

NURSING HOME BOARD OF DIRECTORS AGENDA

County of Champaign, Urbana, Illinois

Monday, May 9, 2016 – 5:00pm

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

CHAIR: Catherine Emanuel
DIRECTORS: Jack Anderson, Sam Banks, Lorraine Cowart, Mary Hodson, Robert Palinkas, Edmund Sutton

<u>ITEM</u>	<u>Page #</u>
I. <u>CALL TO ORDER</u>	
II. <u>ROLL CALL</u>	
III. <u>APPROVAL OF AGENDA</u>	
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V. <u>PUBLIC PARTICIPATION</u>	
VI. <u>COMMUNICATIONS</u>	
VII. <u>CHAMPAIGN COUNTY NURSING HOME STUDY SESSION</u> a. Strategic and financial assessment (including SWOT) b. Where do we want to be in 3 years? c. Options d. Recommendation to County Board	
VIII. <u>DIETARY SERVICES REPORT FROM HEALTHCARE SERVICES GROUP</u>	
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XI. <u>OTHER BUSINESS</u>	
XII. <u>NEXT MEETING DATE & TIME</u> June 13, 2016	
XIII. <u>ADJOURNMENT</u>	

**Board of Directors
Champaign County Nursing Home (CCNH) –Minutes
Urbana, Illinois
April 11, 2016**

Directors Present: Emanuel, Cowart, Anderson, Hodson, Palinkas, Sutton

Directors Absent/Excused: Banks

Also Present: Busey, Gima, Noffke, Bloomfield, Winschel, 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. Approval of Agenda

Agenda was approved as distributed (motion by Sutton, second by Palinkas, unanimous).

4. Approval of Minutes

The open and closed session minutes of March 14, 2016 were approved as submitted (motion by Anderson, second by Hodson, unanimous).

5. Public Participation

Evelyn Thomas, a rehabilitation aide at Champaign County Nursing Home, expressed concerns about the quality of management staff members. Ms. Thomas encouraged the board to hire staff members in management positions that understand the terms of union agreements that are in place at the nursing home. Additionally, Ms. Thomas explained that the decline in food service quality is negatively impacting the attitudes and behaviors of residents at the nursing home.

Traci Rhone, a nurse at Champaign County Nursing Home, commented that improved communications between the management team and staff members are needed at the nursing home.

Mary Schultz asked for an explanation of the Medicaid overpayment that was discussed at the end of the previous board meeting, and additionally asked for clarification in regards to the newly installed lint filtration system. Ms. Schultz expressed concerns about the weight of residents in the home, the turnover rate of employees who have left the nursing home, and the lack of warm meals being provided to residents. Ms. Schultz reported to the board that the dining room on unit 3 had been left uncleaned from the previous night's meal and there was no breakfast available for residents when she came to visit her mother one morning. Ms. Schultz asked the board to explain who is ultimately responsible for the situation.

David Laker showed support for Ms. Thomas and Ms. Rhone's comments and noted that food service at the nursing home appears to be improving. Mr. Laker expressed concerns about the 12-hour shift option for staff members and noted that it is negatively impacting the quality of care that residents receive at the nursing home. Mr. Laker asked the board to implement a better scheduling system for staff members in order to improve the quality and continuity of care for residents.

6. Communications

Ms. Emanuel reported that she has been interviewing staff members at the nursing home and has invited management team members to make presentations to the board about their roles at the nursing home. Ms. Noffke introduced Kim Hottman, the new Activities Director at the nursing home.

Ms. Hottman reported that she has been at the nursing home for 6 months and has 6 years of experience working in long term care facilities. Ms. Hottman noted that the nursing home is an advantageous place for activities due to the number of staff members and volunteers available within the activities department. Two staff members of the activities department are on each unit every day, and they work with residents in small groups, large groups and on an individual basis.

Transportation services for the activities department have allowed Ms. Hottman to create store visits for residents. The Nursing Home Auxiliary Board provides additional resources and volunteers for many activities at the nursing home. Student volunteers are also utilized. Ms. Hottman hopes to establish social hours with other facilities in the area to keep residents active. She additionally hopes to establish a meals-on-wheels program for staff members.

Ms. Hodson asked for clarification in regards to the meals-on-wheels program. Ms. Hottman noted that staff members of the nursing home would volunteer to deliver meals to those in need in the community in order to improve the public perception of the nursing home.

7. Approval of Revised Nursing Home Personnel Policy

Mr. Sutton noted that he will abstain from voting on this item due to his unfamiliarity with the document. Ms. Busey noted that the document was previously distributed via email to board members, but explained that action on this item can be deferred to the May meeting.

Mr. Anderson asked for a quick background explanation on the document. Ms. Busey noted she worked on the document. Many revisions in the document include bringing the document into compliance with current state law and with the County's general personnel policy. Revisions included updates to the Equality Opportunity Employer and Affirmative Action sections, Recruitment and Hiring sections, and new language was added to bring the document into compliance with the American's with Disabilities Act audit that the County is currently undergoing. Additionally, the compliance program has been included.

Mr. Anderson asked who would represent the nursing home board if a legal matter were to come before the board. Ms. Busey noted that the State's Attorney's office would provide legal advice. Ms. Hodson asked if the document has been reviewed by the State's Attorney. Ms. Busey confirmed.

Mr. Anderson noted that he is prepared to vote on the item; however, he is willing to defer the vote until next month in order to provide all board members the opportunity to review the document and provide their insights.

MOTION by Mr. Anderson to defer the approval of the Revised Nursing Home Personnel Policy as provided until the May Board of Directors Meeting; seconded by Mr. Sutton.

Mr. Anderson asked if there are any pending issues at the nursing home that would require the board to pass the updated personnel policy at the current meeting. Ms. Busey noted that it is not urgent to pass the policy at the current meeting.

Upon vote, **MOTION CARRIED.**

8. Management Report

a. Strategic Objective Metrics Updates

Mr. Gima reported that the CNA category in the open positions table is now fully staffed, and is hopeful that the retention rate will continue to improve. The Human Resources department continues to make efforts to collect exit interviews. Separations from the nursing home were due to employees not showing up for shifts as well as subsequent disciplinary actions. Dietary staffing has remained stable and is currently fully staffed.

Mr. Anderson asked for the length of time the Director of Nursing position has remained open and unfilled. Mr. Gima reported that the position has been open and unfilled since March 11th, and interim director has been hired. Mr. Sutton asked what progress is being made to fill the position. Ms. Noffke reported that Ms. Bloomfield, the nursing home's Human Resources Director, has been actively searching for candidates. Ms. Hodson asked if the interim director is an agency staff member. Ms. Noffke noted that the interim director is a contract employee. Ms. Hodson asked for the difference in cost between having an internal director in place versus utilizing an external agency or contracted director. Ms. Noffke noted that salaries are comparable; however, mileage and housing costs make agency and contacted employees more expensive.

Mr. Gima noted the format change in the monthly Pinnacle scores. A percentage change from month to month, as well as quarterly changes, has been added to provide clarity in the data for board members.

Ms. Noffke noted that pulmonary clinic is up and running with bi-weekly visits to 18 residents. The outpatient therapy program continues to grow and transportation services for outpatient therapy are being explored.

Mr. Anderson asked why the readmission rate has grown. Ms. Noffke noted that the cause for readmission is always determined and analyzed, and the nursing home uses this to determine what they will do differently to avoid readmissions on the same problem in the future. Ms. Noffke noted that she did not have the data with her to determine the exact reasons why the readmission rate grew.

Ms. Noffke reported that varying comments have been received about food services and they range from positive to negative feedback. Dietary services are short-staffed which has impacted the quality of meals. Mr. Palinkas asked management to respond to the public comment regarding the uncleaned dining room that was left overnight. Ms. Noffke noted that opening and closing managers are in place with the food service management company and she needs to follow up to see what happened. Ms. Emanuel noted that the food service management company has a separate hierarchy; however, the nursing home management company is ultimately responsible for food service's shortfalls. Mr. Palinkas asked for an additional update to be provided about this problem at the next meeting.

Ms. Noffke noted that preliminary estimates for steam tables for food services have been provided by two architectural firms and the costs range from \$50,000 to \$150,000. Alternative options are currently being investigated.

b. Management Report

Mr. Gima reported that the nursing home census has declined since January and 454 conversion days have been recorded. An increase in admissions was reported in February

and March. He noted that an increase in discharges continue to negatively impact the census.

Discussions were held in regards to the definition of conversion days, and it was reported that conversion days are recorded when pending Medicaid applications are approved. While residents at the nursing home have pending Medicaid applications, they are recorded as private pay residents. When the applications are approved, those private pay resident days are converted to Medicaid resident days, at which point the state owes the nursing home payments for those converted days.

Mr. Anderson asked for clarification in regards to the look back period for pending Medicaid applications. Mr. Gima reported that Medicaid applications have a look back period of 3 months. He clarified and noted that once a resident has started a Medicaid application for, they have three months to complete it. The look back window covers the time it may take patients to complete their applications. Medicaid will go back and make payments for the entire duration of time it take their offices to process and approve applications starting on the date the application was started.

c. Cash Update

Mr. Gima reminded the board that the low cash balance home is due to the OIG Medicaid overpayment and the Medicaid application loan payback. Mr. Gima reminded the board that discussions of this issue were covered at the previous month's board meeting.

Mr. Anderson asked for an explanation as to how the overpayment was spent at the nursing home. Mr. Winschel explained that the OIG Medicaid overpayment was placed in the nursing home's budget and plans were developed to handle the repayment of the overpayment. The repayment schedule has been modified to allow the nursing home to maintain operations as needed.

The Medicaid application loan payback was given as an advance due to delays in payments from pending Medicaid applications that the nursing home was already experiencing. It was assumed that the nursing home would receive additional payments for pending applications from Medicaid so the application loan payback was used in operations. Unfortunately, the nursing home did receive additional payment for pending Medicaid applications, and now, due to budget shortfalls at the state level, Medicaid is taking their money back without giving the proper notification.

d. Fire Damper Inspection

Mr. Gima reported that all inspections and work for the project have been completed.

e. Lint Filtration Project

Mr. Gima reported that a temporary barrier has been placed in the hallway in order to block construction dust and noise. The system in the courtyard is almost completed and will have a fence placed around the unit so it is not visible to residents.

f. Marketing

Mr. Gima provided to the board with three handouts that outline short term solutions to conserve cash for operations. The handouts detail plans to change community and public perception to improve admissions as well as detailed financial information about the current

problems with cash flow. Mr. Gima asked the board to review the documents and contact him before the next month's meeting with any feedback they want to provide.

9. Chair's Report

a. Update on Strategic Planning Process

Ms. Emanuel reminded the board to complete the survey that was distributed in regards to the strategic planning process. Additionally, Ms. Emanuel reminded the board of the Study Session covering the strategic planning process being held on May 2nd and encouraged members to attend.

10. Closed Session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of specific employees of Champaign County

MOTION by Hodson to enter Closed Session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of specific employees of Champaign County, and for the following individuals to remain present: Scott Gima, Amanda Bloomfield, County Administrator and recording secretary.

Roll call vote:

Aye: 6 – Emanuel, Cowart, Hodson, Anderson, Palinkas, Sutton

Nay: 0

Motion carried.

The Champaign County Nursing Home Board of Directors entered Closed Session at 7:49 p.m.

The Champaign County Nursing Home Board of Directors resumed Open Session at 8:21 p.m.

11. Other Business

None

12. Public Comment

David Laker asked if 82 nursing staff in the strategic metrics portion of the agenda includes all CNA's or if it included additional nursing staff members. Mr. Gima confirmed that the number Mr. Laker is referring to is only CNA's and noted that CNA's include 84.2 full time equivalents. Mr. Laker additionally asked if a different vendor is being considered for food services, how much longer the management company running the nursing home has on their contract and what directions will be taken to improve both management and food services at the nursing home.

Mary Schultz asked the board to hold the public comment section of the agenda before any closed sessions in the future and expressed concerns about the nursing home spending the overpayment from Medicaid. Additionally, Ms. Schultz commented that the lint filtration system is an eye sore for residents and encouraged the board plant some sort of hedge around the system. Ms. Schultz also encouraged the board to begin correcting the problem of public perception of the nursing home as soon as possible.

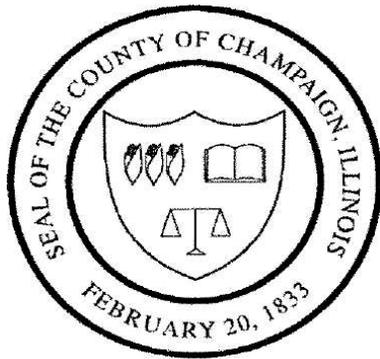
13. Next Meeting Date & Time

The next meeting date and time for the Nursing Home Board of Directors is Monday, May 9, 2016 at 6:00 p.m.

14. Adjournment

Chair Emanuel declared the meeting adjourned at 8:30 p.m.

Respectfully submitted:
Brian Nolan
Recording Secretary



CHAMPAIGN COUNTY NURSING HOME
PERSONNEL POLICY

Revised October, 2010

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Statement of Applicability

This policy shall not apply to employees covered by a collective bargaining agreement between the Champaign Nursing Home Board of Directors or a Champaign County Elected Official and a labor union. Nor shall this Policy apply if doing so would violate a collective bargaining agreement.

Responsibility for Policy Integrity

The CCNH Administrator, the Department Managers and the CCNH Board of Directors shall be responsible for the enforcement of these Personnel Policies.

Disclaimer

This Policy provides a guide for employees, the Nursing Home Board of Directors, Administrative Staff, and Department Managers. It is also intended to acquaint new employees with Champaign County Nursing Home procedures. However, the employer reserves the right to take whatever action it deems appropriate given the circumstances. Failure to follow the Policy shall not invalidate any action taken. Employees should not read this Policy as creating an employment contract, express or implied, or a promise that it will be followed in all cases. Except as otherwise stated in its collective bargaining and employment agreements, employees of Champaign County Nursing Home are employed at-will. Nothing in this Policy is intended to alter this employment-at-will relationship. The Nursing Home Board of Directors may recommend to the Champaign County Board at any time revision, revoke, suspend, or amend this Policy at any time. Interpretation and implementation of this Policy is vested solely in the Nursing Home Board of Directors.

CHAPTER 1 - DEFINITIONS

1-1 FULL-TIME EMPLOYEE - An employee who works in a position which is approved by the Nursing Home Board of Directors, and which is generally budgeted based on a 40.0 hour work week, but must be budgeted for at least 30 hours per week. Full-time employees are eligible for County paid-time-off benefits, health/life insurance benefits, and retirement benefits. Full-time appointed and elected Department Managers are also eligible for these benefits.

1-2 PART-TIME EMPLOYEE - An employee who works in an approved position, which is budgeted at less than 6.0 hours per day or 30 hours per week. Part-time employees are not eligible for health/life insurance benefits, but generally receive proportionate or paid-time-off benefits, and ~~but~~ do participate in the retirement plan if they work more than 1,000 hours/year.

1-3 TEMPORARY EMPLOYEE - A person who is hired for a specific period of time or to complete a specific task. Temporary employees fill no specific position. Hours worked and hourly rate are set by the department manager within the constraints of a temporary salary budget approved by the Nursing Home Board of Directors. Temporary employees are not eligible for health/life insurance benefits or for paid-time-off benefits. Temporary employees participate in the retirement plan if they work, or are expected to work, 1,000 hours annually.

1-4 PER DIEM EMPLOYEE - An individual, including Department Managers, who receives a standard sum of remuneration for each day worked is considered a per diem employee and is not eligible for County benefits, unless otherwise stated.

1-5 BOARD - The Nursing Home Board of Directors of the County of Champaign, Illinois, which serves as the representative of the Champaign County Board. Champaign County is the employer of record.

1-6 CCNH ADMINISTRATOR - The CCNH Administrator is responsible for human resource management.

1-7 UNDERUTILIZATION OF MINORITIES – The employment of fewer minority workers in a particular job classification than would reasonably be expected by the minority workers' availability in the workforce.

1-8 JOB SHARING - The sharing of one full-time Champaign County non-supervisory position by two individuals.

1-9 DAYS - All references to number of days in this policy shall be understood to be working days.

1-10 DOMESTIC PARTNER – Domestic Partners are persons who:

- a. Are at least 18 years of age.
- b. Are competent to contract at the time the domestic partnership statement is completed.
- c. Are not legally married to any person and not related in any way that would prohibit marriage in our state of operation.
- d. Are each other's sole domestic partner.
- e. Share permanent residence.

Domestic partners must have at least three of the following:

- a. Joint lease, mortgage, or deed on which both the employee and his/her partner are identified as owners or tenants.
- b. Joint ownership of vehicle.
- c. Joint ownership of a checking account or credit account.
- d. Designation of the domestic partner as beneficiary for the employee's life insurance or retirement benefits.
- e. Shared household expenses.

CHAPTER 2 - EMPLOYMENT, HIRING, AND PROBATION

2-1 REGRETTMENT AND HIRING EQUAL EMPLOYMENT OPPORTUNITY and AFFIRMATIVE ACTION PROGRAM

2-1.1 Equal Employment Opportunity (EEO) Statement - ~~The Champaign Nursing Home Board of Directors wishes to protect all employees and applicants for employment against discrimination based wholly or partially on, or the perception of, an individual's:~~

- ~~a. Sexual orientation, as defined by the Illinois Human Rights Act;~~
- ~~b. Race;~~
- ~~c. Color;~~
- ~~d. Religious belief or practice;~~
- ~~e. National origin;~~
- ~~f. Ancestry;~~
- ~~g. Sex;~~
- ~~h. Age;~~
- ~~i. Citizenship status;~~
- ~~j. Marital status;~~

~~k. A physical or mental disability unrelated to an individual's ability to perform the essential functions of his or her job with or without reasonable accommodation; and/or l. Unfavorable discharge from the military as defined in the Illinois Human Rights Act, in the recruitment, assignment, promotion, or other aspects of employment or hiring by any Department of County government. Employees and applicants for employment at Champaign County Nursing Home can be assured fair and equitable treatment with the provisions of EEO. Under the laws enforced by EEOC, it is illegal to discriminate against someone (applicant or employee) because of that person's race, color, religion, sex (including pregnancy), national origin, age, disability or genetic information. It is also illegal to retaliate against a person because he or she complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.~~

~~Additionally, in accordance with the Illinois Human Rights Act, it is illegal to discriminate against someone because of sexual orientation, ancestry, citizenship status, marital status, military service, unfavorable military discharge, order of protection status, or arrest record.~~

~~These laws apply to all aspects of employment including benefits, discharge, discipline, firing, harassment, hiring, promotion, recruitment, renewal of employment, selection for training or apprenticeship, tenure, terms and conditions of employment, training, transfer, and wages.~~

2-1.2 Affirmative Action Program (AAP)

- a. Administration and Scope - The Champaign County Affirmative Action Program shall be administered by the CCNH Administrator, under the direction of the Nursing Home Board of Directors. The Department of Labor's regulations

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prohibit discrimination in such employment practices as recruitment, rates of pay, upgrading, layoff, promotion, and selection for training. Employers may not make distinctions based on race, color, religion, sex, or national origin in recruitment or advertising efforts, employment opportunities, wages, hours, job classifications, seniority, retirement ages, or job fringe benefits such as employer contributions to company pension or insurance plans. The Affirmative Action Program shall be implemented in all cases, including, but not limited to employment, promotion, demotion, discipline, grievances, transfers, testing, advertising, lay off, termination, rates of pay or other forms of compensation, and selection for training.

a-

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b-a. Program Development - In order to develop and carry out the Affirmative Action Program, the CCNH Administrator shall be responsible for the following functions:

- (i) Preparing a brief analysis of sex and race of current personnel by job classification;
- (ii) Preparing a brief statement for internal or external dissemination of the Personnel Policy and commitment to affirmative action;
- (iii) Identifying problems, e.g., the underutilization of minorities by job classification and by salary range;
- (iv) Suggesting the execution of programs or procedures designed to address underutilization of minorities;
- (v) Reviewing promotion practices within each department ~~or agency~~ to determine whether employees are being promoted in accordance with established, reasonable goals and timetables;
- (vi) Comparing job duties and rates of compensation to ensure that the rates of compensation for jobs which require equal skill, effort, and responsibility, and which are performed under similar working conditions, are equal;
- (vii) Disseminating this Policy and reminding all Department Managers of the purpose of this Policy;
- (viii) Suggesting the execution of policy and procedures designed to eliminate discrimination against the protected classes specified in the Equal Employment Opportunities Statement (2-1.1); and
- (ix) Other procedures deemed necessary by the ~~Policy, Personnel, & Appointments Committee~~ Nursing Home Board of Directors.

The Affirmative Action Program, administered the CCNH Administrator, shall comply with all applicable state and federal laws and be developed in consultation with legal counsel.

c. Reporting and Enforcement

- (i) All CCNH departments shall provide the affirmative action information requested by the CCNH Administrator in order to enable the CCNH Administrator to carry out the functions listed in Section 2-1.2(b).
- (ii) All applicants for employment will be encouraged to complete a voluntary EEO/AAP self identification form upon applying for employment with the County. The race, gender, age and disability information gathered as pre-employment information will be treated as confidential and secured in the EEO files of the CCNH Administrator's Office or designated area. The EEO/AAP self identification form will be used to track applicant flow and utilized as a reference with the County's Affirmative Action Plan initiative. The EEO/AAP self

identification form will include a statement of the County's EEO/AAP policy.

2-2 RECRUITMENT and HIRING

2-1-32.1 Recruitment Procedure - Recruitment efforts for position vacancies shall be conducted in the following manner:

- a. Recruitment efforts and publicity for available positions will be directed to all appropriate sources of applicants in a geographic area wide enough to attract qualified candidates and to assure equal opportunity for the public to apply. Professional positions should be listed in appropriate professional journals. Referral agencies, such as the ~~Champaign County Urban League, affirmative action offices of~~ the University of Illinois, Parkland Community College, City of Champaign Community Relations Department, City of Urbana Human Relations Commission staff, Illinois Department of Employment Security, Office of Equal Opportunity and Access, PACE, Champaign Schools, News-Gazette, etc., should be utilized where appropriate. The CCNH Administrator's Office shall be notified of position openings.
- b. All position openings shall be listed with the Illinois State Employment Service and shall be advertised in local newspapers, except:
 - (i) Openings filled by the promotion of a County employee;
 - (ii) Temporary vacancies of fewer than twenty (20) working days; or
 - (iii) Positions filled by a Department Manager who has advertised for a vacancy in the same job description within the previous four (4) months.
- c. A position shall not be considered vacant if an employee appointed for a specified term is reappointed to continue to fulfill those job responsibilities for a new term.

2-1-42.2 Advertisement

- a. All solicitations or advertisements for employment will state that the County is an Equal Opportunity Employer and no advertisement for employment shall make reference to gender, except when gender is a bona fide occupational qualification.
- b. Position advertisement shall include the following:
 - (i) Position title and classification;
 - (ii) A brief description of the job duties;
 - (iii) A brief summary of training, experience, knowledge and skills required for the position; and
 - (iv) Statement that Champaign County is an Equal Opportunity Employer.
- c. Advertisements about new or vacant positions shall be posted for the benefit of current employees who wish to apply for the position.
- d. Each advertisement will include a date after which no applications or resumes will be accepted. If there are usually continual openings for that job classification, a deadline date does not need to be included in the advertisement.

- e. Each advertisement announcing a vacant position shall be filed with the Office of the CCNH Administrator or designee.

2-4-52.3 Application Process - Each applicant shall complete an application which shall be signed to certify the truth of all statements contained therein. Deliberately false or misleading statements shall be grounds for rejection of an application or immediate termination if discovered after employment begins. References shall be checked.

2-4-62.4 Interviewing and Hiring Procedure - Qualified applicants shall be notified of the time and place of the interview. Interviews shall be conducted by the Department Manager or designee. The Department Manager may request the assistance of the CCNH Administrator's Office ~~or County Human Resources Office~~ in conducting the interview. Job applicants shall not be asked about the existence, nature, or severity of a disability. However, job applicants may be asked about their ability to perform specific job functions. Medical examinations or inquiries may be made but only after a conditional offer of employment has been made and only if required of all applicants for the position. In making employment decisions, the Department Manager shall individually assess whether a qualified person with a disability meets the selection criteria. The selection criteria used to disqualify any individual must be job-related and consistent with business necessity. All applicants who have either submitted an application or undergone an interview shall be notified when they are no longer being considered for a position. The Office of the CCNH Administrator shall be notified as to the person hired, job title and salary, and the effective date of employment. All applicants meeting the minimum requirements of the position for which they apply shall complete the Predictive Index prior to being interviewed.

2-4-72.5 Employee Promotion – CCNH Administrator may, without open advertising, promote an employee from one position to another position within the Nursing Home, as defined in Section 9-1.5 Transfer.

2-4-82.6 Orientation and Terms of Employment - Following the final selection of a candidate, the Department Manager or designee shall meet with the new employee to discuss the compensation for the position and criteria for job performance during the probation period. Upon hire of a new employee, the Department Manager or designee shall schedule the new employee for an orientation meeting at the Office of the CCNH Administrator during which the new employee shall register for payroll, IMRF, parking and County-issued identification badge. During orientation, the employee shall receive an overview of County benefits and programs and a copy of the Personnel Policy, or the Policy will be made available by computer access.

The new employee will be asked to sign a receipt for the material presented during orientation. The employee will also be asked to sign an acknowledgement of receipt of an agreement to abide by the Champaign County Drug and Alcohol Policy.

Approximately 30 days prior to the employee's effective date for health and life insurance coverage, the employee will receive information outlining available benefits. A mandatory benefit orientation meeting for the employee will be scheduled by the Office of the Insurance Specialist, with notice of the meeting date and time provided to both the employee and Department Manager.

2-4-92.7 Anti-Nepotism Policy - A Department Manager, or person with authority to hire or promote or effectively recommend hiring or promoting employees within a department, shall not hire or reclassify or effectively recommend hiring or reclassifying within the department ~~the following-any persons living in his/her household or any of the following persons-~~ whether related by blood, adoption or

marriage: parent, grandparent, child, grandchild, sibling, spouse, or domestic partner. Persons hired in violation of this Policy shall be terminated, and persons reclassified in violation of this Policy shall be returned to their previous position, if vacant, otherwise they shall be terminated.

2-3 ADA REASONABLE ACCOMMODATION POLICY

2-3.1 Champaign County Nursing Home is committed to the fair and equal employment of individuals with disabilities under the Americans with Disabilities Act (ADA). It is Champaign County's policy to provide reasonable accommodation to qualified individuals with disabilities unless the accommodation would impose an undue hardship on the organization. Champaign County Nursing Home prohibits any harassment of, or discriminatory treatment of, employees on the basis of a disability or because an employee has requested a reasonable accommodation.

In accordance with the ADA as amended, reasonable accommodations will be provided to qualified individuals with disabilities to enable them to perform the essential functions of their jobs or to enjoy the equal benefits and privileges of employment. This policy applies to all applicants for employment and all employees.

2-3.2 **Disability.** "Disability" refers to a physical or mental impairment that substantially limits one or more of the major life activities of an individual. A "qualified person with a disability" means an individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the job.

2-3.3 **Reasonable Accommodation.** Champaign County Nursing Home will seek to provide reasonable accommodation for a known disability or at the request of an individual with a disability. Many individuals with disabilities can apply for jobs and perform the essential functions of their jobs without any reasonable accommodations. However, there are situations in which a workplace barrier may interfere. A "reasonable accommodation" is any change or adjustment to the job application process, work environment, or work processes that would make it possible for the individual with a disability to perform the essential functions of the job.

There are three types of reasonable accommodation that may be considered:

- Changes to the job application process so that a qualified applicant with a disability will receive equal consideration for the job opportunity.
- Modifications to the work environment so that the qualified individual with a disability can perform the essential functions of the job; or
- Adjustments that will allow a qualified individual with a disability to enjoy the same benefits and privileges of employment as other similarly situated employees without disabilities.

2-3.4 **Essential Job Functions.** For each position, the job description typically will identify essential job functions. The Champaign County Job Content Evaluation Committee will review job descriptions on a periodic basis to evaluate job functions designated as essential. An employee's questions about a job's requirements should be directed to the employee's supervisor or Administrative Services.

2-3.5 **Requesting a Reasonable Accommodation.** An employee with a disability is responsible for requesting an accommodation from his or her supervisor or Administrative Services using the "Request for Reasonable Accommodation Form" and engaging in an informal process to clarify what the employee needs and to

identify possible accommodations. If requested, the employee is responsible for providing medical documentation regarding the disability.

The employee should describe the problem created by a workplace barrier so that an appropriate accommodation may be considered. Typically, the supervisor and/or Administrative Services will work with the employee to identify possible reasonable accommodations and to assess the effectiveness of each in allowing the employee to perform the essential functions of the job.

Based on this interactive process, a reasonable accommodation will be selected that is appropriate for both the responsible department and the individual employee. While an individual's preference will be considered, the responsible department is free to choose between equally effective accommodations with consideration toward expense and impact on the rest of the organization.

A request for reasonable accommodation may be denied if it would create an undue hardship for the responsible department. Factors to be considered when determining whether an undue hardship exists include the cost of the accommodation, the organization's overall financial resources, the financial resources of the particular facility at which the accommodation is to be made, the number of employees at the facility, the total number of employees of the County, and the type of operation.

2-3.6 **Safety.** All employees are expected to comply with all safety procedures. Champaign County will not place qualified individuals with disabilities in positions in which they will pose a direct threat to the health or safety of others or themselves. A "direct threat" means a significant risk to the health or safety of one's self or others that cannot be eliminated by reasonable accommodation. The determination that an individual with a disability poses a direct threat typically will be made by the responsible department and/or Administrative Services and will be based on factual, objective evidence. A written copy of the determination will be given to the employee so that he or she may submit additional information and/or challenge the determination that he or she poses a direct threat.

2-3.7 **Confidentiality.** All information obtained concerning the medical condition or history of an applicant or employee will be treated as confidential information, maintained in separate medical files, and disclosed only as permitted by law.

2-3.8 **Complaint Procedure.** It is the policy of Champaign County to prohibit any harassment of, or discriminatory treatment of, employees on the basis of a disability or because an employee has requested a reasonable accommodation. If an employee feels he or she has been subject to such treatment or has witnessed such treatment, the situation should be reported using the harassment complaint procedure. Champaign County's policy prohibits retaliation against an employee for exercising his or her rights under the ADA or applicable state civil rights laws. Any employee found to have engaged in retaliation against an employee for exercising his or her rights or for making a request for reasonable accommodation under this policy will be subject to immediate disciplinary action up to and including discharge. If an employee feels he or she has been retaliated against, the situation should be reported to their unit ADA Coordinator.

2-2-4 PROBATIONARY PERIOD

2-2-4.1 Duration

- a. **New Hire** - Each employee hired to fill an authorized full or regular part-time position must successfully complete a probationary period of six (6) months. Immediate supervisors shall conduct several informal meetings to orient the

new employee to the position. At the close of the probationary period, the employee's employment will be changed to non-probationary status if the work is satisfactory as determined by the Department Manager; however, employment may be terminated at this time, or earlier, if the employee's performance has not been satisfactory. The CCNH Administrator may extend the probation period up to an additional ~~six months~~thirty (30) days.

- b. **Promotions** – Each employee who has been promoted to fill an authorized full or regular part-time position must successfully complete a probationary period in the position to which they have been promoted of three (3) months. At the close of the probationary period, the employee's status in the promotional position will change to non-probationary if the work is satisfactory, as determined by the Department Manager. However if the employee's work is not deemed satisfactory, every effort will be made to return the promoted employee to the position previously held, or a position of similar classification within the department. In addition, the Department Manager may also recommend to the CCNH Administrator termination of employment at the unsuccessful completion of the probationary period. The CCNH Administrator may extend the probation period up to an additional three months.

~~2-2-2~~ **2-4.2 Evaluation** - Employees serving a probationary period shall receive a written evaluation once during the six-month (6-month) period. The evaluation should be completed no later than the end of the fifth month. The supervisor shall discuss the evaluation and progress toward satisfactory performance with the employee.

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CHAPTER 3 – PERSONNEL RECORDS

3-1 MAINTENANCE

Employee personnel records shall be maintained for all employees at the Office of the CCNH Administrator and/or at the department. The CCNH Administrator or designee, Department Manager or designee, and employee shall have the right to examine the employee's record. Personnel records shall be retained for a period of five (5) years after termination of employment.

3-2 CONTENTS OF EMPLOYEE RECORDS

3-2.1 Personnel records should contain the following information:

- a. A receipt for information received during orientation;
- b. All evaluations;
- c. Letters of reference, commendation or complaint;
- d. Applications;
- e. Memos of oral warnings and written employee warning records;
- f. Training records;
- g. Requests for leaves of absence;
- gh. A record of persons seeking to examine documents in the employee's file and dates these documents were examined, with the exception of the CCNH Administrator, Department Manager, or HR representative;
- hi. Resignation letters; and
- hj. All other job-related information used to determine the employee's qualification for employment, promotion, transfer, additional compensation, discharge, or other disciplinary action.

3-2.2 Any information obtained relating to an employee's eligibility to work in the United States (1-9) shall be collected and maintained in a separate file; information collected regarding criminal history, individual's physical or mental condition, medical history or medical treatment shall be collected and maintained on a separate form, in a separate confidential file and will be treated as a confidential record, except that:

- a. Supervisor and managers may be informed regarding necessary restrictions on the work or duties of the employee and necessary accommodations;
- b. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment; and
- c. Government officials investigating compliance with federal or state regulations may review an employee's confidential medical record.

~~3-2.3 The Department Manager shall not gather or keep a record of an employee's associations, political activities, publications, communications or non-employment activities, unless the employee submits the information in writing or authorizes the Department Manager to keep or gather the information. This prohibition shall not apply to the activities that occur on County premises or during the employee's working hours with the County which interfere with the performance of the employee's duties or the duties of other employees or activities, regardless of when and where occurring, which constitute criminal conduct or may reasonably be expected to harm the County's property, operations or business, or could by the employee's action cause the County financial liability. A record which is kept by the Department Manager as permitted under this Subsection shall be part of the personnel record.~~

3-3 RECORDS OF UNSUCCESSFUL APPLICANTS

A record of each unsuccessful applicant will be retained by the CCNH ~~Administrator of and/or the Department Manager~~HR Department ~~for a period of eighteen (18) months following rejection of the applicant in accordance with the requirements of the Local Records Act.~~ The record shall contain the following information:

- a. Sources of recruitment;
- b. Advertisements for the position;
- c. Letters of non-acceptance sent to candidates; and,
- d. Copies of any rating sheets used in selection and rejection of candidates.

3-4 EMPLOYEE ACCESS TO RECORDS

3-4.1 Employee Access - All current employees, and all employees who have left the employ of Champaign County within one year of the date of their request, shall have access to their personnel file, as required by the Personnel Records Review Act. The request to inspect records shall be in writing and the inspection shall be during regular business hours. The employee may request access to records a reasonable number of times per year but in any case shall have access, if requested, at least twice per year. The employer shall grant access within seven (7) business days of receiving the written request. The employee may designate in writing a representative to inspect the personnel record. The employee may obtain copies of any open documents in the file upon payment of the County's cost of duplication.

If the employee disagrees with any information in the file, and the employer does not remove or amend it, the employee may submit a written statement explaining his/her position which shall be attached to the disputed portion of the record.

3-4.2 Designated Representative Access – Notwithstanding Section 3-4.1, the right of the employee's designated representative to inspect his or her personnel records does not apply to the following, except as otherwise required by law:

- a. Letters of reference for that employee;
- b. Any portion of a test document, except that the employee may see a cumulative total test score for either a section of or the entire test document;
- c. Materials relating to the County or Department Manager's staff planning, where the materials relate to or affect more than one employee, provided, however, that this exception does not apply if such materials are, have been, or are intended to be used by the employer in determining an individual employee's qualifications for employment, promotion, transfer, or additional compensation, or in determining an individual employee's discharge or discipline;
- d. Information of a personal nature about a person other than the employee if disclosure of the information would constitute a clearly unwarranted invasion of the other person's privacy;
- e. Records relevant to any other pending claim between the County or Department Manager and the employee which may be discovered in a judicial proceeding;
- f. Investigatory or security records maintained by the County to investigate criminal conduct by an employee or other activity by the employee which could reasonably be expected to harm the County's property, operations, or business or could by the employee's activity cause the County financial liability, unless and until the County takes adverse personnel action based on information in such records.

3-4.3 Disclosure of Disciplinary Information – Except when disclosure is ordered to a party in a legal action or arbitration, or is otherwise required by law, the County shall not disclose any disciplinary information which is more than four years old to a third party. The County shall not disclose any disciplinary information without written notice except if disclosure is ordered to a party in a legal action or arbitration; information is requested by a government agency as a result of a criminal investigation by such agency; or disclosure is otherwise required by law. Notice shall be delivered by first class mail to the employee's last known address and shall be postmarked on or before the day the information is disclosed. Disciplinary information less than four years old may be disclosed without written notice if the employee has specifically waived written notice as part of a signed employment application with another employer.

CHAPTER 4 - PERFORMANCE APPRAISAL

4-1 EMPLOYEE APPRAISALS

Department Managers will be responsible for the completion of one appraisal during the probation period and an annual evaluation thereafter for each employee. Annual evaluation forms and instructions on their use will be provided by the Office of the CCNH Administrator. Each completed appraisal will be maintained in the employee's departmental personnel file. Appraisals will be based upon performance of job duties and other criteria. It is the responsibility of each Department Manager to maintain a file of individual employee appraisals. The CCNH Administrator shall be responsible for the annual performance appraisals of the CCNH Department Managers.

CHAPTER 5 - RESIGNATION, REDUCTION IN FORCE AND TERMINATION BENEFITS

5-1 RESIGNATION

- 5-1.1 A letter of resignation shall be given to the Department Manager at least two (2) weeks before the employee's last working day. The letter should state the reason for resignation and the last working day.
- 5-1.2 The Department Manager shall notify the CCNH Administrator of all resignations.
- 5-1.3 Prior to the last working day, the employee may schedule an exit interview with the CCNH Administrator's Office, may complete an IMRF separation form or application for retirement at the CCNH Administrator's Office and may contact the Insurance Specialist to continue health insurance through Federal COBRA provisions.

5-2 REDUCTION IN FORCE

- 5-2.1 **Partial Reduction** - Elimination of a portion of a department(s) through layoff. The CCNH Administrator will recommend a Partial Reduction in force to the Nursing Home Board of Directors. Upon approval by the Nursing Home Board of Directors, the Administrator will provide affected employees written notice of the intended reduction in force.
- 5-2.2 **Full Reduction** - Total elimination of a department would take place upon the recommendations Nursing Home Board of Directors, with final approval of the Champaign County Board.
- 5-2.3 **Involuntary Termination Appeal** - An employee may appeal the termination pursuant to the provisions of Section 6-4.

5-3 NAME-CLEARING HEARING

- 5-3.1 **Purpose** - The purpose of the name-clearing hearing is to enable an employee to publicly rebut any public charges made against him or her in the course of that employee's termination or resignation. A name-clearing hearing is available to any such terminated or resigned Nursing Home employee. It is not intended that any adjudication will be made as to the truth or falsity of the charges.
- 5-3.2 **Appeal** - A name-clearing hearing must be requested in writing directed to the Nursing Home Administrator within ten (10) days of termination or after the employee learns of the public statement. The letter must contain the statement or statements at issue, who made them, and where and when they were publicly made.
- 5-3.3 **Scheduling/Composition of Committee** - A hearing shall be scheduled within fifteen (15) days of the request unless it is continued with the consent of the interested persons or by the Hearing Committee for good cause. The Hearing Committee is the Nursing Home Board of Directors.

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CHAPTER 6 - GRIEVANCES, DISMISSAL AND DISCIPLINE

6-1 GRIEVANCES

- 6-1.1 Definition** - Any claim by a non-probationary employee, unless the probationary employee has been employed by the ~~department-Nursing Home~~ for a period of at least twelve months and is in probationary status only because of a recent promotion, that there has been a violation, misinterpretation, or misapplication of the terms of these policies shall be termed a grievance. Grievances may involve issues of wages, hours, or working conditions and are initiated by an employee following an administrative action with which the employee disagrees.
- 6-1.2 Purpose** – The purpose of the grievance procedure shall be to settle employee grievances on as low an administrative level as possible so as to ensure efficiency and employee morale. No employee making good-faith use of this procedure shall be subjected to any reprisals.
- 6-1.3 Procedure** – Grievances will be processed in the following manner and within the stated time limits. Time extensions beyond those outlined below may be arranged by mutual agreement of the parties concerned.

Step 1 - The aggrieved employee or group of employees will present the grievance in writing to the immediate supervisor. The grievance must be so presented within ten (10) working days of occurrence, not including the date of occurrence. The grievance shall be prepared in detail, including identification by section number of the policy alleged to have been violated, a brief statement of the conduct or act which is alleged to have violated the policy, and the remedy the grievant is seeking and dated. The supervisor will give a written answer within three (3) working days of the date of presentation of the grievance, not including the date of presentation. If the supervisor is a Department Manager, appeal from Step 1 would be directly to Step 3.

Step 2 - If the grievance is not settled in Step 1, it shall be signed by the aggrieved employee or group of employees, and the immediate supervisor, and be presented to the Department Manager within five (5) working days after the supervisor's written answer is given, or should have been given, not including the day the answer is given. The Department Manager will reply to the grievance in writing within five (5) working days of the presentation of the written grievance, not including the day of presentation.

Step 3 - If the grievance is not settled in Step 2, it shall be signed by the aggrieved employee or group of employees, and the Department Manager, and be presented to the CCNH Administrator within five (5) working days after the Department Manager's answer is given, or should have been given, not including the day the answer is given. The grievance shall be presented along with the pertinent correspondence to date. The CCNH Administrator shall reply within five (5) working days of the date of presentation of the written grievance, not including the day of presentation. ~~The CCNH Administrator's response concludes the grievance process.~~

Step 4 - If the grievance is not settled in Step 3, it shall be signed by the aggrieved employee or group of employees, and the CCNH Administrator and be submitted to the Nursing Home Board of Directors within five (5) working days after the CCNH Administrator's written answer is given, or should have

been given, not including the day the answer is given. The grievance shall be heard by the Nursing Home Board of Directors at the next regularly scheduled meeting. The Nursing Home Board of Directors shall make such recommendations as it may deem advisable.

6-2 DISCIPLINARY ACTION

- 6-2.1 Policy** - No employee shall be disciplined wholly or partially based on, or the perception of, an individual's sexual orientation; age; sex; race; color; religious belief or practice; national origin; ancestry; marital status; citizenship status; a physical or mental disability unrelated to an individual's ability to perform the essential functions of his or her job with or without reasonable accommodation; or an unfavorable discharge from the military as defined in the Illinois Human Rights Act. The CCNH Administrator shall take necessary action against a Department Manager or Supervisor who is found not following the intent of this policy.
- 6-2.2 Recommended Disciplinary Procedures** - Sections 6-3.2(a) through 6-3.2(d) (listed as Exhibit A in Appendix to this Policy) are a recommended procedure for employee discipline consistent with legal guidelines and good personnel management.
- a. **Oral Warning** - The immediate supervisor will give an oral reprimand and point out the area(s) in which an employee is having difficulties and assist in making the necessary corrections. A short memo will be made of the conversation. The supervisor and the employee will initial the record. The employee's initial shall document receipt of the warning, and shall not constitute agreement with the oral warning. An employee's refusal to initial an oral warning shall not preclude it from having effect. The original copy will be maintained in the employee's personnel file and a copy will be furnished to the employee.
 - b. **Written Warning** - If the employee continues to have difficulties in the same area(s), or if the violation or infraction is more serious, the immediate supervisor will prepare a Written Warning which contains the 1) employee's name, 2) statement as to the date and the nature of the infraction, 3) the supervisor's performance expectation following the Written Warning, and 4) signature of the employee and immediate supervisor or signature of the employee and immediate supervisor or Department Manager. The original copy shall be placed in the employee's personnel file and a copy will be furnished to the immediate supervisor and employee.
 - c. **Suspension** - The Department Manager or designee may use suspension as an optional disciplinary action. Upon evidence or reasonable suspicion of a serious offense against the County or another employee and after consultation with the employee, the Department Manager or designee may order an employee absent from duties without pay for a period not to exceed five (5) working days. The Department Manager or designee shall, within twenty-four (24) hours of such action, prepare a written memorandum stating the grounds for such action and submit it to the CCNH Administrator and to the suspended employee. Such a memorandum shall be held confidential.
 - c. **Dismissal** - For severe violation or repeated violations, the Department Manager or designee may dismiss the employee. Before a Department Manager concludes discharge is appropriate, the employee must be given

adequate notice of the reasons for dismissal and a fair opportunity to present his or her version of events. The employee and CCNH Administrator will be given a written report stating the reasons for dismissal.

6-2.3 Department Managers may consider the following factors in deciding whether discipline is appropriate in any particular case, and, if so, what level of discipline is appropriate. Regardless of whether an employee is covered by contract, bargaining agreement, or statute, or is an at-will employee, the following are offered as guidance to decision-makers who may apply them with fair consideration of the specifics of the particular case:

- a. **Notice:** Did the employer give to the employee forewarning or foreknowledge of the possible or probable disciplinary consequences of the employee's conduct?
- b. **Reasonable Rule:** Was the employer's rule or managerial order reasonably related to the orderly, efficient, and safe operation of the business?
- c. **Investigation:** Did the employer make an effort to discover, fairly and objectively, whether the employee did in fact violate a rule or order?
- d. **Fairness:** Was the investigation conducted fairly and objectively?
- e. **Proof:** Did the investigator obtain substantial evidence or proof that the employee was guilty of violating the rule or order?
- f. **Equal Treatment:** Has the employer applied its rules, orders and penalties even-handedly and without discrimination to all similarly-situated employees?
- g. **Penalty:** Was the degree of discipline administered by the employer reasonably related to the seriousness of the offense and the employee's record of service?

6-2.4 Department Managers – Recommended disciplinary procedures as outlined in Chapter 6-32.2 of this Policy shall apply to Department Managers, with said discipline to be determined by the CCNH Administrator.

6-3 INVOLUNTARY TERMINATION

6-3.1 Purpose - A non-probationary individual who believes their employment was terminated (including dismissal or reduction in force) in violation of these policies has ten (10) days from the date of the written notice of termination to request a termination hearing. A dismissal or termination in violation of these policies by a Department Manager or Nursing Home Administrator is improper.

6-3.2 Department Manager/Administrator Action - Prior to every involuntary termination by a Department Manager or Nursing Home Administrator there shall be an investigation by the Department Manager or Nursing Home Administrator Prior to the conclusion of the investigation, the employee shall be informed, orally or in writing, of the reason for termination. The employee shall have an explanation of the evidence supporting the charges and the employee shall be allowed to respond orally or, upon consent of the Department Manager or Nursing Home Administrator, in writing.

An employee may be suspended with pay until a final decision is made by the Department Manager or Nursing Home Administrator. The investigation shall be

concluded within a reasonable length of time after the basis for the charges comes to the attention of the Department Manager or Nursing Home Administrator.

6-3.3 Hearing Procedures

- a. All Termination Hearings shall be heard and decided by a Hearing Officer. The Policy, Personnel, & Appointments Committee of the Champaign County Board shall designate three (3) individuals biannually, in January after County Board district representation elections, as potential Hearing Officers. When a hearing is requested, the County Administrator shall choose one of that group to hear the evidence and decide the issues relating to each case in which a hearing is requested.
- b. All requests for hearings shall be in writing and directed to the County Administrator. All requests must be received by the County Administrator within ten (10) days from the date of written notice of termination in accordance with Sections 6-3.1 and 6-3.4 of this Policy. The request shall specify the specific violation as stated in 6-3.1, the remedy sought, and give an address where correspondence regarding the hearing may be mailed. A Termination Hearing must be held within fifteen (15) days of the request, unless the same is continued by agreement of the employee and Department Manager/Nursing Home Administrator or by the Hearing Officer for good cause shown. Availability of the Hearing Officer may be considered good cause.

Should such continuance be granted by the Hearing Officer, the aggrieved employee shall make himself, or herself, available for a Termination Hearing within an additional fifteen (15) days' time period by offering three (3) times that he or she can be available for said hearing. If this is not done, the right to a termination hearing is waived by the aggrieved employee.
- c. The County Administrator shall inform the employee and the concerned Department Head of the date, time and place of the Termination Hearing by providing e-mail notification to the parties at least seven (7) days before the hearing is scheduled. The personal attendance of the Department Manager or immediate supervisor, and the employee is required.
- d. The employee may be accompanied by counsel or other personal representative, but the County will not pay for, or provide, counsel. The Department Manager/Nursing Home Administrator shall be accompanied by counsel provided by the County (usually the State's Attorney as legal counsel of the County). If the State's Attorney is unavailable, counsel may be employed by the Department Manager/Nursing Home Administrator with the approval of the County Administrator and the State's Attorney.
- e. All Termination Hearings shall be informal and rules of evidence shall NOT apply. Both the employee and the Department Manager/Nursing Home Administrator may present relevant testimony, documentary and physical evidence. All testimony shall be given under oath. Both the employee and the Department Manager/Nursing Home Administrator, personally or through their representative, shall have the right to cross-examine the other party and all witnesses who testify on behalf of the other party.
- f. A tape recording, or other verbatim record, of hearing shall be made. A transcript shall be prepared upon request and provided to any party requesting the same and paying the costs of producing a transcript to the County Administrator.

- g. The employee has the burden of proving, by a preponderance of evidence, that his/her termination was in violation of these policies.
- h. All appeal proceedings and evidence taken therein shall be confidential, and the public shall not be permitted to attend hearings, unless both the employee and Department Manager/Nursing Home Administrator shall otherwise agree.
- i. The Hearing Officer must decide an appeal within ten (10) days of the hearing. If, after hearing the facts of the termination, the Hearing Officer believes the individual has not been improperly terminated, the Department Manager/Nursing Home Administrator action will be upheld. If, however, the Hearing Officer determines the employment of the individual has been improperly terminated, according to the guidelines in Section 6-3.1, the employee will be reinstated and compensated any back pay resulting from the termination. The Hearing Officer shall not have the authority to reduce the discipline imposed, but may recommend to the Department Manager/Nursing Home Administrator appropriate discipline to be imposed, short of termination. A written decision containing findings of fact shall be made by the Hearing Officer and mailed to the employee, Department Manager, Nursing Home Administrator, County Administrator, and Chair of the Policy, Personnel, & Appointments Committee within ten (10) days of the hearing.
- j. If an employee does not request a termination hearing within ten (10) days of the written notice of the termination, the termination will be deemed proper.

CHAPTER 7 – WORKING HOURS AND COMPENSATION

7-1 WORKING HOURS

- 7-1.1 Hours of work will vary based upon the needs of the facility and responsibilities of each job class. Department Managers will set the hours of work for each job class.
- 7-1.2 Employees who work for at least 6 consecutive hours will be permitted at least 30 minutes for a meal period.
- 7-1.3 Work breaks may be scheduled by the Department Head or Supervisor.

7-2 HAZARDOUS WEATHER DAYS

- 7-2.1 If a hazardous weather situation arises before the start of an employee's working hours the following procedures will be used:
 - a. Based on reports from the Emergency Services and Disaster Agency (ESDA), and other factors determined by the Administrator and/or designee to be relevant, the Administrator and/or designee may declare a Hazardous Weather Day.
 - b. Employees are to work their assigned schedule on a Hazardous Weather Day. ~~Vacation or personal~~ TOPS leave is to be used only after all efforts have been made to arrive at the assigned time and after proper notification has been

made. Employees who live in the geographic area for which Hazardous Weather Day has been declared and who must use ~~vacation or personal~~ TOPS leave because of the Hazardous Weather Day need not comply with ~~vacation~~ TOPS request requirements. Absences will not be considered unscheduled if they result from a Hazardous Weather Day.

7-2.2 If a hazardous weather situation arises after the start of an employee's working hours, the employee's Department Head-Manager may allow the employee to leave work early if consistent with ~~office~~ staffing requirements, and the employee may utilize ~~personal, vacation~~ TOPS or compensatory time, or make arrangement with his/her Department Head-Manager to work additional hours, to compensate for those hours missed.

7-2.3 ~~The provisions of Section 7-2 should be considered to be advisory only as to elected Department Managers.~~

7-3 PAYCHECKS, PAYCHECK ERRORS AND DEDUCTIONS

7-3.1 Paychecks - Payroll periods end every other Saturday night at 12:00 P.M. and pay periods begin at 12:01 A.M. on Sunday morning. Payroll checks are issued the first Friday following the end of a pay period. Paychecks which have not been picked up by the employee will be mailed four days after distribution. All deductions from an employee's gross pay are printed on the stub of each paycheck.

7-3.2 Paycheck Errors - Any paycheck errors should be referred to the employee within the department who regularly prepares the payroll. Corrections will be made no later than the following pay period with the approval of the Department Manager.

7-3.3 Deductions - The following deductions may be made from an employee's pay in accordance with established benefits, legal requirements and/or employee option:

- a. Federal and State Income Tax;
- b. FICA (Social Security);
- c. IMRF (Illinois Municipal Retirement Fund);
- d. Benefit deductions as requested, including but not limited to health insurance, life insurance, and dental insurance;
- e. Deferred Compensation;
- f. Voluntary Charitable Contribution;
- g. Credit Union;
- h. Others as requested and/or approved.

7-4 FINAL PAYCHECK

Terminating employees will receive payment for accrued TOPS in a lump sum with the regular biweekly paycheck for the final pay period worked. Reserve TOPS shall not be paid.

CHAPTER 8 – BENEFITS

8-1 HOLIDAYS

8-1.1 Official Holidays - Except as otherwise provided by statute, the annual holiday schedule for Champaign County Nursing Home will be as follows:

New Year's Day	January 1st
Memorial Day	Last Monday in May
Independence Day	July 4th

Labor Day
 Thanksgiving
 Christmas Day

First Monday in September
 Fourth Thursday of November
 December 25th

8-1.2 Holiday Observance - Where an employee is scheduled and required to work on a holiday, equivalent time off will be granted within a reasonable period at a time convenient to the employee and consistent with the department's operating needs.

8-2 TIME OFF PAID SYSTEM (TOPS)

8-2.1 Purpose . The purpose of the Time Off Paid System (TOPS) is to provide flexibility for employees to utilize paid time off to their best advantage and at the same time provide the Nursing Home with the necessary staff to maintain its function at an effective level.

8-2.2 Definition - TOPS is a single collection of paid time off for vacations, holidays, short-term illnesses, and personal and bereavement leave.

8-2.3 Eligibility . To be eligible for this benefit you must be employed as a full-time employee working a minimum of 30 hours per week on a regularly scheduled basis. All other employee classifications are ineligible.

8-2.4 Regulations

- a. Supervisory personnel have the responsibility to maintain a staff adequate to provide the services expected of their respective areas. Therefore, they have the authority to determine employee schedules and to limit the granting of requests for TOPS, as necessary to fulfill that responsibility.
- b. Employees accrue TOPS and Reserve Hours based on the number of hours worked per pay period. During the probationary period, new employees cannot use TOPS and Reserve.
- c. TOPS (other than illnesses) must be scheduled through your supervisor.
- d. After the probationary period, all time off taken by an employee will be charged to the employee's TOPS hours. All TOPS hours taken must be available at the time that the hours are taken.
- e. Employees whose status changes from less than thirty (30) hours per week to thirty (30) or more hours per week will be eligible to use TOPS hours after serving initial six (6) months probation and three (3) months at 30 or more hours.

8-2.5 Rate of Accrual of TOPS Hours

Years Employed	Factor Applied to Hours Worked	Hours Accumulated Each Pay Period*	Actual Hours Earned Yearly*	Maximum Annual Accumulation
0 – 1	.07308	5.85	152	228
1 – 5	.07688	6.15	160	240
5 – 10	.10000	8.00	208	312
10+	.11925	9.54	248	372

*For full-time employees working 80 hours per pay period.

- a. Employees earn TOPS on eligible hours worked up to 80 hours per pay period. TOPS is earned on scheduled hours worked and on hours taken as TOPS.
- b. No employee shall accumulate more than the maximum accrual for his/her years of service as stated above. Hours gained above the maximum will not be credited to the employee's TOPS time balance, but will be forfeited. This Section shall apply to all current employees effective December 1, 2003. Any unused TOPS time accrued prior to the effective date shall be kept in a separate record for future use or to be paid upon termination or retirement of employment with the Nursing Home.

8-2.6 Reserve Account

8-2.61 Definition - An accrued paid time off account reserved for short-term disability or hospitalization.

8-2.62 Rate of Accrual of Reserve Account Hours

<u>Factor Applied to Hours Worked</u>	<u>Reserve Account Hours* Per Pay Period</u>	Actual Hours Yearly*
.023077	1.84	48

*For full-time employees working 80 hours per pay period.

8-2.63 (b.4) amended 2/17/98 ORDINANCE # 556

8-2.64 Reserve Account Regulations

- a. Reserve Accounts (effective December 1, 1993) may accumulate a maximum of **480 hours** (prior to December 1, 1993, maximum accrual was 360 hours) at which point, if needed, the long-term disability benefit under IMRF will provide protection.
- b. Eligible uses:
 1. Immediately when hospitalized and for post-hospitalization and convalescent care resulting there from and authorized by a physician and the Champaign County Nursing Home Administrator and/or Medical Director.
 2. Following an illness/injury absence of work of five (5) consecutive work days with a physician's verification and approval of the Champaign County Nursing Home Administrator and/or Medical Director.
 3. For long-term, "serious" medical problems which may not require hospitalization but which re-occur within a sixty (60) day period, the five (5) consecutive work day requirement will be waived when authorized by the Champaign County Nursing Home Administrator who is the final authority on all disputes, definitions, eligibility, and interpretations of this benefit.
 4. Immediately when having scheduled out-patient surgery or a complex diagnostic procedure as verified by a licensed physician.
 5. Up to six (6) weeks immediately following the legal adoption of a minor

child.

8-3 BEREAVEMENT LEAVE

Full-time and part-time employees shall be granted bereavement leave for the scheduled working hours on five (5) consecutive workdays following the death of a spouse, child, parent, or domestic partner; and for the scheduled working hours on three (3) consecutive workdays following the death of a brother, sister, grandparent, mother-in-law, father-in-law, daughter-in-law, son-in-law or grandchild. Employees may use TOPS time during Bereavement Leave.

8-4 JURY/WITNESS DUTY

- 8-4.1** Any employee who is called for jury duty shall be excused from work for the days served. The employee shall receive his/her normal rate of pay for each day of jury duty for which he or she would have worked. The employee shall give the supervisor reasonable notice of the needed leave for jury service, which requires the employee to deliver to the supervisor a copy of the summons within ten (10) days of the date of issuance of the summons to the employee. During this time, if the employee is not actually performing jury duty, the employee shall return to work for the remainder of the work day. The payment received for jury duty shall be returned to the County; however, the mileage reimbursement shall be retained by the employee.
- 8-4.2** If an employee is served a subpoena to appear for witness duty in a job-related capacity, or if requested to testify at a termination hearing, the individual will be paid his/her normal salary during the time the employee is required to be away from his/her place of work. If the testifying employee is not scheduled for a work shift during the time of a termination hearing, the employee will still be paid his/her normal wage for the time the employee has been requested to attend the hearing.
- 8-4.3** If an employee is served a subpoena to appear in court for a matter that is not related to his/her employment, the employee shall be granted unpaid time off in order to comply with the subpoena. The employee may choose to utilize accrued paid leave time instead.
- 8-4.4** Department Managers shall maintain records of the days on which jury and witness duty is served by employee.

8-5 FAMILY AND MEDICAL LEAVE OF ABSENCE

Under the Family and Medical Leave Act of 1993 ("FMLA"), [as amended, \(FMLA, 29 CFR Part 825\)](#) eligible employees are allowed to take unpaid leaves of absence for certain specified purposes.

- 8-5.1 Eligible Employees** – An employee is eligible for FMLA leave if the employee has worked for at least twelve (12) months and has performed 1,250 hours of service for the County during the previous twelve (12) month period.
- 8-5.2 Leave Requirements** - The County will extend up to twelve (12) weeks of FMLA leave during any twelve-month period to eligible employees (the twelve month period shall be a "rolling" 12-month period measured backward from the date an Employee uses any FMLA leave):
- a. To care for a newborn child during the first twelve months after birth;

- b. Because of the placement of a child for adoption or foster care within twelve months after the placement;
- c. To care for the employee's spouse, son, daughter, or parent (or certain other persons in a "parent" capacity) with a serious health condition;
- d. To attend to the employee's own serious health condition involving inpatient care or continuing treatment which causes inability to perform his/her job
- e. For any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a military member on active duty or call to covered active duty status (or has been notified of an impending call or order to covered active duty status).

The County will extend up to twenty-six workweeks of FMLA leave during any twelve month period to eligible employees (the twelve-month period shall be a "rolling" 12-month period measured backward from the date an Employee uses any FMLA leave) to care for a covered servicemember with a serious injury or illness if the eligible employee is the servicemember's spouse, son, daughter, parent, or next of kin (military caregiver leave).

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8-5.3 Substitution of Paid Leave - Paid leave will run concurrent with FMLA leave under certain circumstances:

- a. The County will require an employee to substitute any accrued ~~paid vacation and personal TOPS~~ leave for unpaid FMLA leave taken because of the birth or adoption of a son or daughter of the employee in order to care for the son or daughter, because of the placement of a son or daughter with the employee for adoption or foster care, or in order to care for the spouse, son, daughter, or parent of the employee if the spouse, son, daughter or parent has a serious health condition.
- b. The County will require an employee to substitute any accrued TOPS for unpaid FMLA leave taken in order to care for the spouse, son, daughter, or parent of the employee if the spouse, son, daughter or parent has a serious health condition or because of the employee's own serious health condition that makes the employee unable to perform the functions of the employee's position.

8-5.4 Length of Leave - If medically necessary, a leave relating to a serious health condition may be taken intermittently or by reducing the usual number of hours worked per week or per day. However, an employee who requests leave due to birth or adoption may not take leave intermittently, exceptions to be made by the CCNH Administrator.

An employee is entitled to no more than a total of twelve work weeks of FMLA leave, during any twelve month period, except that an eligible employee is entitled to 26 workweeks of leave to care for a covered servicemember with a serious injury or illness during a single 12-month period. The eligible employee is entitled to a combined total of 26 workweeks of leave for any FMLA-qualifying reason during the single 12-month period described in Leave Requirements (a-e) above, provided that the employee is entitled to no more than 12 workweeks of leave for one or more of the following: because of the birth of a son or daughter of the employee and in order to care for such son or daughter; because of the placement of a son or daughter with the employee for adoption or foster care; in order to care for the spouse, son, daughter, or parent with a serious health condition; because of the employee's own serious health condition; or because of a qualifying exigency. If an eligible employee does not take all of his or her 26 workweeks of leave entitlement to care for a covered servicemember during this single 12-month period, the remaining part of his or her 26 workweeks of leave entitlement to care for the covered servicemember is forfeited.

When both spouses are employed by the County, the total number of workweeks of leave utilized by both spouses will be limited to 12 workweeks if the leave is taken because of the birth of a son or daughter and in order to care for the son or daughter, the placement of a son or daughter with the employee for adoption or foster care, or to care for a sick parent of one of the employees if the parent has a serious health condition.

8-5.5 Notice and Certification - When leave is reasonably foreseeable, the employee must provide 30 days' advance notice of the leave to his/her department head.

When substituting paid ~~sick, vacation, or personal~~ TOPS leave for unpaid FMLA leave, the Employer may require a certificate from the appropriate physician. For unpaid leave, a medical certification of illness and its seriousness, both as to the employee and/or a family member, will be required. It must also state the expected duration of the leave. Forms for such certification are available from the CCNH Administrator.

If there is reason to doubt the validity of the certification, the County may, at its own expense, require the employee or family member to obtain from a doctor of the County's choice. If a conflict arises, the County may require a third opinion. The third opinion shall be final and binding.

The County may also require that an employee obtain subsequent re-certifications on a monthly basis.

8-5.6 Compensation/Benefits During Unpaid Leave – During unpaid leave time, employees' wages and other benefits are not paid or accrued except for health and County paid life insurance, which will be continued on the same basis as if the employee continued in active status. The employee's portion of health insurance must be paid either through payroll deduction, or by direct payment by the employee to the County. The employee will receive a bill from the County for payment of health, life and/or dental premiums. If the premium is not paid by the stated due date, coverage will be canceled.

8-5.7 Return to Work - At the conclusion of leave, an employee will be restored to the position he/she held at the time the leave began or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment, unless the employee's position would have been otherwise eliminated during the leave. Fringe benefits accrued prior to the leave will not be lost as a result of the leave. However, employees do not accrue additional seniority or employee benefits during the period of leave.

The County may deny reinstatement after leave to a salaried employee who is among the highest paid ten percent of its employees when denial is necessary to prevent substantial and grievous economic injury to the County. The County will provide prompt notification to the employee that reinstatement will be denied for that reason.

An employee who fails to return to work after the leave expires (other than due to the continuation, recurrence, or onset of a serious health condition or other circumstances beyond the employee's control) will be liable to the County for its share of health plan premiums paid by the County during the period of leave. The County will recover the initial sums through deductions from any sums due to the employee (e.g. unpaid wages, ~~vacation-TOPS~~ pay, etc.) Any balance will be recovered through legal action.

8-6 MILITARY LEAVE

Employees performing military duties are entitled to numerous protections under federal and Illinois law. When addressing issues of military leave and its impact on County employment, supervisors are advised to consult with the Civil Division of the State's Attorney's Office or the Human Resources ~~Generalist-Director~~ in the CCNH Administrator's Office.

8-6.1 Leave will be granted from County employment for any period actively spent in military service, whether voluntary or involuntary, including –

- a. A period for which the employee is absent from employment for the purpose of an examination to determine the fitness of the employee to perform military duty;
- b. Active duty, active duty for training, initial active duty for training, inactive duty training, full-time National Guard duty;
- c. Basic training, special or advanced training, and annual training;
- d. Training or education under the supervision of the United States preliminary to induction or enlistment into military service;
- e. Active military duty as a result of an order of the President of the United States or the Governor of Illinois;
- f. The performance of funeral honors duty pursuant to military orders in preparation for or to perform funeral honors functions at the funeral of a veteran.

8-6.2 Pay

- a. For periods of annual training, the employee shall continue to receive his or her regular compensation as a County employee.
- b. For periods of basic training, up to sixty (60) days of special or advanced training, or mobilization as a result of an order of the President of the United States, the employee shall receive his or her regular compensation as a County employee minus the amount of his or her base pay for military service.

8-6.3 Insurance – Insurance coverage and its automatic continuation upon the employee's return to County employment shall be made available to the employee.

8-6.4 Other Benefits

- a. Seniority shall continue to accrue during periods of military leave.
- b. Pay raises, promotions or other benefits dependent on the passage of time accrue to the employee's benefit as if the employee were present for work during the entire period of military duty.
- c. Pay raises, promotions or other benefits based on merit or otherwise related to demonstrated skill or efficiency shall not accrue during the employee's absence due to military duty.

- d. Pension rights and benefits shall be protected and preserved for the duration of the employee's military service as if the employee were a County employee for the entire period of military duty.

8-6.5 Reinstatement

- a. **Notice** – Any County employee seeking to return to CCNH employment following the completion of military duty must notify the County within ninety (90) days of completion of that military duty, or from any hospitalization continuing after discharge for a period of not more than one (1) year in order to be eligible for reinstatement under this Section. If the employee does not notify the County of his or her request for reinstatement within that time frame, the employee shall be considered absent from work and subject to discipline or discharge.
- b. **Reinstatement**
 - (i) If the employee seeking reinstatement is still qualified to perform the duties of the position which he or she left, the employee shall be promptly restored to the position which he or she left for military duty, with the same increase in status, seniority and wages that were earned during the period of military service by employees who were in similar positions during the employee's military duty, or to a position of similar seniority, status and pay, unless the County's circumstances have so changed as to make it impossible or unreasonable to do so.
 - (ii) If the employee seeking reinstatement is not qualified to perform the duties of the position which he or she left due to reasons other than disability, such as a lapse in necessary licensure or similar documentary or training requirement, the County shall make reasonable efforts to qualify the employee in an attempt to restore the employee to the position which he or she left for military duty, with the same increases in status, seniority and wages that were earned during the period of military service by employees who were in similar positions during the employee's military duty, or to a position of similar seniority, status or pay, unless the County's circumstances have so changed as to make it impossible or unreasonable to do so. If the employee cannot become qualified with reasonable efforts by the County, the employee shall be reemployed in a position which is the nearest approximation of position which the employee left to perform military duty.
 - (iii) If the employee seeking reinstatement is not qualified to perform the duties of the position which he or she left by reason of disability suffered during military duty but qualified to perform the duties of any other position within the County, the employee shall be promptly reemployed to another position the duties of which he or she is qualified to perform and as will provide the employee with like seniority, status and pay, or the nearest approximation, consistent with the circumstances of the employee's particular case.
- c. Any employee restored to County employment following military duty shall not be discharged from County employment without cause within one (1) year of restoration to employment.

8-7 FAMILY MILITARY LEAVE

~~An employee who is the spouse or parent of a person called to military service lasting longer than thirty (30) days with the State or United States pursuant to the orders of the Governor or the President of the United States may take up to thirty (30) days of unpaid leave under the Family Military Leave Act.~~

~~**8-7.1 Eligible Employees** – An employee is eligible for Family Military Leave if the employee has been employed by the County for at least twelve (12) months, and has been employed for at least 1,250 hours of service during the 12-month period immediately preceding the commencement of the leave. Furthermore, no leave may be taken by an employee under this Section unless the employee has exhausted all accrued TOPS, and any other leave that may be granted to the employee, except disability leave.~~

~~**8-7.2 Leave Requirements** – The County shall provide up to thirty (30) days of unpaid family military leave to an employee during the time federal or state deployment orders are in effect, subject to the conditions set forth in this Section.~~

~~**8-7.3 Notice and Certification** – The employee shall give at least fourteen (14) days notice of the intended date upon which the family military leave will commence if leave will consist of five (5) or more consecutive work days. Where able, the employee shall consult with the employer to schedule the leave so as to not unduly disrupt the operations of the employer. Employees taking military family leave for less than 5 consecutive days shall give the employer advanced notice as is practicable. The employer may require certification from the proper military authority to verify the employee's eligibility for the family military leave requested.~~

~~**8-7.4 Continuation of Benefits** – During any family military leave, the County will make it possible for employees to continue their benefits at the employee's expense. The County and employee may negotiate for the employer to maintain benefits at the employer's expense for the duration of the leave. Furthermore, taking family military leave shall not result in the loss of any employee benefit accrued before the date on which the leave commenced.~~

~~**8-7.5 Reinstatement** – Upon expiration of the leave, the employee shall be entitled to be restored to the position held by the employee when the leave commenced or to a position with equivalent seniority status, employee benefits, pay and other terms and conditions of employment.~~

8-8-7 SCHOOL VISITATION LEAVE

Under the School Visitation Leave Act, eligible employees are allowed to take unpaid leave for certain school-related functions concerning their children.

8-87.1 Eligible Employees – An employee is eligible for School Visitation Leave if the employee has worked for the County for at least six (6) months preceding the request and worked an average number of hours per week which is at least half of the full-time hours for that job classification during those six (6) months. Furthermore, no leave may be taken by an employee under this Section unless the employee has exhausted all accrued TOPS and any other leave that may be granted to the employee except disability leave.

8-87.2 Leave Requirements – The County will grant an employee unpaid leave of up to a total of eight (8) hours during any school year, and no more than four (4) hours of which may be taken on any given day, to attend school conferences or classroom activities related to the employee's biological, adopted, foster, or stepchild, or legal ward of the employee, who is enrolled in a public or private primary or secondary school, if the conference or classroom activities cannot be scheduled during non-work hours.

8-87.3 Notice and Certification – Before arranging attendance at the conference or activity, the employee shall provide the supervisor with a written request for leave at least

seven (7) days in advance of the time the employee is required to utilize the visitation right. In emergency situations, no more than 24 hours notice shall be required. The employee must consult with the employer to schedule the leave so as not to disrupt unduly the operations of the employer. Upon completion of the school visitation, the employee shall submit verification of the exact time and date the visitation occurred.

8-87.4 Alternate Work – An employee who utilizes or seeks to utilize the rights afforded by this Section may choose the opportunity to make up the time so taken on a different day or shift as directed by the supervisor. An employee may not be required to make up the time taken, but if the employee does not make up the time taken, the employee shall not be compensated for the time taken. An employee who does make up the time taken shall be paid at the same rate as paid for normal working time. The County shall make a good faith effort to permit an employee to make up the time taken for the purposes of this Section. If no reasonable opportunity exists for the employee to make up the time taken, the employee shall not be paid for the time. A reasonable opportunity to make up the time taken does not include the scheduling of make-up time in a manner that would require the payment of wages on an overtime basis. If unpaid leave under this Section conflicts with the unreduced compensation requirement for exempt employees under the federal Fair Labor Standards Act, the County may require the employee to make up the leave hours within the same pay period.

8-8 BLOOD DONATION LEAVE

8-8.1 Employees who are employed full-time by the County and who have worked for the County for at least six (6) months may be granted one (1) paid hour every fifty-six (56) days in order to donate blood.

8-8.2 Employees may take leave pursuant to this Section only after obtaining approval from their respective Department Heads.

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8-9 VOTING LEAVE

8-9.1 Any employee entitled to vote at a general or special election or at any election at which propositions are submitted to a popular vote shall be entitled to take leave from work for a period of two (2) hours between the time of opening and closing the polls on the day of the election for the purpose of voting. Employees may use TOPS during Voting Leave.

8-9.2 The employee must request leave prior to the day of election.

8-9.3 The employer may specify the hours during which the employee may leave to vote, except that the employer must permit a 2-hour absence during working hours if the employee's working hours begin less than 2 hours after the opening of the polls and end less than 2 hours before the closing of the polls.

8-10 HEALTH AND TERM LIFE INSURANCE

8-10.1 An employee (including per diem employees) must work at least thirty (30) hours per week and have completed ~~three (3)~~two (2) months of employment to be eligible for the County insurance benefit program. The County provides group health and life insurance coverage. The County Board shall offer such group health and life insurance programs as it determines. The County Board shall determine annually the amount which it will contribute toward group health and life insurance coverage on behalf of each employee. Employee choice of group health insurance program shall not interfere with the employee's group life benefits. If the cost of a particular group health insurance program is more than the County contribution, the employee

shall pay the additional amount through payroll deduction. If the employee wishes to have dependent coverage, the employee must assume the responsibility for dependent premiums through payroll deduction.

An employee in a full-time, temporary employment status with the County may be eligible for Health Insurance benefits upon employment as a regular full-time employee under the following condition: That the employee has had ~~three~~two months continuous unbroken employment with the County for a ~~three~~two-month period immediately prior to the employment by the County as a regular full-time employee.

8-10.2 If an employee retires from the County on an IMRF pension or qualifies for IMRF permanent disability, the individual may retain health insurance coverage and reimburse the County for the premiums. Arrangements may be made through the CCHN Administrator's Office.

8-11 ILLINOIS MUNICIPAL RETIREMENT FUND (IMRF)

The benefits of the Illinois Municipal Retirement Fund and eligibility for IMRF are determined by the state law and not by the County. The benefits are subject to change without notice from the County. Included are temporary and permanent disability payments, pension and death benefits. See the most recent edition of the pamphlet distributed by IMRF or visit www.imrf.org for a detailed description of benefits.

8-12 WORKER'S COMPENSATION AND RETURN TO WORK FOLLOWING INJURY POLICY

It is the policy of Champaign County to promote a safe work place for its employees. When an employee is off work due to a work-related illness or injury, the County will monitor the status of such an employee, and when available will assist the employee in obtaining rehabilitation services in order for the employee to return to work. An employee who is off work due to a work-related illness or injury is expected to cooperate with any county programs or policies designed to help the employee return to work and to assume their full job responsibilities. The County shall oversee the management of its workers compensation program, and shall investigate all workers compensation claims as necessary to ensure uniform reporting procedures. It is the policy of the County to make every reasonable effort to accommodate an injured employee, unless such accommodation poses undue hardship on the County.

8-12.1 Procedure – Any employee injured on the job or who acquired a job-related illness is required to report the incident to their supervisor as soon as practicable after it is known that such injury or illness is job-related. The report shall contain the approximate date and place of the accident, if known, and may be given to the supervisor either orally or in writing.

- a. When an employee sustains what he/she believes to be a work-related injury or illness, and has reported the said work-related injury or illness to his/her supervisor, the employee shall then report to his/her immediate supervisor for the coordination of his/her initial care and treatment. The employee is encouraged to seek treatment from Carle Clinic Occupational Medicine. The employee also has the option of seeking treatment through the medical care provider from whom they have insurance coverage. If the employee needs urgent medical attention, the employee's immediate supervisor shall call 9-1-1 to have the employee transported to the closest hospital for treatment.
- b. After coordinating the employee's initial care and treatment as described in 8-12.1(a), the employee's immediate supervisor shall complete the State of

Illinois Employer's First Report of Injury or Illness (known as Form 45) within twenty-four hours of the employee's report, and obtain the signature of the Department Manager or Department Manager's designee on the said report. If the Department Manager or designee is not available to sign the report within the twenty-four hour period, the immediate supervisor shall fax the said report to the Insurance Specialist in Administrative Services. The Supervisor's Incident Investigation Report should also be prepared within twenty-four hours of the incident, unless the said forms cannot be completed during the immediate supervisor's regular working hours, in which case the immediate supervisor shall advise the Department Manager or Department Manager's designee which forms are incomplete, and what further information is necessary to complete the said forms.

- c. The immediate supervisor is responsible for the initial investigation of the employee's reported work-related injury or illness. Supplemental and/or conflicting information, including any written statements by the injured employee, should be noted by the immediate supervisor on the appropriate form, or in a separate memo to the Department Manager or the Department Manager's designee. The immediate supervisor shall also include within the initial investigation report a list of any witnesses to the injury or illness claimed by the employee.
- d. In order to determine whether the injury or illness reported by the employee is a compensable injury and to determine the nature, extent, and probable duration of the injury, the employer may require the employee to undergo a medical evaluation by a duly qualified medical practitioner or surgeon of the employer's choice, with the said evaluation to be paid for by the employer, for the purpose of determining the nature, extent and probable duration of the injury received by the employee, and for the purpose of ascertaining the amount of compensation which may be due the employee from time to time for disability according to the provisions of the Workers Compensation Act.
- e. An employee must provide whatever medical releases of information are necessary to his/her immediate supervisor, and the Insurance Specialist, for all physicians, surgeons, therapists, or other medical providers as to any evaluation, treatment, testing, prescribed medications or other medical information relevant to the evaluation and treatment of the employee's work-related illness or injury, as well as any recommendations made by any medical providers as to the employee's ability to return to the employee's job, or transitional work. It shall be the responsibility of the immediate supervisor to work with the employee to obtain the said releases. The employee shall not be allowed to return to work or transitional return to work duty assignments unless and until the said medical releases have been executed, and the return to work has been authorized by the employee's medical providers in conjunction with the employer.
- f. All employee injury reports will be logged by the HR ~~Generalist~~Director. If the employee misses work time or is required to undergo medical evaluation and/or treatment for the employee's work-related injury or illness, the HR ~~Generalist~~Director shall forward all reports for that employee to the designated Third Party Administrator (TPA). All employees and their supervisors are required to cooperate fully with the ~~County's~~ HR ~~Generalist~~Director and the TPA in the investigation of all reported injuries.
- g. If the employee receives any medical bills for the treatment of his/her work-related injury or illness, the employee shall send such bills to the Insurance Specialist.

- h. The Insurance Specialist shall serve as the administrator of the County's Workers Compensation Program, and shall be responsible for working with employees, their supervisors, and Department Managers to answer any questions about benefits, rights, or obligations pursuant to the County's Workers Compensation Program.

8-12.2 External Case Management - Any employee claims for work-related injuries or illnesses which are expected to cause the employee to miss work for more than thirty days, or which require specialized services for the employee not available within the County, will be referred by the Insurance Specialist to a TPA for professional case management, and/or for medical and/or vocational services. The Insurance Specialist shall require the TPA to provide written reports on the employee's progress on a monthly basis.

- a. The employee who has suffered a work-related injury or illness shall be required to participate in the development and implementation of his/her return to work, which shall include:
 - (i) Cooperating with and implementing any recommended treatment, evaluations or therapies from physicians, therapists, and surgeons;
 - (ii) Sharing all information pertinent to the employee's work-related injury or illness with all physicians, therapists, and surgeons;
 - (iii) Signing any and all releases of information necessary for the employer to monitor the employee's progress in returning to work;
 - (iv) Abiding by all recommended medical restrictions while at work, or off work;
 - (v) Requesting assistance for medical or vocational services designed to return the employee to work;
 - (vi) Scheduling and attending medical appointments which will cause the least work disruption, and communicate information about medical appointments to the immediate supervisor as soon as such medical appointments are scheduled;
 - (vii) Maintaining regular contact with the immediate supervisor;
 - (viii) Contacting the immediate supervisor about any accommodations the employee feels are necessary to assist the employee to return to work;
 - (ix) Participating in a functional capacity evaluation as directed by the employer;
 - (x) Complying with all safety rules and regulations of the employer.
- b. The immediate supervisor shall work with the employee in developing and implementing the employee's return to work after a job-related illness or injury. The immediate supervisor shall:
 - (i) Contact the Insurance Specialist and the Department Manager about any accommodations requested by the employee in the return of the employee to work.
 - (ii) Contact the Insurance Specialist and the Department Manager about any changes in the employee's medical condition.
 - (iii) Contact the Insurance Specialist and the Department Manager if the employee does not cooperate with the requirements of 8-16.2.
- c. The TPA, together with the employee's immediate supervisor and the Insurance Specialist, will investigate all workers compensation claims and make compensability determinations in accordance with the Illinois Workers Compensation Act. The TPA will determine what benefits are due to the employee and pay such benefits as are required by statute. The Insurance

Specialist or the TPA may contact employees to obtain information necessary to process the employee's claim. The TPA shall answer any employee questions concerning the claims process.

- d. If after a comprehensive investigation of a workers compensation claim, it is determined by the TPA, Insurance Specialist, and Department Manager that an employee has knowingly submitted a fraudulent claim, said employee will be subject to discipline, up to and including discharge.
- e. The Insurance Specialist shall serve as the Administrator of the County's Workers Compensation program. The Insurance Specialist shall provide advice and information to all immediate supervisors and Department Managers concerning the program, and shall assist immediate supervisors and Department Managers in meeting their responsibilities pursuant to the program.
- f. The Department Manager or the Department Manager's designee shall identify and select a management representative to serve as the coordinator of any and all claims pursuant to the County's Workers Compensation program within that Department.

8-12.3 **CCNH Work Transition Policy** – The Champaign County Nursing Home shall, when appropriate and available, provide the opportunity for transitional work to any employees suffering from a job-related injury or illness in order to allow the employee to return to work safely by accommodating the employee's inability to meet all of the demands of the employee's regular work position. Work transition may include the following:

- a. Modification of the current job prioritized as follows:
 - (i) Current job—same work location
 - (ii) Modified job—same work location; modifications of work tasks or job demands which meet the employee's functional capacity; modification of work tasks to be completed by the employee which meets the employee's functional capacity
 - (iii) Current job—different work location
 - (iv) Modified job—different work location; modifications of work tasks or job demands which meet the employee's functional capacity; modifications of work tasks to be completed by the employee which meet the employee's functional capacity
 - (v) Limited special assignments
 - (vi) Participate in rehabilitation programs to allow the employee to work and also participate in services to reduce the impairment, facilitate the employee's medical progress, and prevent long term disability.
- b. The length of the work transition period should not exceed thirty work days unless an extension is approved by the employee's Department Manager. An extension may be granted based on the employee's medical needs or inability of the employee to fully perform former job demands, but if extended shall not exceed ninety work days in length. Any extension of the work transition period beyond ninety work days must be approved in advance by the CCNH Administrator.

8-13 VESSA (VICTIM'S ECONOMIC SECURITY AND SAFETY ACT, P.A. 93-0591)

8-13.1 In order to ensure the economic security and safety of Champaign County employees, an eligible employee will be granted unpaid leave for situations when the employee has been subject to domestic or sexual violence, or in order to help a family or household member who is a victim of domestic or sexual violence, not caused by the employee. In addition, victims of domestic or sexual violence will be eligible for insurance and protection from employment and insurance discrimination. Eligibility for such protections is dependent upon the employee's ability to perform the essential functions of their position but for being a victim of domestic or sexual violence, and any requested accommodation must not pose an undue hardship on the County's operations.

8-13.2 Eligible employees will be granted job-protected unpaid leave to conduct the following activities related to the domestic or sexual violence during work hours:

- a. To seek medical attention for, or recovering from, physical or psychological injuries caused by domestic or sexual violence;
- b. To obtain services from a victim services organization;
- c. To obtain psychological or other counseling;
- d. To participate in safety planning, to temporarily or permanently relocate, or to take other actions to increase the safety of the employee from future domestic or sexual violence or to ensure economic security;
- e. To seek legal assistance or remedies to ensure the health and safety of the employee, including preparing for or participating in any civil or criminal legal proceeding related to or derived from domestic or sexual violence.

8-13.3 Employees are entitled to 12 workweeks of VESSA leave during any 12-month period and are entitled to take leave upon at least 48 hours notice (where practicable). VESSA does not create a right for an employee to take unpaid leave that exceeds the unpaid leave allowed under, or in addition to, the Family and Medical Leave Act. Sick, vacation, personal, FMLA leave or compensatory time may be substituted for the unpaid leave provided under this Act.

8-13.4 The Department Manager shall require certification from the employee that VESSA leave is for a qualifying reason. Certification consists of:

- a. A sworn statement of the employee, and
- b. One of the following:
 - (i) Documentation from an employee, agent or volunteer of a victim services organization, an attorney, a member of the clergy, or other professional from whom the employee or the employee's family or household member has sought assistance in addressing domestic or sexual violence and the effects of violence;
 - (ii) A police or court record; or
 - (iii) Other corroborating evidence. The Department Manager shall keep such documentation in the strictest of confidence.

8-13.5 An employee who takes such leave is entitled to be restored to the same or an equivalent position with equivalent benefits, pay and other terms and conditions of employment. The employee shall retain all benefits accrued prior to the date leave

commences (including life and health insurance, sick and vacation leave, educational benefits and pensions) but the employee is not entitled to accrue seniority or additional employment benefits during the leave. The employee is also entitled to continued health insurance during any period of leave on the same terms and conditions as if the employee remained continuously employed. If an employee fails to return from leave, the County can recover the premium the employer paid for health insurance, provided the reasons the employee has not returned do not include the continuation, recurrence, or onset of domestic or sexual violence of other circumstances beyond the employee's control. The County may also require certification of such reasons.

8-13.6 It is unlawful to interfere with an employee's exercise of right under the Act or to discriminate in employment against an individual because:

- a. The individual:
 - (i) Is, or is perceived to be, a victim of domestic or sexual violence;
 - (ii) Has attended, participated in, prepared for, or requested leave to attend, participated in, or prepare for a criminal or civil court proceeding relating to an incident of domestic or sexual violence of which the individual or a family or household member was a victim; or
 - (iii) Requested an adjustment to a job, structure, workplace facility, or work requirement, including a transfer, reassignment, or modified schedule, leave, a changed telephone number or seating assignment, installation of a lock, or implementation of a safety procedure in response to actual or threatened domestic or sexual violence; or
- b. The workplace is disrupted or threatened by the action of a person whom the individual states has committed or threatened to commit domestic or sexual violence against the individual or the individual's family or household member.

CHAPTER 9 – SALARY ADMINISTRATION GUIDELINES

9-1 DEFINITIONS

9-1.0 Program Administrator – The term Program Administrator refers to the CCNH Administrator. To improve the effectiveness of this salary administration program, other management officials may be delegated specific responsibilities. The Nursing Home Board of Directors remains responsible for policy determination and for oversight; routine operating authority for implementing this salary administration program rests with the CCNH Administrator.

9-1.1 Position Description – A written set of criteria regarding the essential duties and responsibilities performed in a position and the minimum knowledge, skills, abilities, education, training, and experience required to perform the job. Position descriptions will be coordinated and maintained by the Program Administrator, in consultation with the appropriate department managers.

Position descriptions may be modified to reflect changing job requirements. Positions undergoing such modification may be reevaluated and graded to account for changes in responsibilities.

9-1.2 Authorized Position – A single job slot allocated to the Nursing Home and authorized by the Nursing Home Board of Directors as full-time or part-time. Part-

time positions are stated as a percentage of full-time or average hours worked. All authorized positions shall be identified by a CCNH position description.

- 9-1.3 **New Position** - Creation of a new authorized position which has been approved by the Nursing Home Board of Directors. No hiring into a new position can occur until the new position had been described, point-rated, graded, and authorized.
- 9-1.4 **Reclassification/Position Re-Evaluation** – The process of deleting an existing authorized position and creating a new authorized position based upon an existing or new position description.
- 9-1.5 **Midpoint** – The midpoint, as a control point, represents the dollar value that the Nursing Home is willing to pay an experienced employee for performing consistently competent work that fully meets all position requirements in a job of a given level of difficulty and responsibility. It also should reflect favorable competitive rates paid in the employment market for experienced employees in similar jobs.
- 9-1.6 **Maximum** – The maximum salary is the highest salary paid for a particular position. The maximum is expressed as 120% of the midpoint.
- 9-1.7 **Minimum** – The minimum salary is the lowest beginning salary for a particular position. The minimum is expressed as 75% of the midpoint.
- 9-1.8 **Salary Range** – A salary range is established based on the midpoint and represents the dollar value of an experienced employee for performing consistently competent work that fully meets all position requirements. The salary range represents the normally expected range an individual can expect as compensation for good, consistent performance. Structurally, the salary minimum is 75% of the midpoint, and the maximum is 120% of the midpoint.
- 9-1.9 **Experienced** – A candidate whose Knowledge, Skills, Abilities; and Education and Experience substantially exceed the minimum requirements as stated in the position description.
- 9-1.10 **Inexperienced** – A candidate whose Knowledge, Skills, Abilities; and Education and Experience meet the minimum requirements as stated in the position description.
- 9-1.11 **Exempt/Non-Exempt Pay Practice Status** – Determination made by the State's Attorney's Office, or other delegated legal counsel, according to the Fair Labor Standards Act (FLSA) Guidelines of the salary grid applicable to a position.
- 9-1.12 **Promotion** – A promotion exists when an employee is proposed to be hired to an open position or when a re-evaluation of a current position has resulted in the position being placed in a higher salary grade.
- 9-1.13 **Transfer to a Lower Salary Range** – Transfer to a lower salary range is defined as a permanent change from a position in one salary range to a position where the job is placed in a lower salary range, as expressed by job content evaluation points.
- 9-1.14 **Lateral Transfer** – A lateral transfer occurs when an employee moves to a new position, which is assigned to the same grade as the employee's previous position. An employee who makes a lateral transfer to a position in the same grade will not receive a salary adjustment, and shall keep full credit for time served with the employer (Champaign County).

9-2 SCHEDULE OF AUTHORIZED POSITIONS & SALARY GRID

9-2.1 The Schedule of Authorized Positions reflects the quantity and position title of all permanent positions in the Nursing Home as approved by the Nursing Home Board of Directors. The Nursing Home Board of Directors' appropriations for salaries in the Nursing Home's budget will only be made to positions approved in the Schedule of Authorized Positions. No full-time, part-time, or per diem employee may be paid except through service in a position authorized on the Schedule of Authorized Positions. Additions or deletions to the Schedule of Authorized Positions will be made via the annual budget process or on an exception basis by Nursing Home Board of Directors. The CCNH Administrator will be responsible for maintaining the Schedule of Authorized Positions.

9-2.2 The Salary Grids reflect every position title in the Nursing Home personnel system, with the exception of positions represented by bargaining units, with a minimum, midpoint, and maximum salary for each position. Per diem employees are reflected in the salary grids with a single daily per diem figure.

The Nursing Home maintains two salary grids, one determining a pay practice for Exempt positions and one determining a pay practice for Non-Exempt positions. An employee's salary will be between the minimum and maximum, but may not exceed the maximum. Per Diem employees are reflected in the salary grids with a single per diem figure.

A position analysis is conducted to assign a point rating to each position. Point ratings correspond to the facility salary grid. Positions are assigned a salary using the position analysis score and with consideration for salary equity. The CCNH Administrator is responsible for maintaining equitable salaries within the Home.

9-3 ADMINISTRATION

The effective planning and control of salary costs requires a systematic procedure which includes:

- Review and adjustment of the midpoint salary policy consistent with competitive and economic conditions.
- Determination of funds required for policy implementation.
- Distribution of allocated funds among departments via the budget process.
- Efficient control of fund utilization throughout the budget period.

No change or addition to the Schedule of Authorized Positions or to the Salary Grid will be made except in accordance with the following procedures:

9-3.1 Hiring Procedures – Employees meeting the definition of "Inexperienced" should be hired at the minimum salary. There may be extenuating market circumstances that, on occasion, may require the approval of the CCNH Administrator to hire above the minimum. Inexperienced candidates should not be hired above the mid-point salary.

Employees meeting the definition of "Experienced" may be hired at any point up to the mid-point commensurate with experience, credentials, and market conditions. Where extenuating conditions make hiring past the mid-point a necessity, the approval of the CCNH Administrator is required.

9-3.2 Salary Midpoint Adjustment – Related Adjustments to Salary Ranges

1. The Nursing Home Board of Directors will review the salary midpoint policy annually during the budget review process.
2. The CCNH Administrator will recommend appropriate adjustments to the Nursing Home Board of Directors based upon data regarding employment and competitive market trends, inflation forecasts, projected salary movement, pertinent economic factors, and other relevant information.
3. The CCNH Administrator shall cause the midpoint for each position to be established for each fiscal year; the midpoint should reflect the current market wage for comparable positions.
4. Unless otherwise specified, any midpoint salary adjustment – and any related adjustments to the salary ranges – shall take effect on the first day of the fiscal year immediately following approval by the Nursing Home Board of Directors.

9-3.3 Merit Adjustments – Determination of individual merit increases will be made by the Administrator based on employee performance as recorded on the employee’s annual performance appraisal or on any interim performance appraisal.

9-3.4 Eliminated Positions – Positions that have been eliminated from CCNH may be dropped from the salary grid.

9-3.5 New Positions – New positions may be created from time to time to further the mission of CCNH. No position may be added without having a written position description evaluated, point-ranked, graded, and **reviewed** for internal equity. The number of FTE in a particular position is controlled by the nursing home budget and its current operating performance.

9-3.6 Above Max Increases – There will be no increases granted above any salary grade’s maximum.

9-3.7 Market Inequities – Occasionally, a position will be point-rated and graded properly. But, due to market aberrations, the salary assigned to the grade may not be sufficient to attract personnel. In such cases, the position shall remain in the correct grade, but the employee may be paid out of a higher grade. The approval of the CCNH Administrator is required.

CHAPTER 10 – DRUG- AND ALCOHOL-FREE WORKPLACE

10-1 DRUG- AND ALCOHOL-FREE WORKPLACE

Champaign County is committed to programs that promote safety in the workplace, employee health and well-being and citizens’ confidence. Employee involvement with drugs and alcohol can adversely affect job performance and employee morale, jeopardize employee safety, and undermine citizens’ confidence. The County’s goal, therefore, and the purpose of this policy, is to establish and maintain a healthy and efficient workforce free from the effects of drug and alcohol abuse. Consistent with this goal and commitment, and in response to the requirements of the Drug-Free Workplace Act (30 ILCS 580/1-11), the Champaign ~~Nursing Home County~~ Board ~~of Directors~~ has developed this policy statement

regarding the use, sale, possession, and distribution of controlled substances, including cannabis and alcohol, by its employees, or on its premises.

10-1.1 Use, Possession, Transportation, Sale, Distribution – The use, possession, sale, transportation, or distribution of controlled substances, including cannabis or alcohol by anyone while on County property or on County business may be cause for discharge. Controlled substances or alcohol shall be taken into custody, and the appropriate law enforcement agencies will be notified.

10-1.2 Over-The-Counter or Prescribed Medications – Employees who take over-the-counter or prescribed medications are responsible for being aware of any effect the medication may have on the performance of their duties and must promptly report to their supervisors the use of medication likely to impair their ability to do their jobs. An employee who fails to do so shall be subject to disciplinary action, up to and including discharge. Moreover, employees who take over-the-counter or prescribed medication contrary to doctor’s instructions may be subject to disciplinary action, up to and including discharge.

10-1.3 County Property Defined – For purpose of this policy, the term “County property” shall include all land, buildings, structures, parking lots, and means of transportation owned by or leased to the County.

10-1.4 Employee Assistance Program – The County encourages any employee who feels they may have a drug or alcohol problem to contact his or her immediate supervisor or the Insurance Specialist for assistance. The County will, at the employee’s request, refer him or her to the employee’s designated healthcare provider for information or professional assistance, which will be at the employee’s expense over and above any covered benefit amount. All communications will be strictly confidential. Employees will not be subject to discipline for seeking such assistance prior to detection. However, this will not thereafter excuse violations of this drug and alcohol policy for which the employee is subject to discipline.

10-1.5 Discipline – Any employee who violates this policy will be discharged.

10-1.6 Progressive Discipline Not Applicable – Any other disciplinary methods previously used by the County do not apply to violations of this drug and alcohol policy. Discipline for violations of this drug and alcohol policy shall be governed solely by the policy itself.

10-1.7 Satisfactory Completion of Program – Any employee who is required by this policy to satisfactorily participate in a drug or alcohol assistance or rehabilitation program shall furnish his or her Department Manager written proof of the satisfactory completion of the program.

10-1.8 Condition of Employment – As a condition of employment,

- a. The County requires that all employees acknowledge that they will:
 - (i) Abide by the terms of this policy;
 - (ii) Notify the Department Manager of his/her department of any conviction for a violation of a criminal drug statute no later than five days after conviction; and
 - (iii) If convicted of a violation of a criminal drug statute, satisfactorily participate in a drug or alcohol abuse assistance or rehabilitation program.
- b. If Champaign County receives notice from an employee of a conviction of a

violation of a criminal drug statute, Champaign County will:

- (i) Take appropriate action against such employee up to and including termination of employment; and/or
- (ii) Provide employee assistance as stated in subsection 10-1.5 above.

CHAPTER 11 – WORKPLACE VIOLENCE POLICY

11-1 WORKPLACE VIOLENCE POLICY

The County of Champaign values its employees and citizens and the ~~Nursing Home~~ ~~Champaign County~~ Board of Directors affirms its commitment to providing workplaces and facilities that minimize the potential for violence. It is the intent of this policy to ensure that everyone associated with Champaign County, including employees and the public, never feel threatened by any form of violence. Champaign County has a zero tolerance policy for violence, whether by or toward employees. "Violence" shall include physically harming another, shoving, pushing, harassing, intimidating, coercing, brandishing weapons, and threatening or talking of engaging in those activities. It shall also include acts, threats, intentions of harm, destruction towards self, others or property, and may be psychological as well as physical, and the perception thereof.

11-1.1 Disciplinary Action – If it has been determined that an employee is engaging in any form of violence in the workplace or threatening violence in the workplace, the employee shall be terminated immediately. No talk of or joking about violence will be tolerated. In cases of acts or threats of violence by employees, the County endorses immediate and definitive use of the disciplinary process outlined in this document, resulting in termination of said employees. Criminal prosecution will be pursued as appropriate, as well.

11-1.2 Responsibility

- a. The CCNH Administrator's Office has overall responsibility for maintaining this policy, administering workplace violence prevention measures, and coordinating post-incident activities. The CCNH Administrator's Office will also identify resources that departments may use in developing their training plans and workplace violence measures.
- b. Managers and supervisors shall make safety one of their highest concerns. When made aware of a real or perceived threat of violence, management shall conduct a thorough investigation, provide support for employees, and take specific actions to help prevent all acts of violence. Management is also responsible for documenting and reporting such incidences to the respective Department Managers.
- c. Employees shall report all acts and/or threats of violence to their supervisors or Department Managers. Employees should learn to recognize and respond to behaviors by potential perpetrators that may indicate a risk of violence.

11-1.3 Continual Review – The CCNH Administrator's Office shall develop a method for receiving and reviewing reports of violence and threats of violence. Information and data from such reports shall be utilized to establish a continual improvement process for reducing the potential for adverse outcomes associated with acts or threats of workplace violence.

CHAPTER 12 – ANTI-HARASSMENT POLICY

12-1 ANTI- HARASSMENT

12-1.1 It is the policy of Champaign County Government to provide to all officials and employees a work environment free of harassment based upon gender, ethnicity, race, sexual orientation, religious affiliation, age, physical and mental disability, and marital status, as well as sexual harassment. It is the right of all employees to work in an environment free from harassment and the responsibility of all employees to refrain from harassment. Champaign County prohibits sexual harassment and harassment based upon gender, ethnicity, race, sexual orientation, religious affiliation, age and physical and mental disability of and by its employees. Harassment is inappropriate, offensive, and, in specific cases, may be illegal and will not be tolerated by Champaign County.

Harassment refers to physical or verbal actions that have the purpose or effect of unreasonably interfering with a person's work performance, which create a hostile, intimidating, or offensive environment and which is based on the sexual orientation, race, color, religious belief or practice, national origin, ancestry, gender, age, citizenship status, marital status, or disability of the person that feels harassed or discriminated against. Such actions, intentional or not, can annoy or disturb members of one sex, ethnicity, race, sexual orientation, religion, age, marital status and disability. Examples include but are not limited to:

- a. Unwelcome sexual advances, requests for sexual favors, or physical conduct of a sexual nature;
- b. Any sexual, ethnic, racial, gender or religious-related jokes, comments, insults, cartoons, innuendoes, or personal conduct or mannerisms that could be construed as offensive, intimidating, or hostile as measured from the point of view of a reasonable person of the same protected group;
- c. Demeaning comments or ridicule of an employee based on the employee's status as a member of a protected group;
- d. Repeated unwanted, unwarranted, or unsolicited off-duty telephone calls, contact, or conduct that violates this policy;
- e. Submission to or rejection of such conduct is used as the basis for employment decisions;
- f. Displaying or permitting the display of pictures, drawings, or graffiti that could be considered a violation of this policy.

Champaign County directs all employees and supervisory personnel within Champaign County to ensure that their workplaces are free of harassment. Department Managers and supervisory personnel shall be responsible for supporting training on sexual, ethnic, racial, sexual orientation, religious, age, and disability-related harassment prevention and this harassment policy. Department Managers and supervisory personnel shall post and distribute this policy, encourage employees to report harassment incidents, and assure employees they do not have to endure a hostile or negative work environment. Behavior or acts that employees find offensive or harassing, if not based on protected class as set forth in this Policy, while rude or offensive, are not a violation of this Policy. Employees are advised to present their complaints to their supervisors or personnel identified in the "Complaint Procedure" as set forth in this Chapter.

12-2 COMPLAINT PROCEDURE

12-2.1 Employees who wish to register a complaint of sexual harassment (or any form of harassment based on their race, national origin, gender, age, sexual orientation,

marital status, religion or disability) may do so through their Department Manager, the CCNH Administrator, or the Human Resources ~~Generalist~~ Director.

12-2.2 All allegations of harassment will be investigated thoroughly. The facts will determine the response of the County to each allegation. Substantiated acts of harassment will be met with appropriate disciplinary action by the County up to and including termination. All information regarding any specific incident will be kept confidential within the necessary boundaries of the fact-finding process. No reprisal or retaliation against the employee reporting the allegation of harassment will be tolerated.

CHAPTER 13 – PROHIBITED POLITICAL ACTIVITIES AND GIFT BAN

13-1 PROHIBITED POLITICAL ACTIVITIES

13-1.1 No employee shall intentionally perform any prohibited political activity during any compensated time, as defined herein. No employee shall intentionally use any property or resources of the employer in connection with any prohibited political activity.

13-1.2 At no time shall any employee intentionally require any other employee to perform any prohibited political activity:

- a. As part of that employee's duties;
- b. As a condition of employment; or
- c. During any compensated time off (such as holidays, vacation or personal time off.)

13-1.3 No employee shall be required at any time to participate in any prohibited political activity in consideration for that officer or employee being awarded additional compensation or any benefit, whether in the form of a salary adjustment, bonus, , continued employment or otherwise, nor shall any officer or employee be awarded additional compensation or any benefit in consideration for his or her participation in any prohibited political activity.

13-1.4 Nothing in this Section prohibits activities that are permissible for an employee to engage in as part of his or her official duties, or activities that are undertaken by an employee on a voluntary basis which are not prohibited by this policy.

13-1.5 No person either:

- a. In a position that is subject to recognized merit principles of public employment; or
- b. In a position the salary for which is paid in whole or in part by federal funds and that is subject to the Federal Standards for a Merit System of Personnel Administration applicable to grant-in-aid programs,

shall be denied or deprived of employment or tenure solely because he or she is a member or an officer of a political committee, of a political party, or of a political organization or club.

13-2 GIFT BAN

13-2.1 Except as permitted by this policy, no employee, and no spouse of or

immediate family member living with any officer or employee (collectively referred to herein as "recipients"), shall intentionally solicit or accept any gift from any prohibited source, as defined herein, or which is otherwise prohibited by law or ordinance. No prohibited source shall intentionally offer or make a gift that violates this policy.

13-2.2 Exceptions - Section 13-2.1 is not applicable to the following:

- a. Opportunities, benefits, and services that are available on the same conditions as for the general public;
- b. Anything for which the employee, or his or her spouse or immediate family member, pays the fair market value;
- c. Any:
 - (i) Contribution that is lawfully made under the Election Code; or
 - (ii) Activities associated with a fundraising event in support of a political organization or candidate;
- d. Educational materials and missions;
- e. Travel expenses for a meeting to discuss business;
- f. A gift from a relative, meaning those people related to the individual as father, mother, son, daughter, brother, sister, uncle, aunt, great aunt, great uncle, first cousin, nephew, niece, husband, wife, grandfather, grandmother, grandson, granddaughter, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister, and including the father, mother, grandfather, or grandmother of the individual's spouse and the individual's fiancé or fiancée;
- g. Anything provided by an individual on the basis of a personal friendship unless the recipient has reason to believe that, under the circumstances, the gift was provided because of the official position or employment of the recipient or his or her spouse or immediate family member and not because of the personal friendship. In determining whether a gift is provided on the basis of personal friendship, the recipient shall consider the circumstances under which the gift was offered, such as:
 - (i) The history of the relationship between the individual giving the gift and the recipient of the gift, including any previous exchange of gifts between those individuals;
 - (ii) Whether to the actual knowledge of the recipient the individual who gave the gift personally paid for the gift or sought a tax deduction or business reimbursement for the gift; and
 - (iii) Whether to the actual knowledge of the recipient the individual who gave the gift also at the same time gave the same or similar gifts to other Department Managers or employees, or their spouses or immediate family members.
- h. Food or refreshments not exceeding \$75 per person in value on a single calendar day; provided that the food or refreshments are (i) consumed on the premises from which they were purchased or prepared or (ii) catered. For the purposes of this Section "catered" means food or refreshments that are purchased ready to consume which are delivered by any means.

- i. Food, refreshments, lodging, transportation, and other benefits resulting from outside business or employment activities (or outside activities that are not connected to the official duties of an officer or employee), if the benefits have not been offered or enhanced because of the official position or employment of the officer or employee, and are customarily provided to others in similar circumstances.
- j. Intra-governmental and inter-governmental gifts. For the purpose of this policy, "intra-governmental gift" means any gift given to an officer or employee from another officer or employee, and "inter-governmental gift" means any gift given to an officer or employee by an officer, or employee of another governmental entity.
- k. Bequests, inheritances, and other transfers at death.
- l. Any item or items from any one prohibited source during any calendar year having a cumulative total value of less than \$100.
- m. Each of the exceptions listed in this section is mutually exclusive and independent of every other.

13-2.3 Disposition of gifts - An employee, his or her spouse, or an immediate family member living with the employee, does not violate this Policy if the recipient promptly takes reasonable action to return a gift from a prohibited source to its source or gives the gift or an amount equal to its value to an appropriate charity that is exempt from income taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as now or hereafter amended, renumbered, or succeeded.

13-3 DEFINITIONS

For purposes of this Section, the following terms shall be given these definitions:

13-3.1 "Campaign for elective office" means any activity in furtherance of an effort to influence the selection, nomination, election, or appointment of any individual to any federal, State, or local public office or office in a political organization, or the selection, nomination, or election of Presidential or Vice-presidential electors, but does not include activities:

- a. Relating to the support or opposition of any executive, legislative, or administrative action;
- b. Relating to collective bargaining; or
- c. That are otherwise in furtherance of the person's official duties.

13-3.2 "Candidate" means a person who has filed nominating papers or petitions for nomination or election to an elected office, or who has been appointed to fill a vacancy in nomination, and who remains eligible for placement on the ballot at a regular election.

13-3.3 "Collective bargaining" has the same meaning as that term is defined in Section 3 of the Illinois Public Labor Relations Act (5 ILCS 31513).

13-3.4 "Compensated time" means, with respect to an employee, any time worked by or credited to the employee that counts toward any minimum work time requirement imposed as a condition of his or her employment, but for purposes of this Ordinance, does not include any designated holidays, vacation periods, personal time, compensatory time off or any period when the employee is on a leave of absence.

13-3.5 “Compensatory time off” means authorized time off earned by or awarded to an employee to compensate in whole or in part for time worked in excess of the minimum work time required of that employee as a condition of his or her employment.

13-3.6 “Contribution” has the same meaning as that term is defined in Section 9-1.4 of the Election Code (10 ILCS 5/9-1.4).

13-3.7 “Employee” means a person employed by the Employer, whether on a full-time or part-time basis or pursuant to a contract, whose duties are subject to the direction and control of an employer with regard to the material details of how the work is to be performed, but does not include an independent contractor.

13-3.8 “Employer” means the Champaign County Board operating through the Champaign County Nursing Home Board of Directors.

13-3.9 “Gift” means any gratuity, discount, entertainment, hospitality, loan, forbearance, or other tangible or intangible item having monetary value including, but not limited to, cash, food and drink, and honoraria for speaking engagements related to or attributable to government employment or the official position of an officer or employee.

13-3.10 “Leave of absence” means any period during which an employee does not receive:

- a. Compensation for employment,
- b. Service credit towards pension benefits, and
- c. Health insurance benefits paid for by the employer.

13-3.11 “Officer” means a person who holds, by election or appointment, an office created by the Illinois Constitution, Illinois statute or County ordinance, regardless of whether the officer is compensated for service in his or her official capacity.

13-3.12 “Political activity” means any activity in support of or in connection with any campaign for elective office or any political organization, but does not include activities:

- a. Relating to the support or opposition of any executive, legislative, or administrative action;
- b. Relating to collective bargaining; or
- c. That are otherwise in furtherance of the person’s official duties.

13-3.13 “Political organization” means a party, committee, association, fund, or other organization (whether or not incorporated) that is required to file a statement of organization with the State Board of Elections or a county clerk under Section 9-3 of the Election Code (10 ILCS 5/9-3), but only with regard to those activities that require filing with the State Board of Elections or a county clerk.

13-3.14 “Prohibited political activity” means:

- a. Preparing for, organizing, or participating in any political meeting, political rally, political demonstration, or other political event;
- b. Soliciting contributions, including but not limited to the purchase of, selling, distributing, or receiving payment for tickets for any political fundraiser, political meeting, or other political event;

- c. Soliciting, planning the solicitation of, or preparing any document or report regarding anything of value intended as a campaign contribution;
- d. Planning, conducting, or participating in a public opinion poll in connection with a campaign for elective office or on behalf of a political organization for political purposes or for or against any referendum question;
- e. Surveying or gathering information from potential or actual voters in an election to determine probable vote outcome in connection with a campaign for elective office or on behalf of a political organization for political purposes or for or against any referendum question;
- f. Assisting at the polls on election day on behalf of any political organization or candidate for elective office or for or against any referendum question;
- g. Soliciting votes on behalf of a candidate for elective office or a political organization or for or against any referendum question or helping in an effort to get voters to the polls;
- h. Initiating for circulation, preparing, circulating, reviewing, or filing any petition on behalf of a candidate for elective office or for or against any referendum question;
- i. Making contributions on behalf of any candidate for elective office in that capacity or in connection with a campaign for elective office;
- j. Preparing or reviewing responses to candidate questionnaires;
- k. Distributing, preparing for distribution, or mailing campaign literature, campaign signs, or other campaign material on behalf of any candidate for elective office or for or against any referendum question;
- l. Campaigning for any elective office or for or against any referendum question.
- m. Managing or working on a campaign for elective office or for against any referendum question;
- n. Serving as a delegate, alternate, or proxy to a political party convention.
- o. Participating in any recount or challenge to the outcome of any election; or
- p. All other political activity on behalf of a candidate for public office, a referendum question, a political campaign, or a political organization.

13-3.15 “Prohibited source” means any person or entity who:

- a. Is seeking official action:
 - (i) By an officer or
 - (ii) By an employee, or by the officer or another employee directing that employee;
- b. Does business or seeks to do business:
 - (i) With the officer or
 - (ii) With an employee, or with the officer or another employee directing that employee;
- c. Conducts activities regulated:
 - (i) By the officer or
 - (ii) By an employee, or by the officer or another employee directing that employee; or
- d. Has interests that may be substantially affected by the performance or non-performance of the official duties of the officer or employee.

13-4 ENFORCEMENT

No County employee may use his or her official position of employment to coerce or inhibit others (whether County employees or members of the public) in the free exercise of their political rights, including, without limitation, the right to petition, make public speeches, campaign for or against political candidates, speak out on questions of public policy, distribute political literature, make contributions, or seek public office.

13-4.1 Except as specifically stated herein, no Department Manager may make or enforce any rule that in any way inhibits or prohibits any of its employees from exercising any political rights, including, but not limited to, those described in Section 13-5.1.

13-4.2 Nothing in this Section 13-5 shall apply to:

- a. Efforts to enforce Chapter 13 of this Policy, the Champaign County Ethics Ordinance, State law, or any comparable provision of a Collective Bargaining Agreement.
- b. Efforts to limit non-work-related activity on County time, even if such efforts have the incidental effect of limiting political activity on the same basis as other non-work-related activity.

CHAPTER 14 – GENERAL RULES AND PROCEDURES

14-1 REPORTING UNSAFE WORKING CONDITIONS

Employees who become aware of unsafe working conditions must report those conditions to the Department Manager or CCNH Administrator.

14-2 REGISTRATION OF A DOMESTIC PARTNERSHIP

Registration of a domestic partnership will be required for coverage under the group health, dental, vision and dependent life insurance.

- 14-2.1** An employee who wishes to register a domestic partnership needs to contact the Insurance Specialist for information and the registration form. Upon receipt of a properly completed form, the county will consider the Partnership registered as of the date of the signature on the form.
- 14-2.2** Children of domestic partners are eligible for benefits under the same conditions as are the children of employees' legal spouses.
- 14-2.3** Enrollment of domestic partners and eligible dependent children is subject to the same rules as enrollment of other dependents.
- 14-2.4** Domestic partners and their enrolled dependents receive the same or equivalent benefits as spouses and their enrolled dependents receive for group continuation health coverage through COBRA and/or individual conversion.
- 14-2.5** An employee may terminate a domestic partnership by notifying the Insurance Specialist in writing of the termination of the domestic partnership within thirty days of its termination. (The same guideline exists for married couples that divorce.) The employee must then wait six months from the date of the notice before registering another domestic partnership, except in either of the following cases:
- a. The employee is registering the same domestic partnership within thirty days notification of the termination of that domestic partnership, or

- b. The employee's former domestic partnership was dissolved through the death of the employee's domestic partner.

14-2.6 The tax consequences of a domestic partnership are the responsibility of the employee, not the County. Under the Internal Revenue Code, an employee is not taxed on the value of benefits provided by an employer to an employee's spouse or dependent. However, the IRS has ruled that a domestic partner does not qualify as a spouse.

The value of benefits provided to an employee's domestic partner (and the domestic partner's eligible children, if any) is considered part of the employee's taxable income, unless the employee's domestic partner qualifies as a dependent under Section 152 of the Internal Revenue Code. This company (the County) will treat the value of the benefits provided to the employee's domestic partner (and the domestic partner's eligible children, if any) as part of the employee's income and will withhold the taxes on the value of those benefits from employee's paychecks. If the employee's domestic partner qualifies as a dependent under Section 125 of the Internal Revenue Code, the employee may file the proper documentation with the IRS and seek a refund for taxes withheld.

Some courts have recognized non-marriage relationships as the equivalent of marriage for the purpose of establishing and dividing community property. A declaration of common welfare, such as the registration of a domestic partnership, may therefore have legal implications.

Questions regarding this policy should be directed to the Insurance Specialist.

14-3 SUGGESTIONS

Employees who have suggestions for the improvement of County services, reduction of costs, improvement of safety, training, or other related plans or programs are encouraged to submit new and original ideas to their Department Manager. In all cases, the Department Manager should notify the employee in writing of the disposition of the suggestions; and a copy shall be sent to the CCNH Administrator for retention in the individual's personnel file.

CHAPTER 15 – ADMINISTRATION

15-1 ADMINISTRATION

15-1.1 The CCNH Administrator, the Department Managers and the CCNH Board of Directors shall be responsible for the enforcement of the Personnel Policies.

15-2 This policy may be revised at any time with the approval of the Champaign County Board based upon the recommendation of the Champaign County Nursing Home Board of Directors.

CHAPTER 16 - INFORMATION TECHNOLOGY

16-1 DEFINITIONS:

1. **Champaign County Information Network (CCIN):** An in-house intranet that serves the employees of Champaign County. An Intranet is not a site that is accessed by the general public.

2. **Copyright:** A form of legal protection that grants certain exclusive rights to the author of a program or the owner of the copyright.
3. **Data:** the words, numbers, and graphics that describe people, events, things and ideas.
4. **Downloading:** The process of transferring a copy of a file from a remote computer to another computer's disk drive.
5. **Elected official / Office:** Includes the Champaign County Auditor, Sheriff, State's Attorney, Coroner, Recorder, Treasurer, County Clerk, and Circuit Clerk. Unless context requires otherwise, it includes the Presiding Judge (with respect to his authority over the Courts and Court Services) and any other department or office given statutory control over its own operations.
6. **Electronic Mail (E-Mail):** A typed message or image sent electronically from one user to another.
7. **E-Mail Attachment:** A file such as a document, worksheet, or graphic that travels through the e-mail system along with e-mail messages.
8. **Encryption:** To put into code or cipher or to scramble access codes to computerized information so as to prevent unauthorized access.
9. **Information Technology Resources (ITR):** Includes, but is not limited to computers, databases, software, servers, and the Champaign County Information Network (CCIN); files, folders, and documents; Internet access and web pages; and electronic mail including both Intranet and Internet.
10. **Internet:** A collection of local, regional, national, and international computer networks that are linked together to exchange data and distribute processing tasks.
11. **Intranet:** An infrastructure using Web technology that businesses use for internal communication.
12. **Network:** A group of connected computers that allow users to share information.
13. **Patent:** A grant made by a government that confers upon the creator of an invention the sole right to make, use, and sell that invention for a set period of time.
14. **Server:** A computer and software that make data available to other computers.
15. **Software License:** A legal contract that defines the ways in which you may use a computer program.
16. **Trademark:** A name, symbol, or other device identifying a product, officially registered and legally restricted to the use of the owner or manufacturer.
17. **Virus:** A program designed to attach itself to a file, reproduce, and spread from one file to another, destroying data, displaying an irritating message, or otherwise disrupting or rendering a computer system useless.
18. **Use:** Includes, but is not limited to transmitting; uploading; downloading; cutting, pasting and copying; forwarding or retransmitting; attaching to e-mail messages; attaching to chat messages; posting in a public access area; printing; saving to disk or other storage medium; and sending by FAX.

16-2 APPLICABILITY

16-2.1. The conditions of this Article are applicable to all who use Information Technology Resources (ITR) and the Champaign County Information Network (CCIN)

16-2.2 County IT shall perform functions including the following:

- a) Permitting Champaign County Nursing Home employee's access to the mainframe computer menus, intranet, and Internet with passwords pursuant to Department Manager approval.
- b) Programming for Champaign County's mainframe computer.
- c) Establishing criteria for hardware and software vendors.
- d) Consultation with the Champaign County Nursing Home Administrator and Department Managers.
- e) Installation and removal of software upon request by the Nursing Home Administrator.
- f) Backing up all information stored on Servers and AS/400s on a regular basis.
- g) Ensuring data storage practices comply with the Local Records Act (50 ILCS 50/205).

16-3 Privacy and Monitoring

1. Champaign County respects the privacy of its employees. However, employee privacy does not extend to work related conduct or to use of ITR.

2. Employees are advised that Champaign County reserves the right to access, monitor, and disclose all Intranet and Internet e-mail, Internet usage and web sites visited, and any information stored on Champaign County computer systems at any time with or without notice to employees. Employees should recognize that Web Sites visited and the amount of time the Web Site was visited, will be logged and monitored for appropriate use.

3. Employees should recognize that electronic information might be used in disciplinary proceedings, may be referred to the Sheriff's Office or other government agencies for criminal investigation, may be subpoenaed for legal proceedings, and may be subject to Freedom of Information Act requests.

4. Employees should assume that any e-mail or Internet communication, whether business-related or personal, created, sent, received, or stored on the CCIN might be read or heard by someone other than the intended recipient, including but not limited to the Department Manager or Nursing Home Administrator.

5. Employees should recognize that e-mail messages deleted from the system might be retrieved from the computer's back-up system. Messages that were previously deleted can be recreated, printed out, or forwarded to someone else without the employee's knowledge.

6. Champaign County reserves the right to modify, delete, and disclose any information on their ITR with or without employees consent.

16-4 Discipline

1. Violations of the ITR Policy and Procedures may result in disciplinary action, up to, and including, dismissal from employment and, if applicable, possible criminal or civil penalties or other legal action.

16-5 Disclaimers of Liability

The Internet and Internet e-mail provide access to significant amounts of information, some of which contains offensive, sexually explicit materials or materials that are otherwise inappropriate or offensive. It is difficult to avoid contact with this material. Therefore, employees who access the Internet and Internet e-mail do so at their own risk. Champaign County will not be responsible for material viewed, downloaded, or received in e-mails by employees accessing the Internet.

Nothing in this policy is intended or should be construed as an agreement and or contract, express or implied.

16-6 Computer Access

1. Department Managers will authorize which employees have access to the Champaign County computers, mainframe computer menus, CCIN, e-mail, and Internet access.
2. Department Managers will determine the level of access to the CCIN, e-mail, internet, intranet, and mainframe menus to which employees will have access.
3. Department Managers will determine which employees have Telnet access to Champaign County Computer systems.

16-7 Passwords

1. Department Managers will forward new employee requests for passwords for mainframe computer menus, CCIN, Internet access, and level of access permissions to Administrative Services.
2. Screensavers shall not be password protected, unless the Department Manager has been given the password.
3. Employees may be required to give their password to a County IT Representative or Department Manager. Otherwise, employees should never share or reveal their password for access to CCIN, mainframe computer menus, e-mail, or Internet. Employees are advised that they are solely responsible for actions conducted under their password or with their user name. Do not let unauthorized individuals have access to or use Champaign County's e-mail, or access to the Internet through Champaign County's ITR.
4. Employees will sign off or log off the CCIN, the Internet, and county mainframe menu when not using them. Employees should sign off or log off when not in the physical presence of the computer to which they have access. Employees should recognize that signing off Champaign County mainframe menus does not sign them off of the e-mail network or Internet Access.
5. Assignment or use of passwords for access does not create any right or expectation of privacy.

16-8 Software

1. Computer software applications used on Champaign County computers that are connected to the CCIN must be properly licensed in accordance with the vendor's specific requirements.
2. County IT shall provide computer virus protection software on all ITR equipment on the CCIN. Nothing shall be done to disable this software.

16-9 Prohibited usage

1. Never intentionally use a Champaign County computer in any way that violates:
 - a. State, federal, or international law. This includes, but is not limited to:
 - i. laws governing copyrights, patents, trademarks, service marks, confidential and proprietary information or trade secrets;
 - ii. the Electronic Communications Privacy Act (18 U.S.C.A. §2701, et seq.);
 - iii. the Local Records Act, (50 ILCS 205/1, et seq.);
 - iv. the Vital Records Act (410 ILCS 535/1, et seq.);
 - v. the Illinois Freedom of Information Act (5 ILCS 140/1, et seq.);
 - vi. the Human Rights Act (775 ILCS 5/1-101, et seq.);
 - vii. Title VII of the Civil Rights Act of 1964 (42 U.S.C.A. §2000e, et seq.);
 - viii. Any regulations promulgated pursuant to the above statutes.
 - b. Any vendor agreement, software license agreements, or Internet Service Provider conditions.
2. Never initiate any activity that is damaging in any way to the computer mainframe, the CCIN, the e-mail, internet and intranet systems, or the World Wide Web. Never intentionally damage, destruct, deface or compromise any equipment or software belonging to Champaign County. Never intentionally damage, destruct, deface or compromise any data in CCIN without proper authorization.

16-10 Exceptions to Prohibited Usage

Notwithstanding any other part of this policy, any otherwise prohibited use of a computer, the ITR, or CCIN (including e-mail, internet and intranet usage) is allowed to the extent reasonably necessary to:

1. Perform any lawful task which, in the opinion of the relevant Department Head or Elected Official, is reasonably necessary to the functions of the Office or Department.
2. Comply with and enforce this and other policies of Champaign County, and all applicable state and federal laws;
3. Comply with or create a judicial subpoena, court file, official record, court order, or FOIA request; or
4. Preserve or assert any claim of privilege.

16-11. Virus Reporting

If an employee suspects a virus has been introduced to a computer they should notify the Nursing Home Administrator immediately. County IT may install software to scan incoming e-mails for viruses. If this is done, all e-mails shall be so scanned before they are opened.

16-11.1. Internet Mailing Lists, Usenet Groups, News List Subscriptions

County IT reserves the right to unsubscribe employees from subscription lists if the amount of mail becomes too burdensome for the server. This action will not be taken without prior notice to the users, and prior notice and approval of affected Department Managers.

16-12. Web Site Development and Authorization

1. All Departmental or Official Web Sites and links thereto must be approved by the Department Manager.
2. Links to Champaign County's World Wide Web Site must be approved by County IT.
3. Links from Champaign County's World Wide Web Site must contain a link back to Champaign County's World Wide Web Site.

16-13. Ownership

All computers connected to the CCIN, servers, encryption keys, files, equipment, software, information, and passwords for networks, e-mail, Internet, and mainframe menus whether personal or private, belong to Champaign County. All information created by Champaign County ITR belongs to and is controlled by Champaign County.

16-14. Response to Policy Violations

1. Employees observing violations of this policy should report the violations to the Department Manager or Nursing Home Administrator.
2. Alleged violations of ITR policy will be investigated.
3. Employees shall cooperate with any investigations concerning violations of this policy.

16-15 Software

1. Computer software applications used on Champaign County computers that are connected to the CCIN must be authorized by County IT.
2. Only County IT will install software on Champaign County computers connected to the CCIN. Software vendors should communicate with County IT.
3. Installation of encryption or authentication (digital signature) software, other than that contained within standard software applications is prohibited on computers. Department Managers who have need for encryption software will work with County IT to set up encryption keys upon receiving approval from the Nursing Home Administrator.

16-16 Release of Information

1. Unless specifically authorized by Nursing Home Administrator, internet or e-mail Freedom of Information Act requests will not be accepted. If an e-mail or internet FOIA request is received, it will be forwarded to the Nursing Home Administrator.
2. Unless specifically authorized by Nursing Home Administrator, confidential information as defined by the Illinois Freedom of Information Act shall not be released or divulged.

16-17 Department Manager Responsibility

Department Managers are to ensure employees of their Departments read, understand, and sign a consent form holding them responsible for abiding by the policies and procedures outlined in this document.

16-18 Prohibited Computer Usage

1. Never use an e-mail account at work (or elsewhere for County business) other than the one assigned by County IT. Never attempt to gain access to any files, folders, e-mail accounts, or documents without proper authorization. Employees may not intentionally intercept, eavesdrop, record, or alter another person's e-mail. Nor may employees use the internet to intentionally intercept, eavesdrop, record, or alter another person's information. Never attempt to use the Internet to gain unauthorized access to remote computers or other systems.
2. Employees will not use or attempt to use alternate methods of connecting to the Internet other than what is provided by County IT.
3. Never use your computer in violation of any Champaign County Ordinance or Policy. This may include, but is not limited to, the Champaign County Harassment Policy or the Champaign County Political Activity Policy.
4. Occasional and reasonable personal use of ITR is permitted. However, Champaign County ITR will not be used for non-work related activities excessively, or in a manner which disrupts or interferes with work performance or the operations of any Office or Department.
 - a. If such use results in any costs to Champaign County, the employee responsible shall reimburse Champaign County. However, acceptance of such reimbursement does not constitute a waiver of any other disciplinary action.
 - b. Champaign County's Web Site and Internet Access is for official or department use only. Employees may not create, maintain or post an unauthorized web site or similar web site using Champaign County's ITR. All information disseminated and received through Champaign County's Web Site must be related to the official duties and responsibilities of the Nursing Home.
 - c. Any and all personal use must be consistent with professional conduct and the terms of this policy, and not for personal gain.
5. Computers may not be used to receive, transmit, create, or do any of the following intentionally:
 - a. obscenity, sexually explicit messages, pornography, or child pornography;
 - b. threats, fighting words, or intimidation;
 - c. libel, defamation, and slander;
 - d. harassment of any kind, including harassment on the basis of race, sex, religion, ethnic origin, or other protected status;
 - e. humor or jokes that are intended to offend, harass, or intimidate, or are likely to offend, harass or intimidate a reasonable person;
 - f. software piracy;
 - g. chain letters; unsolicited e-mail and "spamming"; anonymous e-mails or e-mails with altered or incorrect return addresses;

- h. multilevel marketing opportunities, pyramid schemes, franchises, business opportunity ventures, investments;
 - i. violate the privacy of any individual;
6. Computers may not intentionally be used for the unauthorized copying or transmission of:
 - a. text;
 - b. other communications;
 - c. computer software;
 - d. photographs;
 - e. video images;
 - f. graphics;
 - g. music; or
 - h. sound recordings.
 7. Never download, delete, or install any software or program onto a computer connected to CCIN; and never disable any firewall or virus protection.
 8. Any communications, including e-mails, made in or from the CCIN may be attributable to Champaign County and the Nursing Home. All such communications must be professional and comply with this policy.
 9. All County employees and representatives are prohibited from accessing any streaming media programs, feeds, material and content unless the subject matter being streamed is directly required for fulfilling job responsibilities. No streaming media sites are to be accessed nor are any streaming media programs or applications to be downloaded, installed and/or operated by end users for entertainment purposes using organization-provided computers, servers, systems and/or networks.

Websites that provide streaming media services that are prohibited (unless used for expressly permitted activities) include, but are not limited to:

- Google Video
- iFilm
- YouTube
- Fancast
- Hulu
- Sirius/XM
- Dizzler
- Sports sites such as ESPN360.com and MLB-TV
- Any radio or television station that offer audio or video streaming

Streaming media programs and devices prohibited from operation within the organization or on any organization equipment or network (unless used for expressly permitted activities) include, but are not limited to:

- Apple Computer, Inc.'s QuickTime
- DivXNetworks, Inc.'s DivX Player
- Listen.com, Inc.'s Rhapsody
- Microsoft Corp.'s Windows Media Player
- Nullsoft, Inc.'s SHOUTcast and Winamp
- Orb Networks, Inc.'s Orb Audio or Orb TV
- RealNetworks, Inc.'s RealOne Player
- Sling Media's Slingbox
- Yahoo, Inc.'s LAUNCHcast/BearShare

The organization's computer systems and network are to be used only for fulfilling business activities. Legitimate streaming media use, such as might be required for conducting research, investigation or training, constitutes acceptable use.

16-19 Attachments to E-Mails

Unless and until County IT installs software to scan all e-mails for viruses, Employees who receive e-mails from unknown sources on the Internet that have attachments will delete those messages from their in-box folder without opening them, and then delete those messages from the deleted items folder.

16-20 Purchases, Conditions, and Fines

An Employee is responsible for understanding and complying with conditions specified in any public domain or shareware software that is downloaded, and for arranging approval and payment through normal procedures for any fines or fees associated with such use.

Employees may only make credit card purchases on the Internet from Champaign County ITR when authorized to do so by the relevant Department Manager. Employees will verify the web site is a secure site before making such a purchase.

16-21 Social Media (see also Chapter 18 on Social Networking and Other Web-Based Communications)

16-22.1 Unless specifically authorized by the Nursing Home Administrator, employees are not to access social media sites using a Champaign County computer or its network. Examples of social media sites include, but are not limited to, Facebook, Twitter, and MySpace.

16-22.2 Employees are expected to protect the privacy of Champaign County Nursing Home, its employees and residents, and are strictly prohibited from disclosing non-public confidential information to which employees may have access. Employees are also expected to avoid making defamatory statements or threats regarding vendors, clients, and or personnel of Champaign County.

Chapter 17 - Confidentiality and HIPAA

Purpose: To ensure that personal health information is protected so that individuals are not afraid to seek health care or to disclose sensitive health information to health professionals. Additionally, to ensure that health information is protected during its collection, use, disclosure, storage and destruction at CCNH, in accordance with the provisions of state and federal law.

Transmission of information about a resident may include information in many forms: verbal, electronic media, or paper records.

Protected health information (PHI) about a resident may include: name, geographic location, dates (birth date, date of death, admission/discharge dates, telephone number, fax number, email addresses, social security numbers, medical records numbers (Illinois Medicaid numbers, Medicare numbers, our chart I.D. numbers) other account numbers, license plate numbers, device

identification, Web Universal Resource Locators, Internet Protocol address numbers, biometric identifiers (finger & voice prints), photographs, or other identifiers.

Personal Health Information applies to all current information, as well as past and future information. Genetic information about a person or one's family is also included.

Personal information about finances, home conditions, or other domestic difficulties are also considered confidential information.

Confidentiality of resident information is mandated for all employees of DeKalb County Government, volunteers, students, researchers, medical staff, teachers, educators, all contracted individuals, and members of the Operating Board.

17-1 – Confidentiality Policy

1. All CCNH employees and persons associated with CCNH are responsible for protecting the security of all personal health information (oral or recorded in any form) this is obtained, handled, learned or viewed in the course of his or her work or association with CCNH.
2. Personal Health Information shall be protected during its collection, use, storage and destruction within CCNH.
3. Use or disclosure of PHI is acceptable ONLY in the discharge of one's responsibilities and duties and based on the **need to know**. Discussion regarding personal health information shall **not** take place in the presence of persons not entitled to such information or in public places (lobby, hallways, break rooms).
4. The execution of a Confidentiality Agreement (attached) is required as a condition of employment, contract, association or appointment with CCNH. All CCNH employees and persons associated with CCNH shall sign the Confidentiality Agreement at the commencement of their relationship with CCNH. The Confidentiality Agreement shall also be signed each time there is a substantial change in an individuals' position, as determined by their department head. Discretion is also available to require a resigning of the Confidentiality Agreement for one or more individuals for reasons and at intervals for reasons as deemed appropriate by the department supervisor.
5. Unauthorized use or disclosure of confidential information shall result in a disciplinary response up to and including termination of employment/contract/association/appointment. A person convicted of an offense under Federal or State law may be required to pay a fine up to \$250,000.00. A confirmed breach of confidentiality may be reported to the individual's professional regulatory body.

17-2 - Confidentiality Agreement Procedure

1. All employees of CCNH as a condition of employment, shall sign a Confidentiality Agreement. This Agreement will be explained and signed on the first day of orientation. The signed Agreement will be placed in the employee's personnel folder.
2. If the employee starts employment prior to going through orientation, the department head will be responsible for explaining confidentiality, and having the employee sign the Agreement. The signed Agreement will then be placed in the employee's personnel folder.
3. All students registered in an educational program, as a condition of utilizing the CCNH resources to learn, will sign a CCNH Volunteer Confidentiality Agreement. This Agreement will be signed at the student's orientation to CCNH. All instructors/educators, as a condition of utilizing CCNH facilities and resources to teach, shall sign a Volunteer Confidentiality Agreement. The administration of this agreement shall be done at the time of orientation to the facility, by the education director.
4. All volunteers shall sign a Confidentiality Agreement. The administration of the pledge will be handled through the Activities Department/Volunteer Coordinator.
6. All researchers who are not members of the CCNH staff must sign a Confidentiality Agreement. The Agreement shall be administered by the Director of Education prior to

the beginning of research.

7. All contractors engaged in providing a service for CCNH, where the service provided would expose them to confidential information, shall sign a Confidentiality Agreement, unless the contractor has already signed a business associate agreement. The Confidentiality Agreement would be secured by the department securing the contractor.
8. All persons contracted under a Purchase Service Agreement, as a condition of acceptance of the contract, shall sign a Purchase Service Agreement that provides for protection of confidential information including PHI. The administration of this Agreement shall be handled by the department responsible for the agreement, and the original signed agreement shall be kept in the office of the Privacy Officer.
9. All Board of Directors members shall sign a Confidentiality Agreement. The administration of this pledge shall be handled by the Privacy Officer.
10. All employees of other agencies who regularly associate with CCNH shall sign a Confidentiality Agreement. The administration of this Agreement shall be handled by the Nursing Department.
11. All information managers shall sign an agreement that provides for the protection of PHI. The administration of this Agreement will be handled by the business office manager.

17-3 Procedure for an Alleged Breach

1. An allegation of a breach of confidentiality of personal health information may be made to any staff member of CCNH. Any individual receiving an allegation of a breach of confidentiality or having knowledge or a reasonable belief that a breach of confidentiality of personal health information (PHI) may have occurred shall immediately notify his or her supervisor or where this is not possible, shall notify the CCNH Privacy Officer, or designate. The person so notified shall in turn, notify the supervisor of the alleged violator of this policy.
2. The Supervisor, in consultation with the Privacy Officer, or designate, shall decide whether to proceed with an investigation. It may be decided that a complaint does not require investigation if, after consultation, the consultees are of the opinion that:
 - a. the length of time that has elapsed since the date that the subject matter of the complaint arose makes an investigation no longer practicable or desirable
 - b. the subject matter of the complaint is trivial or the complaint is not made in good faith or is frivolous; or
 - c. the circumstances of the complaint do not require investigation.
3. If the decision is made to proceed with an investigation, it shall be the responsibility of the supervisor, in consultation with a Privacy Officer, or designate, to investigate the allegation, consult with the appropriate resources, document findings and make a determination as to whether there has been a breach of confidentiality of personal health information.
4. If it is determined that a breach of confidentiality of personal health information has occurred, disciplinary action shall be taken. Such action may include termination of employment/contract/association/appointment with the CCNH or the Facility where the breach occurred. The supervisor shall consult with the CCNH Privacy Officer to establish the appropriate level of disciplinary action to be applied.
5. The CCNH Privacy Officer shall be informed in writing of all allegations that have been made and their outcome and shall maintain a database of this information.

Chapter 18 - Social Networking & Other Web-Based Communications Policy

The purpose of this policy is to provide Champaign County Nursing Home employees with requirements for participation in social media including but not limited to, postings in online forums, blogs, wikis or video logs (vlogs). Examples include Facebook, LinkedIn, MySpace, YouTube, Twitter, blogs, media sites or similar types of online forums. Communications produced by Champaign County Nursing Home employees, vendors, physicians, volunteers or associates on behalf of Champaign County Nursing Home must be consistent with Champaign County Nursing Homes' personnel policies and applicable laws, including laws concerning protected health information, privacy, confidentiality, copyright and trademarks.

General Provisions

Unless specifically authorized by the company to do so as part of employee's position, employees are not use any form of social media or technology on the Internet during working hours or at any time on company computers, other company-supplied devices or with personnel communication devices (cell phones, smartphones, etc.).

Unless specifically instructed, employees are not authorized and therefore restricted to speak on behalf of the company. Employees may not publicly discuss residents, family members, employees, vendors, volunteers or any work-related matters, whether confidential or not, outside company-authorized communications. Employees are expected to protect the privacy of the company and its employees and residents and are prohibited from disclosing personal employee and non-employee information and any other proprietary and nonpublic information to which employees have access.

Employer Monitoring

Employees are cautioned that they should have no expectation of privacy while using the Internet. Your postings can be reviewed by anyone, including Champaign County Nursing Home.

Champaign County Nursing Home reserves the right to monitor comments or discussions about Champaign County Nursing Home, its employees and residents, posted by anyone, including employees and non-employees, on the Internet.

Employees are cautioned that they should have no expectation of privacy while using company equipment or facilities for any purpose. Champaign County Nursing Home reserves the right to use content management tools to monitor, review or block content on company blogs that violate Champaign County Nursing Home blogging rules and guidelines.

Reporting Violations

Champaign County Nursing Home requests and strongly urges employees to report any violations or possible or perceived violations to supervisors or managers. Violations include discussions of Champaign County Nursing Home and its employees and residents, any discussion of proprietary information and any unlawful activity related to social media.

Discipline for Violations

Champaign County Nursing Home investigates and responds to all reports of violations of the social media rules and guidelines and other related policies. Violation of Champaign County Nursing Home's social media policy will result in disciplinary action up to and including immediate termination. Discipline or termination will be determined based on the nature and factors of any social media post. Champaign County Nursing Home reserves the right to take legal action where necessary against employees who engage in prohibited or unlawful conduct.

Chapter 19 Compliance

Purpose

The purpose of this policy is to set forth standards regarding compliance-related violations committed in the course of employment or engagement by Champaign County Nursing Home for which discipline may be imposed.

Adherence to the Compliance Program

All employees receive education and training about Champaign County Nursing Home's compliance plan. The following items are covered in the training sessions and are reinforced in continuing education sessions:

- a. Champaign County Nursing Home's Compliance Program,
- b. Champaign County Nursing Home's Code of Conduct,
- c. Champaign County Nursing Home's compliance-related policies and/or procedures,
- d. state or federal statute or regulation.

All employees are expected to adhere to the requirements of all compliance program elements. Compliance is complicated! There may be situations when employees have questions about what the standards mean or about a specific procedure that Champaign County Nursing Home requires. In those cases, employees are expected to seek guidance from their immediate supervisor or from the Compliance Officer. If any employee feels uncomfortable speaking to her supervisor or to the Compliance Officer, she should use the compliance hotline to express her concerns. The organization is committed to a policy of "No Retaliation" for using the hotline or for coming forward with a question.

Failure to adhere to items a, b, c, and d, above may result in disciplinary action.

Also, failure to report may also lead to disciplinary action. This situation is just like Resident Abuse. For example, you see a co-worker doing something that you know violates the compliance program. You have an obligation to report that situation to the Compliance Officer, either directly or via the hotline. You are not betraying your co-worker. Rather, you are helping Champaign County Nursing Home improve its procedures. The co-worker may have done something wrong; or, the co-worker may need more training; or, Champaign County Nursing Home's procedure may be wrong and need fixing.

What follows is a list of actions or conduct that are prohibited. These are examples and you should be guided by your own judgment. If you see something that does not look right to you, check with your supervisor or the Compliance Officer – or use the compliance hotline.

Failure to follow:

- a. Champaign County Nursing Home's Compliance Program,
- b. Champaign County Nursing Home's Code of Conduct,
- c. Champaign County Nursing Home's compliance-related policies or procedures,
- d. state or federal statute or regulation.

Failure to report:

- a. violation of any duties under Champaign County Nursing Home's compliance program standards or policies.
- b. employment-related conduct that is a crime.

Falsifying any document or medical record or any record required to obtain reimbursement for services provided by Champaign County Nursing Home, or its employees or agents.

Failure to detect conduct by an employee or agent of Champaign County Nursing Home which you should know from your compliance training:

a. _____ is criminal, or

b. _____ is a violation of Champaign County Nursing Home's compliance standards and policies.

Disregard or encouragement (by a director, manager or other supervisor) of conduct by an employee or agent of employer which a reasonable person should know is:

a. _____ criminal:

b. _____ a violation of Champaign County Nursing Home 's compliance standards and/or policies: or

c. _____ a violation of laws or regulations.

Failure of a manager, director, or other supervisor to properly supervise employees where that failure results in a violation of law, regulations, or Champaign County Nursing Home's compliance standards or policies.

Impeding or obstructing an investigation regarding a suspected violation of law or of Champaign County Nursing Home's compliance standards or policies.

Providing incorrect information to Champaign County Nursing Home or to a government agency, resident, third party payer, vendor or similar person or entity.

Destruction of records or of any evidence relevant to an investigation of a suspected violation of law or of Champaign County Nursing Home's compliance standards or policies.

Failure to comply with Champaign County Nursing Home's record retention policies.

Retaliation against any employee or agent who has made a bona fide report to Champaign County Nursing Home or to any regulatory or government agency with respect to violations of applicable laws, regulations or compliance standards or policies.

Engaging in any other conduct or wrongdoing which has the potential to impair Champaign County Nursing Home's status as a reliable, honest and trustworthy health care provider.

Policy: Compliance with Applicable Federal and State False Claims Laws

Policy: Champaign County Nursing Home is committed to complying with the requirements of Section 6032 of the Deficit Reduction Act of 2005, entitled "Employee Education About False Claims Recovery" (42 U.S.C. Section 1396a(a)(68)) and to preventing and detecting fraud, waste and abuse in Federal health care programs.

The purpose of this policy is to provide all Champaign County Nursing Home employees (including officers and other management), and all of Champaign County Nursing Home's contractors and agents, information about the role of the Federal and State false claims acts in detecting and preventing fraud and abuse in Federal Health Care programs. In addition to this Policy, Champaign County Nursing Home's Compliance Program includes procedures designed to detect and prevent false claims and other forms of fraud, waste and abuse. Those policies and procedures include the following, which are incorporated as if fully set forth herein:

Quality of care

Resident rights

[Billing](#)
[Cost reporting](#)
[Employee screening](#)
[Kickbacks, self-referrals and inducements](#)
[Records](#)
[Safety](#)
[HIPAA Privacy, Security, Notification](#)
[Staffing](#)
[Anti-supplementation](#)
[Medicare Part D](#)
[Transfer and Discharge](#)
[Eligibility](#)
[Adherence](#)
[Compliance Program](#)
[Compliance Code of Conduct](#)
[Conflicts of Interest](#)
[Auditing and Monitoring Handbook](#)
[Physician Certification](#)

CMS defines “fraud” as the intentional deception or misrepresentation that an individual knows to be false (or does not believe to be true) and makes, knowing that the deception could result in an unauthorized benefit to himself or another person. CMS defines “abuse” as incidents or practices of providers that are inconsistent with sound medical practice and may result in unnecessary costs, improper payment, or the payment for services that either fail to meet professionally recognized standards of care or are medically unnecessary. The Federal Government and the State of Illinois have enacted laws to combat fraud and abuse. These laws, and their penalties, are described below.

Federal False Claims Laws:

The Federal False Claims Act (31 U.S.C. Sections 3729 - 3733) as modified by the Fraud Enforcement and Recovery Act of 2009:

Prohibited Conduct. The Federal False Claims Act serves to combat fraud perpetrated against the Federal Government, including Medicare and Medicaid fraud. Actions that violate the False Claims Act include knowingly:

- 1) Presenting or causing to be presented a false or fraudulent claim for payment or approval;
- 2) Making, using, or causing to be made or used, a false record or statement material to a false or fraudulent claim;
- 3) conspiring to get a false claim allowed or paid; or
- 4) Making, using, or causing to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the Government, or concealing or improperly avoiding or decreasing an obligation to pay or transmit money or property to the Government.

In addition, under the Affordable Care Act, the Federal False Claims Act is implicated by the knowing failure to report and return an overpayment within 60 days of identifying the overpayment or by the date a corresponding cost report is due, whichever is later.

While the Federal False Claims Act imposes liability only when the claimant acts “knowingly,” it does not require the person submitting the claim to have actual knowledge that the claim is false. A person who acts in reckless disregard or deliberate ignorance of the truth or falsity of the information can also be found liable under the Federal False Claims Act.

Examples of false claims. The Federal False Claims Act imposes liability on any person who submits a claim that he or she knows (or should know) is false. Examples of false claims include:

- Billing for goods and services that were never delivered or rendered, or for medical procedures or tests not performed
- Performing inappropriate or unnecessary medical procedures in order to increase reimbursement
- Automatically running a lab test whenever the results of some other test fall within a certain range, even though the second test was not requested
- Unbundling (using multiple billing codes instead of one billing code for a drug panel test in order to increase reimbursement)
- Bundling (billing more for a panel of tests when a single test was requested)
- Double billing (charging more than once for the same good or service)
- Upcoding (inflating bills by using diagnosis billing codes that suggest a more expensive illness or treatment)
- Billing for brand named drugs when generic drugs were actually provided
- Charging for employees who were not actually on the job, or billing for made-up hours in order to maximize reimbursement
- Billing at doctor rates for work that was conducted by a nurse or resident intern
- Failing to report an overpayment made by the government
- Submitting claims for services or items that violate the Anti-Kickback Statute
- Forging physician signatures when such signatures are required for reimbursement
- Billing for medical care that is considered so inadequate that it is worthless

Penalties. The Federal False Claims Act imposes a civil penalty of no less than \$5,500 and no more than \$11,000 per claim, plus three times the amount of damages the Government sustains because of the false claim, plus the cost of the civil action brought to recover any such penalty or damages.

Qui tam actions under the Federal False Claims Act. The Federal False Claims Act allows private parties to bring actions on behalf of the United States to sue entities that engaged in fraud. These private parties, known as "qui tam relators," may share in a percentage of the proceeds from a Federal False Claims Act action or settlement. With some exceptions, when the Government intervenes in the lawsuit, the qui tam relator shall receive at least 15% but no more than 25% of the proceeds of the action depending on the extent to which the relator substantially contributed to the prosecution of the action. When the Government does not intervene, the relator shall receive an amount that the court decides is reasonable, which shall not be less than 25% or more than 30% of the proceeds.

The Program Fraud Civil Remedies Act (Chapter 38 of Title 31 U.S.C.)

The Program Fraud Civil Remedies Act imposes administrative remedies for false claims and statements. This Act imposes liability on any person who makes or causes to be made a claim the person knows or has reason to know: 1) is false, fictitious, or fraudulent; 2) includes or is supported by any written statement which asserts a material fact which is false, fictitious, or fraudulent; 3) includes or is supported by any written statement that omits a material fact; is false, fictitious or fraudulent as a result of such omission; and the person making the statement has a duty to include such material fact; or 4) is for payment for the provision of property or services the person has not provided or claimed.

Liability is also imposed under this Act when a person makes or causes to be made a written statement that they know or should know: 1) asserts a material fact which is false, fictitious, or fraudulent; or 2) omits a material fact they had a duty to include; is false, fictitious or fraudulent as a result of the omission; and the statement contained a certificate of authority.

Violations of the Program Fraud Civil Remedies Act are subject to civil penalties of at least \$5,000 per each false claim plus twice the amount of the fraudulent claim.

Additional Federal Penalties

Certain violations of the Federal False Claims Act and the Program Fraud Civil Remedies Act may subject an individual to additional criminal penalties for conspiracy under 18 U.S.C. Section 371. This statute makes it a criminal offense for two or more persons to conspire to commit an offense against the United States or to defraud the United States or a United States agency.

Illinois False Claim Laws:

Prohibited conduct under the Illinois False Claims Act. The Illinois False Claims Act (740 ILCS 175/1 – 175/8) is similar to the Federal False Claims Act, in that it prohibits and punishes the same conduct regarding submission of false claims. The Illinois False Claims Act also imposes a civil penalty of no less than \$5,500 and no more than \$11,000, plus three times the amount of damages the State sustains because of the false claim, plus the State's costs of the civil action brought to recover any such penalty or damages.

Qui tam actions under the Illinois False Claims Act. Under the Illinois False Claims Act, private parties may bring actions for false claims violations on behalf of the State of Illinois. Just like under the Federal False Claims Act, with some exceptions, a qui tam relator will receive between 15% and 25% of the proceeds if the State intervenes in the lawsuit, and between 25% and 30% of the proceeds if the State does not intervene.

Penalties under other Illinois laws. In addition, the Illinois Public Assistance Fraud Act (305 ILCS 5/8A-1 et seq.) makes it a Class A misdemeanor to make false statements relating to health care delivery, and requires the repayment of any excess payments, plus interest and other penalties. The Illinois Insurance Claims Fraud Prevention Act (740 ILCS 92/1 et seq.) prohibits offering remuneration to induce a person to obtain services or benefits under a contract of insurance. A private individual may bring an action to enforce this provision; and, if successful, will receive up to 50% of the amount recovered from the perpetrator. Finally, the Illinois Criminal Code (720 ILCS 5/46-1 et seq.) makes insurance fraud a criminal act, making parties that commit insurance fraud liable for up to three times the amount of the fraudulent claim.

Qui tam Protections

Both the Federal and Illinois False Claims Acts contain protections for qui tam relators. Under both laws, if a relator is discharged, demoted, suspended, threatened, harassed, or in any other way discriminated against in the terms and conditions of employment for his or her participation in a False Claims Act action, the relator will be entitled to all relief necessary to make him or her whole, including: reinstatement with the same seniority status the relator would have had but for the discrimination; double the amount of back pay plus interest; and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees. In addition, under the Illinois Whistleblower Act, an employee who experiences retaliation after disclosing information in a court or other proceeding or to a government or law enforcement agency is entitled to reinstatement, back pay with interest, and damages such as litigation costs, expert witness fees, and reasonable attorneys' fees.

Champaign County Nursing Home's False Claims Procedures:

Reporting false claims. Any employee, contractor or agent who reasonably suspects or has knowledge of the preparation or submission of a false claim or of any other fraud, waste or abuse related to a Federal or State health care program must immediately report this information to Champaign County Nursing Home's Compliance Officer and/or to his or her supervisor.

An employee is not required to report a possible false claim to Champaign County Nursing Home first. A report may be made directly to others, including the Office of the Inspector General of the Department of Health and Human Services, the Medicare intermediary or carrier that has jurisdiction over the suspected fraudulent provider or supplier, the Department of Justice, the Illinois Attorney General or the Illinois Department of State Police. However, Champaign County

Nursing Home believes that, in many cases, its internal reporting process allows Champaign County Nursing Home to resolve a potential issue as soon as possible. Champaign County Nursing Home encourages employees to consider first reporting suspected false claims to Champaign County Nursing Home Compliance Officer, employee's supervisor or to the Administrator; however the choice is up to the employee.

Failure to report knowledge of suspected fraud, waste or abuse may result in disciplinary action up to and including termination. Reports may be made anonymously. All reports will be kept confidential to the fullest extent reasonably possible, and Champaign County Nursing Home will make every effort to keep the reporter's identity confidential from both fellow employees and outside parties. However, Champaign County Nursing Home retains the right to take appropriate action against an individual who has participated in a violation of the law or Champaign County Nursing Home policy or maliciously makes a false report. Employees who ask a compliance question or report potential compliance issues will not be subject to retaliation or harassment as a result of the report. Concerns about potential retaliation or harassment should be reported to the Compliance Officer or the Administrator. Champaign County Nursing Home welcomes reports of false claims or other fraud, waste or abuse, and views these reports as essential to improving Champaign County Nursing Home's operations. Harassment and retaliation in response to reporting will therefore not be tolerated.

Investigations. All reports of suspected fraud, waste, or abuse will be promptly investigated by Champaign County Nursing Home. All pertinent employees, contractors, and/or agents are required to assist in such investigations. Failure to assist in an investigation may result in disciplinary action up to and including termination.

Distribution of this Policy: This Policy for Compliance with Applicable Federal and State False Claims Laws will be provided to all existing Champaign County Nursing Home employees and Directors (including officers and other management) as of [insert the date that this policy is implemented and distributed] 1; will be given to all employees hired after implementation; and will be distributed to all Champaign County Nursing Home contractors and agents for their adoption. "Contractors and agents" means Champaign County Nursing Home's contractors, subcontractors and agents who furnish or authorize furnishing of Medicaid items or services; perform billing or coding functions; or are involved in the monitoring of health care provided by Champaign County Nursing Home. "Contractors and agents" do not include individuals, businesses or organizations that perform functions not associated with the provision of Medicaid items or services, such as copying or shredding services, grounds maintenance, or cafeteria or gift shop services. All employees, contractors and agents will sign an Acknowledgment documenting their receipt of this Policy.

Employee Handbooks. All Champaign County Nursing Home employee handbooks shall include the following:

- A specific discussion of the Federal False Claims Act, the Federal Program Fraud Civil Remedies Act, and the Illinois False Claims Act;
- The rights of employees to be protected as reporters and qui tam relators; and
- Champaign County Nursing Home's policies and procedures for detecting and preventing fraud, waste, and abuse in Federal health care programs.

Acknowledgment

Employees are required to sign written acknowledgement that employees received, read, understood and agreed to comply with Champaign County Nursing Home's social media policy and guidelines and any other related policy, including electronic policies, on and off duty conduct, discrimination and harassment, ethical conduct, non-competition and whistleblowing.

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Action Plan Update

Issue 1

Current Open Positions

The table below summarizes the current open positions. The format has changed to include the actual number of open positions by full time equivalents (FTEs).

Number of Open Positions		
	4/1/2016	5/1/2016
Reception/BO Assistant		
Director of Nursing	1	1
Unit Manager for Dementia	-	
Unit Manager for Rehabilitation (RN)	-	
Unit 2 Manager	1	
RN Shift Supervisor	1	1
Care Plan Coordinator (RN preferred)	1	1
CNA Team Leader - Long Term Care	6	6
CNA Team Leader - Rehabilitative	2	1
CNA Team Leader - Dementia	1	1
Restorative CNA	1	1
Restorative Nurse	1	1
CNA (1 FT, 1 PT)	0.1	-
Activities Assistant		1
Cook/Assist Cook		
Food Service Worker PRN	1	2
Transporation Assistant		
Laundry Worker		
Housekeeper	1	1
Maintenance Manager	-	
Total	17.1	17.0

No Director of Nursing applications have been received. In addition to local and internet advertising, health care recruiting firms are also being used to assist with the search. The interim Director of Nursing, Caroline Podvin has been in place since March 14th and will be in place until a new manager is hired. The unit 2 manager position has been filled as of April 13th. All of our unit manager positions have been filled.

The PRN food service position is slowing moving ahead. Three individuals initially applied with one currently employed. We are attempting to create a pool of dietary staff that will be available as needed with no guaranteed minimum number of hours per pay period. The goal is to have these individuals available to cover call-in's and scheduled time off.

Issue 1

HR Dashboard 2016

Retention Rate	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Benchmark
All	55.5%	56.1%	58.3%										73.1%
All Nursing	50.0%	52.4%	51.9%										67.8%
CNAs	46.7%	48.9%	46.4%										67.5%
Turnover Rate (12 month rolling average)	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Benchmark
All	68.2%	67.4%	64.0%										45.2%
All Nursing	74.2%	75.4%	70.7%										51.4%
CNAs	71.1%	76.1%	64.9%										52.4%
Benchmark - American Healthcare Association Quality Report 2013													
Separation Statistics (12 month rolling average)	Total	< 6 mos	6-11 mos	12 or less	1 year	2 years	3 years	4+ years					
January 15 to January 16	All	161	74	28	102	22	11	5	21				
	CNAs	64	34	14	48	7	5	1	3				
	Dietary	33	21	5	26	5	1	0	1				
February 15 to February 16	All	159	74	32	106	19	11	5	18				
	CNAs	67	35	17	52	6	5	1	3				
	Dietary	28	20	5	25	3	0	0	0				
March 15 to March 16	All	155	75	29	104	18	10	6	17				
	CNAs	63	32	16	48	7	5	1	2				
	Dietary	27	20	4	24	3	0	0	0				
April 15 to April 16	All												
	CNAs												
	Dietary												
May 15 to May 16	All												
	CNAs												
	Dietary												
Jun 15 to Jun 16	All												
	CNAs												
	Dietary												
Jul 15 to Jul 16	All												
	CNAs												
	Dietary												
Aug 15 to Aug 16	All												
	CNAs												
	Dietary												
Sep 15 to Sep 16	All												
	CNAs												
	Dietary												
Oct 15 to Oct 16	All												
	CNAs												
	Dietary												
Nov 15 to Nov 16	All												
	CNAs												
	Dietary												
Dec 15 to Dec 16	All												
	CNAs												
	Dietary												

Issue 1
HR Dashboard 2016 (Continued)

Open Positions by Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Target FTEs
CNAs Hired (FTEs)	71.7	74.3	84.1	88.7									84.2
CNAs Open Positions (FTEs)	12.5	9.9	0.1	-4.5									
Dietary Hired (FTES)	20.5	21.0	21.0	21.8									19.65
Dietary Open Positions (FTES)	0	-1.4	-1.4	-2.2									
Applications/Hires/Separations	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
CNAs													
Applications	29	28	21										
Hires	10	7	13										
Separations	2	7	3										
Dietary													
Applications	25	16	21										
Hires	4	0	1										
Separations	1	1	2										

Issue 1

CNA Staffing

For the first time ever, there are no CNA vacancies. The number of CNAs (not FTEs) has increased from 88 in February to 97 in March. CNA FTEs increased from 84.1 to 88.7 due to changes in the mix of FT and PT CNAs.

The following are some of the actions that have taken place to address the issue:

- In 2015 successfully improved efficiency of processing new applications and scheduling of all steps in the process including background checks, reference checks, personality testing, physicals and physical functioning testing, pre-employment drug testing, manager interviews and peer interviews.
- In 2015 eliminated delays in scheduling physicals and functional testing by Carle Occupational Medicine. Added additional providers including SafeWorks and Carle Occupational Medicine in Danville.
- Peer interviews were restarted in late March.
- CNA preceptor program was restarted in late March.
- Human Resources Director regularly reaching out to the employees during their orientation period.
- Unit Managers and Preceptors are completing regular meetings with new hires during their orientation period to provide feedback and to set future orientation goals.
- Unit Managers and nursing management are evaluating all orientees before at the end of orientation to confirm completion.

Retention rate is calculated by the number of employed CNAs divided by the total number of CNAs at the end of the month. The retention rates exhibited a declining trend that goes back to September 2015. The update with March data below continues this trend. The number of CNAs employed one year or more increased from 43 to 45 but the total number of CNAs grew at a higher rate from 88 to 97 between February and March, thus causing the falling retention rate. If the number of CNAs stabilizes, the calculation will be more indicative of trends in the retention rate.

Monthly CNA Retention

	Oct	Nov	Dec	Jan 16	Feb	Mar
Employed <1 Year	33	32	28	48	45	52
Employed for 1 Year or More	44	42	42	42	43	45
Total # of CNAs	78	74	81	90	88	97
Retention Rate	57.1%	56.8%	51.9%	46.7%	48.9%	46.4%

- Turnover is down in March. This is a factor of a decrease in the total number of separations in the past 12 months plus an increase in the number of CNAs in March.

Monthly CNA Turnover

	Oct	Nov	Dec	Jan 16	Feb	Mar
Rolling 12 month separations	61	64	63	64	67	63
Total # of CNAs	78	74	81	90	88	97
Turnover Rate	79.2%	86.5%	77.8%	71.1%	76.1%	64.9%

Dietary Staffing

- Dietary staffing is at 21.8, which is over the target of 19.65.

**Champaign County Nursing Home
Strategic Objective Metrics – Issue 1
Updated May 2016**

<i>Annual Turnover Rate</i>	
Annual turnover rate – Data from American Healthcare Association Quality Report 2013 <ul style="list-style-type: none"> • 45.0% 2011 • 37.0% 2010 • 42.0% 2009 • 45.1% 2008 	FY2015 – 64.0% (March 2016) FY2014 – 52.0% FY2013 – 63% FY2012 – 52% FY2011 – 68% FY2010 – 53%

Issue 2 Supervision Improvement

CMS Direct Care Staffing Levels (CMS data file update – April 27, 2016)

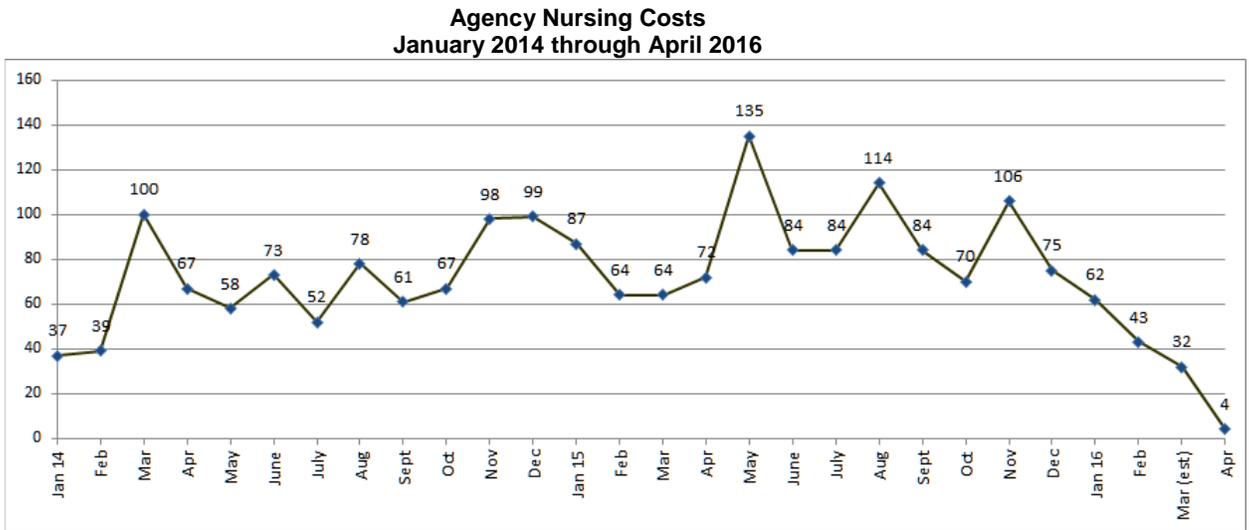
The April update reflects a change to one facility – Heartland of Paxton. Their reported CNA hours increased from 1.61 to 1.98. Total licensed hours (RNs and LPNs) increased from 1.78 to 2.05. Reported LPN hours increased from 0.89 to 0.93. Reported RN hours increased from 0.88 to 1.22.

Their adjusted hours per resident day increased from 3.47 to 3.93. CNA adjusted hours decreased from 1.95 to 1.91. LPN adjusted hours increased from 1.06 to 1.21. Adjusted RN hours increased from 0.56 to 0.88.

		This first group of values include values derived from those reported by the nursing home on the CMS 671 and 672 reporting forms.					This second group of values presents CMS's calculation of expected staffing time based on the RUGS 53 staff time values for residents in the nursing home at the time of the survey.					This third group of values represents the adjusted time, which is calculated by this formula: Hours Adjusted = (Hours Reported/Hours Expected)* Hours National Average				
		Reported Hours Per Resident Per Day					Expected Hours Per Resident Per Day					Adjusted Hours Per Resident Per Day				
Provider Name	CITY	Aides	LPNs	RNs	Total Licensed	Total Nursing	exp_aide	exp_LPN	exp_RN	exp_nurse	exp_all	adj_aide	adj_LPN	adj_RN	adj_nurse	adj_total
CHAMPAIGN COUNTY NURSING HOME	URBANA	2.40	0.64	0.75	1.39	3.80	2.40	0.57	0.87	1.44	3.85	2.45	0.93	0.65	1.58	3.98
CHAMPAIGN URBANA NRSG & REHAB	SAVOY	1.61	1.02	0.66	1.68	3.29	2.46	0.64	1.02	1.66	4.12	1.60	1.35	0.48	1.83	3.22
HELIA HEALTHCARE OF CHAMPAIGN	CHAMPAIGN	1.61	0.52	0.77	1.29	2.90	2.56	0.57	0.89	1.46	3.71	1.76	0.76	0.65	1.41	3.15
HEARTLAND OF PAXTON	PAXTON	1.98	0.93	1.12	2.05	4.03	2.54	0.64	0.95	1.59	4.13	1.91	1.21	0.88	2.09	3.93
HEARTLAND OF CHAMPAIGN	CHAMPAIGN	2.47	0.71	0.69	1.41	3.88	2.53	0.71	1.22	1.93	4.46	2.39	0.84	0.42	1.15	3.50
ILLINI HERITAGE REHAB & HC	CHAMPAIGN	1.87	0.70	0.46	1.15	3.02	2.31	0.59	0.84	1.43	3.73	2.00	0.98	0.41	1.28	3.27
COUNTRY HEALTH	GIFFORD	2.06	0.78	0.72	1.49	3.55	2.45	0.59	0.96	1.55	4.00	2.06	1.10	0.55	1.65	3.57
Area Average		2.00	0.76	0.74	1.49	3.50	2.46	0.62	0.96	1.58	4.00	2.02	1.02	0.58	1.57	3.52
Illinois State Average		2.27	0.61	0.95	1.56	3.83	2.43	0.64	1.05	1.69	4.12	2.28	0.80	0.65	1.45	3.72
Staffing Data through March 2016																
HEARTLAND OF PAXTON	PAXTON	1.98	0.89	0.88	1.78	3.75	2.49	0.70	1.17	1.87	4.36	1.95	1.06	0.56	1.50	3.47

Agency Usage Trends - Expenses

Agency costs in April were an all-time low of \$4,136.



**Champaign County Nursing Home
Strategic Objective Metrics – Issue 2
Updated May 2016**

Nursing Management	Status
<i>Fill Director of Nursing Position in 2015</i>	Opened 3/11/2016.
<i>Nurse Education</i>	
Carle Clinic Emergency Department Collaborative Training for nurses and CNAs. The goal is to train 90% of nurses and CNAs.	Added to orientation going forward *Plan to use this in orientation but replace with Skills proficiency days by Summer 15
IV training through pharmacy. The goal is 90% of nurses trained by end of 2015.	Current IV training: 57% Next class - TBA
Trach education. 90% of all nurses will be trained by the end of 2015.	April to current – 42% PEL/VIP updating competencies with all licensed nurses to complete training requirements for licensed staff. The last class was held in Feb. The next in- service is scheduled for May.
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. Other related ongoing training: <ul style="list-style-type: none"> • Documentation training by IPMG in January. Additional training TBD. Informal training by interim DON on an ongoing basis • IV training - Feb • CPR training - Jan • Infection control - April • Dental in-services - March and scheduled for May
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. Next training on Seizures – not scheduled. NP has been rescheduling due to conflicts. Carle has agreed to partner with us on training and utilization of their speakers bureau. Current efforts on assessment training for nurses.

Issue 3
Quality of Care

Champaign County Area Homes – CMS Nursing Home Compare Summary

The Nursing Home Compare data was updated on April 27, 2016. The chart on the next page summarizes the current CMS five-star ratings for the eight nursing homes in the Champaign County area. Homes with updates are summarized below.

Champaign County Nursing Home

The quality measure rating decreased from 5 stars to 4 stars. Overall rating remains at 2 stars.

Champaign Urbana Nursing & Rehab

The quality measure rating increased from 2 stars to 4 stars. Overall rating unchanged at 1 star.

Heartland of Champaign

The quality measure rating dropped from 5 stars to 4 stars. The overall rating decreased from 2 stars to 1 star.

Country Health

The quality measure rating decreased from 3 stars to 2 stars. No change in the overall rating of 4 stars.

Clark Lindsey Village

The quality measure rating dropped from 5 stars to 4 stars. Non change in the overall rating of 5 stars.

Issue 3 - Champaign County Area Homes – CMS Nursing Home Compare Summary – CMS Data Updated April 27, 2016

NURSING HOME GENERAL INFORMATION	CHAMPAIGN COUNTY NURSING HOME	CHAMPAIGN URBANA NRSG & REHAB	HELIA HEALTHCARE OF CHAMPAIGN	HEARTLAND OF PAXTON	HEARTLAND OF CHAMPAIGN	COUNTRY HEALTH	ILLINI HERITAGE REHAB & HC	CLARK-LINDSEY VILLAGE
	500 SOUTH ART BARTELL DRIVE URBANA, IL 61802 (217) 384-3784 Distance : 1.0 miles	302 WEST BURWASH SAVOY, IL 61874 (217) 402-9700 Distance : 4.9 miles	1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821 (217) 352-0516 Distance : 3.9 miles	1001 EAST PELLIS STREET PAXTON, IL 60957 (217) 379-4361 Distance : 31.9 miles	309 EAST SPRINGFIELD CHAMPAIGN, IL 61820 (217) 352-5135 Distance : 1.0 miles	RURAL ROUTE 1 BOX 14 GIFFORD, IL 61847 (217) 568-7362 Distance : 21.8 miles	1315B CURT DRIVE CHAMPAIGN, IL 61820 (217) 352-5707 Distance : 4.2 miles	101 WEST WINDSOR ROAD URBANA, IL 61801 (217) 344-2144 Distance : 2.1 miles
		10/22/15 Update			10/22/15 Update	10/22/15 Update	10/22/15 Update	10/22/15 Update
Overall Rating	Rating: 2 out of 5 Below Average	Rating: 1 out of 5 Much Below Average	Rating: 2 out of 5 Below Average	Rating: 2 out of 5 Below Average	Rating: 1 out of 5 Much Below Average	Rating: 4 out of 5 Above Average	Rating: 4 out of 5 Above Average	Rating: 5 out of 5 Much Above Average
Health Inspection	Rating: 1 out of 5 Much Below Average	Rating: 1 out of 5 Much Below Average	Rating: 1 out of 5 Much Below Average	Rating: 1 out of 5 Much Below Average	Rating: 1 out of 5 Much Below Average	Rating: 4 out of 5 Above Average	Rating: 4 out of 5 Above Average	Rating: 5 out of 5 Much Above Average
Staffing	Rating: 4 out of 5 Above Average	Rating: 2 out of 5 Below Average	Rating: 2 out of 5 Below Average	Rating: 4 out of 5 Above Average	Rating: 3 out of 5 Average	Rating: 3 out of 5 Average	Rating: 2 out of 5 Below Average	Rating: 5 out of 5 Much Above Average
Quality Measures	Rating: 4 out of 5 Above Average	Rating: 4 out of 5 Above Average	Rating: 5 out of 5 Much Above Average	Rating: 2 out of 5 Below Average	Rating: 4 out of 5 Above Average	Rating: 2 out of 5 Below Average	Rating: 2 out of 5 Below Average	Rating: 4 out of 5 Above Average
Number of Certified Beds	243	213	118	106	102	89	60	25
Participation: (Medicare/Medicaid)	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare
Automatic Sprinkler Systems: in All Required Areas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Retirement Community (CCRC)	No	No	No	No	No	No	No	Yes
Within a Hospital	No	No	No	No	No	No	No	No
With a Resident and Family Council	BOTH	RESIDENT	RESIDENT	NONE	RESIDENT	RESIDENT	RESIDENT	RESIDENT
Ownership	Government - County	For profit - Partnership	For profit - Corporation	For profit - Individual	For profit - Corporation	Non profit - Other	For profit - Corporation	Non profit - Corporation

Issue 3
Quality of Care (Continued)

The February 2016 Pinnacle Satisfaction Survey are included with the management report. Please note that the report is based on seven interviews.

Monthly Pinnacle Scores

The table below summarizes the changes between February and March. Please note that only two interviews were completed in March and review of changes between February and March is of little value due to the very small sample size.

**Monthly Pinnacle Scores
February and March 2016**

	Feb	Mar	Change	% Change	National Avg	Diff From National Avg.	% Diff From National Avg.
Overall Satisfaction	4.29	3.50	(0.79)	(18.4%)	4.16	(0.66)	(15.9%)
Nursing Care	4.67	3.00	(1.67)	(35.8%)	4.33	(1.33)	(30.7%)
Dining Service	4.00	3.50	(0.50)	(12.5%)	4.19	(0.69)	(16.5%)
Quality of Food	3.50	3.25	(0.25)	(7.1%)	3.67	(0.42)	(11.4%)
Cleanliness	4.25	4.25	0.00	0.0%	4.42	(0.17)	(3.8%)
Individual Needs	4.33	3.00	(1.33)	(30.7%)	4.31	(1.31)	(30.4%)
Laundry Service	4.25		(4.25)	(100.0%)	4.15	(4.15)	(100.0%)
Communication	4.33	3.50	(0.83)	(19.2%)	4.32	(0.82)	(19.0%)
Response to Problems	4.33	3.75	(0.58)	(13.4%)	4.31	(0.56)	(13.0%)
Dignity and Respect	4.83	5.00	0.17	3.5%	4.61	0.39	8.5%
Recommend to Others	4.50	4.00	(0.50)	(11.1%)	4.33	(0.33)	(7.6%)
Activities	4.50	4.00	(0.50)	(11.1%)	4.37	(0.37)	(8.5%)
Professional Therapy	4.33	4.50	0.17	3.9%	4.51	(0.01)	(0.2%)
Admission Process	4.60	4.50	(0.10)	(2.2%)	4.54	(0.04)	(0.9%)
Safety and Security	4.67	4.25	(0.42)	(9.0%)	4.51	(0.26)	(5.8%)
Combined Average	4.39	3.85	(0.54)	(12.3%)	4.32	(0.47)	(10.9%)

Issue 3 Quality of Care (Continued)

Quarterly Pinnacle Scores

The accompanying charts summarize the Pinnacle scores using a rolling four-quarter history for the period April 2015 through March 2016. Last month, the national averages were included for comparison. This month, the change in scores and variation from the national averages for the most recent quarter has been added.

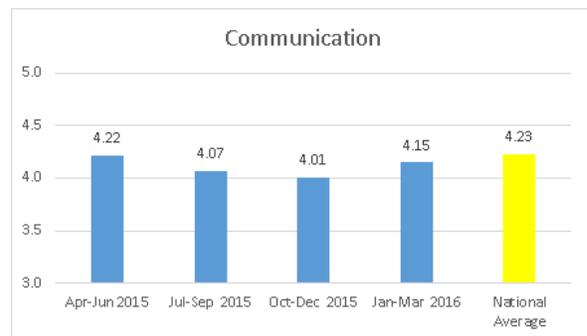
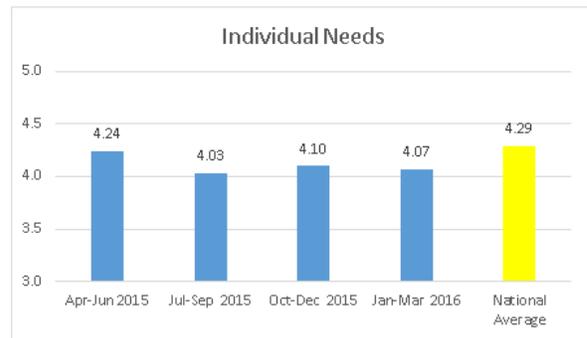
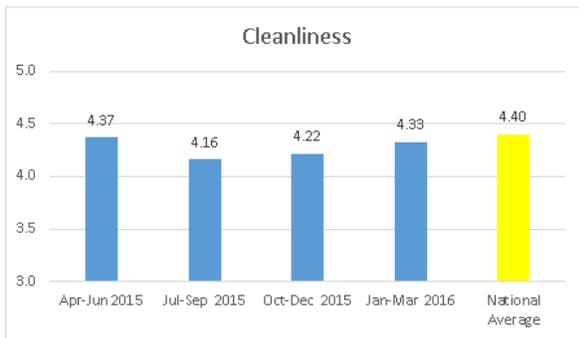
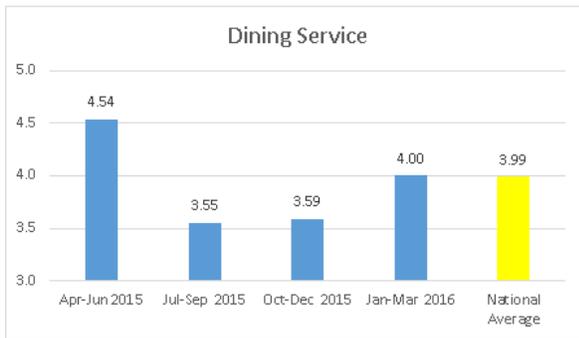
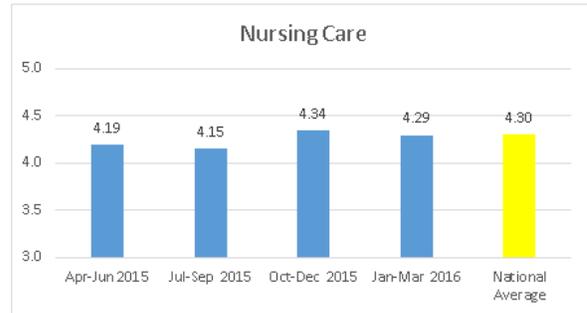
Six of the scores from the most recent quarter (Jan 2016 through March 2016) are above the national average. These include dining service, laundry service, dignity and respect professional therapy, admission process and safety & security. Response to problems, recommend to others, and activities are more than 2.5% below the national average.

The changes over the previous four quarters indicate positive trending. Fourteen of the sixteen scores show a positive quarterly trend including the above noted dining service, response to problems and activities, whose most recent quarterly scores are below the national average. Double digit percentage increases are seen with laundry service, quality of food, admission process, and nursing care.

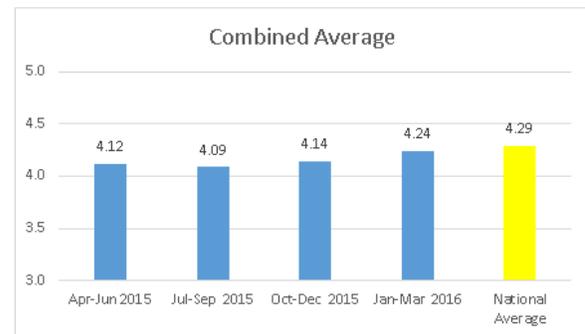
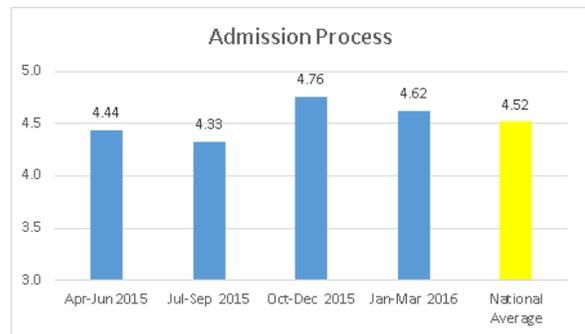
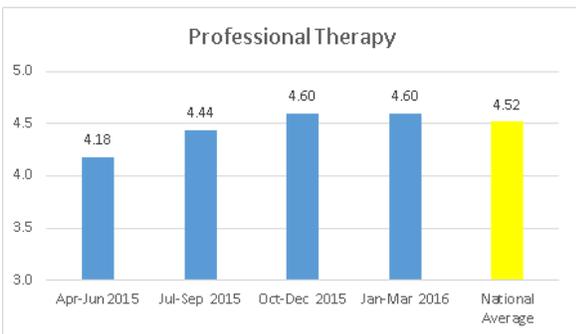
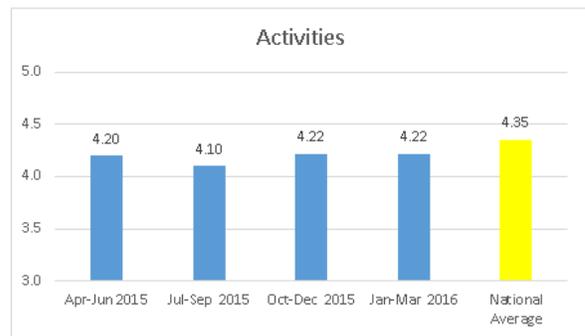
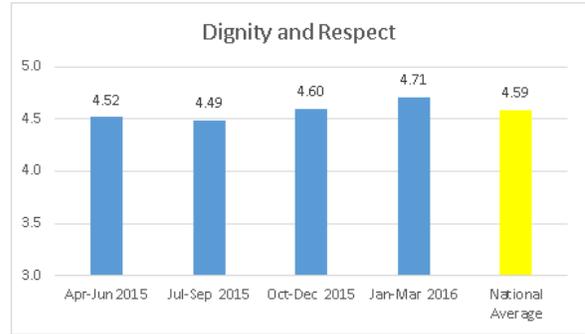
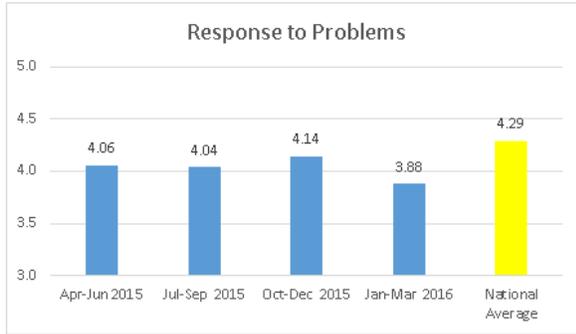
	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Change	%Change	National Average	Diff From National Avg.	% Diff From National Avg.
Overall Satisfaction	3.97	4.08	3.96	4.06	0.09	2.3%	4.13	(0.07)	(1.7%)
Nursing Care	4.19	4.15	4.34	4.29	0.10	2.4%	4.30	(0.01)	(0.2%)
Dining Service	4.54	3.55	3.59	4.00	(0.54)	(11.9%)	3.99	0.01	0.3%
Quality of Food	3.43	3.54	3.45	3.45	0.02	0.6%	3.64	(0.19)	(5.2%)
Cleanliness	4.37	4.16	4.22	4.33	(0.04)	(0.9%)	4.40	(0.07)	(1.6%)
Individual Needs	4.24	4.03	4.10	4.07	(0.17)	(4.0%)	4.29	(0.22)	(5.1%)
Laundry Service	3.50	3.51	3.74	4.25	0.75	21.4%	4.16	0.09	2.2%
Communication	4.22	4.07	4.01	4.15	(0.07)	(1.7%)	4.23	(0.08)	(1.9%)
Response to Problems	4.06	4.04	4.14	3.88	(0.18)	(4.4%)	4.29	(0.41)	(9.6%)
Dignity and Respect	4.52	4.49	4.60	4.71	0.19	4.2%	4.59	0.12	2.6%
Recommend to Others	4.24	4.29	4.24	4.20	(0.04)	(0.9%)	4.31	(0.11)	(2.6%)
Activities	4.20	4.10	4.22	4.22	0.02	0.5%	4.35	(0.13)	(3.0%)
Professional Therapy	4.18	4.44	4.60	4.60	0.42	10.0%	4.52	0.08	1.8%
Admission Process	4.44	4.33	4.76	4.62	0.18	4.1%	4.52	0.10	2.2%
Safety and Security	4.64	4.46	4.38	4.61	(0.03)	(0.6%)	4.50	0.11	2.4%
Combined Average	4.12	4.09	4.14	4.24	0.12	2.9%	4.29	(0.05)	(1.2%)

Laundry services has shown significant improvement from 3.5 in Apr-Jun 2015 to 4.25 in Jan-Mar 2016, an increase of 0.75 points and a 21 percent increase. As stated above, the most recent quarter score exceeded the national average. There was no score recorded in March, but the scores were 4.11 in December, 4.20 in January and 4.33 in February. Personal laundry with the primary issue and the major complaints were in two areas – lost personnel clothing and exceeding long turnaround times. A number of different actions were taken to address the issue. But it finally took addressing an unrelated laundry issue to address the problem. In preparation for the dryer lint remediation project, administration replaced tablecloths with table covers which eliminated the laundering of tablecloths. In addition to reducing laundry replacement costs due to stained tablecloths, the additional time available was used for personal laundry.

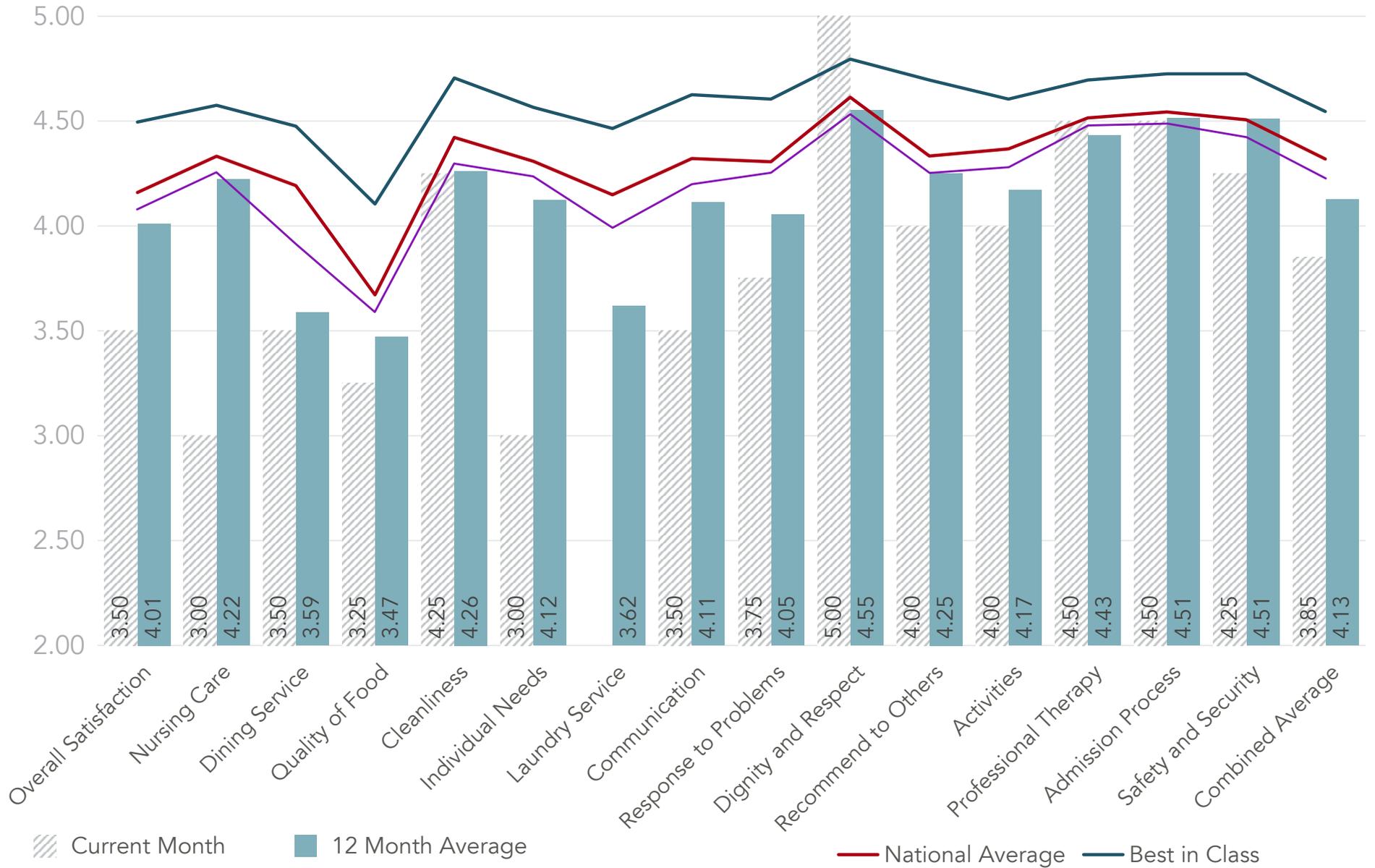
Pinnacle Survey – Quarterly Scores April 2015 through March 2016



Pinnacle Survey – Quarterly Scores April 2015 through March 2016



— Illinois State Comparison





DASHBOARD - CHAMPAIGN COUNTY NURSING HOME

The following report displays the average score for the last month, last 3 months, and last 12 months. The variance shows the difference from the National Average. The National Average, Best in Class Level and Company Average (if applicable) are listed for comparative purposes. Quarterly averages are rolling quarters. The arrows indicate if the recent quarter is above or below the average of the previous three quarters. The report also shows the percentages of positive responses (4s and 5s) and negative responses (1s and 2s).

	AVERAGES				BENCHMARKS			QUARTERLY AVERAGES				RESPONSE PERCENTAGES					
	Mar 16	Last 3 Months	Last 12 Months AVG	Variance	National AVG	Best in Class	Corp. AVG	Jan-Mar	Oct-Dec	Jul-Sep	Apr-Jun	Top 2 Satisfied			Bottom 2 Dissatisfied		
												Month	QTR	Year	Month	QTR	Year
Overall Satisfaction	3.50	4.06	4.01	-0.15	4.16	4.50	-	↑ 4.06	3.96	4.08	3.97	50%	75%	79%	0%	0%	5%
Nursing Care	3.00	4.29	4.22	-0.11	4.33	4.58	-	↑ 4.29	4.34	4.15	4.19	0%	86%	86%	0%	0%	2%
Dining Service	3.50	4.00	3.59	-0.60	4.19	4.48	-	↑ 4.00	3.59	3.55	3.54	50%	75%	53%	0%	0%	14%
Quality of Food	3.25	3.45	3.47	-0.20	3.67	4.11	-	↓ 3.45	3.45	3.54	3.43	0%	40%	42%	0%	10%	15%
Cleanliness	4.25	4.33	4.26	-0.16	4.42	4.71	-	↑ 4.33	4.22	4.16	4.37	100%	80%	81%	0%	0%	2%
Individual Needs	3.00	4.07	4.12	-0.19	4.31	4.57	-	↓ 4.07	4.10	4.03	4.24	0%	71%	77%	0%	0%	4%
Laundry Service		4.25	3.62	-0.53	4.15	4.47	-	↑ 4.25	3.74	3.51	3.50	0%	100%	63%	0%	0%	16%
Communication	3.50	4.15	4.11	-0.21	4.32	4.63	-	↑ 4.15	4.01	4.07	4.22	50%	85%	75%	0%	0%	5%
Response to Problems	3.75	3.88	4.05	-0.25	4.31	4.61	-	↓ 3.88	4.14	4.04	4.06	50%	62%	76%	0%	8%	8%
Dignity and Respect	5.00	4.71	4.55	-0.06	4.61	4.80	-	↑ 4.71	4.60	4.49	4.52	100%	100%	91%	0%	0%	3%
Recommend to Others	4.00	4.20	4.25	-0.08	4.33	4.70	-	↓ 4.20	4.24	4.29	4.24	100%	87%	83%	0%	0%	5%
Activities	4.00	4.22	4.17	-0.20	4.37	4.61	-	↑ 4.22	4.22	4.10	4.20	100%	100%	84%	0%	0%	8%
Professional Therapy	4.50	4.60	4.43	-0.08	4.51	4.70	-	↑ 4.60	4.60	4.44	4.18	100%	90%	89%	0%	0%	2%
Admission Process	4.50	4.62	4.51	-0.03	4.54	4.73	-	↑ 4.62	4.76	4.33	4.44	100%	100%	94%	0%	0%	1%
Safety and Security	4.25	4.61	4.51	0.01	4.51	4.73	-	↑ 4.61	4.38	4.46	4.64	100%	100%	94%	0%	0%	2%
Combined Average	3.85	4.24	4.13	-0.19	4.32	4.55	-	↑ 4.24	4.14	4.09	4.12	63%	83%	78%	0%	1%	6%

Total Respondents: March: 2 Last 3 Months: 16 last 12 months: 144

KEY DRIVERS & IMPROVEMENT BENCHMARKS

The following Key Drivers are the areas that directly impact your Recommend to Others score. The drivers are listed in order of importance, 'Dignity and Respect' is the strongest driver.

Reaching or surpassing the Improvement Benchmarks in each of the five areas will give you the best chance of achieving the targeted recommendation rate. **All numbers showing are percentages of respondents who gave a 4 or 5.**

For a full explanation, please visit: pinnacleqi.com/reports/keydrivers

90% RECOMMENDATION RATE

This target is based off a nationwide goal to reach a 90% recommendation rating

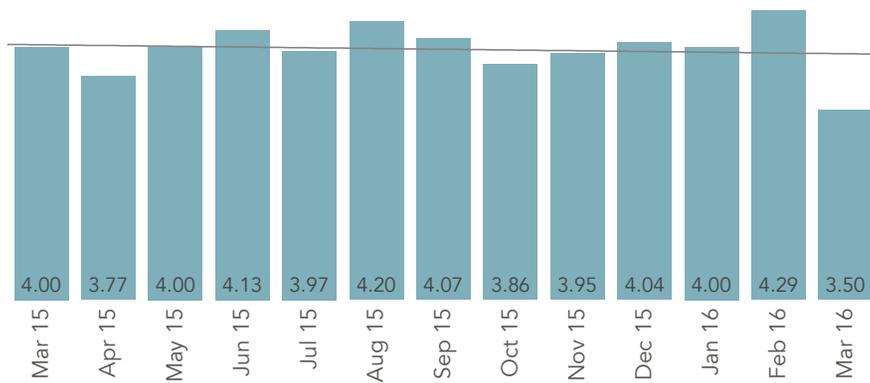
Key Driver	Actual	Benchmark
Dignity and Respect	90.6%	96.2%
Nursing Care	85.6%	90.1%
Individual Needs	77.0%	90.1%
Response to Problems	75.8%	89.9%
Communication	75.4%	87.9%
Recommend to Others	82.7%	90.0%

85% RECOMMENDATION RATE

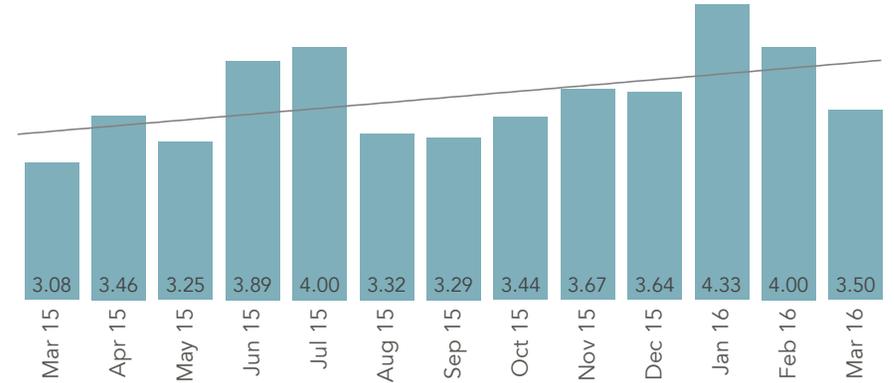
This additional target is based off your current 'Recommend to Others' score

Key Driver	Actual	Benchmark
Dignity and Respect	90.6%	94.3%
Nursing Care	85.6%	87.1%
Individual Needs	77.0%	86.0%
Response to Problems	75.8%	85.4%
Communication	75.4%	84.2%
Recommend to Others	82.7%	85.0%

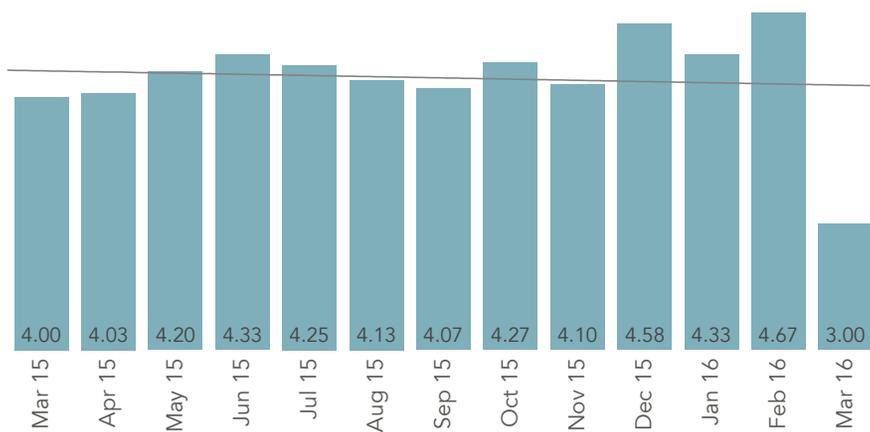
Overall Satisfaction



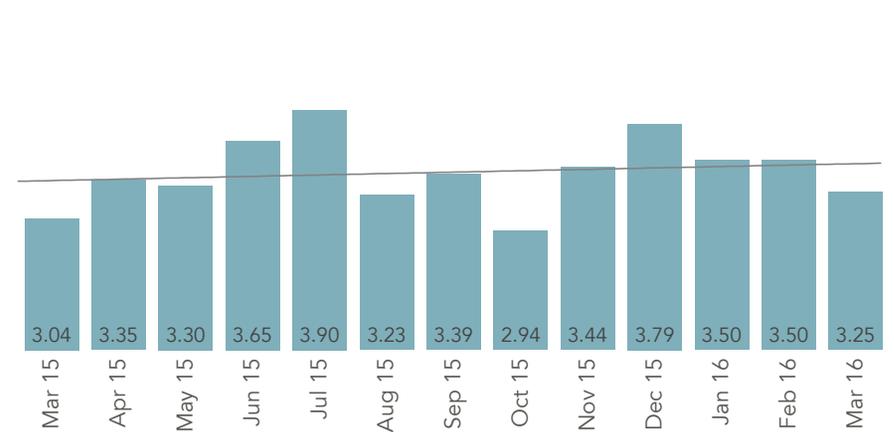
Dining Service



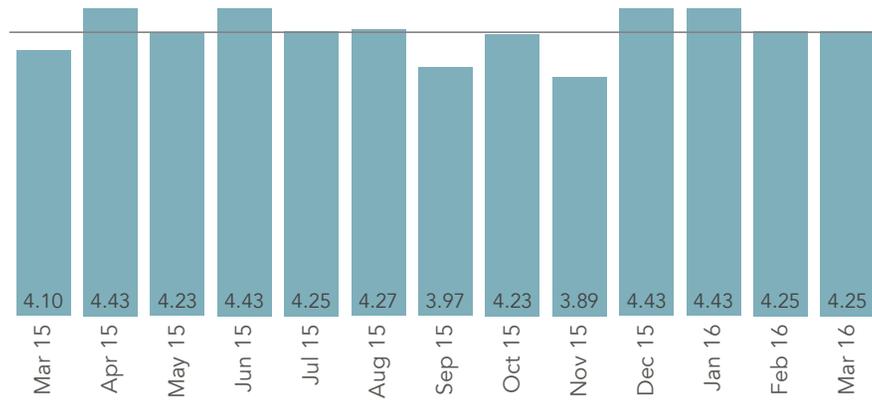
Nursing Care



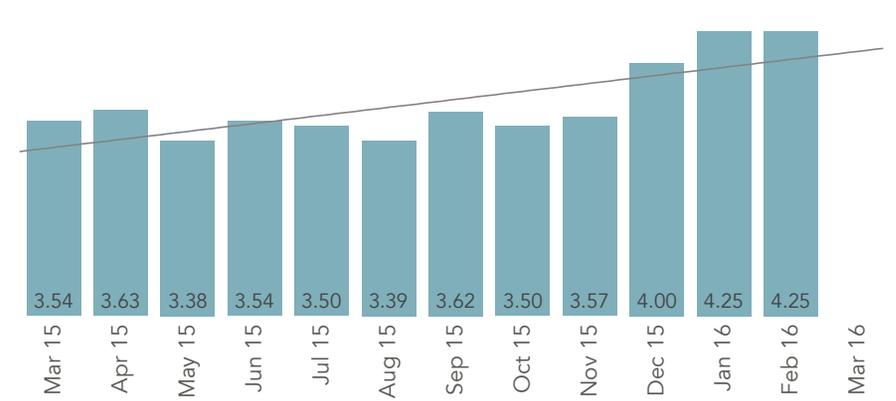
Quality of Food



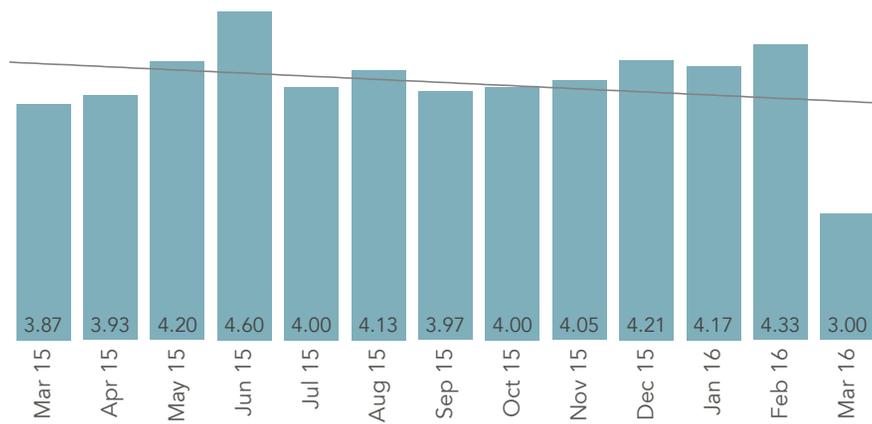
Cleanliness



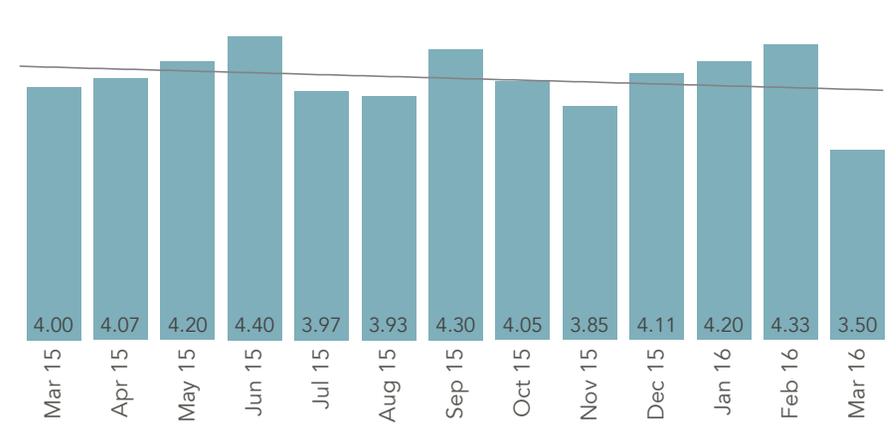
Laundry Service



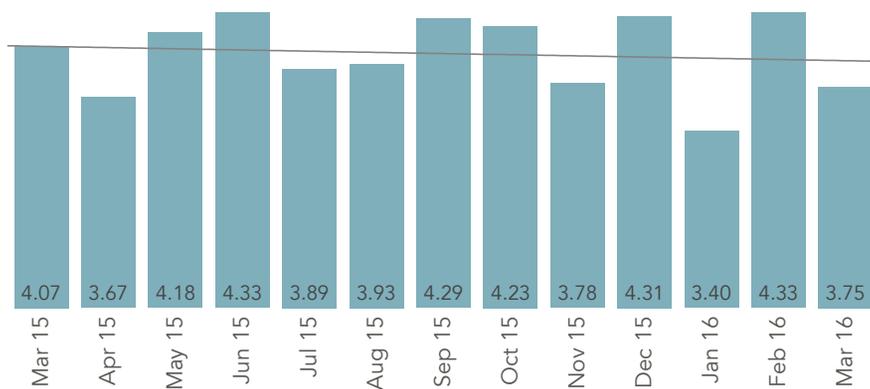
Individual Needs



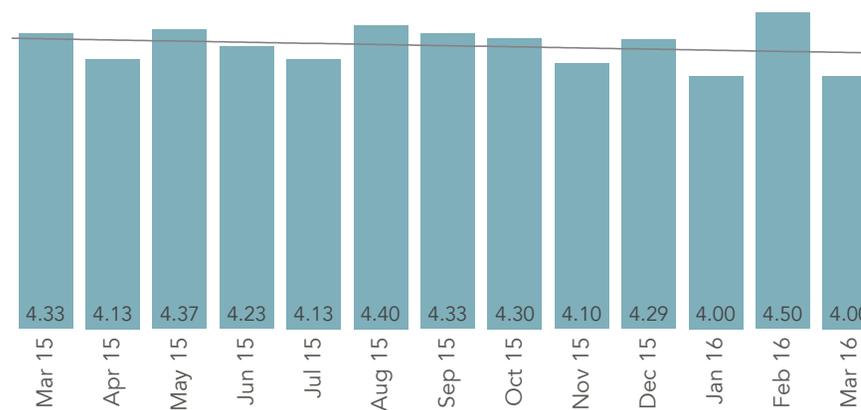
Communication



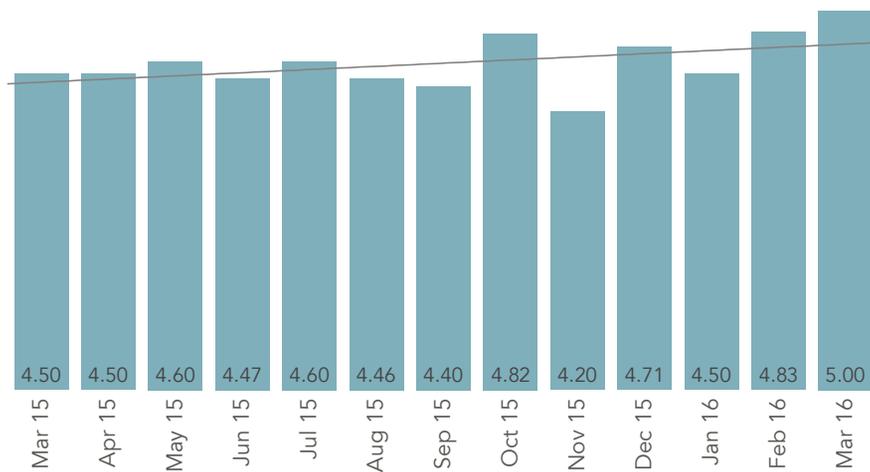
Response to Problems



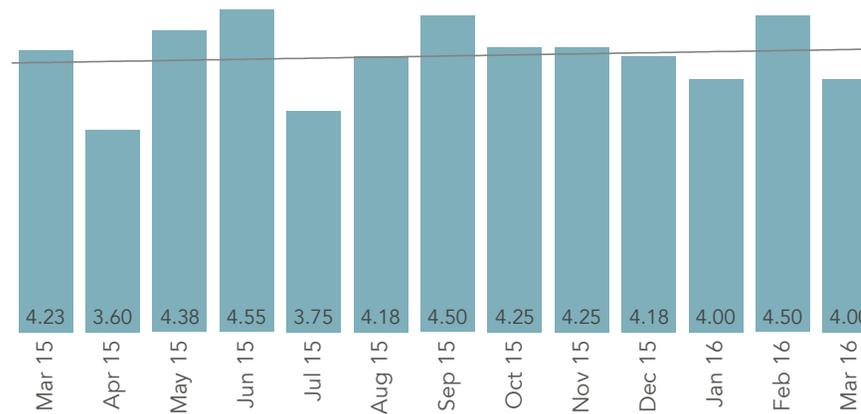
Recommend to Others



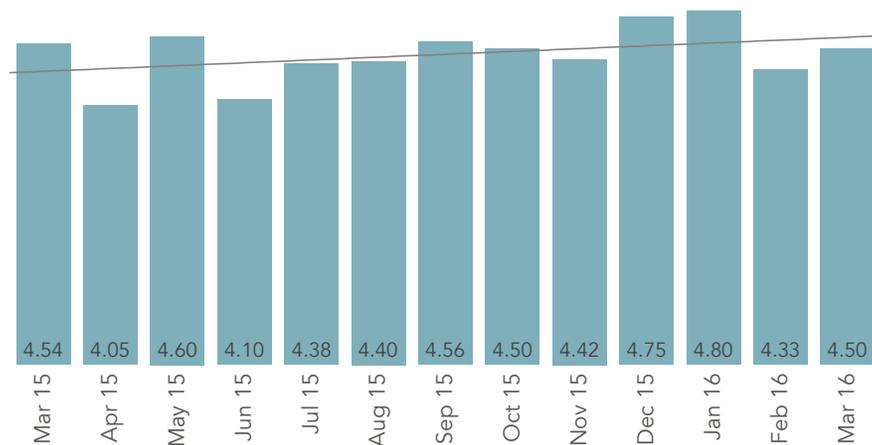
Dignity and Respect



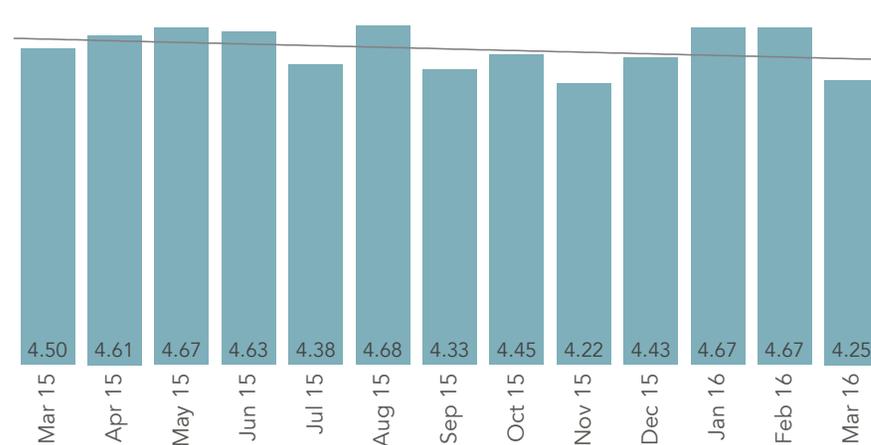
Activities



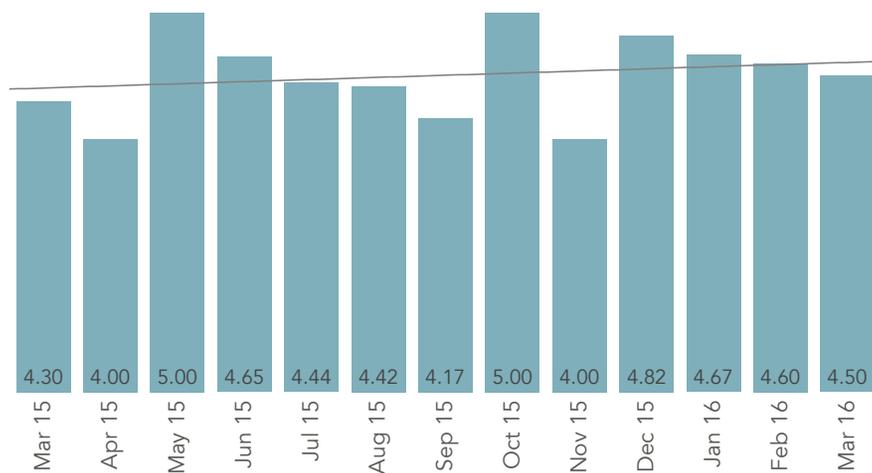
Professional Therapy



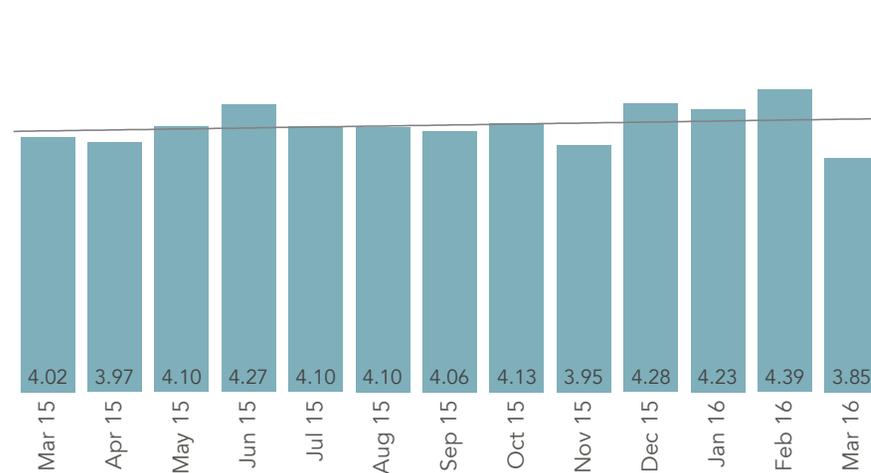
Safety and Security



Admission Process

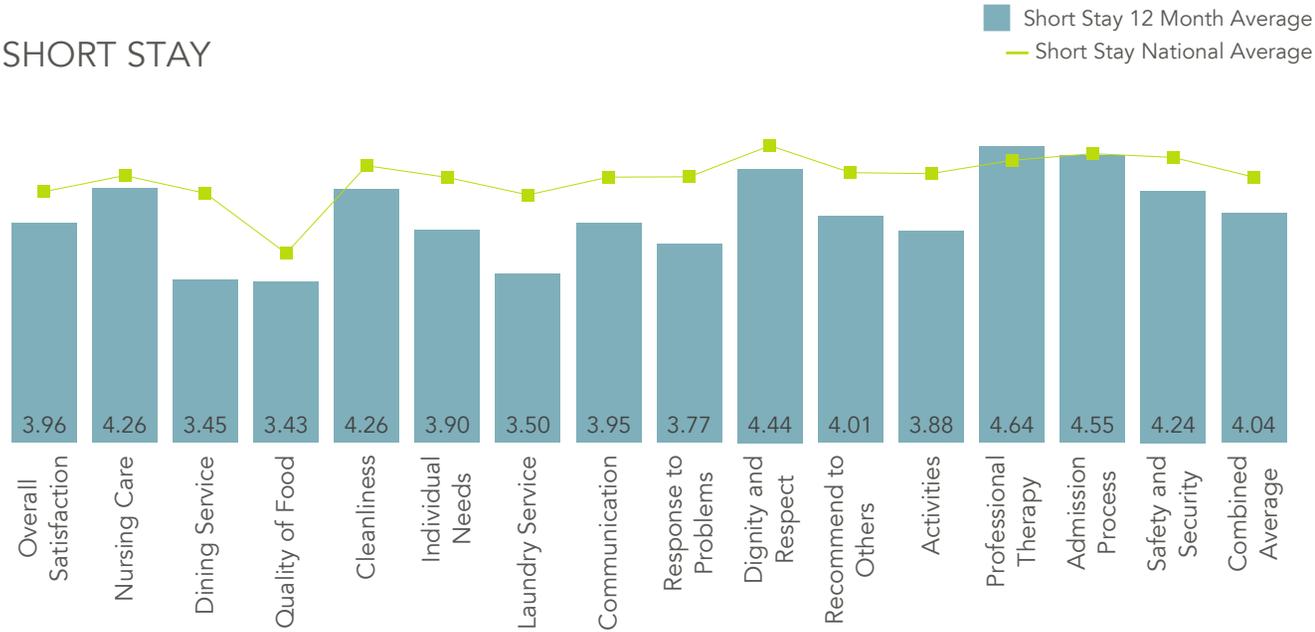


Combined Average



<http://pinnacleqi.com/reports/shortstay>

SHORT STAY



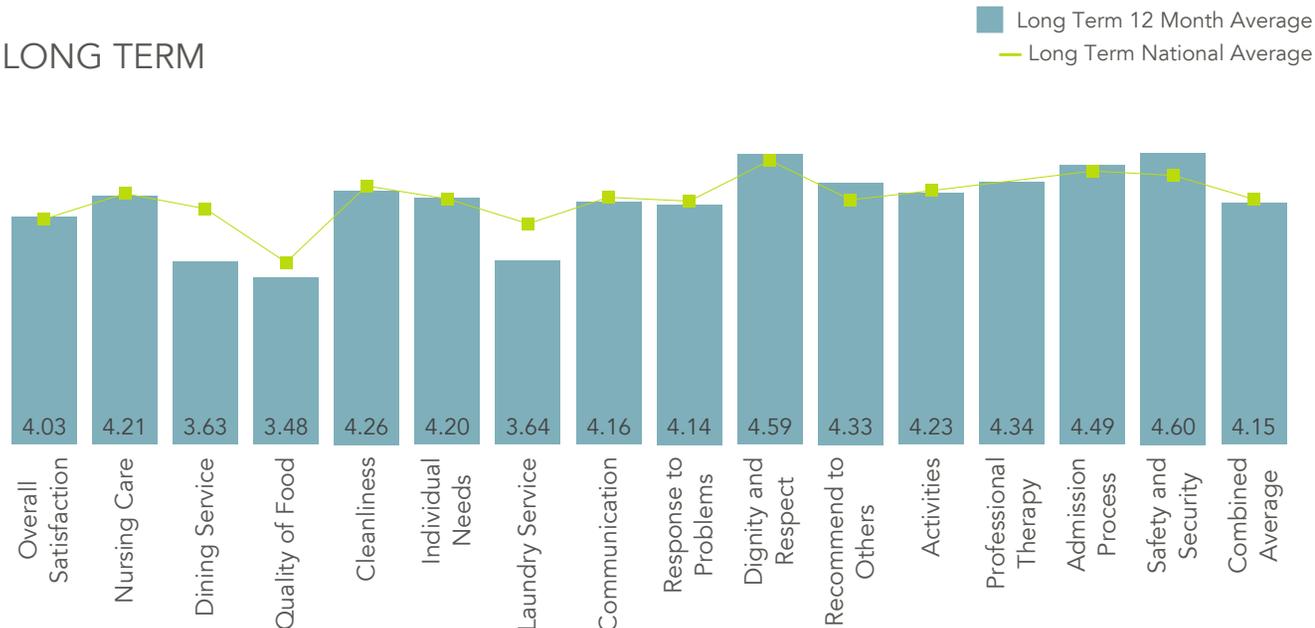
SHORT STAY SATISFACTION RATE

percentage that rated
Recommend to Others as a 4 or 5.

74.3%

84.0% National Average

LONG TERM



LONG TERM SATISFACTION RATE

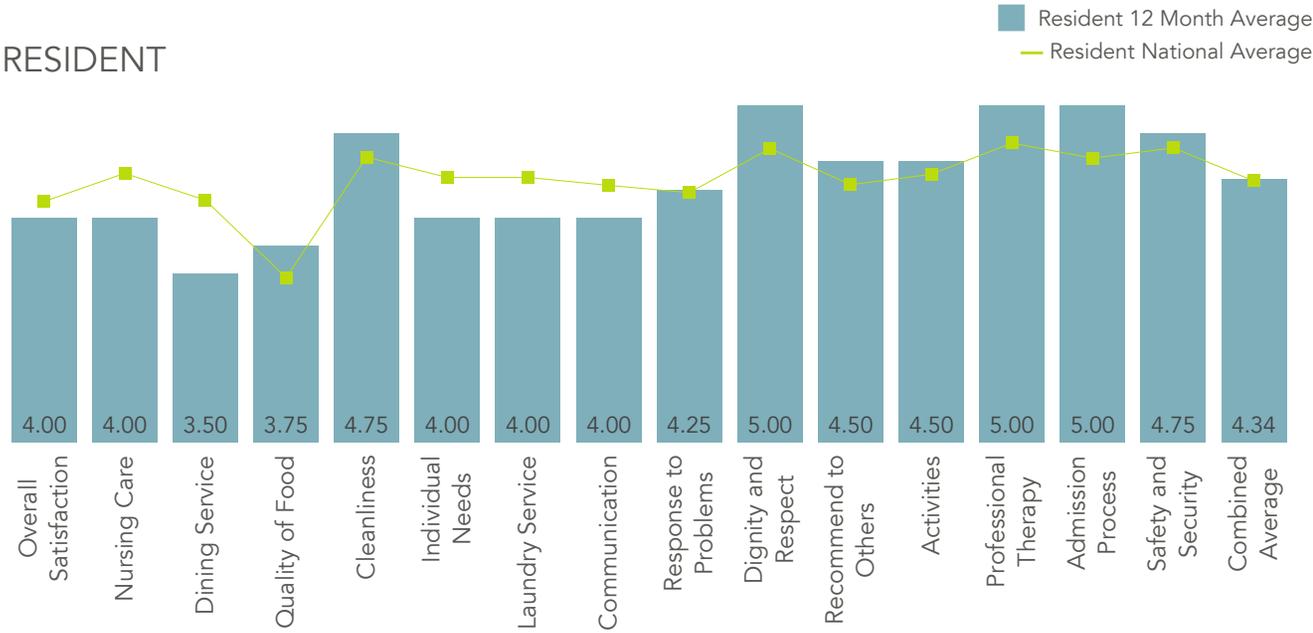
percentage that rated
Recommend to Others as a 4 or 5.

85.6%

79.7% National Average

<http://pinnacleqi.com/reports/resident>

RESIDENT



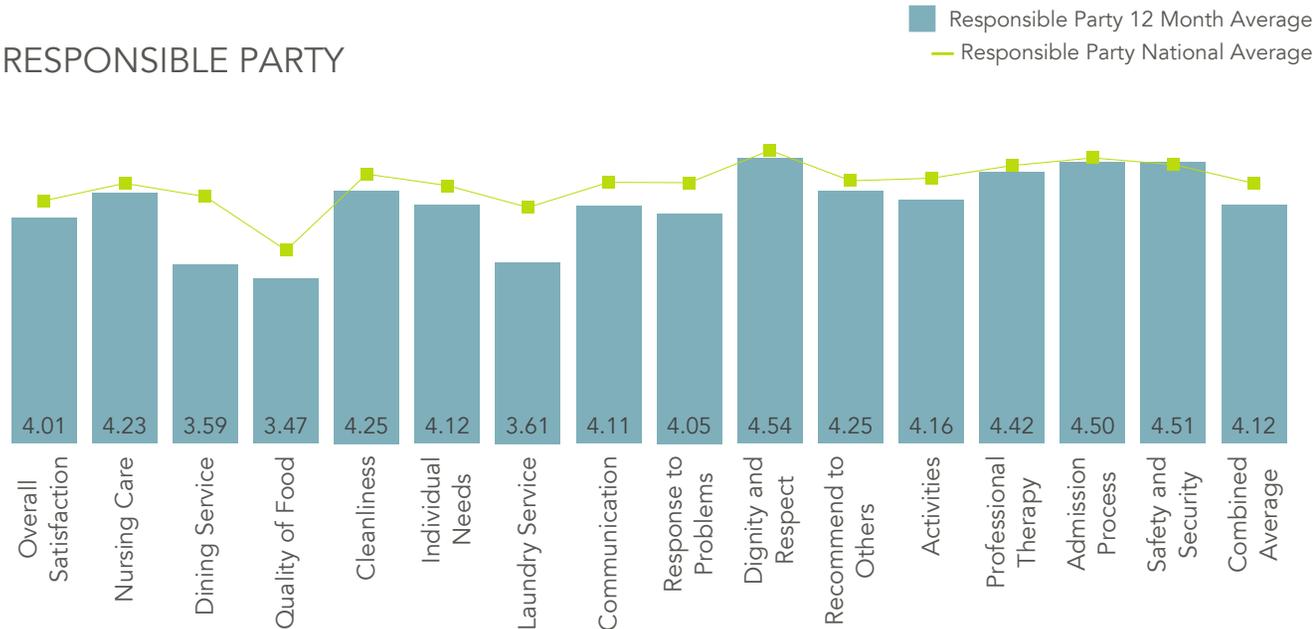
RESIDENT SATISFACTION RATE

percentage that rated
Recommend to Others as a 4 or 5.

100.0%

73.9% National Average

RESPONSIBLE PARTY



RESPONSIBLE PARTY SATISFACTION RATE

percentage that rated
Recommend to Others as a 4 or 5.

82.5%

82.3% National Average

**Champaign County Nursing Home
Strategic Objective Metrics – Issue 3
Updated May 2016**

Medical Management Metric	Status
<i>Carle Clinic and Christie Clinic</i>	
Carle Clinic – maintain 3 physicians and 2 full-time nurse practitioners	Carle has recruited a FT NP, who started in mid-February. Carle had added an additional part-time NP to the existing 2 full-time NP's.
Christie Clinic – maintain current level of care (one physician and one nurse practitioner)	Maintained
Implement QA with NPs monthly	Meetings have been discontinued. Ongoing issues are now being addressed without the need for a monthly meeting.
<i>Expanded Specialized Services</i>	
Establish pulmonary clinic by July 1, 2015	Dr. Sheik started on 3/11/2016. Current caseload is 12-15 residents with bi-weekly visits to CCNH.
Current wound/pain caseload is 13 residents.	7 currently on caseload. , 65 wound/1 pain. 65 residents have healed and have been taken of the caseload.
Establish outpatient rehab program by July 1, 2015.	Case load of four.

**Champaign County Nursing Home
Strategic Objective Metrics – Issue 3
Updated May 2016**

Non-Financial Metrics	Status																																
<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>Interact Data</p> <table border="0"> <tr><td>Jan 2015 (2/15)</td><td>36%</td></tr> <tr><td>Feb (1/12)</td><td>8%</td></tr> <tr><td>March (4/9) *</td><td>44%</td></tr> <tr><td>April (3/11)</td><td>27%</td></tr> <tr><td>May (0)</td><td>0%</td></tr> <tr><td>June (1/12)</td><td>8%</td></tr> <tr><td>July (2/10)</td><td>20%</td></tr> <tr><td>Aug (5/19)</td><td>26%</td></tr> <tr><td>Sept (2/12)</td><td>17%</td></tr> <tr><td>Oct (3/11)</td><td>27%</td></tr> <tr><td>Nov (1/6)</td><td>17%</td></tr> <tr><td>Dec (0/2)</td><td>0%</td></tr> <tr><td>Jan 16 (2/6)</td><td>33%</td></tr> <tr><td>Feb (3/6)</td><td>50%</td></tr> <tr><td>Mar (1/6)</td><td>16.6%</td></tr> <tr><td>April (1/4)</td><td>25%</td></tr> </table>	Jan 2015 (2/15)	36%	Feb (1/12)	8%	March (4/9) *	44%	April (3/11)	27%	May (0)	0%	June (1/12)	8%	July (2/10)	20%	Aug (5/19)	26%	Sept (2/12)	17%	Oct (3/11)	27%	Nov (1/6)	17%	Dec (0/2)	0%	Jan 16 (2/6)	33%	Feb (3/6)	50%	Mar (1/6)	16.6%	April (1/4)	25%
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<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 2015</td><td>7 out of 16</td></tr> <tr><td>Feb</td><td>5 out of 16</td></tr> <tr><td>March</td><td>2 out of 16</td></tr> <tr><td>April</td><td>2 out of 16</td></tr> <tr><td>May</td><td>6 out of 16</td></tr> <tr><td>June</td><td>8 out of 16</td></tr> <tr><td>July</td><td>2 out of 16</td></tr> <tr><td>Aug</td><td>3 out of 16</td></tr> <tr><td>Sept</td><td>3 out of 16</td></tr> <tr><td>Oct</td><td>2 out of 16</td></tr> <tr><td>Nov</td><td>0 out of 16</td></tr> <tr><td>Dec</td><td>6 out of 16</td></tr> <tr><td>Jan</td><td>7 out of 16</td></tr> <tr><td>Feb</td><td>13 out of 16</td></tr> <tr><td>Mar</td><td>1 out of 16 (2 interviews)</td></tr> </table>	Jan 2015	7 out of 16	Feb	5 out of 16	March	2 out of 16	April	2 out of 16	May	6 out of 16	June	8 out of 16	July	2 out of 16	Aug	3 out of 16	Sept	3 out of 16	Oct	2 out of 16	Nov	0 out of 16	Dec	6 out of 16	Jan	7 out of 16	Feb	13 out of 16	Mar	1 out of 16 (2 interviews)		
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<i>CMS 5 Star Rating</i>	
<p>Increase overall rating from one star to two star by the end of 2014</p> <p>New nursing home compares V3.0 started with the Jan 31 2015 report</p>	<p>Two stars as of December 2015.</p> <p>Quality measure rating decreased from 5 to 4 stars with the 4/19/16 update. The QM score fell just below the 5 star cut point.</p>

**Champaign County Nursing Home
CMS Quality Measures - Issue 3**

Quality measures updated as of March 23, 2016. The quality measures rating decreased from 5 to 4 stars.

	Part of QM Rating?	Q1 2015	Q2 2015	Q3 2015	3-quarter average	National 3-quarter average
Long-Stay Residents						
<i>Note: For the following measures, higher percentages are better.</i>						
% of residents assessed and appropriately given the seasonal influenza vaccine	No	98.3%	94.0%	94.0%	95.3%	94.9%
% of residents assessed and appropriately given the pneumococcal vaccine	No	98.9%	98.3%	97.8%	98.3%	93.6%
<i>Note: for the following measures, lower percentages are better.</i>						
% of residents experiencing one or more falls with major injury	Yes	5.0%	5.6%	7.0%	5.9%	3.3%
% of residents who have moderate to severe pain ¹	Yes	2.8%	5.2%	2.5%	3.5%	8.1%
% of high-risk residents who have pressure sores	Yes	1.5%	2.3%	2.2%	2.0%	5.9%
% of residents who had a urinary tract infection	Yes	0.6%	2.8%	2.7%	2.0%	5.1%
% of low-risk residents who lose control of their bowels or bladder	No	50.0%	47.1%	53.3%	50.2%	46.1%
% of residents who have/had a catheter inserted and left in their bladder ¹	Yes	5.0%	5.3%	2.8%	4.4%	3.2%
% of residents who were physically restrained	Yes	0.0%	0.0%	0.0%	0.0%	0.9%
% of residents whose need for help with daily activities has increased	Yes	28.4%	19.5%	27.7%	25.2%	15.6%
% of residents who lose too much weight	No	12.8%	16.8%	12.4%	14.0%	7.4%
% of residents who are more depressed or anxious	No	4.2%	4.2%	3.5%	4.0%	5.6%
% of residents who received an antipsychotic medication	Yes	14.9%	14.4%	12.1%	13.8%	18.0%
Short-Stay Residents						
<i>Note: For the following measures, higher percentages are better.</i>						
% of residents assessed and appropriately given the seasonal influenza vaccine	No	88.6%	88.6%	88.6%	88.6%	81.5%
% of residents assessed and appropriately given the pneumococcal vaccine	No	89.8%	89.0%	85.7%	88.3%	81.9%
<i>Note: for the following measures, lower percentages are better.</i>						
% of residents who had moderate to severe pain	Yes	6.1%	7.7%	7.3%	7.1%	17.3%
% of residents with pressure ulcers that are new or worsened ¹	Yes	0.0%	1.4%	0.0%	0.5%	1.2%
% of residents who newly received an antipsychotic medication	Yes	0.0%	2.0%	2.2%	1.3%	2.2%

Issue 4 Food Service Improvement

The HCSG Dietician conducts an informal dining room satisfaction survey of 10 residents. This survey includes the following 10 questions:

- Are you served foods you like to eat?
- Is there adequate variety?
- Are hot foods served hot?
- Are cold foods served cold?
- Does your food taste good?
- Are you provided alternate choices?
- Are you provided between meal snacks?
- Are you provided between meal beverages?
- Are you offered bedtime meal snacks?
- Are your meals served timely?

The monthly scoring from this survey is summarized below.

January 2015	69.8%
February	80%
March	80%
April	74%
May	86%
June	90.6%
July	not available
Aug	98.0%
September	98.0%
October	93%
November	91%
December	72%
January	87%
February	87%
March	93%

February survey comments:

- The snacks have gotten better.
- Loved the ham and beans and fried potatoes
- Would like more fresh fruit
- Overall, you do a good job and it is getting better

March survey comments:

- Food does not always come as hot as I would like it
- Food is much better than the last time she was here
- Things are getting better

- Likes all the food. Has no complaints
- Would like more cold salads like macaroni salad
- Everything is ok. Would like more pies and cakes.

Dining Room Steam Tables

Preliminary estimates provided by two architectural firms range from \$50k to \$150k. Healthcare Services Group has proposed an alternative to install conduction heated tables that do not require water/steam that can be installed into the existing kitchenette counters. The HCSG regional manager will be meeting with County Maintenance on May 9th to review.

**Champaign County Nursing Home
Strategic Objective Metrics – Issue 4
Updated May 2016**

Dietary	Status																														
Meals will be delivered within 15 minutes of scheduled meal times.	Plating times summary table on the following 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 3.47 (Mar)</p> <table border="0"> <tr><td>Jan 2015</td><td>2.96</td></tr> <tr><td>Feb</td><td>3.55</td></tr> <tr><td>Mar</td><td>3.04</td></tr> <tr><td>Apr</td><td>3.35</td></tr> <tr><td>May</td><td>3.30</td></tr> <tr><td>Jun</td><td>3.65</td></tr> <tr><td>July</td><td>3.90</td></tr> <tr><td>Aug</td><td>3.23</td></tr> <tr><td>Sept</td><td>3.39</td></tr> <tr><td>Oct</td><td>2.94</td></tr> <tr><td>Nov</td><td>3.44</td></tr> <tr><td>Dec</td><td>3.64</td></tr> <tr><td>Jan 16</td><td>3.50</td></tr> <tr><td>Feb</td><td>3.50</td></tr> <tr><td>Mar</td><td>3.25 (based on 2 surveys)</td></tr> </table>	Jan 2015	2.96	Feb	3.55	Mar	3.04	Apr	3.35	May	3.30	Jun	3.65	July	3.90	Aug	3.23	Sept	3.39	Oct	2.94	Nov	3.44	Dec	3.64	Jan 16	3.50	Feb	3.50	Mar	3.25 (based on 2 surveys)
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Dec	3.64																														
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Feb	3.50																														
Mar	3.25 (based on 2 surveys)																														
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 3.59 (Mar)</p> <table border="0"> <tr><td>Jan 2015</td><td>3.63</td></tr> <tr><td>Feb</td><td>3.69</td></tr> <tr><td>Mar</td><td>3.08</td></tr> <tr><td>Apr</td><td>3.46</td></tr> <tr><td>May</td><td>3.25</td></tr> <tr><td>June</td><td>3.33</td></tr> <tr><td>July</td><td>4.00</td></tr> <tr><td>Aug</td><td>3.32</td></tr> <tr><td>Sept</td><td>3.29</td></tr> <tr><td>Oct</td><td>3.44</td></tr> <tr><td>Nov</td><td>3.67</td></tr> <tr><td>Dec</td><td>3.64</td></tr> <tr><td>Jan 2016</td><td>4.33</td></tr> <tr><td>Feb</td><td>4.00</td></tr> <tr><td>Mar</td><td>3.50 (based on 2 surveys)</td></tr> </table>	Jan 2015	3.63	Feb	3.69	Mar	3.08	Apr	3.46	May	3.25	June	3.33	July	4.00	Aug	3.32	Sept	3.29	Oct	3.44	Nov	3.67	Dec	3.64	Jan 2016	4.33	Feb	4.00	Mar	3.50 (based on 2 surveys)
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Dec	3.64																														
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Feb	4.00																														
Mar	3.50 (based on 2 surveys)																														

Kitchen Plating Times
February data not available.

	Breakfast Start				Breakfast End			
	Avg	Min	Max	Range	Avg	Min	Max	Range
Mar 15	7:29	7:15	8:16	1:01	8:52	8:18	9:15	0:57
Apr	7:19	7:15	7:35	0:20	8:42	8:27	9:00	0:33
May	7:22	7:15	7:40	0:25	8:48	8:34	9:07	0:38
Jun	7:17	7:15	7:30	0:15	8:59	8:28	9:34	1:06
Jul	7:21	7:15	8:05	0:50	8:41	8:20	9:05	0:45
Aug	7:16	7:15	7:30	00:15	8:35	8:21	8:52	00:31
Sept	7:24	7:14	8:30	1:16	8:40	8:14	9:35	1:21
Oct	7:16	7:12	7:26	0:14	8:37	8:10	9:02	0:52
Nov	7:19	7:15	7:35	0:20	8:40	8:19	9:00	0:41
Dec	7:22	7:15	7:30	0:15	8:44	8:10	9:47	1:37
Jan 16	7:23	7:15	7:45	00:30	8:05	7:55	8:40	0:45
Feb	7:38	7:20	7:45	0:25	8:33	8:06	9:05	0:59
Mar	7:40	7:20	7:50	0:30	8:30	8:15	8:45	0:30

	Lunch Start				Lunch End			
	Avg	Min	Max	Range	Avg	Min	Max	Range
Mar	11:33	11:15	11:50	0:40	12:30	12:12	12:58	0:46
Apr	11:30	11:30	11:35	0:05	12:31	12:20	12:50	0:30
May	11:32	11:30	11:40	0:10	11:45	12:25	13:05	0:40
Jun	11:32	11:30	11:40	0:10	12:45	12:25	13:05	0:40
Jul	11:30	11:15	11:43	0:28	12:26	11:45	12:47	1:02
Aug	11:30	11:30	11:35	0:05	12:22	12:00	12:44	00:44
Sept	11:29	11:15	11:30	00:15	12:23	12:07	12:40	00:33
Oct	11:31	11:30	11:45	0:15	12:28	12:09	12:52	0:43
Nov	11:29	11:15	11:30	00:15	12:24	12:10	12:30	0:20
Dec	11:32	11:20	12:20	1:00	12:23	11:36	12:40	1:04
Jan 16	11:30	11:30	11:30	0:00	12:21	12:05	12:35	0:30
Feb	11:28	11:15	11:30	0:15	12:28	12:15	12:40	0:25
Mar	11:27	11:15	11:30	0:15	12:30	11:40	12:45	1:05

	Dinner Start				Dinner End			
	Avg	Min	Max	Range	Avg	Min	Max	Range
Mar	4:30	4:26	4:35	0:09	5:34	5:20	6:00	0:40
Apr	4:30	4:30	4:39	0:09	5:33	5:20	5:45	0:25
May	4:30	4:25	4:40	0:15	5:35	5:00	5:55	0:55
Jun	4:30	4:25	4:40	0:15	5:35	5:00	5:55	0:55
Jul	4:30	4:30	4:32	0:02	5:27	5:10	5:40	0:30
Aug	4:30	4:25	4:35	00:10	5:26	4:57	5:45	0:48
Sept	4:30	4:40	4:30	00:00	5:27	4:58	6:00	1:02
Oct	4:30	4:30	4:30	0:00	5:31	5:15	5:53	0:48
Nov	4:30	4:30	4:30	0:00	5:30	5:14	5:50	0:48
Dec	4:30	4:30	4:35	0:05	5:28	5:15	5:35	0:48
Jan 16	4:31	4:30	4:50	0:20	5:21	4:47	5:40	0:53
Feb	4:30	4:30	4:30	0:00	5:28	5:15	5:50	0:35
Mar	4:30	4:30	4:30	0:00	5:28	5:00	5:52	0:52

Issue 5

Resident Services Programming

Medicare Unit/Medical Management

Planning for an interdisciplinary team rounds is ongoing. This week, a group from CCNH's Medicare interdisciplinary team (IDT) that includes the Rehab to Home Unit Manager, MDS Coordinator, Therapy Director and staff nurses spent time at Carle Clinic to round with the Care Clinic Case Managers. The goal was to get them exposure to doing daily rounds. The same team rounds will be implemented at CCNH. The Carle Clinic Nurse Practitioner that has been assigned to the Rehab Unit has offered to round weekly with the CCNH IDT team. The goal is for the CCNH IDT team to complete daily reviews of all Medicare residents. Because most of the staff does not have an acute care background, there is a lack of exposure/experience with this process.

The following is a 6 month summary of statistics for the Rehab to Home unit for the period 11/1/2015 through 4/30/2016.

- 67 admissions out of 119 total admission to the facility or 56% of all admissions
- 46 were discharged home – 78%
- 8 transitioned to a long term stay – 14%
- 5 expired – 8%
- Average length of stay – 27.6 days
- Average census of 10.2
- Current census as of 5/2/16 was 8 residents.

Pulmonary Clinic

The initial caseload for the program has been ranging over the past few weeks has ranged from 12 to 15 residents.

Issue 6

Contract Management

See dietary management memorandum.

To: Nursing Home Board of Directors
Champaign County Nursing Home

From: Scott Gima
Manager

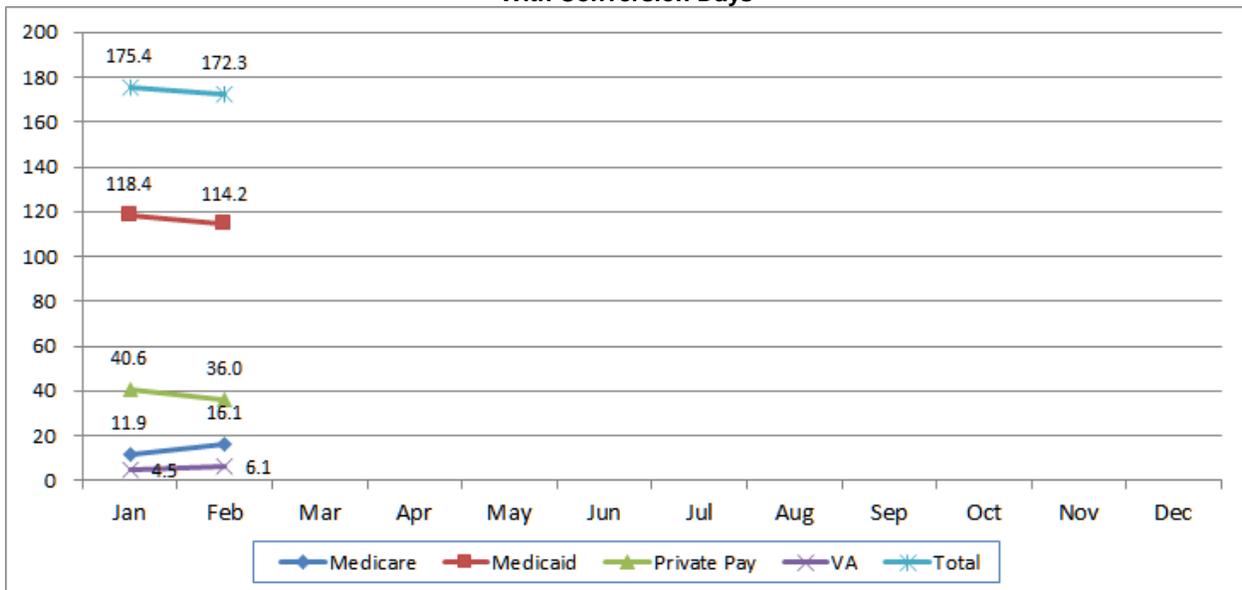
Date: May 4, 2016

Re: February 2016 Financial Management Report

Statistics

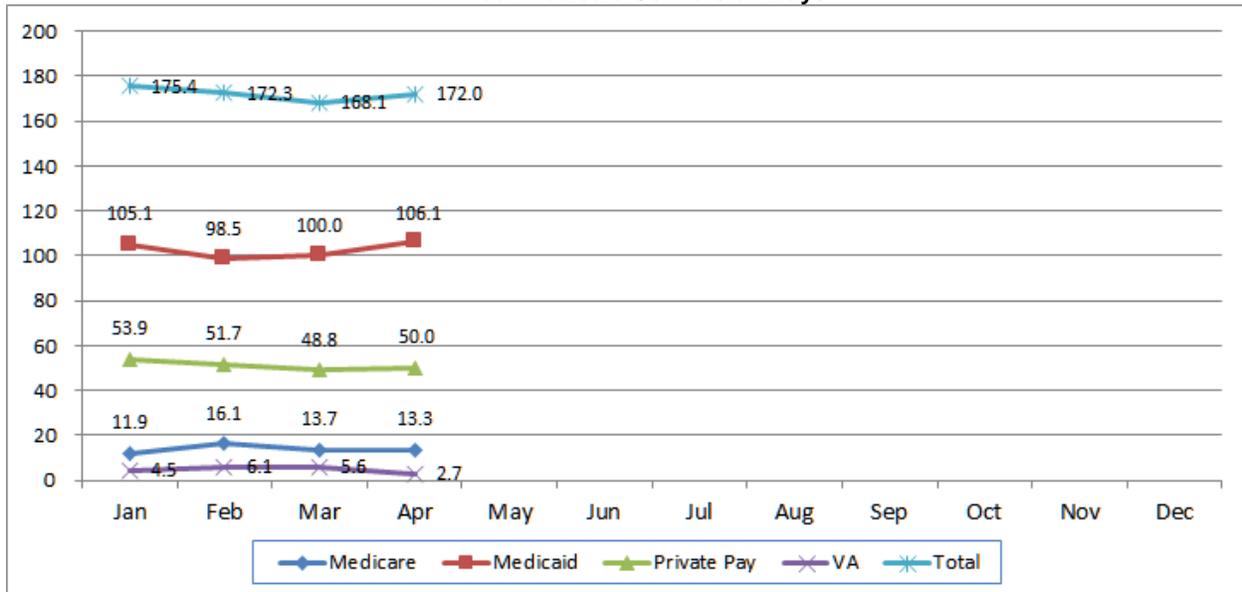
February's census was 172.3 with 16.1 Medicare and 6.1 VA. There were 455 conversion days in February.

**Average Daily Census by Payor – FY2016
With Conversion Days**



The table below summarizes the census without Medicaid conversion days and provides a clearer picture of the payor mix of residents actually in the facility each month. I have included the preliminary statistics for March and April which are subject to change. Census continues to run in the low 1702. March census dipped below 170 due to the gap between 22 admissions and 26 discharges. Currently the census is 173.

**Average Daily Census by Payor – FY2016
Without Medicaid Conversion Days**

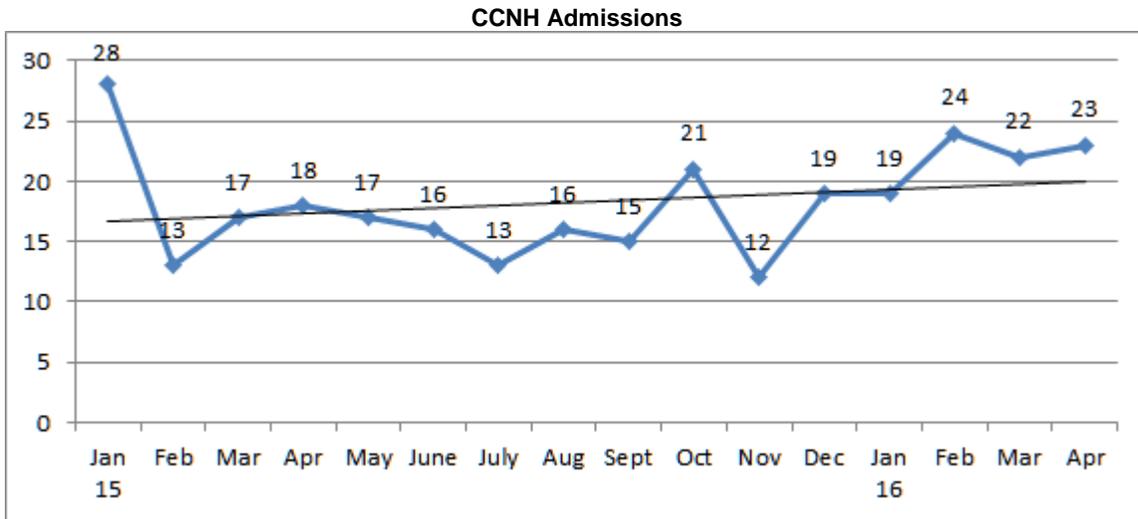


Medicare admissions in the teens continue through April. Non-Medicare admissions are also up in the teens in March and April. Collectively, admissions totaled 23 in April. All are positive signs. But that is tempered by 24 separations.

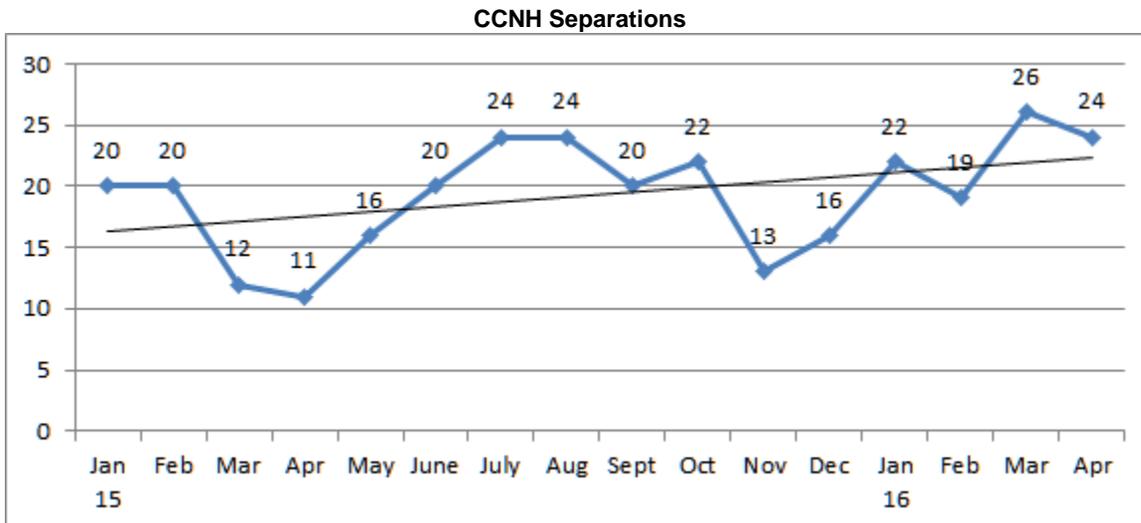
**Admissions and Discharges
January 2015 to April 2016**

	Medicare Admits	Non-Medicare Admits	Total Admits	Discharges	Expirations	Total Discharges/Expirations
Jan	11	17	28	11	9	20
Feb	7	6	13	14	6	20
Mar	10	7	17	8	4	12
Apr	8	10	18	9	2	11
May	8	9	17	10	6	16
June	7	9	16	13	7	20
July	9	4	13	14	10	24
Aug	7	9	16	17	7	24
Sept	8	7	15	11	9	20
Oct	13	8	21	12	10	22
Nov	6	6	12	10	3	13
Dec	11	8	19	10	6	16
Jan	12	7	19	15	7	22
Feb	18	6	24	13	6	19
Mar	10	12	22	18	8	26
Apr	12	11	23	20	4	24

The chart below summarizes the monthly admissions. In FY2012, monthly admissions averaged 22.2 per month. FY2013 admissions averaged 25.5. The monthly average for 2014 was 22.9. The 2015 YTD average is 16.4. Through April, the 2016 average is 22.0.



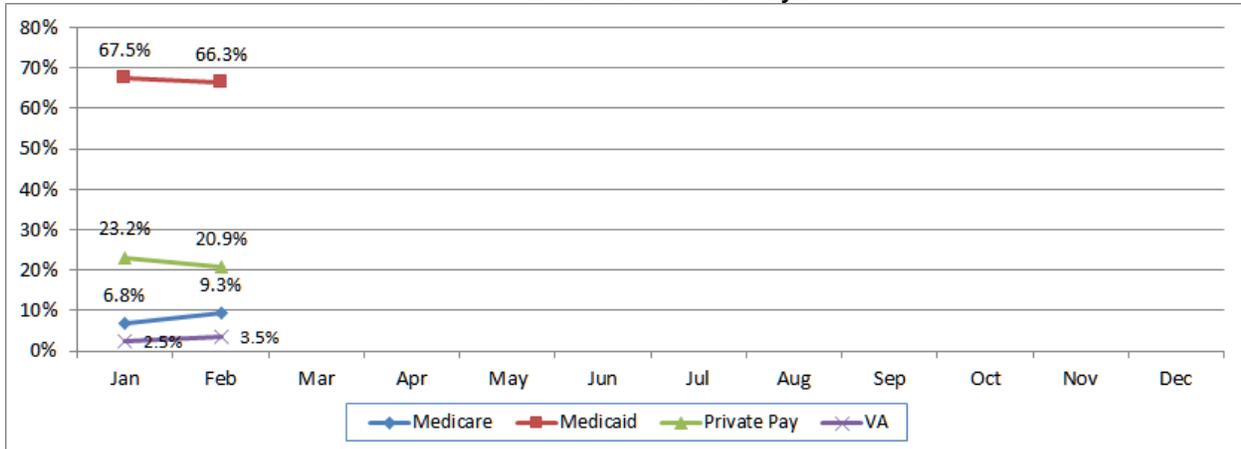
The next chart summarizes separations. In FY2012, the average separations per month was 23.5. The monthly average for FY2013 was 28.1. For 2014, the monthly average was 23.4. The 2015 YTD average is 17.6. For 2016, the YTD average is 22.7.



The FY2013 payor mix was Medicare – 8.7%, Medicaid – 56.3% and Private pay 35.0%. The 2014 payor mix for the year was Medicare – 7.5%, Medicaid – 58.3%, Private pay – 32.8%, and VA – 1.3%. For 2015, the 12 month payor mix is Medicare – 6.1%, Medicaid – 70.1%, Private pay – 22.8%, and VA – 1.0%.

For February 2016, the payor mix is Medicare – 9.3%, Medicaid – 66.3%, Private pay – 20.9%, and VA – 3.5%.

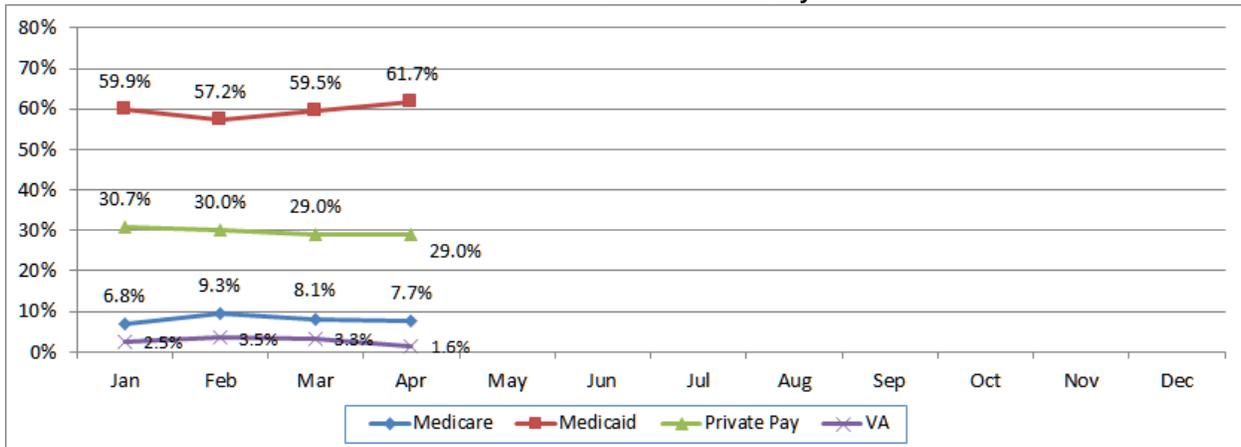
**Payor Mix by Resident Days – FY2016
With Medicaid Conversion Days**



The 2015 payor mix without conversion days is Medicare – 6.1%, Medicaid – 57.2%, Private pay – 35.8% and VA – 1.0%.

In February, the payor mix is Medicare – 9.3%, Medicaid – 57.2%, Private pay – 29.0% and VA – 2.5%. The chart also includes the payor mix for March and April based on the preliminary statistics for those months. Private pay and Medicare remain fairly stable. Medicaid is moving up and the VA is down.

**Payor Mix by Resident Days – FY2016
Without Medicaid Conversion Days**



Net Income/(Loss) & Cash from Operations

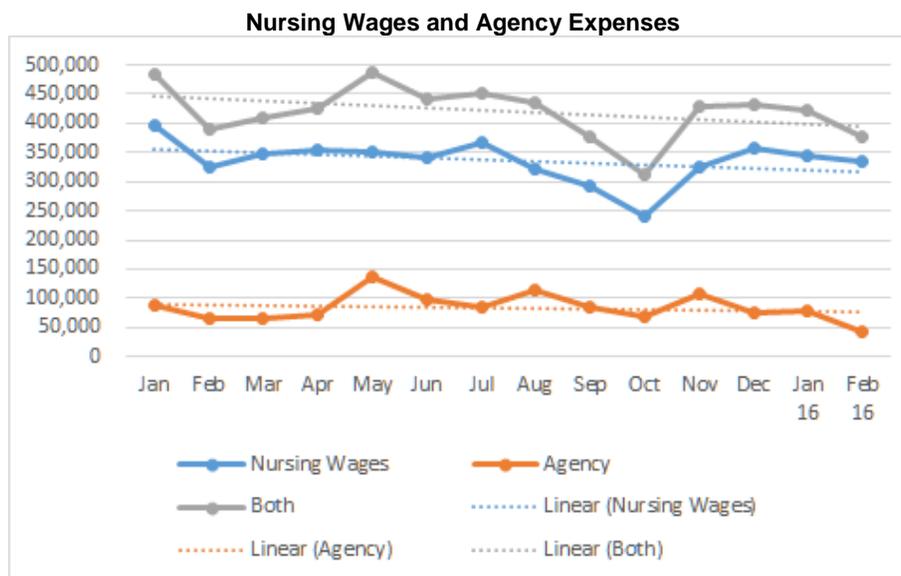
February has a net loss of -\$58,054 and slight positive cash from operations of \$4,475 after adding back depreciation. YTD net loss is -\$134,587, with a small cash loss from operations of -\$7,269.

Revenues

- Operating revenues totaled \$1.027 million in February, down from \$1.103 million in January. Medicare revenue jumped from \$182k to \$213k between January and February. There were 455 conversion days which adjusted by about -\$18,000.

Expenses

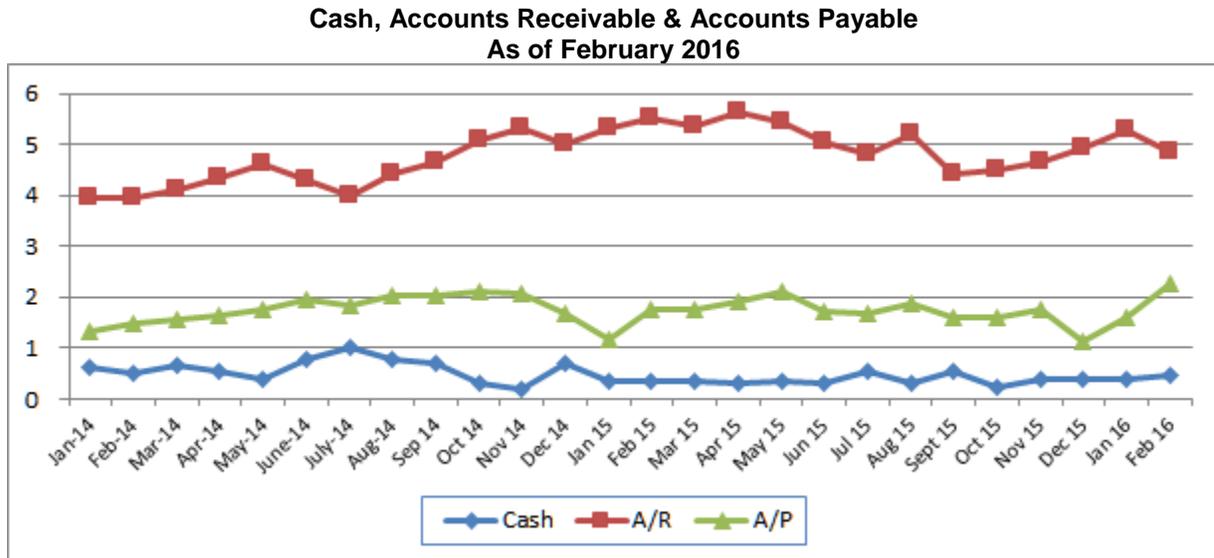
- Expenses fell from \$1.278 million in January to \$1.184 million in February. Expenses per day increased slightly from \$235.07 to \$236.86.
- Wages fell slightly from \$509,228 to \$495,006. Wages per day increased from \$93.66 to \$99.06 per day.
- Non-labor expenses decreased from \$576,445 to \$537,799. Non-labor expenses per day increased from \$106.02 to \$107.62. Agency expenses dropped from \$77,839 in January to \$42,778 in February. As shown earlier, agency expenses will show a drop to \$32,000 in March and \$4,136 in April. The chart below graphs nursing wages (regular wages and overtime wages and agency expenses. Monthly wages for March and April are not available, but the trend through February shows as we are reducing agency, wages are not increasing.



Overall wages savings are being seen in nursing as agency drops, so have overtime. Nursing overtime has decreased from \$42,688 in December, \$44,728 in January and \$23,526 in February. February's overtime is the lowest at least going back to January 2015. The 2015 monthly average OT was \$40,175 a month. The chart also shows that the total direct care costs that include nursing wages plus agency costs combined are falling.

Cash Position

February’s ending cash balance was \$458,612. Accounts receivable fell from \$5,264,769 million in January to \$4,828,732, a decrease of \$436,037k. Accounts payable increased from \$1,598,784 to \$2,274,343, an increase of \$675,559.



Please see attached cash memo for an update on the current cash situation.

Champaign County Nursing Home
Actual vs Budget Statement of Operations

02/29/16

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Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Operating Income						
Miscellaneous Revenue	228.50	2,126.00	(1,897.50)	524.50	4,252.00	(3,727.50)
Medicare A Revenue	213,321.90	288,474.00	(75,152.10)	395,275.19	576,948.00	(181,672.81)
Medicare B Revenue	4,670.85	16,667.00	(11,996.15)	20,195.93	33,334.00	(13,138.07)
Medicaid Revenue	498,428.61	518,120.00	(19,691.39)	1,094,562.19	1,036,240.00	58,322.19
Private Pay Revenue	279,284.62	479,620.00	(200,335.38)	571,131.25	959,240.00	(388,108.75)
Adult Day Care Revenue	30,940.14	17,335.00	13,605.14	48,893.54	34,670.00	14,223.54
Total Income	1,026,874.62	1,322,342.00	(295,467.38)	2,130,582.60	2,644,684.00	(514,101.40)
Operating Expenses						
Administration	266,033.51	294,035.00	28,001.49	520,007.66	588,070.00	68,062.34
Environmental Services	86,858.64	107,274.00	20,415.36	183,284.29	214,548.00	31,263.71
Laundry	13,479.50	21,422.00	7,942.50	29,512.99	42,844.00	13,331.01
Maintenance	11,746.26	28,144.00	16,397.74	34,065.26	56,288.00	22,222.74
Nursing Services	515,796.07	584,931.00	69,134.93	1,116,678.56	1,169,862.00	53,183.44
Activities	27,819.65	38,907.00	11,087.35	50,693.72	77,814.00	27,120.28
Social Services	19,931.27	26,524.00	6,592.73	42,298.33	53,048.00	10,749.67
Physical Therapy	31,680.89	43,134.00	11,453.11	60,118.38	86,268.00	26,149.62
Occupational Therapy	29,109.07	33,058.00	3,948.93	58,959.66	66,116.00	7,156.34
Speech Therapy	8,469.22	10,833.00	2,363.78	16,080.45	21,666.00	5,585.55
Respiratory Therapy	5,403.70	7,500.00	2,096.30	9,447.38	15,000.00	5,552.62
Total This Department	13,872.92	18,333.00	4,460.08	25,527.83	36,666.00	11,138.17
Food Services	106,824.78	120,922.00	14,097.22	223,146.74	241,844.00	18,697.26
Barber & Beauty	6,931.11	7,323.00	391.89	14,971.56	14,646.00	(325.56)
Adult Day Care	15,021.76	20,467.00	5,445.24	32,003.87	40,934.00	8,930.13
Alzheimers and Related Disorders	38,499.39	71,578.00	33,078.61	70,403.43	143,156.00	72,752.57
Total Expenses	1,183,604.82	1,416,052.00	232,447.18	2,461,672.28	2,832,104.00	370,431.72
Net Operating Income	(156,730.20)	(93,710.00)	(63,020.20)	(331,089.68)	(187,420.00)	(143,669.68)
NonOperating Income						
Local Taxes	97,826.54	97,827.00	(0.46)	195,653.08	195,654.00	(0.92)
Miscellaneous NI Revenue	850.00	651.00	199.00	850.00	1,302.00	(452.00)
Total NonOperating Income	98,676.54	98,478.00	198.54	196,503.08	196,956.00	(452.92)
Net Income (Loss)	(58,053.66)	4,768.00	(62,821.66)	(134,586.60)	9,536.00	(144,122.60)

Champaign County Nursing Home
Actual vs Budget Statement of Operations

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Operating Income						
Miscellaneous Revenue						
Lunch Reimbursement	276.00	167.00	109.00	540.00	334.00	206.00
Late Charge, NSF Check Charge	(95.11)	1,417.00	(1,512.11)	(95.11)	2,834.00	(2,929.11)
Other Miscellaneous Revenue	47.61	542.00	(494.39)	79.61	1,084.00	(1,004.39)
Total Miscellaneous Revenue	228.50	2,126.00	(1,897.50)	524.50	4,252.00	(3,727.50)
Medicare A Revenue						
Medicare A	100,473.35	212,527.00	(112,053.65)	205,233.73	425,054.00	(219,820.27)
ARD - Medicare A		8,737.00	(8,737.00)		17,474.00	(17,474.00)
NH Pt_Care - Medicare Advantage/ Hmo	112,848.55	65,386.00	47,462.55	190,041.46	130,772.00	59,269.46
ARD_Pt Care - Medicare Advantage/ HMO		1,824.00	(1,824.00)		3,648.00	(3,648.00)
Total Medicare A Revenue	213,321.90	288,474.00	(75,152.10)	395,275.19	576,948.00	(181,672.81)
Medicare B Revenue						
Medicare B	4,670.85	16,667.00	(11,996.15)	20,195.93	33,334.00	(13,138.07)
Total Medicare B Revenue	4,670.85	16,667.00	(11,996.15)	20,195.93	33,334.00	(13,138.07)
Medicaid Revenue						
Medicaid Title XIX (IDHFS)	389,834.68	362,767.00	27,067.68	880,045.35	725,534.00	154,511.35
ARD - Medicaid Title XIX (IDHFS)	63,381.53	101,793.00	(38,411.47)	142,869.60	203,586.00	(60,716.40)
Patient Care-Hospice	44,796.54	32,688.00	12,108.54	71,231.38	65,376.00	5,855.38
ARD Patient Care - Hospice	415.86	20,872.00	(20,456.14)	415.86	41,744.00	(41,328.14)
Total Medicaid Revenue	498,428.61	518,120.00	(19,691.39)	1,094,562.19	1,036,240.00	58,322.19
Private Pay Revenue						
VA-Veterans Nursing Home Care	52,445.81	15,465.00	36,980.81	89,212.81	30,930.00	58,282.81
ARD - VA - Veterans Care		166.00	(166.00)		332.00	(332.00)
Nursing Home Patient Care - Private Pay	185,493.02	293,209.00	(107,715.98)	417,465.44	586,418.00	(168,952.56)
Nursing Home Beauty Shop Revenue	2,066.50	3,250.00	(1,183.50)	4,326.50	6,500.00	(2,173.50)
Medical Supplies Revenue	4,182.06	5,000.00	(817.94)	8,127.40	10,000.00	(1,872.60)
Patient Transportation Charges	1,856.84	1,584.00	272.84	4,041.94	3,168.00	873.94
ARD Patient Care- Private Pay	33,240.39	160,946.00	(127,705.61)	47,957.16	321,892.00	(273,934.84)
Total Private Pay Revenue	279,284.62	479,620.00	(200,335.38)	571,131.25	959,240.00	(388,108.75)
Adult Day Care Revenue						
VA-Veterans Adult Daycare	7,315.85	5,084.00	2,231.85	15,872.45	10,168.00	5,704.45
IL Department Of Aging-Day Care Grant (Title XX)	20,678.09	9,417.00	11,261.09	27,621.09	18,834.00	8,787.09
Adult Day Care Charges-Private Pay	2,946.20	2,834.00	112.20	5,400.00	5,668.00	(268.00)
Total Adult Day Care Revenue	30,940.14	17,335.00	13,605.14	48,893.54	34,670.00	14,223.54
Total Income	1,026,874.62	1,322,342.00	(295,467.38)	2,130,582.60	2,644,684.00	(514,101.40)

Operating Expenses**Administration**

Reg. Full-Time Employees	31,636.61	30,354.00	(1,282.61)	61,919.59	60,708.00	(1,211.59)
Temp. Salaries & Wages	963.03	1,250.00	286.97	1,999.63	2,500.00	500.37
Per Diem	205.21	250.00	44.79	383.91	500.00	116.09
Overtime	205.94	473.00	267.06	1,097.84	946.00	(151.84)
TOPS - Balances	1,528.52	616.00	(912.52)	(448.79)	1,232.00	1,680.79
Part-Time Employees		1,416.00	1,416.00		2,832.00	2,832.00
TOPS - FICA	385.07	67.00	(318.07)	244.56	134.00	(110.56)
Social Security - Employer	1,972.56	2,562.00	589.44	3,949.60	5,124.00	1,174.40
IMRF - Employer Cost	3,248.99	2,887.00	(361.99)	5,656.82	5,774.00	117.18
Workers' Compensation Insurance	976.33	923.00	(53.33)	1,781.00	1,846.00	65.00

Champaign County Nursing Home
Actual vs Budget Statement of Operations

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Unemployment Insurance	1,659.00	1,548.00	(111.00)	3,295.10	3,096.00	(199.10)
Employee Health/Life Insurance	4,762.88	4,930.00	167.12	9,525.76	9,860.00	334.24
Employee Development/Recognition	65.98	333.00	267.02	217.48	666.00	448.52
Employee Physicals/Lab	3,198.00	2,500.00	(698.00)	7,910.00	5,000.00	(2,910.00)
Stationary & Printing		250.00	250.00		500.00	500.00
Books, Periodicals & Manuals		16.00	16.00	69.00	32.00	(37.00)
Copier Supplies	976.50	500.00	(476.50)	1,562.40	1,000.00	(562.40)
Postage, UPS, Federal Express	164.95	333.00	168.05	498.27	666.00	167.73
Equipment < \$2,500		25.00	25.00		50.00	50.00
Operational Supplies	381.05	750.00	368.95	948.02	1,500.00	551.98
Audit & Accounting Fees	4,054.83	5,666.00	1,611.17	8,109.66	11,332.00	3,222.34
Attorney Fees	8,411.34	5,000.00	(3,411.34)	20,875.74	10,000.00	(10,875.74)
Engineering Fees	3,630.03		(3,630.03)	6,030.03		(6,030.03)
Professional Services	43,402.50	40,000.00	(3,402.50)	81,890.53	80,000.00	(1,890.53)
Job Required Travel Expense	122.00	216.00	94.00	335.01	432.00	96.99
Insurance	22,457.59	24,325.00	1,867.41	44,915.18	48,650.00	3,734.82
Property Loss & Liability Claims		191.00	191.00		382.00	382.00
Computer Services	8,851.06	7,880.00	(971.06)	16,227.44	15,760.00	(467.44)
Telephone Services	1,707.51	1,500.00	(207.51)	2,951.03	3,000.00	48.97
Equipment Maintenance				306.00		(306.00)
Legal Notices, Advertising	2,678.14	3,747.00	1,068.86	4,310.12	7,494.00	3,183.88
Photocopy Services	899.57	1,311.00	411.43	1,647.57	2,622.00	974.43
Public Relations	52.10	50.00	(2.10)	52.10	100.00	47.90
Dues & Licenses	1,923.08	1,691.00	(232.08)	3,648.16	3,382.00	(266.16)
Conferences & Training	1,354.88	666.00	(688.88)	1,354.88	1,332.00	(22.88)
Finance Charges, Bank Fees	268.67	208.00	(60.67)	402.85	416.00	13.15
Cable/Satellite TV Expense	2,255.67	2,500.00	244.33	4,184.82	5,000.00	815.18
IPA Licensing Fee	39,730.78	45,565.00	5,834.22	82,090.17	91,130.00	9,039.83
Fines & Penalties		2,500.00	2,500.00		5,000.00	5,000.00
General Liability Claims		2,500.00	2,500.00		5,000.00	5,000.00
Depreciation Expense	62,528.97	62,473.00	(55.97)	121,317.84	124,946.00	3,628.16
Bad Debt Expense		25,000.00	25,000.00		50,000.00	50,000.00
Interest-Tax Anticipation Notes Payable		583.00	583.00		1,166.00	1,166.00
Interest- Bonds Payable	9,374.17	8,480.00	(894.17)	18,748.34	16,960.00	(1,788.34)
Total Administration	266,033.51	294,035.00	28,001.49	520,007.66	588,070.00	68,062.34
Environmental Services						
Reg. Full-Time Employees	23,758.09	34,915.00	11,156.91	49,988.48	69,830.00	19,841.52
Reg. Part-Time Employees	750.91	1,004.00	253.09	1,595.09	2,008.00	412.91
Overtime	7.67	857.00	849.33	1,388.06	1,714.00	325.94
TOPS - Balances	(1,630.56)	500.00	2,130.56	(659.05)	1,000.00	1,659.05
TOPS- FICA	46.34	83.00	36.66	115.38	166.00	50.62
Social Security - Employer	1,471.12	2,813.00	1,341.88	3,359.69	5,626.00	2,266.31
IMRF - Employer Cost	2,527.02	3,170.00	642.98	4,852.40	6,340.00	1,487.60
Workers' Compensation Insurance	739.47	1,099.00	359.53	1,529.88	2,198.00	668.12
Unemployment Insurance	1,261.77	2,021.00	759.23	2,769.16	4,042.00	1,272.84
Employee Health/Life Insurance	5,228.97	10,577.00	5,348.03	11,148.84	21,154.00	10,005.16
Operational Supplies	3,878.50	4,583.00	704.50	8,517.08	9,166.00	648.92
Gas Service	15,214.98	16,250.00	1,035.02	27,525.98	32,500.00	4,974.02
Electric Service	25,360.34	20,833.00	(4,527.34)	53,566.01	41,666.00	(11,900.01)
Water Service	2,732.59	2,750.00	17.41	5,755.53	5,500.00	(255.53)
Pest Control Service	1,486.35	520.00	(966.35)	1,997.70	1,040.00	(957.70)
Waste Disposal & Recycling	2,311.90	3,500.00	1,188.10	6,733.88	7,000.00	266.12
Equipment Rentals	258.00	291.00	33.00	516.00	582.00	66.00
Conferences & Training		8.00	8.00		16.00	16.00
Sewer Service & Tax	1,455.18	1,500.00	44.82	2,584.18	3,000.00	415.82

Champaign County Nursing Home
Actual vs Budget Statement of Operations

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Total Environmental Services	86,858.64	107,274.00	20,415.36	183,284.29	214,548.00	31,263.71
Laundry						
Reg. Full-Time Employees	7,189.01	12,807.00	5,617.99	13,786.18	25,614.00	11,827.82
Reg. Part-Time Employees	655.73		(655.73)	1,098.91		(1,098.91)
Overtime	17.82	445.00	427.18	408.18	890.00	481.82
TOPS Balances	(1,149.77)	83.00	1,232.77	(1,182.34)	166.00	1,348.34
TOPS - FICA	(15.08)	35.00	50.08	(17.40)	70.00	87.40
Social Security - Employer	465.99	1,013.00	547.01	971.68	2,026.00	1,054.32
IMRF - Employer Cost	799.97	881.00	81.03	1,452.12	1,762.00	309.88
Workers' Compensation Insurance	230.50	300.00	69.50	392.22	600.00	207.78
Unemployment Insurance	407.86	731.00	323.14	811.03	1,462.00	650.97
Employee Health/Life Insurance	2,662.24	2,378.00	(284.24)	5,324.48	4,756.00	(568.48)
Laundry Supplies		1,333.00	1,333.00	74.43	2,666.00	2,591.57
Linen & Bedding	1,534.99	1,250.00	(284.99)	5,713.26	2,500.00	(3,213.26)
Operational Supplies	25.04		(25.04)	25.04		(25.04)
Laundry & Cleaning Service	655.20	166.00	(489.20)	655.20	332.00	(323.20)
Total Laundry	13,479.50	21,422.00	7,942.50	29,512.99	42,844.00	13,331.01
Maintenance						
Reg. Full-Time Employees	3,918.10	6,686.00	2,767.90	7,724.42	13,372.00	5,647.58
Overtime	16.34	133.00	116.66	165.59	266.00	100.41
TOPS - Balances	(271.15)	250.00	521.15	(248.31)	500.00	748.31
TOPS - FICA	(9.72)	19.00	28.72	(8.10)	38.00	46.10
Social Security - Employer	247.50	521.00	273.50	494.88	1,042.00	547.12
IMRF - Employer Cost	423.99	587.00	163.01	740.21	1,174.00	433.79
Workers' Compensation Insurance	116.07	203.00	86.93	207.73	406.00	198.27
Unemployment Insurance	206.56	386.00	179.44	407.26	772.00	364.74
Employee Health/Life Insurance	1,018.20	1,961.00	942.80	2,036.40	3,922.00	1,885.60
Gasoline & Oil	11.61	278.00	266.39	11.61	556.00	544.39
Tools		41.00	41.00		82.00	82.00
Ground Supplies		60.00	60.00		120.00	120.00
Maintenance Supplies	1,373.87	2,500.00	1,126.13	5,510.39	5,000.00	(510.39)
Equipment < \$2,500	123.82	166.00	42.18	123.82	332.00	208.18
Operational Supplies	(6.02)	8.00	14.02	81.50	16.00	(65.50)
Professional Services		70.00	70.00		140.00	140.00
Automobile Maintenance	90.06	935.00	844.94	752.10	1,870.00	1,117.90
Equipment Maintenance	1,603.73	3,333.00	1,729.27	3,863.15	6,666.00	2,802.85
Equipment Rentals		8.00	8.00		16.00	16.00
Nursing Home Building Repair/Maintenance	2,883.30	8,333.00	5,449.70	11,036.61	16,666.00	5,629.39
Parking Lot/Sidewalk Maintenance		1,666.00	1,666.00	1,166.00	3,332.00	2,166.00
Total Maintenance	11,746.26	28,144.00	16,397.74	34,065.26	56,288.00	22,222.74
Nursing Services						
Reg. Full-Time Employees	146,400.34	161,195.00	14,794.66	290,722.57	322,390.00	31,667.43
Reg. Part-Time Employees	3,858.41	6,572.00	2,713.59	9,636.62	13,144.00	3,507.38
Temp. Salaries & Wages	1,977.65	11,666.00	9,688.35	5,371.34	23,332.00	17,960.66
Overtime	21,593.17	39,165.00	17,571.83	63,045.36	78,330.00	15,284.64
TOPS - Balances	(22,201.50)	833.00	23,034.50	(4,263.65)	1,666.00	5,929.65
No Benefit Full-Time Employees	107,131.58	63,178.00	(43,953.58)	189,741.88	126,356.00	(63,385.88)
No Benefit Part-Time Employees	25,330.25	53,453.00	28,122.75	69,221.80	106,906.00	37,684.20
TOPS - FICA	(961.36)	63.00	1,024.36	313.37	126.00	(187.37)
Social Security - Employer	18,297.99	25,645.00	7,347.01	40,476.37	51,290.00	10,813.63
IMRF - Employer Cost	31,721.82	28,897.00	(2,824.82)	58,930.68	57,794.00	(1,136.68)
Workers' Compensation Insurance	8,283.42	10,023.00	1,739.58	16,215.09	20,046.00	3,830.91
Unemployment Insurance	15,521.20	16,251.00	729.80	33,049.94	32,502.00	(547.94)

Champaign County Nursing Home
Actual vs Budget Statement of Operations

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Employee Health/Life Insurance	24,294.13	31,121.00	6,826.87	47,922.70	62,242.00	14,319.30
Books, Periodicals & Manuals		166.00	166.00	463.95	332.00	(131.95)
Stocked Drugs	7,806.56	2,083.00	(5,723.56)	8,700.17	4,166.00	(4,534.17)
Pharmacy Charges-Public Aid	2,832.93	2,083.00	(749.93)	4,620.35	4,166.00	(454.35)
Oxygen	1,675.85	3,500.00	1,824.15	3,276.35	7,000.00	3,723.65
Incontinence Supplies	8,030.47	9,166.00	1,135.53	16,469.83	18,332.00	1,862.17
Pharmacy Charges - Insurance	9,766.02	10,416.00	649.98	20,326.13	20,832.00	505.87
Equipment < \$2,500	98.00	1,750.00	1,652.00	2,062.39	3,500.00	1,437.61
Operational Supplies	17,564.37	15,416.00	(2,148.37)	37,459.86	30,832.00	(6,627.86)
Pharmacy Charges-Medicare	9,204.28	10,000.00	795.72	19,572.41	20,000.00	427.59
Medical/Dental/Mental Health	3,800.00	3,750.00	(50.00)	9,600.00	7,500.00	(2,100.00)
Professional Services	23,207.73	16,666.00	(6,541.73)	34,128.39	33,332.00	(796.39)
Job Require Travel		39.00	39.00		78.00	78.00
Laboratory Fees	1,490.25	2,500.00	1,009.75	3,052.30	5,000.00	1,947.70
Equipment Rentals	5,272.26	2,500.00	(2,772.26)	11,915.47	5,000.00	(6,915.47)
Dues & Licenses		30.00	30.00	50.00	60.00	10.00
Conferences & Training	590.00	257.00	(333.00)	2,715.00	514.00	(2,201.00)
Contract Nursing Services	42,777.81	53,333.00	10,555.19	120,617.30	106,666.00	(13,951.30)
Medicare Medical Services	432.44	3,214.00	2,781.56	1,264.59	6,428.00	5,163.41
Total Nursing Services	515,796.07	584,931.00	69,134.93	1,116,678.56	1,169,862.00	53,183.44
Activities						
Reg. Full-Time Employees	16,946.30	25,026.00	8,079.70	33,405.83	50,052.00	16,646.17
Reg. Part-Time Employees	1,490.16		(1,490.16)	2,929.58		(2,929.58)
Overtime	15.98	628.00	612.02	21.82	1,256.00	1,234.18
TOPS - Balances	(141.28)	83.00	224.28	(56.07)	166.00	222.07
Part Time Non Benefit		929.00	929.00		1,858.00	1,858.00
TOPS - FICA	17.18	6.00	(11.18)	23.23	12.00	(11.23)
Social Security - Employer	1,145.26	2,033.00	887.74	2,252.56	4,066.00	1,813.44
IMRF - Employer Cost	1,941.43	2,291.00	349.57	3,350.50	4,582.00	1,231.50
Workers' Compensation Insurance	530.08	794.00	263.92	968.49	1,588.00	619.51
Unemployment Insurance	963.48	1,467.00	503.52	1,863.83	2,934.00	1,070.17
Employee Health/Life Insurance	3,909.24	4,916.00	1,006.76	3,909.24	9,832.00	5,922.76
Equipment < \$2,500	120.00		(120.00)	120.00		(120.00)
Operational Supplies	737.12	541.00	(196.12)	1,135.31	1,082.00	(53.31)
Professional Services	129.70	150.00	20.30	259.40	300.00	40.60
Conferences & Training	15.00	43.00	28.00	510.00	86.00	(424.00)
Total Activities	27,819.65	38,907.00	11,087.35	50,693.72	77,814.00	27,120.28
Social Services						
Reg. Full-Time Employees	15,113.80	18,442.00	3,328.20	29,720.12	36,884.00	7,163.88
Overtime	120.93	265.00	144.07	493.31	530.00	36.69
TOPS - Balances	(1,939.62)	166.00	2,105.62	(746.12)	332.00	1,078.12
TOPS - FICA	15.63	12.00	(3.63)	100.45	24.00	(76.45)
Social Security - Employer	956.03	1,431.00	474.97	1,889.19	2,862.00	972.81
IMRF - Employer Cost	1,640.05	1,612.00	(28.05)	2,825.28	3,224.00	398.72
Workers' Compensation Insurance	456.23	559.00	102.77	829.78	1,118.00	288.22
Unemployment Insurance	799.87	916.00	116.13	1,566.49	1,832.00	265.51
Employee Health/Life Insurance	2,588.07	2,871.00	282.93	4,586.44	5,742.00	1,155.56
Operational Supplies	50.58		(50.58)	513.99		(513.99)
Professional Services	129.70	250.00	120.30	259.40	500.00	240.60
Conferences & Training				260.00		(260.00)
Total Social Services	19,931.27	26,524.00	6,592.73	42,298.33	53,048.00	10,749.67
Physical Therapy						
Reg. Full-Time Employees	4,365.36	4,565.00	199.64	6,904.33	9,130.00	2,225.67

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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
Overtime	4.09	3.00	(1.09)	32.91	6.00	(26.91)
TOPS - Balances	228.72	83.00	(145.72)	719.63	166.00	(553.63)
TOPS - FICA	64.09	6.00	(58.09)	98.97	12.00	(86.97)
Social Security - Employer	270.30	349.00	78.70	549.87	698.00	148.13
IMRF - Employer Cost	459.07	393.00	(66.07)	810.76	786.00	(24.76)
Workers' Compensation Ins.	132.99	136.00	3.01	257.28	272.00	14.72
Unemployment Insurance	225.76	256.00	30.24	458.56	512.00	53.44
Employee Health/Life Insurance	1,331.12	1,510.00	178.88	2,662.24	3,020.00	357.76
Professional Services	24,599.39	35,833.00	11,233.61	47,623.83	71,666.00	24,042.17
Total Physical Therapy	31,680.89	43,134.00	11,453.11	60,118.38	86,268.00	26,149.62
Occupational Therapy						
Reg. Full-Time Employees	2,187.19	4,541.00	2,353.81	6,581.03	9,082.00	2,500.97
TOPS - Balances	250.04	41.00	(209.04)	807.62	82.00	(725.62)
TOPS - FICA	35.76	3.00	(32.76)	75.38	6.00	(69.38)
Social Security - Employer	138.99	347.00	208.01	281.95	694.00	412.05
IMRF - Employer Cost	236.80	391.00	154.20	416.54	782.00	365.46
Workers' Compensation Ins.	66.79	135.00	68.21	128.73	270.00	141.27
Unemployment Insurance	114.19	259.00	144.81	231.59	518.00	286.41
Employee Health/Life Insurance	665.56	1,508.00	842.44	1,331.12	3,016.00	1,684.88
Professional Services	25,413.75	25,833.00	419.25	49,105.70	51,666.00	2,560.30
Total Occupational Therapy	29,109.07	33,058.00	3,948.93	58,959.66	66,116.00	7,156.34
Speech Therapy						
Professional Services	8,469.22	10,833.00	2,363.78	16,080.45	21,666.00	5,585.55
Total Speech Therapy	8,469.22	10,833.00	2,363.78	16,080.45	21,666.00	5,585.55
Respiratory Therapy						
Professional Services	5,403.70		(5,403.70)	9,447.38		(9,447.38)
Professional Services		7,500.00	7,500.00		15,000.00	15,000.00
Total Respiratory Therapy	5,403.70	7,500.00	2,096.30	9,447.38	15,000.00	5,552.62
Total This Department	13,872.92	18,333.00	4,460.08	25,527.83	36,666.00	11,138.17
Food Services						
Reg. Full-Time Employees	31,429.61	29,461.00	(1,968.61)	60,116.37	58,922.00	(1,194.37)
Reg. Part-Time Employees	1,765.10	3,247.00	1,481.90	4,347.70	6,494.00	2,146.30
Overtime	2,428.55	4,281.00	1,852.45	7,572.55	8,562.00	989.45
TOPS - Balances	(1,322.83)		1,322.83	(2,103.77)		2,103.77
TOPS - FICA	40.46		(40.46)	(15.04)		15.04
Social Security - Employer	2,137.06	2,829.00	691.94	4,742.07	5,658.00	915.93
IMRF - Employer Cost	3,733.32	3,188.00	(545.32)	7,008.59	6,376.00	(632.59)
Workers' Compensation Insurance	1,012.82	1,106.00	93.18	1,904.22	2,212.00	307.78
Unemployment Insurance	1,859.45	1,993.00	133.55	3,923.52	3,986.00	62.48
Employee Health/Life Insurance	5,997.84	8,333.00	2,335.16	11,995.68	16,666.00	4,670.32
Food	(147.78)		147.78			
Non-Food Supply		83.00	83.00		166.00	166.00
Nutritional Supplements	3,626.86	5,000.00	1,373.14	10,790.68	10,000.00	(790.68)
Equipment < \$2,500				(0.49)		0.49
Operational Supplies	(403.16)		403.16	(403.52)		403.52
Professional Services				756.08		(756.08)
Equipment Rentals	404.95	405.00	0.05	809.90	810.00	0.10
Conferences & Training	30.00	41.00	11.00	45.00	82.00	37.00
Food Service	52,985.53	60,955.00	7,969.47	110,410.20	121,910.00	11,499.80
Furnishings, Office Equipment	1,247.00		(1,247.00)	1,247.00		(1,247.00)
Total Food Services	106,824.78	120,922.00	14,097.22	223,146.74	241,844.00	18,697.26

Champaign County Nursing Home
Actual vs Budget Statement of Operations

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Barber & Beauty						
Reg. Full-Time Employees	4,370.06	4,562.00	191.94	9,030.76	9,124.00	93.24
TOPS - Balances	199.43		(199.43)	1,033.14		(1,033.14)
TOPS - FICA	33.83		(33.83)	93.07		(93.07)
Social Security - Employer	237.94	349.00	111.06	485.93	698.00	212.07
IMRF - Employer Cost	400.38	393.00	(7.38)	712.48	786.00	73.52
Workers' Compensation Insurance	132.32	136.00	3.68	257.24	272.00	14.76
Unemployment Insurance	226.03	256.00	29.97	459.58	512.00	52.42
Employee Health/Life Insurance	1,331.12	1,502.00	170.88	2,662.24	3,004.00	341.76
Operational Supplies		125.00	125.00	237.12	250.00	12.88
Total Barber & Beauty	6,931.11	7,323.00	391.89	14,971.56	14,646.00	(325.56)
Adult Day Care						
Reg. Full-Time Employees	10,191.58	12,550.00	2,358.42	20,774.66	25,100.00	4,325.34
Reg. Part-Time Employees	12.57		(12.57)	12.57		(12.57)
Overtime	26.35	248.00	221.65	331.42	496.00	164.58
TOPS - Balances	(637.52)		637.52	(451.48)		451.48
TOPS - FICA	18.17		(18.17)	31.39		(31.39)
Social Security - Employer	635.43	979.00	343.57	1,306.78	1,958.00	651.22
IMRF - Employer Cost	1,076.61	1,103.00	26.39	1,921.55	2,206.00	284.45
Workers' Compensation Insurance	301.89	382.00	80.11	582.42	764.00	181.58
Unemployment Insurance	533.82	719.00	185.18	1,095.76	1,438.00	342.24
Employee Health/Life Insurance	2,687.58	3,147.00	459.42	5,375.16	6,294.00	918.84
Books, Periodicals & Manuals		15.00	15.00		30.00	30.00
Gasoline & Oil		1,041.00	1,041.00	591.84	2,082.00	1,490.16
Equipment < \$2,500		41.00	41.00	37.61	82.00	44.39
Operational Supplies	175.28	172.00	(3.28)	298.19	344.00	45.81
Field Trips/Activities		30.00	30.00	24.00	60.00	36.00
Dues & Licenses		20.00	20.00	72.00	40.00	(32.00)
Conferences & Training		20.00	20.00		40.00	40.00
Total Adult Day Care	15,021.76	20,467.00	5,445.24	32,003.87	40,934.00	8,930.13
Alzheimers and Related Disord						
Reg. Full-Time Employees	12,538.29	21,486.00	8,947.71	22,881.96	42,972.00	20,090.04
Reg. Part-Time Employees		436.00	436.00		872.00	872.00
Temp. Salaries & Wages		416.00	416.00		832.00	832.00
Overtime	1,933.02	6,478.00	4,544.98	5,208.67	12,956.00	7,747.33
TOPS - Balances	(145.34)	333.00	478.34	682.40	666.00	(16.40)
No Benefit Full-Time Employees	10,874.96	12,606.00	1,731.04	16,517.98	25,212.00	8,694.02
No Benefit Part-Time Employees	3,588.59	13,243.00	9,654.41	8,067.10	26,486.00	18,418.90
TOPS - FICA	19.58	25.00	5.42	78.41	50.00	(28.41)
Social Security - Employer	1,717.61	4,182.00	2,464.39	3,238.01	8,364.00	5,125.99
IMRF - Employer Cost	2,987.19	4,712.00	1,724.81	4,909.46	9,424.00	4,514.54
Workers' Compensation Insurance	683.61	1,634.00	950.39	1,197.91	3,268.00	2,070.09
Unemployment Insurance	1,522.41	2,364.00	841.59	2,716.59	4,728.00	2,011.41
Employee Health/Life Insurance	1,999.28	2,788.00	788.72	3,998.56	5,576.00	1,577.44
Operational Supplies		22.00	22.00		44.00	44.00
Professional Services	126.19		(126.19)	252.38		(252.38)
Conferences & Training	654.00	20.00	(634.00)	654.00	40.00	(614.00)
ARD - Contract Nursing		833.00	833.00		1,666.00	1,666.00
Total Alzheimers and Related Disorders	38,499.39	71,578.00	33,078.61	70,403.43	143,156.00	72,752.57
Total Expenses	1,183,604.82	1,416,052.00	232,447.18	2,461,672.28	2,832,104.00	370,431.72
Net Operating Income	(156,730.20)	(93,710.00)	(63,020.20)	(331,089.68)	(187,420.00)	(143,669.68)

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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
NonOperating Income						
Local Taxes						
Current-Nursing Home Operating	97,826.54	97,827.00	(0.46)	195,653.08	195,654.00	(0.92)
Total Local Taxes	97,826.54	97,827.00	(0.46)	195,653.08	195,654.00	(0.92)
Miscellaneous NI Revenue						
Investment Interest		25.00	(25.00)		50.00	(50.00)
Restricted Donations	850.00	292.00	558.00	850.00	584.00	266.00
Vending Machine Revenue		334.00	(334.00)		668.00	(668.00)
Total Miscellaneous NI Revenue	850.00	651.00	199.00	850.00	1,302.00	(452.00)
Total NonOperating Income	98,676.54	98,478.00	198.54	196,503.08	196,956.00	(452.92)
Net Income (Loss)	(58,053.66)	4,768.00	(62,821.66)	(134,586.60)	9,536.00	(144,122.60)

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Champaign County Nursing Home
Historical Statement of Operations

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Description	03/15	04/15	05/15	06/15	07/15	08/15	09/15	10/15	11/15	12/15	01/16	02/16	Total
Operating Income													
Miscellaneous Revenue											296	229	525
Medicare A Revenue											181,953	213,322	395,275
Medicare B Revenue											15,525	4,671	20,196
Medicaid Revenue											596,134	498,429	1,094,562
Private Pay Revenue											291,847	279,285	571,131
Adult Day Care Revenue											17,953	30,940	48,894
Total Income											1,103,708	1,026,875	2,130,583
Operating Expenses													
Administration											253,974	266,034	520,008
Environmental Services											96,426	86,859	183,284
Laundry											16,033	13,480	29,513
Maintenance											22,319	11,746	34,065
Nursing Services											600,882	515,796	1,116,679
Activities											22,874	27,820	50,694
Social Services											22,367	19,931	42,298
Physical Therapy											28,437	31,681	60,118
Occupational Therapy											29,851	29,109	58,960
Speech Therapy											7,611	8,469	16,080
Respiratory Therapy													
Respiratory Therapy											4,044	5,404	9,447
Total This Department											11,655	13,873	25,528
Food Services											116,322	106,825	223,147
Barber & Beauty											8,040	6,931	14,972
Adult Day Care											16,982	15,022	32,004
Alzheimers and Related Disorders											31,904	38,499	70,403
Total Expenses											1,278,067	1,183,605	2,461,672
Net Operating Income											(174,359)	(156,730)	(331,090)
NonOperating Income													
Local Taxes											97,827	97,827	195,653
Miscellaneous NI Revenue												850	850
Total NonOperating Income											97,827	98,677	196,503
Net Income (Loss)											(76,533)	(58,054)	(134,587)

Champaign County Nursing Home
Historical Statement of Operations

02/29/16

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Description	03/15	04/15	05/15	06/15	07/15	08/15	09/15	10/15	11/15	12/15	01/16	02/16	Total
Operating Income													
Miscellaneous Revenue													
Lunch Reimbursement											264	276	540
Late Charge, NSF Check Charge												(95)	(95)
Other Miscellaneous Revenue											32	48	80
Total Miscellaneous Revenue											296	229	525
Medicare A Revenue													
Medicare A											104,760	100,473	205,234
NH Pt_Care - Medicare Advantage/ H											77,193	112,849	190,041
Total Medicare A Revenue											181,953	213,322	395,275
Medicare B Revenue													
Medicare B											15,525	4,671	20,196
Total Medicare B Revenue											15,525	4,671	20,196
Medicaid Revenue													
Medicaid Title XIX (IDHFS)											490,211	389,835	880,045
ARD - Medicaid Title XIX (IDHFS)											79,488	63,382	142,870
Patient Care-Hospice											26,435	44,797	71,231
ARD Patient Care - Hospice												416	416
Total Medicaid Revenue											596,134	498,429	1,094,562
Private Pay Revenue													
VA-Veterans Nursing Home Care											36,767	52,446	89,213
Nursing Home Patient Care - Private											231,972	185,493	417,465
Nursing Home Beauty Shop Revenue											2,260	2,067	4,327
Medical Supplies Revenue											3,945	4,182	8,127
Patient Transportation Charges											2,185	1,857	4,042
ARD Patient Care- Private Pay											14,717	33,240	47,957
Total Private Pay Revenue											291,847	279,285	571,131
Adult Day Care Revenue													
VA-Veterans Adult Daycare											8,557	7,316	15,872
IL Department Of Aging-Day Care Gra											6,943	20,678	27,621
Adult Day Care Charges-Private Pay											2,454	2,946	5,400
Total Adult Day Care Revenue											17,953	30,940	48,894
Total Income											1,103,708	1,026,875	2,130,583

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Champaign County Nursing Home
Historical Statement of Operations

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Description	03/15	04/15	05/15	06/15	07/15	08/15	09/15	10/15	11/15	12/15	01/16	02/16	Total
Operating Expenses													
Administration													
Reg. Full-Time Employees											30,283	31,637	61,920
Temp. Salaries & Wages											1,037	963	2,000
Per Diem											179	205	384
Overtime											892	206	1,098
TOPS - Balances											(1,977)	1,529	(449)
TOPS - FICA											(141)	385	245
Social Security - Employer											1,977	1,973	3,950
IMRF - Employer Cost											2,408	3,249	5,657
Workers' Compensation Insurance											805	976	1,781
Unemployment Insurance											1,636	1,659	3,295
Employee Health/Life Insurance											4,763	4,763	9,526
Employee Development/Recognition											152	66	217
Employee Physicals/Lab											4,712	3,198	7,910
Books, Periodicals & Manuals											69		69
Copier Supplies											586	977	1,562
Postage, UPS, Federal Express											333	165	498
Equipment < \$2,500													
Operational Supplies											567	381	948
Audit & Accounting Fees											4,055	4,055	8,110
Attorney Fees											12,464	8,411	20,876
Engineering Fees											2,400	3,630	6,030
Professional Services											38,488	43,403	81,891
Job Required Travel Expense											213	122	335
Insurance											22,458	22,458	44,915
Computer Services											7,376	8,851	16,227
Telephone Services											1,244	1,708	2,951
Equipment Maintenance											306		306
Legal Notices, Advertising											1,632	2,678	4,310
Photocopy Services											748	900	1,648
Public Relations												52	52
Dues & Licenses											1,725	1,923	3,648
Conferences & Training												1,355	1,355
Finance Charges, Bank Fees											134	269	403
Cable/Satellite TV Expense											1,929	2,256	4,185
IPA Licensing Fee											42,359	39,731	82,090
General Liability Claims													
Furnishings, Office Equipment													
Depreciation Expense											58,789	62,529	121,318

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Champaign County Nursing Home
Historical Statement of Operations

02/29/16

3

Description	03/15	04/15	05/15	06/15	07/15	08/15	09/15	10/15	11/15	12/15	01/16	02/16	Total
Interest- Bonds Payable											9,374	9,374	18,748
Total Administration											253,974	266,034	520,008
Environmental Services													
Reg. Full-Time Employees											26,230	23,758	49,988
Reg. Part-Time Employees											844	751	1,595
Overtime											1,380	8	1,388
TOPS - Balances											972	(1,631)	(659)
TOPS- FICA											69	46	115
Social Security - Employer											1,889	1,471	3,360
IMRF - Employer Cost											2,325	2,527	4,852
Workers' Compensation Insurance											790	739	1,530
Unemployment Insurance											1,507	1,262	2,769
Employee Health/Life Insurance											5,920	5,229	11,149
Operational Supplies											4,639	3,879	8,517
Gas Service											12,311	15,215	27,526
Electric Service											28,206	25,360	53,566
Water Service											3,023	2,733	5,756
Pest Control Service											511	1,486	1,998
Waste Disposal & Recycling											4,422	2,312	6,734
Equipment Rentals											258	258	516
Sewer Service & Tax											1,129	1,455	2,584
Total Environmental Services											96,426	86,859	183,284
Laundry													
Reg. Full-Time Employees											6,597	7,189	13,786
Reg. Part-Time Employees											443	656	1,099
Overtime											390	18	408
TOPS Balances											(33)	(1,150)	(1,182)
TOPS - FICA											(2)	(15)	(17)
Social Security - Employer											506	466	972
IMRF - Employer Cost											652	800	1,452
Workers' Compensation Insurance											162	231	392
Unemployment Insurance											403	408	811
Employee Health/Life Insurance											2,662	2,662	5,324
Laundry Supplies											74		74
Linen & Bedding											4,178	1,535	5,713
Operational Supplies												25	25
Laundry & Cleaning Service												655	655
Total Laundry											16,033	13,480	29,513
Maintenance													

02/29/16

Champaign County Nursing Home
Historical Statement of Operations

4

Description	03/15	04/15	05/15	06/15	07/15	08/15	09/15	10/15	11/15	12/15	01/16	02/16	Total
Reg. Full-Time Employees											3,806	3,918	7,724
Overtime											149	16	166
TOPS - Balances											23	(271)	(248)
TOPS - FICA											2	(10)	(8)
Social Security - Employer											247	248	495
IMRF - Employer Cost											316	424	740
Workers' Compensation Insurance											92	116	208
Unemployment Insurance											201	207	407
Employee Health/Life Insurance											1,018	1,018	2,036
Gasoline & Oil												12	12
Maintenance Supplies											4,137	1,374	5,510
Equipment < \$2,500												124	124
Operational Supplies											88	(6)	82
Automobile Maintenance											662	90	752
Equipment Maintenance											2,259	1,604	3,863
Nursing Home Building Repair/Mainte											8,153	2,883	11,037
Parking Lot/Sidewalk Maintenance											1,166		1,166
Total Maintenance											22,319	11,746	34,065
Nursing Services													
Reg. Full-Time Employees											144,322	146,400	290,723
Reg. Part-Time Employees											5,778	3,858	9,637
Temp. Salaries & Wages											3,394	1,978	5,371
Overtime											41,452	21,593	63,045
TOPS - Balances											17,938	(22,202)	(4,264)
No Benefit Full-Time Employees											82,610	107,132	189,742
No Benefit Part-Time Employees											43,892	25,330	69,222
TOPS - FICA											1,275	(961)	313
Social Security - Employer											22,178	18,298	40,476
IMRF - Employer Cost											27,209	31,722	58,931
Workers' Compensation Insurance											7,932	8,283	16,215
Unemployment Insurance											17,529	15,521	33,050
Employee Health/Life Insurance											23,629	24,294	47,923
Books, Periodicals & Manuals											464		464
Stocked Drugs											894	7,807	8,700
Pharmacy Charges-Public Aid											1,787	2,833	4,620
Oxygen											1,601	1,676	3,276
Incontinence Supplies											8,439	8,030	16,470
Pharmacy Charges - Insurance											10,560	9,766	20,326
Equipment < \$2,500											1,964	98	2,062
Operational Supplies											19,895	17,564	37,460
Pharmacy Charges-Medicare											10,368	9,204	19,572
Medical/Dental/Mental Health											5,800	3,800	9,600

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

02/29/16

5

Description	03/15	04/15	05/15	06/15	07/15	08/15	09/15	10/15	11/15	12/15	01/16	02/16	Total
Professional Services											10,921	23,208	34,128
Laboratory Fees											1,562	1,490	3,052
Equipment Rentals											6,643	5,272	11,915
Dues & Licenses											50		50
Conferences & Training											2,125	590	2,715
Contract Nursing Services											77,839	42,778	120,617
Medicare Medical Services											832	432	1,265
Total Nursing Services											600,882	515,796	1,116,679

Activities

Reg. Full-Time Employees											16,460	16,946	33,406
Reg. Part-Time Employees											1,439	1,490	2,930
Overtime											6	16	22
TOPS - Balances											85	(141)	(56)
TOPS - FICA											6	17	23
Social Security - Employer											1,107	1,145	2,253
IMRF - Employer Cost											1,409	1,941	3,351
Workers' Compensation Insurance											438	530	968
Unemployment Insurance											900	963	1,864
Employee Health/Life Insurance												3,909	3,909
Equipment < \$2,500												120	120
Operational Supplies											398	737	1,135
Professional Services											130	130	259
Conferences & Training											495	15	510
Total Activities											22,874	27,820	50,694

Social Services

Reg. Full-Time Employees											14,606	15,114	29,720
Overtime											372	121	493
TOPS - Balances											1,194	(1,940)	(746)
TOPS - FICA											85	16	100
Social Security - Employer											933	956	1,889
IMRF - Employer Cost											1,185	1,640	2,825
Workers' Compensation Insurance											374	456	830
Unemployment Insurance											767	800	1,566
Employee Health/Life Insurance											1,998	2,588	4,586
Operational Supplies											463	51	514
Professional Services											130	130	259
Conferences & Training											260		260
Total Social Services											22,367	19,931	42,298

Physical Therapy

Thursday, May 05, 2016

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

02/29/16

6

Description	03/15	04/15	05/15	06/15	07/15	08/15	09/15	10/15	11/15	12/15	01/16	02/16	Total
Reg. Full-Time Employees											2,539	4,365	6,904
Overtime											29	4	33
TOPS - Balances											491	229	720
TOPS - FICA											35	64	99
Social Security - Employer											280	270	550
IMRF - Employer Cost											352	459	811
Workers' Compensation Ins.											124	133	257
Unemployment Insurance											233	226	459
Employee Health/Life Insurance											1,331	1,331	2,662
Professional Services											23,024	24,599	47,624
Total Physical Therapy											28,437	31,681	60,118
Occupational Therapy													
Reg. Full-Time Employees											4,394	2,187	6,581
TOPS - Balances											558	250	808
TOPS - FICA											40	36	75
Social Security - Employer											143	139	282
IMRF - Employer Cost											180	237	417
Workers' Compensation Ins.											62	67	129
Unemployment Insurance											117	114	232
Employee Health/Life Insurance											666	666	1,331
Professional Services											23,692	25,414	49,106
Total Occupational Therapy											29,851	29,109	58,960
Speech Therapy													
Professional Services											7,611	8,469	16,080
Total Speech Therapy											7,611	8,469	16,080
Respiratory Therapy													
Professional Services											4,044	5,404	9,447
Total Respiratory Therapy											4,044	5,404	9,447
Total This Department											11,655	13,873	25,528
Food Services													
Reg. Full-Time Employees											28,687	31,430	60,116
Reg. Part-Time Employees											2,583	1,765	4,348
Overtime											5,144	2,429	7,573
TOPS - Balances											(781)	(1,323)	(2,104)
TOPS - FICA											(56)	40	(15)
Social Security - Employer											2,605	2,137	4,742
IMRF - Employer Cost											3,275	3,733	7,009
Workers' Compensation Insurance											891	1,013	1,904

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Champaign County Nursing Home
Historical Statement of Operations

02/29/16

7

Description	03/15	04/15	05/15	06/15	07/15	08/15	09/15	10/15	11/15	12/15	01/16	02/16	Total
Unemployment Insurance											2,064	1,859	3,924
Employee Health/Life Insurance											5,998	5,998	11,996
Food											148	(148)	
Nutritional Supplements											7,164	3,627	10,791
Equipment < \$2,500													
Operational Supplies												(403)	(404)
Professional Services											756		756
Equipment Rentals											405	405	810
Conferences & Training											15	30	45
Food Service											57,425	52,986	110,410
Furnishings, Office Equipment												1,247	1,247
Total Food Services											116,322	106,825	223,147
Barber & Beauty													
Reg. Full-Time Employees											4,661	4,370	9,031
TOPS - Balances											834	199	1,033
TOPS - FICA											59	34	93
Social Security - Employer											248	238	486
IMRF - Employer Cost											312	400	712
Workers' Compensation Insurance											125	132	257
Unemployment Insurance											234	226	460
Employee Health/Life Insurance											1,331	1,331	2,662
Operational Supplies											237		237
Total Barber & Beauty											8,040	6,931	14,972
Adult Day Care													
Reg. Full-Time Employees											10,583	10,192	20,775
Reg. Part-Time Employees												13	13
Overtime											305	26	331
TOPS - Balances											186	(638)	(451)
TOPS - FICA											13	18	31
Social Security - Employer											671	635	1,307
IMRF - Employer Cost											845	1,077	1,922
Workers' Compensation Insurance											281	302	582
Unemployment Insurance											562	534	1,096
Employee Health/Life Insurance											2,688	2,688	5,375
Gasoline & Oil											592		592
Equipment < \$2,500											38		38
Operational Supplies											123	175	298
Field Trips/Activities											24		24
Dues & Licenses											72		72
Total Adult Day Care											16,982	15,022	32,004

02/29/16

Champaign County Nursing Home
Historical Statement of Operations

8

Description	03/15	04/15	05/15	06/15	07/15	08/15	09/15	10/15	11/15	12/15	01/16	02/16	Total
Alzheimers and Related Disord													
Reg. Full-Time Employees											10,344	12,538	22,882
Overtime											3,276	1,933	5,209
TOPS - Balances											828	(145)	682
No Benefit Full-Time Employees											5,643	10,875	16,518
No Benefit Part-Time Employees											4,479	3,589	8,067
TOPS - FICA											59	20	78
Social Security - Employer											1,520	1,718	3,238
IMRF - Employer Cost											1,922	2,987	4,909
Workers' Compensation Insurance											514	684	1,198
Unemployment Insurance											1,194	1,522	2,717
Employee Health/Life Insurance											1,999	1,999	3,999
Professional Services											126	126	252
Conferences & Training												654	654
Total Alzheimers and Related Disorde											31,904	38,499	70,403
Total Expenses											1,278,067	1,183,605	2,461,672
Net Operating Income											(174,359)	(156,730)	(331,090)
NonOperating Income													
Local Taxes													
Current-Nursing Home Operating											97,827	97,827	195,653
Total Local Taxes											97,827	97,827	195,653
Miscellaneous NI Revenue													
Restricted Donations												850	850
Total Miscellaneous NI Revenue												850	850
Total NonOperating Income											97,827	98,677	196,503
Net Income (Loss)											(76,533)	(58,054)	(134,587)

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

Cash	\$458,311.93
Petty Cash	\$300.00
Total Cash	\$458,611.93

Rec., Net of Uncollectible Amounts

Accts Rec-Nursing Home Private Pay	\$1,358,151.63
Accts Rec-Nursing Home Med Adv/ HMO/ Ins	\$977,335.22
Total Rec., Net of Uncollectible Amounts	\$2,335,486.85

Rec., Net of Uncollectible Amounts

Accts Rec-Nursing Home Hospice	\$200,596.36
Allowance for Uncollectible Accts-Private Pay	(\$274,090.97)
Allowance for Uncollectible Accts-Patient Care P	(\$285,818.86)
Total Rec., Net of Uncollectible Amounts	(\$359,313.47)

Accrued Interest

Property Tax Revenue Receivable	\$196,481.68
Total Accrued Interest	\$196,481.68

Intergvt. Rec., Net of Uncollectibl

Due From Collector Funds	\$586.42
Due from Other Governmental Units	\$1,007,214.76
Due from IL Public Aid	\$895,867.39
Due from IL Department of Aging-Title XX	\$102,823.67
Due from US Treasury-Medicare	\$517,007.52
Due From VA-Adult Daycare	\$33,324.48
Due From VA-Nursing Home Care	\$124,213.77
Allowance for Uncollectible Accts-IPA	\$0.00
Allowance for Uncollectible Accts-Medicare	(\$24,961.61)
Total Intergvt. Rec., Net of Uncollectibl	\$2,656,076.40

Prepaid Expenses

Prepaid Expenses	\$120,539.56
Stores Inventory	\$21,111.96
Total Prepaid Expenses	\$141,651.52

Long-Term Investments

Patient Trust Cash, Invested	\$21,077.46
Total Long-Term Investments	\$21,077.46
Total Current Assets	\$5,450,072.37

Fixed Assets

Nursing Home Buildings	\$23,473,119.72
Improvements not Buildings	\$489,285.73
Equipment, Furniture & Autos	\$1,626,795.76
Construction in Progress	\$15,513.24
Accumulated Depreciation-Land Improvements	(\$316,601.63)
Accumulated Depreciation-Equipment, Furniture, &	(\$1,141,325.02)
Accumulated Depreciation-Buildings	(\$5,308,273.97)
Total Fixed Assets	\$18,838,513.83
Total ASSETS	\$24,288,586.20

LIABILITIES & EQUITY**Current Liabilities**

A/R Refunds	\$0.00
A/R Refunds	\$0.00
Accounts Payable	\$2,274,343.12
Salaries & Wages Payable	\$280,639.73
Interest Payable - Bonds	\$18,748.34
Due To Accounts Payable Fund	(\$216.40)
Tax Anticipation Notes Payable	\$997,829.00
Notes Payable	\$292,035.40
Total Current Liabilities	\$3,863,379.19

Non-Current Liabilities

Nursing Home Patient Trust Fund	\$21,077.46
Bonds Payable	\$2,505,000.00
Accrued Compensated Absences	\$287,403.01
Total Non-Current Liabilities	\$2,813,480.47
Total Current Liabilities	\$6,676,859.66

Equity

Revenues	\$0.00
Retained Earnings-Unreserved	\$17,746,313.14
Year To Date Earnings	\$0.00
Contributed Capital	\$0.00
Year To Date Earnings	(\$134,586.60)
Total Equity	\$17,611,726.54
Total LIABILITIES & EQUITY	\$24,288,586.20

**Champaign County Nursing Home
Statement of Cash Flows (Indirect Method)
2 Month
December 31, 2015 through February 29, 2016**

CASH FLOW FROM OPERATING ACTIVITIES:

Net Income (Loss) - YTD	\$ (134,587)
Depreciation Expense	121,318
(Incr.)/Decr. in Accounts Receivable	113,140
(Incr.)/Decr. in Prepaid Expenses	(117,751)
(Incr.)/Decr. in Inventory	(15,347)
(Incr.)/Decr. in Patient Trust	5,097
Incr./(Decr.) in Accounts Payable	1,135,470
Incr./(Decr.) in Salaries and Wages Payable	(165,834)
Incr./(Decr.) in Interest Payable	18,748
Incr./(Decr.) in Accrued Com. Absences	(16,462)
Incr./(Decr.) in Other Liabilities	<u>(16,499)</u>
Net Cash Provided by Operating Activities	927,293

CASH FLOW FROM INVESTING ACTIVITIES:

Purchase of Equipment	(53,745)
Improvements / (CIP)	<u>(18,539)</u>
Net Cash Provided by Investing Activities	(72,284)

CASH FLOW FROM FINANCING ACTIVITIES:

Increase in Tax Anticipation Note	-
Notes Payable - Medicaid	(146,018)
(Decrease) Due to General Corp. Fund	-
(Decrease) in Bonds Payable	-
Increase in Equity Adjustment	<u>(618,029)</u>
Net Cash Provided by Financing Activities	(764,047)

Total Cash Flow	90,962
Begining Cash Flow - 12/31/2015	<u>367,650</u>
ENDING CASH - 2/29/2016	<u><u>\$ 458,612</u></u>

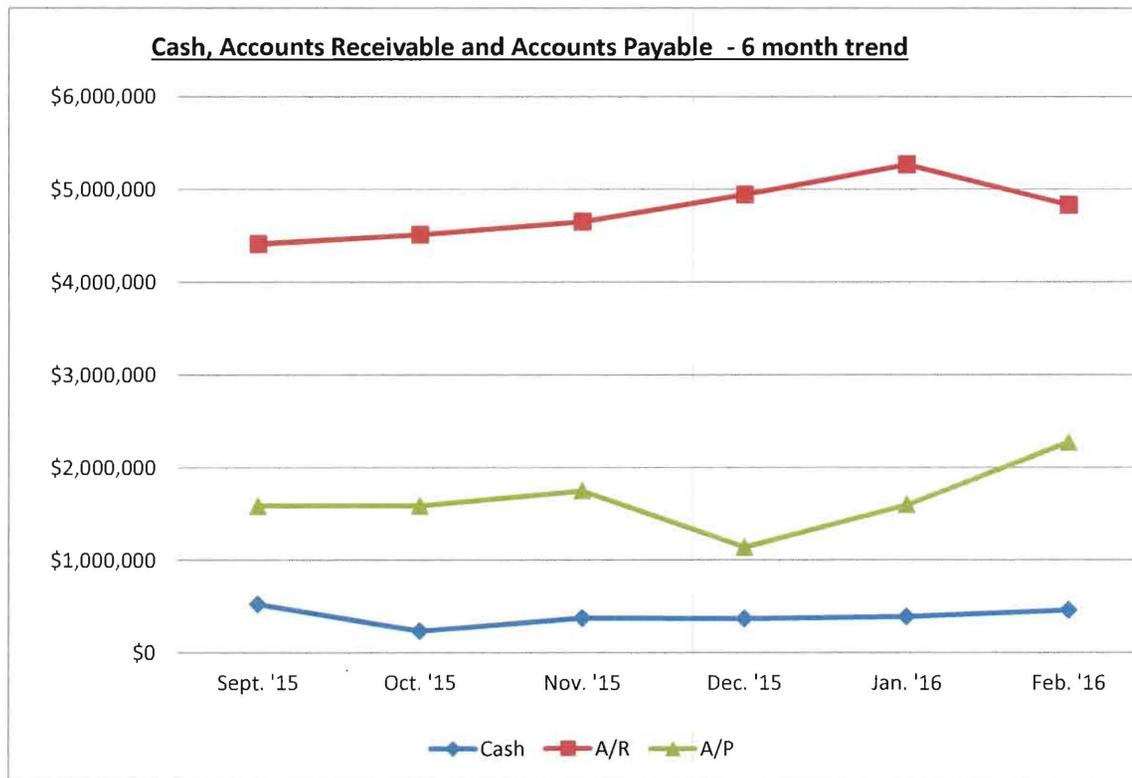
Champaign County Nursing Home
Monthly Statements of Cash Flow (Indirect Method)
September 30, 2015 through February 2016

	<u>Sept. '15</u>	<u>Oct. '15</u>	<u>Nov. '15</u>	<u>Dec. '15</u>	<u>Jan. '16</u>	<u>Feb. '16</u>
<u>CASH FLOW FROM OPERATING ACTIVITIES:</u>						
Net Income (Loss) - Monthly	\$ (78,824)	\$ (6,959)	\$ (68,590)	\$ 17,125	\$ (76,533)	\$ (58,054)
Depreciation Expense	58,954	58,903	58,814	71,996	58,789	62,529
(Incr.)/Decr. in Accounts Receivable	805,392	(99,484)	(138,988)	(292,441)	(322,898)	436,038
(Incr.)/Decr. in Prepaid Expenses	15,573	15,572	15,574	15,574	(66,394)	(51,357)
(Incr.)/Decr. in Inventory	-	-	-	-	-	(15,347)
(Incr.)/Decr. in Patient Trust	-	-	-	-	4,676	421
Incr./(Decr.) in Accounts Payable	(297,567)	3,020	161,397	(611,370)	459,911	675,559
Incr./(Decr.) in Salaries and Wages Payable	(11,768)	(234,986)	168,460	57,402	122,373	(288,207)
Incr./(Decr.) in Interest Payable	9,375	9,374	9,374	(46,871)	9,374	9,374
Incr./(Decr.) in Accrued Com. Absences	3,413	13,925	(26,270)	(20,529)	21,760	(38,222)
Incr./(Decr.) in Other Liabilities	-	11,305	-	99	(4,673)	(11,826)
Net Cash Provided (Used) by Operating Activities	504,548	(229,330)	179,771	(809,015)	206,385	720,908
<u>CASH FLOW FROM INVESTING ACTIVITIES:</u>						
Purchase of Equipment	-	-	-	(74,548)	(34,685)	(19,060)
Improvements / (CIP)	(34,093)	(62,871)	(38,322)	74,548	(15,513)	(3,026)
Net Cash Provided (Used) by Investing Activities	(34,093)	(62,871)	(38,322)	-	(50,198)	(22,086)
<u>CASH FLOW FROM FINANCING ACTIVITIES:</u>						
Incr./(Decr.) in Tax Anticipation Note	(245,905)	-	-	997,829	-	-
Incr./(Decr.) Notes Payable - Medicaid	-	-	-	-	(73,009)	(73,009)
Incr./(Decr.) in Due to General Corp. Fund	-	-	-	-	-	-
Incr./(Decr.) in Bonds Payable	-	-	-	(195,000)	-	-
Incr./(Decr.) in Equity Adjustment	-	-	-	-	(63,984)	(554,045)
Net Cash Provided (Used) by Financing Activities	(245,905)	-	-	802,829	(136,993)	(627,054)
Total Cash Flow	224,550	(292,201)	141,449	(6,186)	19,194	71,768
Beginning Cash Balance (Prior Month's)	300,038	524,588	232,387	373,836	367,650	386,844
MONTH ENDING CASH BALANCE	\$ 524,588	\$ 232,387	\$ 373,836	\$ 367,650	\$ 386,844	\$ 458,612

Champaign County Nursing Home September 30, 2015 through February 2016

Key Balance Sheet Items Charted Below:

	<u>Sept. '15</u>	<u>Oct. '15</u>	<u>Nov. '15</u>	<u>Dec. '15</u>	<u>Jan. '16</u>	<u>Feb. '16</u>
Cash	524,588	232,387	373,836	367,650	386,844	458,612
A/R	4,410,959	4,510,443	4,649,431	4,941,872	5,264,769	4,828,732
A/P	1,585,826	1,588,846	1,750,243	1,138,873	1,598,784	2,274,343



To: Board of Directors
Champaign County Nursing Home

From: Scott T Gima
Manager

Date: May 4, 2016

Re: Management Update

Lint Filtration Project

All dryers are up and running. Painting and construction of the enclosure around the dryer vent and lint collection system are the remaining items.

Marketing/Census Development

Census Marketing

Census has continued to fluctuate in the low 170s. CCNH's presence at both hospitals has increased in our efforts to improve Medicare referrals. In mid-April, Amber Reed, Adult Day Care Director is spending a few hours at Carle Clinic on Monday, Wednesday and Friday's. Josh has been accompanying her and making introductions to the discharge planners.

Cheryliendora Goss, Social Services Director has been visiting Presence on Monday, Wednesday and Friday. Cheryl came to CCNH from Presence and is familiar with the hospital staff. She has been providing information on the Rehab to Home unit, outpatient therapy and adult day care to physicians, the emergency department, and unit managers. Cheryl has scheduled an in-service with the case managers is in mid-May.

Public Perception Marketing

All managers have volunteered their time for the Meals on Wheels program. Two managers will make deliveries on the first Friday of each month to seniors living at the Parkview apartments. Historically, a high number of community admissions have originated from Parkview. This week Friday will be our first volunteer opportunity.

To: Board of Directors
Champaign County Nursing Home

From: Scott T Gima
Manager

Date: May 4, 2016

Re: Cash

Cash

The third payroll in April was covered and there is cash to cover next week's payroll. Getting back to a two payroll month will ease the cash needs as each payroll is approximately \$255,000 each. Having only two payrolls, does provide additional cash in May to address payables. Through May, the additional payments made to Medicaid that have been deducted from the monthly Medicaid check will total approximately \$575k. July will bring some relief when our Medicaid payment deduction will decrease from \$73k to 25k, providing an additional \$48k a month. Covering monthly obligations will improve later this month. Acceleration of addressing payables is contingent on getting older receivables paid and over the longer term, increasing census.

Accounts Payables

Holding back on payables was required to get through April's three payrolls. Historically, payables have been held at 60-90 days. This has led to the growth of the payables aging: 60 days is at \$550k, 90 days - \$485k, 120days - \$235k, 150days - \$245K, 180 days - \$120k, greater than 180 stands at \$75k, including some disputed items.

Payable that are out 120 to 180 days total \$600k. The ability to pay the majority of our monthly obligations will begin in July. Paying down of the outstanding payables will occur as we achieve a net gain on approved Medicaid applicants versus new applicants. We have also been pushing to tighten up on accounts receivable accounts and any cash payments from older receivables are being used to pay down the outstanding or older payables. As discussed in the following section, the largest buckets of old receivables are with Molina Healthcare from February and older, Health Alliance Connect from December 2015 and Medicaid applications. There is also a smaller bucket of Medicare Advantage claims that are being processed. Between Molina, Health Alliance Connect and Medicare Advantage, over \$500k in old receivables are currently being worked.

Accounts Receivable

Medicare Medicaid Managed Care Receivables

Last month, I stated that Health Alliance and Molina receivables for the MMAI managed care program was approximately \$200,000. The amount is closer to \$390,000, of which \$115,000 is Health Alliance and \$275,000 is owed by Molina. The receivables from Molina has been growing in recent months due to their delays in processing current claims. Approximately 14 Medicaid residents are covered by Molina which is about \$65,000 to \$70,000 per month. At the

beginning of the year, current claims were denied due to changes in billing procedures that were not communicated to CCNH and other providers. That matter has been corrected and both managed care companies have been communicating with us on resolving any claim submission issues. However, their timely processing and follow up has been slow. Small payments in the amount of \$15,000 or \$20,000 have been received, but are still large amounts of old receivables that need to be paid. The issue continues to be turnover of staff at the managed care organizations. CCNH has been assured by each managed care organization that the correct staff are addressing their respective claims as quickly as possible.

Medicaid Applications

There are currently 28 open Medicaid applications, which represent approximately \$400,000 in receivables plus \$100,000 in monthly cash payments. In mid-April, MPA and CCNH Administration had a conference call with two Department of Human Services' managers that oversee the Long Term Care (nursing home) Medicaid Application Hub located in Decatur. CCNH's list of 28 currently open applications has been forwarded for their review and feedback. The goal is to get an update on all of the applications that will assist CCNH in expediting the completion of their review. A few applications, including two that go back to late 2013 have been approved in the last 30 days which resulted in our April Medicaid payment to exceed \$230,000.

Other receivables

Medicare and Medicare Advantage claims are being billed in a timely fashion. Currently, Medicare Advantage receivables are over \$100,000. Processing of these claims are typically 30 to 45 days. These will be paid, but what can't be predicted is the timing of the payments. Private pay statements normally go out in the first week of the month and payments begin to arrive in the second week of the month. The decrease that has been seen in accounts receivable is reflective of the work that has been done to work both private pay and Medicare claims.

To: Board of Directors
Champaign County Nursing Home

From: Scott T Gima
Manager

Date: May 4, 2016

Re: Dietary Recommendation

In March, Healthcare Services Group (HCSG) was provided with 90 days' notice of termination. This was done for two reasons: 1) to make it clear to HCSG that the CCNH management team and Board of Directors were not comfortable with the food service program and 2) to provide CCNH with the option to seek alternative options. The expiration of the contract based on the 90 days' notice is May 19th. My recommendation is to continue the relationship with HCSG. Dietary improvements are being seen, staffing has improved and HCSG has provided a possible low cost alternative to install steam tables in the kitchenettes.

The following is a summary of the dietary services.

Positive changes

- The number of complaints is down, including the number of cold temperature and food presentation issues.
- Positive comments regarding food quality and dining service are up.
- HCSG dining room survey scores are up. The range of scores (scale of 1-5) are much less than seen in 2015
- Pinnacle quarterly scores for dining service have shown improvement over the past three quarters after falling in the first quarter (Apr-Jun 15) – 4.54, 3.55, 3.59 and 4.00
- Staffing has been at or slightly above the target of 19.65 FTEs
- After the resignation of Tim McConnell earlier this year, HCSG Facility Dietary Manager, the supervisory team has handled the transition smoothly
- With better staffing, the onboarding/orientation program has been more effective in conjunction with the trained preceptors
- The HCSG management team has been working closely with CCNH management team and dietary staff on has been working dietary staff/HCSG management team to work on equitable assignments/rotations, union relations with HCSG management staff, prioritization of sanitation with review of survey history, feedback from DL on any issues they encounter, dietary supervisor participation in resident dietary committee that includes both managers and staff
- Dietary has improved coordination of services with activity schedules and events
- HCSG introduced an alternative puree food program called Café puree. Molded pureed food is used to improve the presentation of pureed food. Feedback has been positive and the taste and texture of the foods are an improvement over traditional pureed foods.
- Kitchen sanitation is improving
- HCSG has maintained registered dietician oversight of residents and nutritional status

Issues

- Food temperature and other food quality complaints continue to occur
- Dining room sanitation complaints
- Pinnacle quarterly scores for quality of food show no improvement over the past four quarters – 3.43, 3.54, 3.45, 3.45) which contradicts the reduction in complaints noted above
- High number of employee call-in's over the past 3 months which includes multiple FMLA employees who are now back to work.
- Need to place steam tables placed in the kitchenettes that will help minimize food temperature and food quality issues. It is also predicted to significantly reduce kitchen dishwashing workload for cleaning pallets and plate covers. The time savings can then be redirected to dining room, sanitation and other kitchen duties. HCSG has proposed a possible cost-effective option to place steam tables in the kitchenettes that will cost less than \$20,000 versus the architectural bids of \$90,000 to \$150,000.

I am hopeful that HCSG's steam table proposal is feasible. If so, HCSG believes that many of the existing issues will be resolved. The employee call-in's is being addressed in a collective effort with AFSCME, HCSG managers and CCNH Human Resources. Consistent administration and coordination of the attendance policy as well as the recent implementation of a new call-in policy should reduce call-ins. This will also allow the dietary managers to supervise instead of having to fill in on short days.

To: Board of Directors
Champaign County Nursing Home

From: Scott T Gima
Manager

Date: May 4, 2016

Re: Nursing Home Medicaid Rate Legislation

LeadingAge Illinois is the Illinois not-for-profit nursing home association. Kirk Riva, who is LeadingAge's VP of Public Policy called in late April regarding proposed legislation that would benefit Champaign County Nursing Home. Senate Bill 419, or more specifically, Senate Amendment 002 proposes to restructure the calculation of the Medicaid rate.

The current Medicaid rate methodology includes a static wage adjustment factor from 2012. The proposed bill will remove the wage adjuster and replace it with two adjustments to a facility's rate based on actual staffing levels (nurses and CNAs) and actual wages. The attached word file is a summary of the proposed bill. The direct link to the language can be found at the following link and starts on page 7:

<http://www.ilga.gov/legislation/fulltext.asp?DocName=09900SB0419sam002&GA=99&SessionId=88&DocTypeId=SB&LegID=84380&DocNum=419&GAID=13&Session>

The changes will benefit CCNH. It changes rewards facility's that have high staffing levels. According to Mr. Riva, CCNH would see its' Medicaid reimbursement increase by well over \$1 million annually. The objective is simple and straightforward – it provides a financial incentive to improve quality of care by increasing direct care staffing levels.

LeadingAge and the Illinois Health Care Association (the for-profit IL nursing home association) are co-sponsors of the bill. The Health Care Council of Illinois (HCCI) has been very aggressive in opposition of this bill because many of their members will be negatively impacted by the proposed methodology.

The benefits of this change are clear. It promote quality care by providing a financial incentive for Homes to increase staffing. LeadingAge estimates that CCNH's annual Medicaid revenue will increase by \$1.6 million a year based on the current proposed language. Too good to be true – probably, but I believe that any version of the proposed language that bases Medicaid reimbursement on actual staffing and wages will benefit CCNH.

I will be working closely with LeadingAge Illinois as well as Dave Stricklin on this matter. For now, I am being told that aggressive communication with legislators is not needed at this time. But if an opportunity arises, it does not hurt to bring the subject up and the benefits to CCNH. Stay tuned. I am told that this is an uphill battle with the bill currently in a subcommittee.