



North Central Health Care
Person centered. Outcome focused.

OFFICIAL NOTICE AND AGENDA

of a meeting of the **Nursing Home Operations Committee** to be held at **North Central Health Care**
1100 Lake View Drive, Wausau, WI 54403, Board Room at **7:30 am** on **Wednesday, May 24th, 2017**

In addition to attendance in person at the location described above, Board members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Debbie Osowski at 715-848-4405 24 hours prior to the start time of the meeting for further instructions. Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405.

For TDD telephone service call 715-845-4928.

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda
3. ACTION: Approval of 04/26/17 Nursing Home Operations Committee Meeting Minutes
4. Financial Report
5. Senior Executive Nursing Home Operations and Quality Report – K. Gochanour
 - a. Demonstrated quality
 - b. Fiscal responsibility
 - c. Strong human relations
 - d. Regulatory compliance
 - e. Resident/family expectations
6. Nursing Home Readmission Rate – K. Gochanour
7. Nursing Home Compare Five-Star Ratings Report – K. Gochanour
8. Update on Mount View Care Center Committee Discussions – K. Gochanour
9. Discussion and Future Agenda Items
10. Adjourn

Presiding Officer or Designee

NOTICE POSTED AT: North Central Health Care

COPY OF NOTICE DISTRIBUTED TO: Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader, Merrill Foto News,
Langlade, Lincoln & Marathon County Clerks Offices

DATE: 05/19/17 TIME: 1:00 p.m. BY: D. Osowski

Senior Executive Nursing Home Operations and Quality Report – K. Gochanour

- Have had great success with staffing since implementing 'OnShift' in December. We have reduced mandated shifts considerably and have implemented asking each staff to pick up an additional 4 hours per week.
- Recruitment is in progress for DON; proactively searching statewide for qualified candidates. Receiving good qualified CNA applicants. Currently we have 2.7 open Registered Nurse positions; RN recruitment is largest challenge as wages are not where they need to be. Contacting nursing students who will be taking LPN boards this summer to recruit and fill some positions as they pursue their RN degree.
- We remain at a 4 Star Quality Rating. Improved staffing data has not taken affect yet so anticipate being back at a 5 Star Staffing Rating which will also help our overall 5 Star Rating.
- Working on Mega Rule federal regulations; many policies to review.
- Clifton Larson Allen (CLA), the consultant company, was on site last week. They interviewed 8 staff, toured the facility, and were provided with a lot of information. CLA will return for a clinical site visit. Their final report is due July 1.
- Kim G. will be at the Leading Age conference next week.
- Cagney Martin is doing a fantastic job coordinating the in-house competency training. All are welcome to participate.
- We were encouraged to apply for a Civil Money Penalties Grant through the State. We were successful and were awarded \$23,000 for our Stop Starting It dementia training. We will be presenting the training in 12 locations over the next few years.
- Kristin Woller completed the Nursing Home Administration course; waiting to complete test.
- Brenda Glodowski will be provide an education session on how to read a profit and loss report, how to manage expenses, etc. for the MVCC Leadership team.

Update on Mount View Care Center Committee Discussion

- March meeting was excellent. Brenda provided education on Medicare and payer mix.
- Next meeting is tonight where we will talk about staffing.

Discussion and Future Agenda Items

- Discussed possibility of meeting on the 24th of May at 7:30 a.m. Confirmation email will be forwarded.

Motion/second, Donnelly/Miller, to adjourn the Nursing Home Operations Committee meeting at 8:08 a.m. Motion carried.

dko

**North Central Health Care
Nursing Home
Combing Statement of Revenue and Expenses
For the Period Ending April 30, 2017**

	Current Month Actual		Current 5453 Month Budget		Current 6090 Month Variance (PPD)	YTD Actual		22207 YTD Budget		24360 YTD Variance (PPD)	Prior YTD Actual		24888 PPD
Revenue													
Net Patient Services Revenue:													
Daily Services	\$1,374,572		\$1,458,753			\$5,536,647		\$5,810,527			\$5,983,839		
Ancillary Services	\$262,512		\$313,517			\$1,178,901		\$1,278,551			\$1,949,208		
Total Net Patient Services Revenue	\$1,637,084	\$300.22	\$1,772,270	\$291.01	\$9.20	\$6,715,548	\$302.41	\$7,089,078	\$291.01	\$11.39	\$7,933,047		\$318.75
Other Revenue													
County Appropriation	\$141,666		\$141,667			\$566,665		\$566,667			\$566,664		
Department and Other Revenue	\$144,717		\$136,543			\$607,039		\$546,172			\$224,428		
Total Other Revenue	\$286,383	\$52.52	\$278,210	\$45.68	\$6.84	\$1,173,704	\$52.85	\$1,112,839	\$45.68	\$7.17	\$791,092		\$31.79
Total Revenue	\$1,923,467	\$352.74	\$2,050,480	\$336.70	\$16.04	\$7,889,252	\$355.26	\$8,201,917	\$336.70	\$18.56	\$8,724,139		\$350.54
Expenses													
Direct Expenses	\$1,296,111		\$1,451,962			\$5,496,421		\$5,807,848			\$7,019,364		
Indirect Expenses	\$612,213		\$658,727			\$2,522,180		\$2,643,455			\$2,274,286		
Total Expenses	\$1,908,324	\$349.96	\$2,110,689	\$346.58	\$3.38	\$8,018,601	\$361.08	\$8,451,303	\$346.93	\$14.15	\$9,293,650		\$373.42
Donations and Gifts	\$129		\$0			\$3,888		\$0			\$2,168		
Nonoperating Gains/(Losses)	\$0		\$0			\$0		\$0			\$0		\$0.00
Total Nonoperating Gains/(Losses)	\$129	\$0.02	\$0	\$0.00	\$0.02	\$3,888	\$0.18	\$0	\$0.00		\$2,168		
Excess Revenue (Expenses)	\$15,272	\$2.80	(\$60,208)	(\$9.89)	\$12.69	(\$125,461)	(\$5.65)	(\$249,385)	(\$10.24)	\$4.59	(\$567,343)		(\$22.80)

**NORTH CENTRAL HEALTH CARE
MEDICARE DAYS BY RUG CATEGORY
2017**

RUG CATEGORY	RUG RATE	ACTUAL DAYS April	BUDGET DAYS April	ACTUAL REVENUE April	BUDGET REVENUE April	YTD ACTUAL DAYS	YTD BUDGET DAYS	YTD ACTUAL REVENUE	YTD BUDGET REVENUE
RUX	\$736.29	16	0	\$11,781	\$0	40	0	\$29,452	\$0
RUL	\$720.25	0	0	\$0	\$0	0	0	\$0	\$0
RVX	\$655.35	0	0	\$0	\$0	0	0	\$0	\$0
RVL	\$587.96	0	0	\$0	\$0	0	0	\$0	\$0
RHX	\$593.76	0	4	\$0	\$0	0	16	\$0	\$9,760
RHL	\$529.58	0	0	\$0	\$0	0	0	\$0	\$0
RMX	\$544.67	0	4	\$0	\$2,238	0	16	\$0	\$8,953
RML	\$499.74	0	0	\$0	\$0	0	0	\$0	\$0
RLX	\$478.34	0	0	\$0	\$0	0	0	\$0	\$0
RUC	\$558.20	21	46	\$11,722	\$25,922	185	186	\$103,267	\$103,688
RUB	\$558.20	95	123	\$53,029	\$68,819	479	493	\$267,378	\$275,277
RUA	\$466.74	42	39	\$19,603	\$18,222	129	156	\$60,209	\$72,888
RVC	\$478.86	86	118	\$41,182	\$56,282	309	470	\$147,968	\$225,130
RVB	\$414.68	56	72	\$23,222	\$29,823	342	288	\$141,821	\$119,292
RVA	\$413.08	33	49	\$13,632	\$20,371	91	197	\$37,590	\$81,484
RHC	\$417.27	28	12	\$11,684	\$5,144	104	49	\$43,396	\$20,578
RHB	\$375.55	23	16	\$8,638	\$6,173	63	66	\$23,660	\$24,694
RHA	\$330.62	0	4	\$0	\$1,359	9	16	\$2,976	\$5,435
RMC	\$366.57	0	31	\$0	\$11,298	27	123	\$9,897	\$45,194
RMB	\$344.11	0	0	\$0	\$0	13	0	\$4,473	\$0
RMA	\$283.14	13	0	\$3,681	\$0	13	0	\$3,681	\$0
RLB	\$356.40	0	0	\$0	\$0	0	0	\$0	\$0
RLA	\$229.65	0	0	\$0	\$0	0	0	\$0	\$0
ES3	\$672.21	18	41	\$12,100	\$27,625	18	164	\$12,100	\$110,500
ES2	\$526.20	0	0	\$0	\$0	0	0	\$0	\$0
ES1	\$470.05	0	0	\$0	\$0	0	0	\$0	\$0
HE2	\$454.00	0	0	\$0	\$0	0	0	\$0	\$0
HE1	\$376.99	0	0	\$0	\$0	79	0	\$29,782	\$0
HD2	\$425.12	0	0	\$0	\$0	32	0	\$13,604	\$0
HD1	\$354.53	0	18	\$0	\$6,265	3	71	\$1,064	\$25,060
HC2	\$401.05	0	0	\$0	\$0	0	0	\$0	\$0
HC1	\$335.27	0	6	\$0	\$2,067	0	25	\$0	\$8,267
HB2	\$396.24	0	0	\$0	\$0	0	0	\$0	\$0
HB1	\$332.06	0	6	\$0	\$2,047	3	25	\$996	\$8,188
LE2	\$412.28	0	0	\$0	\$0	0	0	\$0	\$0
LE1	\$344.90	0	0	\$0	\$0	0	0	\$0	\$0
LD2	\$396.24	0	0	\$0	\$0	0	0	\$0	\$0
LD1	\$332.06	0	0	\$0	\$0	0	0	\$0	\$0
LC2	\$348.11	0	0	\$0	\$0	0	0	\$0	\$0
LC1	\$293.55	0	0	\$0	\$0	5	0	\$1,468	\$0
LB2	\$330.46	0	0	\$0	\$0	0	0	\$0	\$0
LB1	\$280.72	0	0	\$0	\$0	1	0	\$281	\$0
CE2	\$367.36	0	0	\$0	\$0	0	0	\$0	\$0
CE1	\$338.48	0	0	\$0	\$0	7	0	\$2,369	\$0
CD2	\$348.11	0	0	\$0	\$0	0	0	\$0	\$0
CD1	\$319.23	0	0	\$0	\$0	1	0	\$319	\$0
CC2	\$304.78	0	0	\$0	\$0	0	0	\$0	\$0
CC1	\$282.32	0	0	\$0	\$0	0	0	\$0	\$0
CB2	\$282.32	0	0	\$0	\$0	0	0	\$0	\$0
CB1	\$261.47	0	0	\$0	\$0	7	0	\$1,830	\$0
CA2	\$239.00	0	0	\$0	\$0	0	0	\$0	\$0
CA1	\$222.96	0	0	\$0	\$0	0	0	\$0	\$0
BB2	\$253.44	0	0	\$0	\$0	0	0	\$0	\$0
BB1	\$242.21	0	0	\$0	\$0	0	0	\$0	\$0
BA2	\$210.12	0	0	\$0	\$0	0	0	\$0	\$0
BA1	\$200.50	0	0	\$0	\$0	0	0	\$0	\$0
PE2	\$338.48	0	0	\$0	\$0	0	0	\$0	\$0
PE1	\$322.43	0	0	\$0	\$0	9	0	\$2,902	\$0
PD2	\$319.23	0	0	\$0	\$0	0	0	\$0	\$0
PD1	\$303.18	0	0	\$0	\$0	0	0	\$0	\$0
PC2	\$274.30	0	0	\$0	\$0	0	0	\$0	\$0
PC1	\$261.47	0	9	\$0	\$2,471	13	38	\$3,399	\$9,886
PB2	\$232.59	0	0	\$0	\$0	0	0	\$0	\$0
PB1	\$222.96	0	0	\$0	\$0	0	0	\$0	\$0
PA2	\$192.48	0	0	\$0	\$0	0	0	\$0	\$0
PA1	\$184.45	0	0	\$0	\$0	0	0	\$0	\$0
TOTAL		431	600	\$210,272	\$286,128	1982	2400	\$945,881	\$1,154,272
Average Reimbursement Per Day				\$487.87	\$476.88			\$477.24	\$480.95
Average Patients/Day				14.4	20.0			16.5	20.0

**North Central Health Care
Nursing Home Patient Days
By Payor Mix-2017**

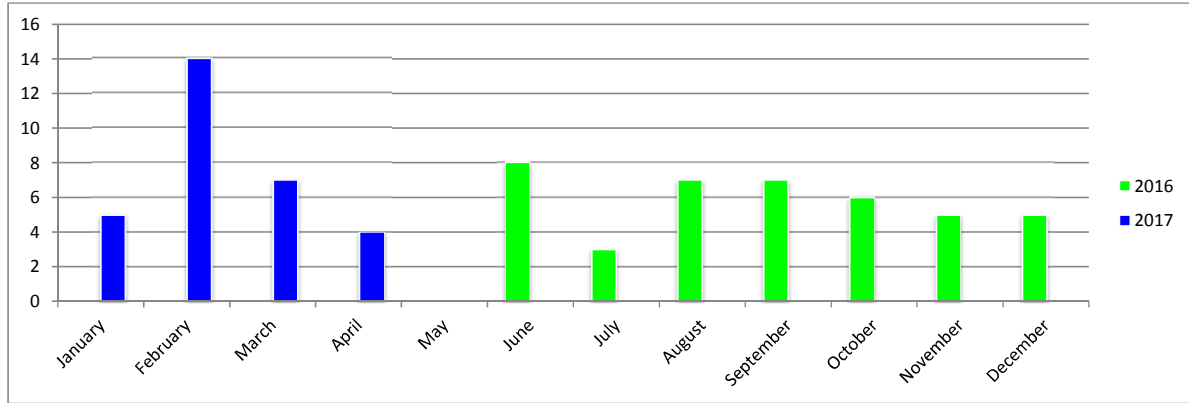
	January				February				March				April							
	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%				
Self Pay	748	12.93%	651	10.34%	675	12.82%	588	10.34%	755	13.24%	651	10.34%	581	10.65%	630	10.34%				
Commercial	390	6.74%	279	4.43%	364	6.91%	252	4.43%	351	6.15%	279	4.43%	316	5.79%	270	4.43%				
Medicare	555	9.60%	620	9.85%	535	10.16%	560	9.85%	461	8.08%	620	9.85%	431	7.90%	600	9.85%				
Medicaid	4091	70.73%	4743	75.37%	3693	70.12%	4284	75.37%	4136	72.52%	4743	75.37%	4125	75.65%	4590	75.37%				
Total	5784	100.00%	6293	100.00%	5267	100.00%	5684	100.00%	5703	100.00%	6293	100.00%	5453	100.00%	6090	100.00%				
Occupancy	84.8%		92.3%		85.5%		92.3%		83.6%		92.3%		82.6%		92.3%					
	May				June				July				August							
	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%				
Self Pay	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!				
Commercial	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!				
Medicare	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!				
Medicaid	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!				
Total	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!				
Occupancy	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%					
	Sept				October				November				December				YTD			
	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%
Self Pay	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	2759	12.42%	2520	10.34%
Commercial	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	1421	6.40%	1080	4.43%
Medicare	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	1982	8.93%	2400	9.85%
Medicaid	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	16045	72.25%	18360	75.37%
Total	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	22207	100.00%	24360	100.00%
Occupancy	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		84.1%		92.3%	

County	Referral Date	Source of Reference	Vent	PAC	LTC	LBL	Admitted	Admission Date if Admitted	Reason if Not Admitted	Competition	Payer Source
?	3/1/17	St Joes - Marshfield	No	Yes	No	No	No		Acuity Too High		?
Eau Claire	3/1/17	Sacred Heart-EauClaire	Yes	No	No	No	No		Acuity Too High		Medicare A
Marathon	3/1/17	AWH	No	Yes	No	No	No		Out of Network		Medicare/Managed
Marathon	3/1/17	AWH	No	Yes	No	No	No		Went to Competition		Medicare A
Marathon	3/1/17	AWH	No	No	Yes	No	No		Went to Competition	Colonial Manor	Medicare A
Marathon	3/2/17	AWH	No	No	Yes	No	No		No LTC Beds Available		Medicare A
Marathon	3/2/17	AWH	No	Yes	No	No	No		Went Home		Medicare/Managed
Marathon	3/6/17	AWH	No	Yes	No	No	No		Acuity Too High		Medicaid
Marathon	3/6/17	STC	No	Yes	No	No	No		Acuity Too High		Medicare A
Wood	3/7/17	VA Hospital Madison	No	Yes	No	No	No		No PAC Beds Available		VA
Marathon	3/8/17	AWH	No	No	Yes	No	No		No LTC Beds Available		Medicare A
Marathon	3/8/17	AWH	No	Yes	No	No	No		Patient Non Compliance		Medicare A
Winnebago	3/8/17	Select Spec - Milw St Lukes	Yes	No	No	No	No		Went to Competition	Another SNF - decanulated	
Marathon	3/8/17	AWH	No	Yes	No	No	No		Went to Competition	Rennes	Medicare A
Marathon	3/9/17	Pride TLC	No	Yes	No	No	No		No PAC Beds Available		Medicare A
Marathon	3/9/17	AWH	No	Yes	No	No	No		Outstanding A/R		Medicare A
Marathon	3/9/17	STC	No	No	Yes	No	No		Went to Competition	Pride TLC	Medicaid
Marathon	3/10/17	AWH	No	No	No	Yes	No		No LBL Beds Available		Medicare A
Marathon	3/10/17	St Joes - Marshfield	No	No	Yes	No	No		No LTC Beds Available		Medicare A
Marathon	3/10/17	STC	No	No	Yes	No	No		No LTC Beds Available		Medicare A
Marathon	3/10/17	AWH	No	Yes	No	No	No		Went Home		Medicare A
Marathon	3/13/17	AWH	No	No	Yes	No	No		No LTC Beds Available		Medicare A
Wood	3/13/17	AWH	No	Yes	No	No	No		Out of County		
Marathon	3/13/17	AWH	No	Yes	No	No	No		Out of Network		Medicare A
Marathon	3/13/17	AWH	No	Yes	No	No	No		Out of Network		Medicare A
Marathon	3/14/17	AWH	No	No	Yes	No	No		Expired		Self Pay
Dane	3/14/17	Select Spec -Mad	Yes	No	No	No	No		Expired		
Lincoln	3/14/17	Amery Hospital & Clinic	No	No	No	Yes	No		No LBL Beds Available		Medicare A
Lincoln	3/15/17	AWH	No	Yes	No	No	No		Out of County		Medicare A
Marathon	3/15/17	Atrium	No	Yes	No	No	No		Outstanding A/R		Medicaid
Marathon	3/16/17	AWH	No	No	Yes	No	No		No LTC Beds Available		Medicare A
Marathon	3/16/17	AWH	No	Yes	No	No	No		Went to Competition	Rennes	Medicaid
Marathon	3/17/17	AWH	No	Yes	No	No	No		Out of Network		Medicare A
Marathon	3/17/17	AWH	No	Yes	No	No	No		Went Home		Medicare/Managed
Marathon	3/20/17	AWH	No	No	Yes	No	No		Expired		Medicare A
Marathon	3/20/17	AWH	No	Yes	No	No	No		Went to Competition	Rennes	Medicare A
Ontonagon	3/20/17	AWH	No	Yes	No	No	No		Went to Competition	Wausau Manor	Medicare A
Milwaukee	3/20/17	Froedert - Milwaukee	Yes	No	No	No	No		Went to Competition	Manitowoc Vent	Medicare A
Dane	3/21/17	Select Spec -Mad	Yes	No	No	No	No		No Skilled Needs		
Marathon	3/26/17	AWH	No	Yes	No	No	No		Patient Non Compliance		Medicare A
Marathon	3/27/17	AWH	No	Yes	No	No	No		Expired		Medicare A
Marathon	3/27/17	AWH	No	No	No	Yes	No		Went Home		Medicare A
Marathon	3/27/17	AWH	No	Yes	No	No	No		Went to Competition	Atrium	Medicare A
Marathon	3/28/17	AWH	No	Yes	No	No	No		Acuity Too High		Medicare A
Milwaukee	3/28/17	Select Spec - Milw St Lukes	No	Yes	No	No	No		Went to Competition	Milwaukee Facility	Insurance
Marathon	3/29/17	AWH	No	No	Yes	No	No		No LTC Beds Available		
Marathon	3/29/17	AWH	No	No	No	Yes	No		Patient Non Compliance		
Marathon	3/29/17	AWH	No	Yes	No	No	No		Went to Competition	Atrium	Medicare A
Dane	3/30/17	UW Madison	Yes	No	No	No	No		Acuity Too High		
Marathon	3/31/17	STC	No	Yes	No	No	No		Patient Non Compliance		Self Pay

County	Referral Date	Source of Reference	Vent	PAC	LTC	LBL	Admitted	Admission Date if Admitted	Reason if Not Admitted	Competition	Payer Source
Racine	4/5/17	Lakeview Neuro Rehab	Yes	No	No	No	No		Acuity Too High		
Marathon	4/24/17	STC	No	Yes	No	No	No		Acuity Too High		Medicaid
Marathon	4/28/17	Community Link	No	No	Yes	No	No		Acuity Too High		
Marathon	4/3/17	Colonial Manor	No	No	Yes	No	No		No LTC Beds Available		
Marathon	4/12/17	AWH	No	No	Yes	No	No		No LTC Beds Available		Medicaid
Monroe	4/20/17	Gunderson Health System	No	Yes	No	No	No		No PAC Beds Available		VA
Marathon	4/25/17	AWH	No	Yes	No	No	No		No PAC Beds Available	Rennes	Insurance
Marathon	4/10/17	AWH	No	Yes	No	No	No		No Payor Source		
Marathon	4/19/17	VA - Rapids	No	No	No	Yes	No		No Payor Source		
Marathon	4/12/17	Family Care	No	Yes	No	No	No		No Skilled Needs		
Portage	4/3/17	AWH	No	Yes	No	No	No		Out of County		Medicare A
Lincoln	4/7/17	STC	No	Yes	No	No	No		Out of County		Insurance
Lincoln	4/7/17	STC	No	Yes	No	No	No		Out of County		Medicare A
Sauk	4/13/17	Life Care Pewaukee	No	Yes	No	No	No		Out of County		MCA-Care WI
Portage	4/19/17	STC	No	Yes	No	No	No		Out of County		Insurance
Lincoln	4/20/17	AWH	No	Yes	No	No	No		Out of County		Medicare A
Marathon	4/24/17	AWH Riverview	No	Yes	No	No	No		Out of County		
Marathon	4/4/17	AWH	No	Yes	No	No	No		Out of Network		Medicare A
Marathon	4/13/17	AWH	No	Yes	No	No	No		Out of Network		Insurance
Marathon	4/19/17	AWH	No	Yes	No	No	No		Out of Network		Medicare A
Marathon	4/27/17	AWH	No	Yes	No	No	No		Out of Network		Insurance
Milwaukee	4/3/17	Froedert - Milwaukee	Yes	No	No	No	No		Patient Non Compliance		Family Care
Marathon	4/4/17	AWH	No	Yes	No	No	No		Patient Non Compliance		Medicare A
Marathon	4/5/17	AWH	No	Yes	No	No	No		Patient Non Compliance		Medicare A
Marathon	4/12/17	AWH	No	Yes	No	No	No		Patient Non Compliance		Medicare A
Marathon	4/18/17	AWH	No	Yes	No	No	No		Patient Non Compliance		Medicare A
Marathon	4/6/17	AWH	No	Yes	No	No	No		Staffing		Medicare A
Price	4/3/17	AWH	Yes	No	No	No	No		Went to Competition	St. Joes	Medicare A
Marathon	4/4/17	STC	No	Yes	No	No	No		Went to Competition	Colonial Manor	Insurance
Marathon	4/6/17	AWH	No	Yes	No	No	No		Went to Competition	Rennes	Medicare/Managed
Marathon	4/6/17	AWH	No	Yes	No	No	No		Went to Competition	Benedictine	Medicare A
Marathon	4/7/17	STC	No	Yes	No	No	No		Went to Competition	Pride TLC	Medicare/Managed
Vilas	4/11/17	STC	Yes	No	No	No	No		Went to Competition	LTAC	Insurance
Marathon	4/11/17	AWH	No	Yes	No	No	No		Went to Competition	Pride TLC	Medicare A
Marathon	4/12/17	AWH	No	Yes	No	No	No		Went to Competition	Wausau Manor	Medicare A
Marathon	4/13/17	STC	No	Yes	No	No	No		Went to Competition	Rennes	Insurance
Marathon	4/14/17	AWH	No	No	No	Yes	No		Went to Competition	Our House - returned palliative	Medicare A
Marathon	4/18/17	AWH	No	Yes	No	No	No		Went to Competition	Wausau Manor	Medicare A
Marathon	4/18/17	AWH	No	Yes	No	No	No		Went to Competition	Colonial Manor	Medicare/Managed
Marathon	4/18/17	AWH	No	Yes	No	No	No		Went to Competition	Benedictine	Medicare A
Marathon	4/20/17	AWH	No	Yes	No	No	No		Went to Competition	Colonial Manor	Medicare A
Marathon	4/21/17	AWH	No	Yes	No	No	No		Went to Competition	Wausau Manor	Medicare A
Marathon	4/21/17	AWH	No	Yes	No	No	No		Went to Competition	Wausau Manor	Medicare A
Marathon	4/24/17	AWH	No	Yes	No	No	No		Went to Competition	Colonial Manor	Medicare A
Marathon	4/24/17	STC	No	Yes	No	No	No		Went to Competition	Rennes	
Marathon	4/27/17	AWH	No	Yes	No	No	No		Went to Competition	Wausau Manor	Medicare/Managed
Marathon	4/28/17	AWH	No	Yes	No	No	No		Went to Competition	Atrium	Medicare A
Marathon	4/28/17	AWH	No	Yes	No	No	No		Went to Competition	Rennes	Insurance
Marathon	4/28/17	AWH	No	Yes	No	No	No		Went to Inpatient Rehab		Medicare A

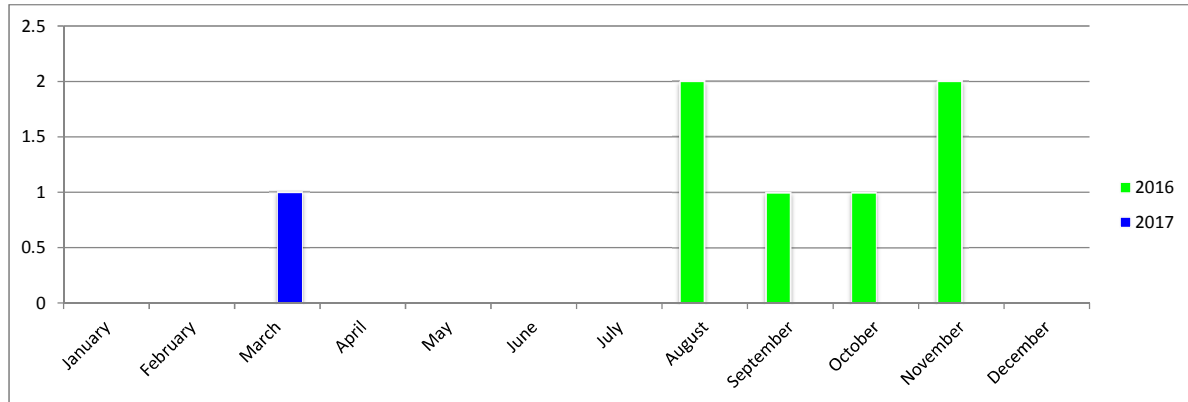
Number of Vent Referrals Received

Year	January	February	March	April	May	June	July	August	September	October	November	December
2016	0	0	0	0	0	8	3	7	7	6	5	5
2017	5	14	7	4								



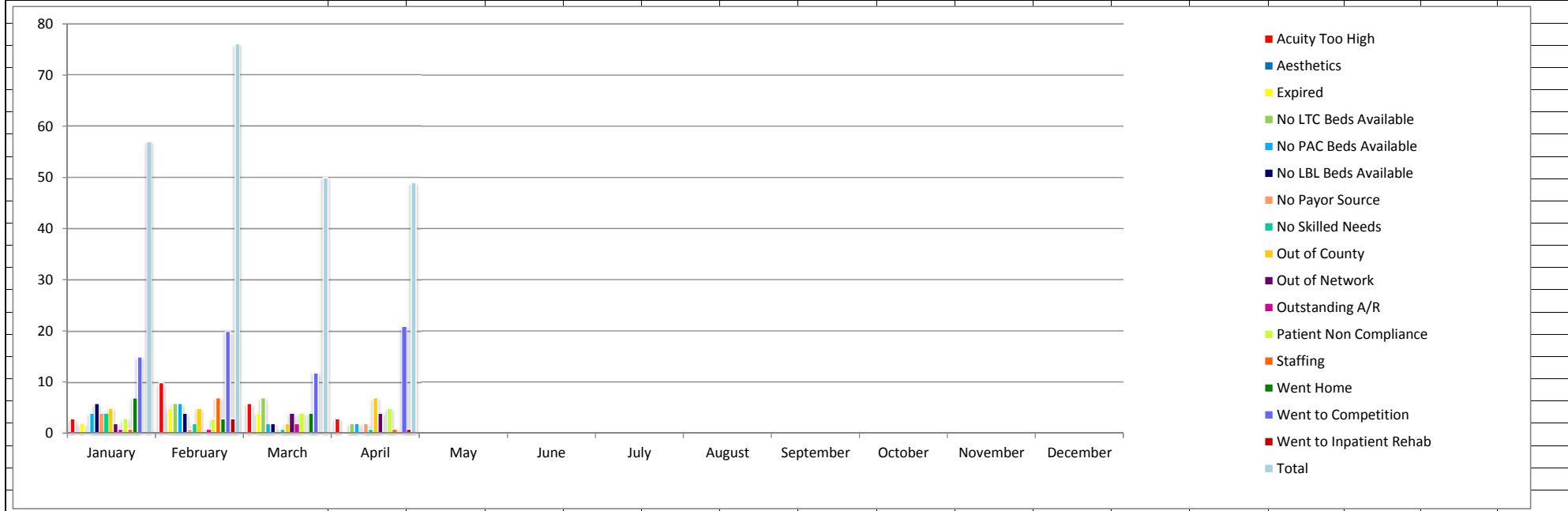
Number of Vent Referrals Admitted

Year	January	February	March	April	May	June	July	August	September	October	November	December
2016	0	0	0	0	0	0	0	2	1	1	2	0
2017	0	0	1	0								



2017 Referrals Who Didn't Admit

Year	January	February	March	April	May	June	July	August	September	October	November	December
Acuity Too High	3	10	6	3								
Aesthetics	0	0	0	0								
Expired	2	5	4	0								
No LTC Beds Available	0	6	7	2								
No PAC Beds Available	4	6	2	2								
No LBL Beds Available	6	4	2	0								
No Payor Source	4	1	0	2								
No Skilled Needs	4	2	1	1								
Out of County	5	5	2	7								
Out of Network	2	0	4	4								
Outstanding A/R	1	1	2	0								
Patient Non Compliance	3	3	4	5								
Staffing	1	7	0	1								
Went Home	7	3	4	0								
Went to Competition	15	20	12	21								
Went to Inpatient Rehab	na	3	0	1								
Total	57	76	50	49	0	0	0	0	0	0	0	0





The Skilled Nursing Facility Value-Based Purchasing Program: Confidential Feedback Report: December 2016 (Quarter 1, FY 2017) Calendar Year 2013 Data

Background

Section 215 of the Protecting Access to Medicare Act (PAMA) of 2014 (P.L. 113-93) added sections 1888(g) and (h) to the Social Security Act (the Act), and authorizes the Secretary of the U.S. Department of Health and Human Services to implement the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program beginning with claims paid in fiscal year (FY) 2019.

Additional information about the SNF VBP Program can be found on the CMS website at:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/SNF-VBP.html>.

Confidential Feedback Reports

Section 1888(g)(5) of the Act further requires that the Secretary begin providing quarterly confidential feedback reports to SNFs regarding their performance on the measures specified under the SNF VBP Program.

On page 2 of this document, you will find your facility's Confidential Feedback Report for this quarter, Quarter 1 of Fiscal Year (FY) 2017. This report will provide you with historical information on your performance on the measure being used in the SNF VBP Program for the Calendar Year (CY) 2013. Please note that your facility's performance in CY 2013 will not affect payment determination under the SNF VBP Program.

Measure Description

The Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) was adopted for the SNF VBP Program in FY 2016. The SNFRM assesses unplanned hospital readmissions for Medicare fee-for-service (FFS) beneficiaries within 30 days of discharge from a prior proximal acute care, critical access, or psychiatric hospital stay. The SNFRM is a risk-standardized readmission rate (RSRR) and is risk adjusted in order to allow for comparison of SNFs' performance. This risk-adjustment or risk-standardization approach takes into account several patient and clinical characteristics that might be related to the outcome but are unrelated to quality of care. Data for this measure are extracted from one year of Medicare claims. This measure is endorsed by the National Quality Forum (NQF #2510).

For additional information on the SNFRM, including a full explanation as to why the risk-standardized rate differs from the simple rate, we refer readers to our technical report (*Skilled Nursing Facility Readmission Measure (SNFRM) NQF #2510: All-Cause Risk-Standardized Readmission Measure Draft Technical Report*), available at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNFRM-Technical-Report-3252015.pdf>.



The Skilled Nursing Facility Value-Based Purchasing Program Quarterly Confidential Feedback Report

December 2016 (Quarter 1, FY 2017)

Facility: NORTH CENTRAL HEALTH CARE
CCN: 525132
City, State: WAUSAU, WISCONSIN

Your SNF's Performance on the Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) in 2013

Measure	Your SNF's Number of Eligible Stays	Your SNF's Number of Readmissions*	Your SNF's Risk-Standardized Readmission Rate**	National Average Readmission Rate***
SNFRM	150	22	15.88	19.31

Source: Medicare claims and eligibility data from 2013.

* The number of stays at your SNF that were followed by an unplanned hospital readmission within 30 days of discharge from a prior proximal hospitalization.

** The risk-standardized readmission rate is your SNF's risk-adjusted rate of unplanned readmissions.

*** The national average readmission rate is the unadjusted average readmission rate for all eligible SNF stays nationally.

Questions?

If you have questions about your data, please contact CMS at SNFVBPInquiries@cms.hhs.gov.



**The Skilled Nursing Facility Value-Based Purchasing Program:
Confidential Feedback Report: March 2017 (Quarter 2, FY 2017)
Calendar Year 2014 Data**

Background

Section 215 of the Protecting Access to Medicare Act (PAMA) of 2014 (P.L. 113-93) added sections 1888(g) and (h) to the Social Security Act (the Act), and authorizes the Secretary of the U.S. Department of Health and Human Services to implement the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program beginning with claims paid in fiscal year (FY) 2019.

Additional information about the SNF VBP Program can be found on the CMS website at:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/SNF-VBP.html>.

Confidential Feedback Reports

Section 1888(g)(5) of the Act further requires that the Secretary begin providing quarterly confidential feedback reports to SNFs regarding their performance on the measures specified under the SNF VBP Program.

On page 2 of this document, you will find your facility's Confidential Feedback Report for this quarter, Quarter 2 of Fiscal Year (FY) 2017. This report will provide you with historical information on your performance on the measure being used in the SNF VBP Program for the Calendar Year (CY) 2014. Please note that your facility's performance in CY 2014 will not affect payment determination under the SNF VBP Program.

Measure Description

The Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) was adopted for the SNF VBP Program in FY 2016. The SNFRM assesses unplanned hospital readmissions for Medicare fee-for-service (FFS) beneficiaries within 30 days of discharge from a prior proximal acute care, critical access, or psychiatric hospital stay. The SNFRM is a risk-standardized readmission rate (RSRR) and is risk adjusted in order to allow for comparison of SNFs' performance. This risk-adjustment or risk-standardization approach takes into account several patient and clinical characteristics that might be related to the outcome but are unrelated to quality of care. Data for this measure are extracted from one year of Medicare claims. This measure is endorsed by the National Quality Forum (NQF #2510).

For additional information on the SNFRM, including a full explanation as to why the risk-standardized rate differs from the simple rate, we refer readers to our technical report (*Skilled Nursing Facility Readmission Measure (SNFRM) NQF #2510: All-Cause Risk-Standardized Readmission Measure Draft Technical Report*), available at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNFRM-Technical-Report-3252015.pdf>.



The Skilled Nursing Facility Value-Based Purchasing Program Quarterly Confidential Feedback Report

March 2017 (Quarter 2, FY 2017)

Facility: NORTH CENTRAL HEALTH CARE
CCN: 525132
City, State: WAUSAU, WISCONSIN

Your SNF's Performance on the Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) in 2014

Measure	Your SNF's Number of Eligible Stays	Your SNF's Number of Readmissions*	Your SNF's Risk-Standardized Readmission Rate**	National Average Readmission Rate***
SNFRM	135	23	17.60	19.09

Source: Medicare claims and eligibility data from 2014.

* The number of stays at your SNF that were followed by an unplanned hospital readmission within 30 days of discharge from a prior proximal hospitalization.

** The risk-standardized readmission rate is your SNF's risk-adjusted rate of unplanned readmissions.

*** The national average readmission rate is the unadjusted average readmission rate for all eligible SNF stays nationally.

Questions?

If you have questions about your data, please contact CMS at SNFVBPInquiries@cms.hhs.gov.



Nursing Home Compare Five-Star Ratings of Nursing Homes

Provider Rating Report Incorporating data reported through 03/31/2017

Ratings for North Central Health Care (525132) Wausau, Wisconsin				
Overall Quality	Health Inspection	Quality Measures	Staffing	RN Staffing
★★★	★★	★★★★	★★★★	★★★★★

The April 2017 Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare website on April 26, 2017.

The Quality Measure (QM) Rating that will be posted is based on MDS 3.0 quality measures using data from the fourth quarter of 2015, and first, second, and third quarters of 2016, and claims-based quality measures using data from 1/1/2015 through 12/31/2015.

Please note: the quarterly quality measure data update has been delayed until May 2017.

The Five-Star Helpline will operate Monday - Friday, from **April 24, 2017 - April 28, 2017**. Hours of operation will be from 9 am - 5 pm ET, 8 am - 4 pm CT, 7 am - 3 pm MT, and 6 am - 2 pm PT. The Helpline number is 1-800-839-9290. The Helpline will be available again **May 22 to May 26, 2017**. During other times, direct inquiries to BetterCare@cms.hhs.gov, as Helpline staff will respond to e-mail inquiries when the telephone Helpline is not operational.

***** NOTE: This preview shows key staffing information that you submitted to CMS through the PBJ system by the reporting deadline of February 14. Please note that the next reporting deadline ends at 11:59 pm ET pm on May 15, 2017. We strongly encourage you to submit your data well before that date. Starting in June 2017, providers that have not submitted any data for two consecutive deadlines (May 15 and February 14) will have their overall and staffing star ratings suppressed (i.e. removed) until data are received. *****

On the next two pages are several tables that provide information about the staffing data submitted by your facility for **October 1, 2016 to December 31, 2016**, that was successfully submitted **by the deadline of February 14, 2017**. We are not using the information below to determine regulatory compliance at this time, nor is CMS using it to calculate a staffing measure or a Five-Star rating on Nursing Home Compare. We are providing this information to help facilities improve their submissions for future reporting periods.

Table 1. Your facility's PBJ staffing data report for October 1, 2016 to December 31, 2016

The following table summarizes the information that your facility reported for nurse staffing only (PBJ Job codes 5-10 and 12 as listed in Table 3) for October - December 2016. We believe these are indicators of the completeness of the data submitted by your facility and the plausibility of the values reported. For example, indicators 1 and 2 show whether or not a facility has reported nurse staffing information for each day in the quarter. If a facility did not report hours for nursing staff for each day, we believe that **may** indicate that the facility has not submitted complete data. Indicators 3 and 4 show whether a facility has reported an extremely high number of paid work hours for any one staff member over a week or month. While possible, we believe it is unlikely that staff work this many hours, and therefore **may** indicate erroneous reporting.

For days that no nursing staff hours were reported (indicators 1 and 2), we have included a list of those dates in listings 1 and 2. Similarly, for employees that met the criteria in indicators 3 and 4, we have included a list of those employee IDs, dates, and hours in listings 3 and 4. These listings are all found at the end of this report, after the quality measure information.

Indicator	Description	Number
1	Number of days in quarter (out of 92) on which your facility reported no aide hours ¹	0
2	Number of days in quarter (out of 92) on which your facility reported no Registered Nurse (RN) ² hours	0
3	Number of nursing employees or agency staff workers ³ for whom your facility reported more than 80 work hours in a single week during the quarter	1
4	Number of nursing employees or agency staff workers ³ for whom your facility reported more than 300 work hours in one or more months during the quarter	1

¹Includes the following job codes: Certified nurse aide (job code 10) and medication aide/technician (job code 12). Aides in training are not included.

²Includes the following job codes: RN DON (5), RN with administrative duties (6), and RN (7).

³Indicators 3 and 4 include all employee IDs reporting job codes in any of the nursing categories (job codes 5-10, and 12). If these employees have hours reported for any other job codes, these hours are included in computing the indicators.

Table 2. Your facility's PBJ census and MDS census report

The following table summarizes the resident census numbers that your facility submitted to PBJ for the last day of each month in the quarter as well as the resident census for the last day of the month that CMS derived from your facility's MDS assessment submissions. CMS counted residents that were in the facility any given day, based on the assessment and discharge dates submitted for your facility. Both census values include all residents, whether traditional Medicare, Medicare Advantage, Medicaid or other payer types.

CMS is exploring using MDS data to calculate a facility's census in order to improve accuracy and reduce provider burden. To ensure your census is calculated accurately, please remember to complete and transmit MDS assessments as instructed in the Resident Assessment Instrument (RAI) manual. It is important to submit discharge records, since failing to do so will lead to artificially low staffing ratios.

Month	PBJ Census for last day of month	MDS Census for last day of month
October 2016	198	199
November 2016	197	194
December 2016	183	182

Table 3. Your facility's PBJ nurse staffing summary for October 1, 2016 to December 31, 2016

The following table summarizes the nurse staffing data that your facility reported to the PBJ system for the quarter. The data include both exempt and non-exempt employees, as well as agency staff. Please note that values for hours are rounded to the nearest integer. As with the other information, facilities should review this information to ensure they are reporting complete and accurate data for future submissions.

Nurse Staffing Category	Job Code(s)	Total number of hours that your facility reported for the quarter	Number of days in the quarter on which your facility reported ANY hours
<i>RN Director of Nursing</i>	5	436	55
<i>RN with administrative duties</i>	6	898	76
<i>RN</i>	7	16,306	92
Total RN	5-7	17,640	92
<i>LPN/LVN with administrative duties</i>	8	216	27
<i>LPN/LVN</i>	9	3,990	92
Total LPN/LVN	8-9	4,206	92
<i>Certified Nurse Aide</i>	10	47,061	92
<i>Medication Aide/Technician</i>	12	0	0
Total Aide	10, 12	47,061	92
Total Nurse Staffing	5-10, 12	68,908	92

Quality Measures that are Included in the QM Rating

	Provider 525132						State	National
	2015Q4	2016Q1	2016Q2	2016Q3	4Q avg	Rating Points ¹	4Q avg	4Q avg
MDS 3.0 Long-Stay Measures								
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	3.1%	2.2%	2.2%	2.2%	2.4%	80.00	3.3%	3.3%
Percentage of residents who self-report moderate to severe pain ²	6.4%	11.5%	13.4%	12.2%	10.8%	40.00	8.7%	7.3%
Percentage of high-risk residents with pressure ulcers	4.0%	3.5%	3.4%	3.4%	3.6%	80.00	4.4%	5.7%
Percentage of residents with a urinary tract infection	6.3%	5.4%	6.5%	2.7%	5.2%	40.00	4.1%	4.4%
Percentage of residents with a catheter inserted and left in their bladder ²	7.2%	5.0%	4.4%	3.7%	5.1%	20.00	3.4%	2.6%
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	100.00	0.3%	0.6%
Percentage of residents whose need for help with daily activities has increased	18.3%	12.9%	17.9%	14.4%	15.9%	60.00	14.0%	15.2%
Percentage of residents who received an antipsychotic medication	14.3%	17.4%	18.7%	19.3%	17.4%	40.00	12.7%	16.6%
Percentage of residents whose ability to move independently worsened ^{2,3}	14.6%	15.9%	18.4%	17.9%	16.7%	60.00	17.6%	18.1%
MDS 3.0 Short-Stay Measures								
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function ^{2,3}	78.5%	77.6%	65.4%	58.4%	70.2%	60.00	72.9%	63.4%
<i>Lower percentages are better.</i>								
Percentage of residents who self-report moderate to severe pain	16.7%	3.6%	23.3%	30.9%	19.8%	40.00	19.7%	15.7%
Percentage of residents with pressure ulcers that are new or worsened ²	0.0%	0.7%	0.7%	0.0%	0.4%	75.00	1.0%	1.1%
Percentage of residents who newly received an antipsychotic medication	0.0%	1.4%	1.4%	0.0%	0.7%	80.00	1.2%	2.1%

Time period for data used in reporting is 1/1/2015 through 12/31/2015	Provider 525132				State	National
	Observed Rate ⁴	Expected Rate ⁵	Risk-Adjusted Rate ⁶	Rating Points ¹	Risk-Adjusted Rate	Risk-Adjusted Rate
Claims-Based Measures						
<i>A higher percentage is better.</i>						
Percentage of residents who were successfully discharged to the community ^{2,3}	53.2%	50.2%	61.6%	80.00	60.3%	56.2%
<i>Lower percentages are better.</i>						
Percentage of residents who were re-hospitalized after a nursing home admission ^{2,3}	19.2%	24.7%	17.7%	80.00	20.3%	22.6%
Percentage of residents who had an outpatient emergency department visit ^{2,3}	8.8%	12.8%	7.9%	80.00	12.3%	12.1%

Total Quality Measure Points

Total QM points with new quality measures fully weighted for Provider 525132	1015.00
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MDS3.0 Quality Measures that are Not Included in the QM Rating

	Provider 525132					State	National
	2015Q4	2016Q1	2016Q2	2016Q3	4Q avg	4Q avg	4Q avg
<i>Note: For the following long-stay MDS measures, higher percentages are better.</i>							
Percentage of long-stay residents assessed and appropriately given the seasonal influenza vaccine	96.6%	98.5%	98.5%	98.5%	98.0%	96.9%	94.6%
Percentage of long-stay residents assessed and appropriately given the pneumococcal vaccine	97.4%	96.8%	97.3%	96.2%	96.9%	97.5%	93.5%
<i>Note: for the following long-stay MDS measures, lower percentages are better.</i>							
Percentage of low-risk long-stay residents who lose control of their bowels or bladder	54.2%	55.3%	50.7%	59.2%	54.9%	46.5%	47.0%
Percentage of long-stay residents who lose too much weight	6.3%	8.1%	8.1%	9.2%	7.9%	7.4%	7.0%
Percentage of long-stay residents who have depressive symptoms	0.5%	1.1%	0.6%	0.6%	0.7%	5.5%	5.3%
Percentage of long-stay residents who received an antianxiety or hypnotic medication	17.5%	20.9%	20.9%	20.2%	19.9%	19.5%	23.4%
<i>Note: For the following short-stay MDS measures, higher percentages are better.</i>							
Percentage of short-stay residents assessed and appropriately given the seasonal influenza vaccine	87.9%	95.8%	95.8%	95.8%	93.8%	86.1%	79.9%
Percentage of short-stay residents assessed and appropriately given the pneumococcal vaccine	94.4%	92.6%	81.4%	77.4%	86.7%	89.1%	81.7%

The claims-based QMs will update every six months (in April and October), while the MDS based QMs continue to update on a quarterly basis.

For individual quarters for the MDS-based QMs, d<20 means the denominator for the measure (the number of eligible resident assessments) is too small to report. When d<20 is listed for individual quarters, a four quarter average may be displayed if there are at least 20 eligible resident assessments summed across the four quarters.

Quality measures are reported as NA if:

- for measures not included in the QM rating, no data are available, or the total number of eligible resident assessments summed across the four quarters is less than 20;
- for measures included in the QM rating, data on this measure for your facility are not used in the calculation of your QM rating. This will happen if your facility does not have enough short-stay or long-stay measures upon which to base your rating and may occur even though your facility's data for this measure may be reported on Nursing Home Compare.

¹If the four quarter average for your facility is NA for a given QM, but rating points are provided for the QM, then there were insufficient data to compute a four-quarter average, and the points provided are based on the average points from other measures for which data are available according to the scoring rules described in detail in the Technical Users' Guide. Go to: <http://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandCompliance/FSQRS.html>

²These measures are risk adjusted.

³This is one of the new QMs, first reported on Nursing Home Compare in April 2016. As of January 2017 the new QMs that are included in the QM rating contribute the same number of points (20-100 points for each individual QM) as the other QMs included in the QM rating.

⁴The observed rate is the actual rate observed for the facility without any risk-adjustment.

⁵The expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility.

⁶Risk-adjusted rate is adjusted for the expected rate of the outcome and is calculated as (observed rate for facility / expected rate for facility) * national average of observed rate. Only the risk-adjusted rate will appear on Nursing Home Compare.

⁷This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Nursing Home Compare.

Listing for Indicator #1: Days in quarter for which no aide (CNA or Medication Aide/Technician) hours were reported
Your facility reported aide hours for all days in the quarter.

Listing for Indicator #2: Days in quarter for which no Registered Nurse hours were reported
Your facility reported RN hours for all days in the quarter.

Listing for Indicator #3: Nursing staff with more than 80 hours reported in a single week

Employee ID	Week Begin Date	Day	Job Title	Job Type	Work Hours
01805	11/27/2016	11/27/2016	7: Registered Nurse	Non-Exempt	5.94
01805	11/27/2016	11/28/2016	7: Registered Nurse	Non-Exempt	16.07
01805	11/27/2016	11/29/2016	7: Registered Nurse	Non-Exempt	16.22
01805	11/27/2016	11/30/2016	7: Registered Nurse	Non-Exempt	9.03
01805	11/27/2016	12/01/2016	7: Registered Nurse	Non-Exempt	13.23
01805	11/27/2016	12/02/2016	7: Registered Nurse	Non-Exempt	9.42
01805	11/27/2016	12/03/2016	7: Registered Nurse	Non-Exempt	10.63
01805	11/27/2016	Weekly Total	---	---	80.54

Listing for Indicator #4: Nursing staff with more than 300 hours reported in a single month

Employee ID	Month	Day	Job Title	Job Type	Work Hours
01805	October	10/01/2016	7: Registered Nurse	Non-Exempt	4.20
01805	October	10/02/2016	7: Registered Nurse	Non-Exempt	8.28
01805	October	10/03/2016	7: Registered Nurse	Non-Exempt	13.97
01805	October	10/04/2016	7: Registered Nurse	Non-Exempt	10.52
01805	October	10/05/2016	7: Registered Nurse	Non-Exempt	9.57
01805	October	10/06/2016	7: Registered Nurse	Non-Exempt	8.80
01805	October	10/07/2016	7: Registered Nurse	Non-Exempt	15.15
01805	October	10/08/2016	7: Registered Nurse	Non-Exempt	9.72
01805	October	10/09/2016	7: Registered Nurse	Non-Exempt	10.82
01805	October	10/10/2016	7: Registered Nurse	Non-Exempt	10.88
01805	October	10/11/2016	7: Registered Nurse	Non-Exempt	9.60
01805	October	10/12/2016	7: Registered Nurse	Non-Exempt	15.68
01805	October	10/13/2016	7: Registered Nurse	Non-Exempt	11.27
01805	October	10/14/2016	7: Registered Nurse	Non-Exempt	3.95
01805	October	10/15/2016	7: Registered Nurse	Non-Exempt	15.35
01805	October	10/16/2016	7: Registered Nurse	Non-Exempt	8.97
01805	October	10/17/2016	7: Registered Nurse	Non-Exempt	10.02
01805	October	10/18/2016	7: Registered Nurse	Non-Exempt	13.98
01805	October	10/19/2016	7: Registered Nurse	Non-Exempt	10.98
01805	October	10/20/2016	7: Registered Nurse	Non-Exempt	0.77
01805	October	10/21/2016	7: Registered Nurse	Non-Exempt	10.00
01805	October	10/22/2016	7: Registered Nurse	Non-Exempt	11.00
01805	October	10/23/2016	7: Registered Nurse	Non-Exempt	12.70
01805	October	10/24/2016	7: Registered Nurse	Non-Exempt	2.05
01805	October	10/25/2016	7: Registered Nurse	Non-Exempt	9.30
01805	October	10/26/2016	7: Registered Nurse	Non-Exempt	15.98
01805	October	10/27/2016	7: Registered Nurse	Non-Exempt	12.32
01805	October	10/28/2016	7: Registered Nurse	Non-Exempt	9.87
01805	October	10/29/2016	7: Registered Nurse	Non-Exempt	3.23
01805	October	10/30/2016	7: Registered Nurse	Non-Exempt	8.24
01805	October	10/31/2016	7: Registered Nurse	Non-Exempt	15.56
01805	October	Monthly Total	---	---	312.73