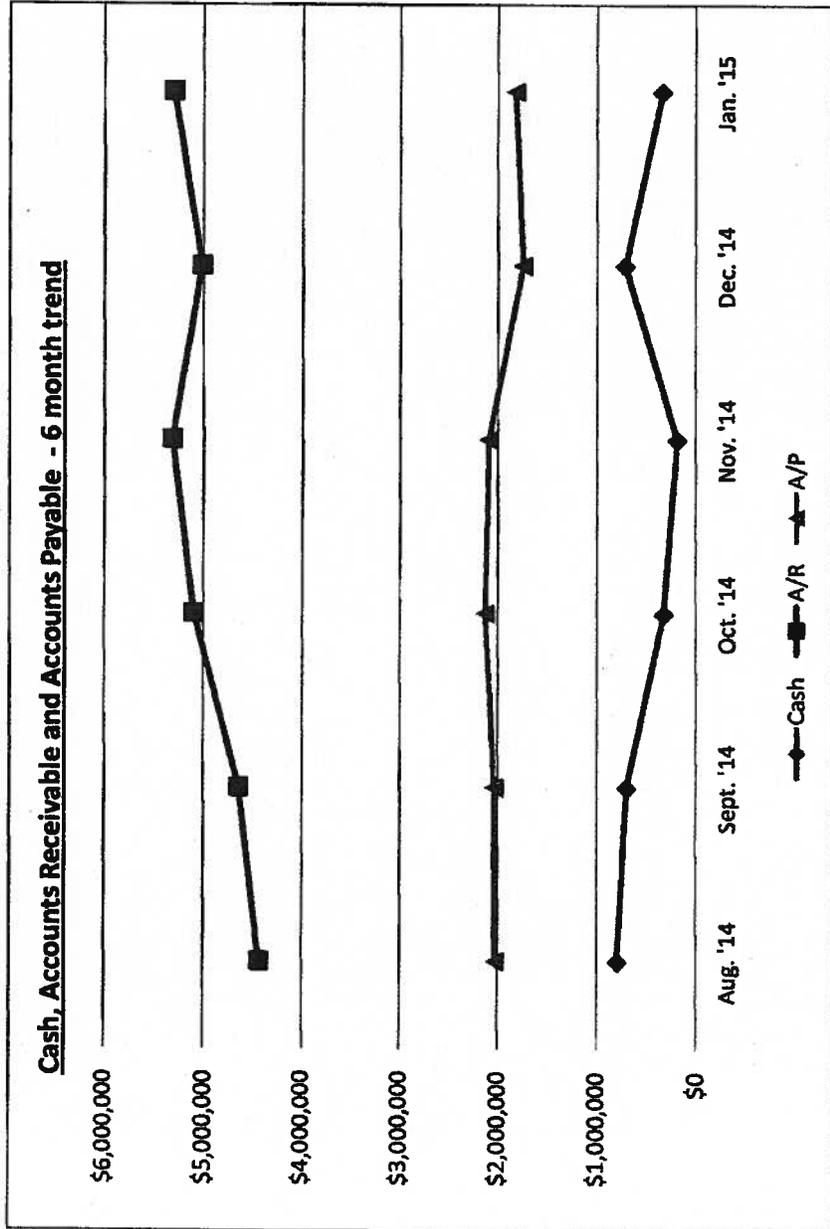
**CASH FLOW FROM FINANCING ACTIVITIES:**

Incr./)Decr.) in Tax Anticipation Note	(181,591)	(163,162)	-	-	971,120	-
Incr./)Decr.) Notes Payable - Medicaid	-	-	-	-	-	-
Incr./)Decr.) in Due to General Corp. Fund	-	-	-	-	-	-
Incr./)Decr.) in Bonds Payable	-	-	-	-	(185,000)	-
Incr./)Decr.) in Equity Adjustment	-	-	-	-	-	(194,168)
<b>Net Cash Provided (Used) by Financing Activities</b>	<b>(181,591)</b>	<b>(163,162)</b>	<b>-</b>	<b>-</b>	<b>786,120</b>	<b>(194,168)</b>
<b>Total Cash Flow</b>	<b>(216,249)</b>	<b>(89,794)</b>	<b>(374,518)</b>	<b>(138,153)</b>	<b>525,358</b>	<b>(374,269)</b>
Beginning Cash Balance (Prior Month's)	997,666	781,417	691,623	317,105	178,952	704,310
<b>MONTH ENDING CASH BALANCE</b>	<b>\$ 781,417</b>	<b>\$ 691,623</b>	<b>\$ 317,105</b>	<b>\$ 178,952</b>	<b>\$ 704,310</b>	<b>\$ 330,041</b>

**Champaign County Nursing Home  
August 31, 2014 through January 31, 2015**

**Key Balance Sheet Items Charted Below:**

	<u>Aug. '14</u>	<u>Sept. '14</u>	<u>Oct. '14</u>	<u>Nov. '14</u>	<u>Dec. '14</u>	<u>Jan. '15</u>
Cash	781,417	691,623	317,105	178,952	704,310	330,041
A/R	4,430,213	4,641,063	5,096,167	5,311,280	5,014,284	5,296,609
A/P	2,027,900	2,033,435	2,125,679	2,088,267	1,741,378	1,818,254



**Champaign County Nursing Home  
Strategic Objective Metrics  
Updated February 28, 2015**

<b>Medical Management Metric</b>	<b>Status</b>
<i>Carle Clinic and Christie Clinic</i>	
Carle Clinic – maintain 3 physicians and 2 full-time nurse practitioners	Maintained
Christie Clinic – maintain current level of care (one physician and one nurse practitioner)	Maintained
Implement QA with NPs monthly	Schedule monthly meeting to enhance communication and problem solve and identify skills that could be enhanced.
<i>Expanded Specialized Services</i>	
Establish pulmonary clinic by March 1, 2014	No progress. Continuing to find a pulmonologist.
Current wound/pain caseload is 13 residents.	13 currently on caseload 5 wound/8 pain 4 healed and taken off caseload in Feb. 38 residents have healed and have been taken of the caseload.
Establish outpatient rehab program by March 1, 2014.	HealthPro will assist with developing plans for space and assisting with licensure.

Dietary	Status																								
Meals will be delivered within 15 minutes of scheduled meal times.	Plating times summary table at bottom of page																								
The Pinnacle food quality score will meet or exceed Pinnacle national average of 3.67.	<p>2014 annual average was 3.43. The rolling 12 month average is 3.37 (Jan 15)</p> <table data-bbox="836 535 1096 934"> <tbody> <tr><td>Feb 14</td><td>3.50</td></tr> <tr><td>Mar</td><td>3.77</td></tr> <tr><td>Apr</td><td>4.03</td></tr> <tr><td>May</td><td>3.43</td></tr> <tr><td>June</td><td>3.62</td></tr> <tr><td>July</td><td>3.15</td></tr> <tr><td>Aug</td><td>3.25</td></tr> <tr><td>Sept</td><td>2.91</td></tr> <tr><td>Oct</td><td>3.53</td></tr> <tr><td>Nov</td><td>3.04</td></tr> <tr><td>Dec</td><td>3.21</td></tr> <tr><td>Jan 15</td><td>2.96</td></tr> </tbody> </table>	Feb 14	3.50	Mar	3.77	Apr	4.03	May	3.43	June	3.62	July	3.15	Aug	3.25	Sept	2.91	Oct	3.53	Nov	3.04	Dec	3.21	Jan 15	2.96
Feb 14	3.50																								
Mar	3.77																								
Apr	4.03																								
May	3.43																								
June	3.62																								
July	3.15																								
Aug	3.25																								
Sept	2.91																								
Oct	3.53																								
Nov	3.04																								
Dec	3.21																								
Jan 15	2.96																								
The Pinnacle dining service score will meet or exceed national average of 4.19	<p>The 2014 annual average was 3.41. The rolling 12 month average is 3.41(Jan 15)</p> <table data-bbox="836 1060 1096 1459"> <tbody> <tr><td>Feb 14</td><td>3.05</td></tr> <tr><td>Mar</td><td>3.98</td></tr> <tr><td>Apr</td><td>3.50</td></tr> <tr><td>May</td><td>3.65</td></tr> <tr><td>June</td><td>3.27</td></tr> <tr><td>July</td><td>3.30</td></tr> <tr><td>Aug</td><td>3.25</td></tr> <tr><td>Sept</td><td>2.93</td></tr> <tr><td>Oct</td><td>3.39</td></tr> <tr><td>Nov</td><td>3.67</td></tr> <tr><td>Dec</td><td>3.33</td></tr> <tr><td>Jan 15</td><td>3.63</td></tr> </tbody> </table>	Feb 14	3.05	Mar	3.98	Apr	3.50	May	3.65	June	3.27	July	3.30	Aug	3.25	Sept	2.93	Oct	3.39	Nov	3.67	Dec	3.33	Jan 15	3.63
Feb 14	3.05																								
Mar	3.98																								
Apr	3.50																								
May	3.65																								
June	3.27																								
July	3.30																								
Aug	3.25																								
Sept	2.93																								
Oct	3.39																								
Nov	3.67																								
Dec	3.33																								
Jan 15	3.63																								

**Plating Times**

	Breakfast Start				Breakfast End			
	Avg	Min	Max	Range	Avg	Min	Max	Range
Sept	7:33	7:10	8:03	0:53	8:59	8:25	9:27	1:02
Oct	7:31	7:15	7:50	0:35	8:40	8:20	8:58	0:38
Nov	7:36	7:15	7:55	0:40	8:40	8:10	9:28	1:18
Dec	7:35	7:15	7:50	0:35	8:34	8:04	8:50	0:46

	Lunch Start				Lunch End			
	Avg	Min	Max	Range	Avg	Min	Max	Range
Sept	11:16	11:00	12:40	01:40	12:55	12:09	01:20	01:11
Oct	11:38	11:30	12:02	00:32	12:38	12:16	12:54	00:38
Nov	11:40	11:30	11:50	00:20	12:57	12:12	12:50	00:38
Dec	11:41	11:30	12:00	00:30	12:26	12:09	12:43	00:34

	Dinner Start				Dinner End			
	Avg	Min	Max	Range	Avg	Min	Max	Range
Sept	04:32	04:30	04:50	00:20	05:33	05:07	05:50	00:43
Oct	04:32	04:28	04:40	00:12	05:43	05:25	06:55	01:30
Nov	4:46	4:26	5:10	0:44	5:38	5:11	6:00	0:49
Dec	4:37	4:00	5:34	1:34	5:32	5:05	6:00	0:55

<b>Nursing Management</b>	<b>Status</b>
<i>Fill Director of Nursing Position in 2015</i>	Filled 1/26/15.
<i>Nurse Education</i>	
Carle Clinic Emergency Department Collaborative Training for nurses and CNAs. The goal is to train 90% of nurses and CNAs.	82% (42/51) nurses trained 93% (70/75) CNAs trained Added to orientation going forward
IV training through pharmacy. The goal is 90% of nurses trained by end of 2014.	86% 44/51 nurses trained
Trach education. 90% of all nurses will be trained by the end of 2014.	76.5% (39/51) nurses trained
Skills training opportunities – collaborative effort with Carle Clinic or teaching programs. 90% of all nurses will be trained by the end of 2014.	See above Carle Clinic ER collaborative training.
Staff education from Carle Clinic Nurse Practitioners. Quarterly training is ongoing will see about whether monthly is feasible. Education topics and schedule still to be determined.	Dr. McNeal and Christie Clinic Nurse Practitioner have taken over the Quarterly nurse training activities. The January topic was assessment of delirium and clinical information to be reported to MD. Next training April 15

<b>Non-Financial Metrics</b>	<b>Status</b>																						
<i>Medicare 30-Day Readmission Rate</i>																							
<p>The national average rate is 19.8 percent.  The 25th percentile is 14.8 percent  The 75th percentile is 23.4 percent.</p> <p>Source: MedPac Report to Congress:  Medicare Payment Policy, March 2013.  (Data is from 2011).</p> <p>CCNH will have a current baseline  readmission rate by January 1, 2014.</p>	<p style="text-align: right;">Interact Data</p> <table border="0"> <tr><td>April</td><td style="text-align: right;">11%</td></tr> <tr><td>May</td><td style="text-align: right;">25%</td></tr> <tr><td>June (5/16)</td><td style="text-align: right;">31%</td></tr> <tr><td>July (4/11)</td><td style="text-align: right;">36%</td></tr> <tr><td>Aug (3/15)</td><td style="text-align: right;">20%</td></tr> <tr><td>Sept (1/12)</td><td style="text-align: right;">8%</td></tr> <tr><td>Oct (6/15)</td><td style="text-align: right;">40%</td></tr> <tr><td>Nov (5/16)</td><td style="text-align: right;">31%</td></tr> <tr><td>Dec (6/18)</td><td style="text-align: right;">33%</td></tr> <tr><td>Jan (2/15)</td><td style="text-align: right;">13%</td></tr> <tr><td>Feb (1/12)</td><td style="text-align: right;">8%</td></tr> </table>	April	11%	May	25%	June (5/16)	31%	July (4/11)	36%	Aug (3/15)	20%	Sept (1/12)	8%	Oct (6/15)	40%	Nov (5/16)	31%	Dec (6/18)	33%	Jan (2/15)	13%	Feb (1/12)	8%
April	11%																						
May	25%																						
June (5/16)	31%																						
July (4/11)	36%																						
Aug (3/15)	20%																						
Sept (1/12)	8%																						
Oct (6/15)	40%																						
Nov (5/16)	31%																						
Dec (6/18)	33%																						
Jan (2/15)	13%																						
Feb (1/12)	8%																						
<i>Pinnacle Survey Scores</i>																							
<p>Meet or exceed national average scores, which are shown below. There are 16 separate survey scores. The summation of all surveys conducted in 2012 resulted in two out of 16 scores exceeded the national average. The metric goal is to have four score exceeding the national average for 2013 and six scores for 2014.</p>	<p># of measures that met or exceeded the national average.</p> <table border="0"> <tr><td>Jan 15</td><td style="text-align: right;">7 out of 16</td></tr> <tr><td>Dec 14</td><td style="text-align: right;">0 out of 16</td></tr> <tr><td>Nov</td><td style="text-align: right;">4 out of 16</td></tr> <tr><td>Oct</td><td style="text-align: right;">2 out of 16</td></tr> <tr><td>Sept</td><td style="text-align: right;">3 out of 16</td></tr> <tr><td>Aug</td><td style="text-align: right;">1 out of 16</td></tr> <tr><td>July</td><td style="text-align: right;">3 out of 16</td></tr> <tr><td>June</td><td style="text-align: right;">6 out of 16</td></tr> <tr><td>May</td><td style="text-align: right;">10 out of 16</td></tr> <tr><td>April</td><td style="text-align: right;">2 out of 16</td></tr> <tr><td>March</td><td style="text-align: right;">5 out of 16</td></tr> </table>	Jan 15	7 out of 16	Dec 14	0 out of 16	Nov	4 out of 16	Oct	2 out of 16	Sept	3 out of 16	Aug	1 out of 16	July	3 out of 16	June	6 out of 16	May	10 out of 16	April	2 out of 16	March	5 out of 16
Jan 15	7 out of 16																						
Dec 14	0 out of 16																						
Nov	4 out of 16																						
Oct	2 out of 16																						
Sept	3 out of 16																						
Aug	1 out of 16																						
July	3 out of 16																						
June	6 out of 16																						
May	10 out of 16																						
April	2 out of 16																						
March	5 out of 16																						
<i>CMS 5 Star Rating</i>																							
<p>Increase overall rating from one star to two star by the end of 2014</p>	<p>One Star as of Jan 31, 2015  New nursing home compare version 3.0 starting with the Jan 31, 2015 report. Due to the new scoring system, the Center for Medicare and Medicaid Services does not recommend comparisons to previous scoring.</p>																						

<b>Non-Financial Metrics</b>	<b>Status</b>															
<i>Annual Turnover Rate</i>																
<p>Annual turnover rate – Data from American Healthcare Association Quality Report 2013</p> <ul style="list-style-type: none"> <li>• 45.0%          2011</li> <li>• 37.0%          2010</li> <li>• 42.0%          2009</li> <li>• 45.1%          2008</li> </ul>	<p>FY2014 – 52.0%</p> <p>FY2013 – 63%</p> <p>FY2012 – 52%</p> <p>FY2011 – 68%</p> <p>FY2010 – 53%</p>															
<b>Financial Metrics</b>	<b>Status</b>															
<i>Average Daily Census</i>																
<p>FY2014 budget projects a 195 average census</p>	<p>FY2013 ADC – 188.8</p> <p>FY2014 ADC – 202.1</p> <p>FY2015 ADC – 190.6 (as of Jan 2015)</p>															
<i>Medicare Census</i>																
<p>FY2014 budget projects a 17.0 Medicare census</p>	<p>FY2013 ADC – 16.4</p> <p>FY2014 ADC – 15.2</p> <p>FY2015 ADC – 14.1 (as of Jan 2015)</p>															
<i>Payor Mix</i>																
<table> <tr> <td>Medicare</td> <td>8.7%</td> <td>Medicare</td> <td>FY2014 7.5%</td> <td>FY2015 (Jan) 7.4%</td> </tr> <tr> <td>Medicaid</td> <td>55.2%</td> <td>Medicaid</td> <td>58.3%</td> <td>69.1%</td> </tr> <tr> <td>Private pay</td> <td>36.1%</td> <td>Private pay</td> <td>34.1%</td> <td>23.5%</td> </tr> </table>	Medicare	8.7%	Medicare	FY2014 7.5%	FY2015 (Jan) 7.4%	Medicaid	55.2%	Medicaid	58.3%	69.1%	Private pay	36.1%	Private pay	34.1%	23.5%	
Medicare	8.7%	Medicare	FY2014 7.5%	FY2015 (Jan) 7.4%												
Medicaid	55.2%	Medicaid	58.3%	69.1%												
Private pay	36.1%	Private pay	34.1%	23.5%												
<i>Cash from Operations</i>																
<p>Positive cash flow from operations in FY2014 – 12 month budget projects a \$34k cash contribution from operations</p>	<p>\$40,992 as of January 2015</p>															

Note: All Medicare and Medicaid admissions and treatment shall be consistent with medical necessity standards.

To: Board of Directors  
Champaign County Nursing Home

From: Scott T Gima  
Manager

Date: March 4, 2015

Re: Management Update

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### **Food Service Update**

In January, the Pinnacle scores for dining and food service were again contradictory. Food quality fell from 3.21 in December to 2.96 in January. Dining service improved from 3.33 in December to 3.63 in January.

Dietician Dining Room Satisfaction Surveys show steady improvement since surveys were started in September of 2014.

September 2014	58%
October 2014	62%
November 2014	76%
December 2014	77%
January 2015	70%
February 2015	80%

Consistent supervision and reaching a stable number of cooks and aides remains the issue. In February, vacancies totaled X.X FTEs. While the number of employees has improved, attendance issues have been problematic. Turnover is expected as attendance points are accumulated.

Emily Seidel- Continues excellence in clinical work has been hands on in dining rooms on-going due to staffing level.

Liz Edwards- She is doing an excellent job very hands on in kitchen for service with being short handed. She is very positive and works well with the staff

Annie Grimm- Received counseling for poor communication and lack of follow up with staff on closing duties. She is definitely the weakest link to management team..

Dianna Spence- She had biggest challenge with lack of staffing as she is used to have a group that would replace themselves if they weren't able to make into a shift. She has many good ideas as to how to make changes and will implement when she is not filling positions herself. Cleanliness is a big priority for her and will make headway in the kitchen in this area.

### **County Nursing Homes and IGT Reimbursement under Managed Care**

No update has been provided by HFS. As stated last month, the good news is that all Medicaid payments (traditional Medicaid and MMAI) are paid at the rate of \$203.90 per day instead of \$156.57 rate, which includes the IGT.

### **Managed Care – MMAI Enrollment**

In the month of October, five residents are enrolled in Health Alliance Connect, the MMAI managed care plan and one resident covered by Molina Healthcare. October totaled 11.2 MMAI residents. As of December 1<sup>st</sup>, 27 residents are enrolled in Health Alliance Connect and 14 in Molina for a total of 41. As of January 1<sup>st</sup>, 40 are enrolled (29 in Health Alliance and 14 in Molina). The February 1<sup>st</sup> enrollment is 36. The February numbers are down due to discharges and a few residents were transitioned to hospice.

### **State Budget – Governor Rauner’s Proposed 12% Medicaid Cut**

Governor Rauner has proposed a 12 percent Medicaid rate cut to hospitals and nursing homes. Using 2014 Medicaid revenues totaling \$7.113 million, a 12% cut would be a reduction of \$854,000 annually. It is much too early to speculate what will be in the 2016 budget, but if there is a rate cut, it will be nowhere close to 12 percent. The IGT add-on does reduce the impact of a rate cut. For example, for a 12% rate cut, the IGT rate will drop by less than 9%.

Last month I mentioned that MPA is working with Dave Stricklin to begin discussions with Rauner’s administration to protect county home Medicaid cash flow. We are now editing a position paper to also protect Medicaid revenues.

### **Therapy Transition**

The switch over from Symbria to HealthPRO will occur in mid April. Last week, MPA and administration met with HealthPRO representatives including the Regional Manager, Vice President of Business Development and Regional Vice President to discuss the transition. HealthPRO has reached an agreement with Symbria that will allow the existing staff to be interviewed.

### **Compliance**

The conflict of interest form, compliance attestation and board resolution to reestablish the compliance program are attached for your review. Please complete the conflict of interest form and sign the compliance program attestation. The resolution is an action item.

\*\*\*\*\*

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

**Champaign County Nursing Home  
Compliance Program Resolution of the Board of Directors  
Adopted at a Meeting Held on March 9, 2015**

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 reestablishes its commitment to 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 reestablishes its commitment to the Code of Conduct and the Policies and Procedures contained in the Champaign County Nursing Home Compliance Program;

**Be It Further Resolved** that the following Compliance Program progress has occurred to date: the Compliance Program has been distributed to employees and Directors' a Compliance Officer and Compliance Committee have been appointed (with regular meetings occurring); annual compliance training is provided to employees and Directors; a baseline audit, plus an annual review of the Compliance Program, have been completed; compliance risk area policies and procedures are in place and reviewed and updated on an ongoing basis; an auditing and monitoring program is underway; and a comprehensive monthly program for employee education has been put in place.

**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**

# **Champaign County Nursing Home Compliance Program**

April 10, 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. The Compliance Officer's name and contact information is available on Nursing Home's website, and will be provided to employees during compliance training.

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.

## Compliance Program 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 or Compliance Training, 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.

Conflict of Interest Questionnaire

Pursuant to the purposes and intent of the conflict of interest policy adopted by the Governing Body of Champaign County Nursing Home requiring disclosure of certain interests, a copy of which has been furnished to me, I hereby state that I or members of my immediate family have the following affiliations or interests and have taken part in the following transactions that, when considered in conjunction with my position with or relation to Champaign County Nursing Home, might possibly constitute a conflict of interest.

(Check "None" where applicable.)

1. Outside Interests

Identify any interests, other than investments, held by you or a member of your immediate family, as described in the list of definitions accompanying this questionnaire.

( ) None

2. Investments

List and describe all investments held by you or a member of your immediate family that might fall within the category of "material financial interest," as described in the list of definitions accompanying this questionnaire.

( ) None

3. Outside Activities

Identify any outside activities, engaged in by you or a member of your immediate family, as described in the list of definitions accompanying this questionnaire.

( ) None

4. Material Financial Interest

Identify whether you, your spouse, or any immediately family member living with you (a) is entitled to receive more than 7½% of the total distributable income under a contract with CCNH or (b) if you, together with your spouse and immediate family members living with you are entitled to receive more than 15% in the aggregate of the total distributable income under a contract with CCNH.

( ) None

D. Agenda Preparation and Schedule of Meetings

The Manager is responsible for preparing meeting agendas for the Governing Body and for preparing all business items for information, action, follow-up, or final disposition/reporting.