



GRANT COUNTY
— ORCHARD —
MANOR

To: Orchard Manor – Farm Committee
Date: October 7, 2026
Subject: Agenda October 14, 2026

The Orchard Manor – Farm Committee will hold a meeting on **Wednesday, October 14, 2026 at 9:00 a.m.** In person attendance will be held in the **Orchard Manor, Conference Room 106**, at 8800 US Hwy 61, Lancaster, WI 53813.

A zoom option will also be available.

Zoom Option

Alesha Erdenberger is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting:

<https://co-grant-wi-gov.zoom.us/j/87228842368?pwd=FmFtjx2kWyT3jhB6LvnOUwh5FdF8m1.1>

Meeting ID: 872 2884 2368

Passcode: 990320

One tap mobile

+13126266799,,87228842368# US (Chicago)

Agenda:

1. Call to order at **9:00 a.m.**
2. Establish a quorum.
3. Certification of compliance with the Open Meetings Law.
4. Approval of agenda.
5. Approval of the minutes.
6. Farm business.
 - Farm vouchers and financial report
7. Bids-Architectural Renovation & Design of Memory Care Unit- Action
8. New Garbage Dumpster- Discussion & Possible Action
9. East/Back Parking Lot Lighting- Discussion & Possible Action
10. Water Main Loop-Discussion
11. Operational & Strategic Plan Progress Tracker/Timeline- Discussion
12. Orchard Manor Operations
 - A. Chairperson's report.
 - B. Maintenance Supervisor's report.
 - C. Administrator's report.
13. Orchard Manor vouchers and financial report.
14. Set next meeting date
15. Adjournment

Orchard Manor/County Farm
Committee Meeting Minutes
September 9, 2026

Committee Member/Chairperson, Carol Beals, called the meeting to order at 9:00 a.m. Carol Beals also noted a quorum was present, and Alesha Erdenberger certified the meeting was in compliance with the Open Meetings Law.

Committee members present were Carol Beals (zoom), Joe Mumm, Joann Wiederholt, and Mike Timmerman. Grant County staff members present: Robert “Bob” Keeney, Nate Dreckman, Garry Pluemer, and Alesha Erdenberger. Others present: Teri Abing. Absent: Diane Nelson

Joe Mumm made the motion seconded by Mike Timmerman to approve the presented agenda. Motion carried, voice vote, without negative vote.

Joe Mumm made the motion seconded by Joann Wiederholt to approve the minutes from the regular meeting on July 8, 2026. Motion carried, voice vote, without negative vote.

Farm Business. Teri reported that business as usual as they are making corn silage. Alesha reported that the fall payment has been received, and a survey notice was received in which Keith Lane with conservation requested that I ask for preservation instructions including to either walk or UTV for inspections.

Alesha provided a financial report and vouchers for the Farm.

Joann Wiederholt made the motion seconded by Mike Timmerman to approve the Farm report, cash balance and voucher report, as presented, with the request to clarify why the transfer to general fund was \$600 less than the 2025 audit adjustment. Motion carried, voice vote, without negative vote.

Private Pay (Resident) Increase for 2027- Alesha presented a document outlining the projected Medicare and Medicaid increases in 2027 to be flat overall. Alesha presented that the budget was discussed with Wipfli to clarify projected revenue increases, and then a further discussion ensued regarding the projected daily rate increase for Medicaid to increase by \$50 for half of 2027 with a reduction in the second half of 2027 due to the revenue made in 2025. Discussion further ensued regarding the target caps of expenses that are reimbursed and Mike Timmerman asked for some further explanation to know where we position. Alesha presented a request to be able to increase both the semi-private and private rates by 5% or \$16 a day. This would bring the daily rates in 2027 to \$336 for semi-private and \$353 for private rooms, which would approximately bring in an additional \$126,720 in revenue for 2027 based on a historical 22 resident average in 2026.

Beginning in 2027, Alesha proposed a defined delinquency charge policy to include a 1% per month fee on unpaid principal, as: *“Any unpaid private pay balances will receive a delinquency charge that includes a capped fee of \$10 or 1% of an unpaid payment. The fee will be calculated only on the unpaid principal balance for covered private pay services. The fee will not be calculated on prior late-payment fees, interest or finance charges, amounts under active good-faith billing dispute, amounts paid or payable to Medicaid, Medicare, Family Care, private*

insurance, or another third-party payer, or amounts that Orchard Manor is prohibited from charging under federal or Wisconsin law.”

Joann Wiederholt made the motion seconded by Mike Timmerman to approve the Private Pay rate increase for 2027 and define in policy format the delinquency charge beginning in 2027, as presented. Motion carried, voice vote, without negative vote.

Capital Budget Change Request from Courtyard Fence to Concrete Sidewalk- Alesha presented a request to reallocate the funds from the 2026 capital budget for a Courtyard Fence project of \$20,000 to be used for a concrete sidewalk to be installed for the Butterfly Garden/Event Space in the front of the facility. Discussion ensued regarding the need for the fence and all agreed that it was needed. Alesha further informed all that the funds for new beds and furniture for both resident rooms and dayrooms (originally from the nurse call project) was much lower than expected. Further discussion ensued and all were in consensus that the funds from the furniture of \$14,585.18 would be used to approve the concrete sidewalk at \$15,120, the additional funds will be used out of operations.

Joe Mumm made the motion seconded by Joann Wiederholt to approve a reallocation of capital budget funds from the beds and furniture project to be used for constructing a concrete walking path/sidewalk on the new proposed Butterfly Garden/Event Space. Motion carried, voice vote, without negative vote.

OM/Farm Budget 2027- Alesha presented a draft of the 2027 Orchard Manor/Farm Budget and a proposed budget analysis that outlined variances in the current 2026 budget vs 2027 proposed budget. An error was reported on the last page of the budget document in which the account “Other IC Cap Outlay Furn/Equi” was not removed from the operational budget to the capital budget at the end. Correction noted. All agreed with the budget, as presented, no action.

Water Main Loop- Bob reported that there has non any business since last meeting.

Operational & Strategic Plan Progress Tracker/Timeline- Alesha provided a document with a highlight of both operational goals (Elder Dynamics) and strategic goals (SW Regional Planning) with an update to each goal.

Orchard Manor Operations-

Chairperson’s report- Carol had no report, but commented on the nice front door.

Maintenance Supervisor Report- Garry presented the following items:

- Back parking lot lighting bids are out as RFP, due August 26th
- Getting ready for WHV to return to get valves installed once no need for chilled air

Administrator’s Report- Alesha Erdenberger presented the Administrator’s Operations Report.

Alesha presented the Orchard Manor vouchers and financial report.

Joe Mumm made the motion seconded by Mike Timmerman to approve the Orchard Manor financial report and vouchers, as presented. Motion carried, voice vote.

Carol Beals tentatively set the next regular meeting for Wednesday, October 14, 2026 at 9:00 a.m. meeting location to be Orchard Manor.

Joe Mumm made the motion seconded by Joann Wiederholt to adjourn the regular meeting. Date set for next regular meeting, location at Orchard Manor conference room 106. Motion carried, voice vote.

Secretary

Date

Chair

Date

**Grant County Farm
Cash Balance Statement
As of September 30, 2026**

Cash Balance, August 31, 2026		\$289,106.00
September 2026 Receipts		\$62,423.60
Farm Rent	\$62,423.60	
September 2026 Vouchers		\$818.12
Property Insurance	\$818.12	
Committee Fees		
Mileage & Social Security		
Cash Balance, September 30, 2026		\$350,711.48

Carol Beals

Joann Wiederholt

Joseph Mumm

Diane Nelson

Mike Timmerman

Orchard Manor

Architectural Renovation & Design of Memory Care Unit

A Request for Proposal (RFP) was posted on the County website, emailed, and shared with many Architectural firms. A pre-bid meeting in-person with a recorded Zoom call and tour of the facility was Thursday, September 24, 2026. We have shared the zoom call with two Architectural firms upon request. We invited JDR Engineering to the pre-bid meeting to provide them an opportunity to meet with Architectural firms, and we are recommending that they be a partner as they already know our building. We moved the RFP deadline to Monday, October 12, 2026 at 5p.m. due to a request, so a review of the bids will take place Tuesday, October 13th and a recommendation given at the Orchard Manor Board meeting on Wednesday, October 14, 2026.

To clarify the project, we want to outline our goals. Our goal is to take this project in phases. Our initial phase will include an assessment of the existing facility, programming, and feasibility analysis, and develop a conceptual master plan illustrating how and where the proposed memory care program could be incorporated into the facility. Our second phase will include a review of our scope, approach, and overall project requirements to be more clearly defined before moving into the implementation phase, which may include many additional phases of the project.

Once the conceptual master plan is established and the County determines that it would like to proceed, we would anticipate entering into a separate agreement for implementation of the master plan. This subsequent phase would include Schematic Design, Design Development, Construction Documents, state submission/approval, and Construction Administration, based on the scope established through the master planning process.

We have received a lot of interest in this renovation and design work, which we are thankful to see; therefore, we anticipate many bids and look forward to working on my recommendation.

Orchard Manor
New Garbage Dumpster

Our current compactor/dumpster is needing repairs that could cost approximately \$5,000 to repair including the bottom is rusting away and the hydraulics are causing concerns again.

We have repaired the current compactor consistently for several years, and we feel it is time to replace it.

We are receiving quotes from JWR, and we believe we can have a replacement for less than \$20,000.

We will have a recommendation to present for further details at the October 14, 2026 meeting.

**Orchard Manor
Strategic & Operational Goals Report
For July & August 2026**

By: Alesha M Erdenberger, NHA

▪ **Operational Goals: (Elder Dynamics)**

- Leadership Plan to improve culture.
 - Our leadership team has requested a monthly Leadership session with Lisa Schaefer, so we have committed to a 12-month vision to keep improving our workplace culture by empowering our team and give them skills to improve job satisfaction.
- Review Key operational functions to identify inefficiencies including backup systems. Improve backup systems and processes for better operations. Process should drive the people, not people.
 - We continue to partner with Wipfli to create a solid backup system for billing.
- Confirm and clarify current and future operational responsibilities between Orchard Manor and Grant County. Define expectations.
 - With the retirement of Garry, we have been trying to complete many current projects.
- Develop a center of excellence in memory care by expanding designated beds and secured areas within the existing memory care unit. Focus on this care delivery area.
 - In the 2027 budget, I have allocated some resources for design and management of a new expanded unit, but a business plan will be developed and reviewed before any decisions.
- Strengthen referral management processes and admission protocols to improve access, responsiveness, and resident placement efficiency. Referral management.
 - Social Worker conference included many new best practices.
- Review master plan- to expand existing service lines and new lines.
 - RFP due Monday October 12, 2026.
- MDS consulting- contract with experts to improve understanding and funding.
 - We continue to meet monthly to ensure we are on track until December 2026. They continue to audit our work and provide recommendations.
- Transition from manual to automated or technology driven process.
 - We are moving forward with plans to install TekTone nurse call system; we are waiting for the Department of Health Services to provide us a work permit to move forward.

▪ **Strategic Goals: (Southwest Regional Planning)**

- Operational improvements: (Operational Plan)-strengthen internal processes and practices.
 - WellSky- (EHR) system- a cloud presentation is in the works. We plan to include our clinical and financial/billing team along with Grant County IT to assist in this planning step.
- Foundation:
 - Pavilion will be built this Fall.
 - Concrete walking path will be
- Implement structured employee coaching, mentoring, and sponsorship programs.
 - Superior Health Quality Alliance (Superior Health)- we have joined this Quality Innovation Network to assist us with workforce planning including mentorship and training.
 - Our culture of workplace correction is to provide coaching and mentoring, but we have opportunities to continue to improve in this area.

Orchard Manor
Administrator's Operations Report
September 2026

By: Alesha M Erdenberger, NHA

Census: **Month of September**

<u>Geriatrics/SNF-</u>	<u>ICF-IID-</u>
Current is 53	Current is 24
<u>Average:</u> 52	<u>Average:</u> 25
• Medicare A- 2 • Private- 25 • Managed Care- 2 • Medicaid WI- 22 • Hospice - 1 ○ Admissions- 5 ○ Discharges- 1 ○ Expired- 2	• Managed Care- 1 • Medicaid-WI- 23 • Hospice- 1 • 100% occupancy -beds in the month • Waitlist- we are in contact ○ Admission- 0 ○ Discharge- 0 ○ Expired- 1

Staffing:
September

- **Hires- 6 total** – 4- part-time CNAs, 1 Housekeepers, 1 Dietary Aide
- **Exits-** 3 total- 2 CNAs/PRN (voluntary), 1-Activity Aide/CNA (unvoluntary)
- **Turnover rate-**1.97% out of 152 employees
- **Openings-** (2) CNAs regular full-time/part-time (PRNs currently filling for summer)
- (1) Dietary Aide, (1) Activity Aide, full-time, part-time and PRN

Administration:

- **Billing backups/best practices-** we have partnered with Wipfli to assist us in Medicare A billing received from local hospitals and clinics for services rendered to our Medicare A skilled residents. The online worksheet we have used in the past was not providing a clear outlook, so we consulted them. We plan to continue to consult time to time to assist us where we need a bit of help including assisting with best practices and creating a standard of work when and if this position becomes vacant.
- **Architect-** RFP-Architectural proposal was posted online on September 17, 2026; a pre-bid meeting was scheduled on Thursday, September 24, 2026
- **WellSky cloud-** we have begun discussions with WellSky and Grant County IT
- **LeadingAge conference-** Annual Fall Conference was in Green Bay. Alesha attended on Sept 30th and Oct 1st for sessions regarding: Dementia, Architectural renovations, Cost Report reimbursement, IT and Operational projects, and much more great contacts.
- **Prior Authorization Reform-** I sent Senator Ron Johnson, Senator Tammy Baldwin, and Representative Derrick Van Orden, a request to urge Congress to pass the reform to improve the Medicare Advantage (MA) prior authorization (PA) process. **The Improving Seniors' Timely Access to Care Act (HR 3514/S 1816)**, legislation that would modernize and streamline PA in MA and increase plans' transparency and accountability in their use of PA in making coverage decisions. Today, each MA organization has its own PA request process and internal criteria for coverage decisions, which adds to providers' costs, creates uncertainty for residents/patients, and forces staff to devote time obtaining approvals or overturning appeals—time that would otherwise be spent with residents and patients (LeadingAge National).
- **Consumer Reports-** These reports are attached and made available at each nurse's station for the public to see along with the last 3 years of State Survey results and corrections. FDD= ICF shows retention rates and inspection survey results compared to State of Wisconsin. Note that retention rate includes part-time/PRN nurses not just regular schedule nurses. SNF- we are below County average for turnover and

staff ratios per resident, which both are a good thing. The outlier of LPNs could show that we staff less LPNs than we do RNs, which in terms of quality of care, is another good thing.

- Lisa Schaefer- She will continue to be a monthly part of our leadership training sessions for the next 6 months to help our team be the best we can with our employees and each other.
- Flooring- we continue to update areas within the facility next plan is improving the front entry with a bigger waiting room, public bathrooms, and employee breakroom.
- Nurse call- no date has been set just yet, waiting for the DHS-Wisconsin.

Activities:

- WRAP- Wisconsin Activity Professional Conference- 2026- This annual conference took place September 23-26 in Wisconsin Dells. Crystal was able to attend this great learning opportunity, and she also brought many resident crafts and art work that received awards and recognition. Great Job!

Dietary:

- Tray warmer- our plate/tray warmer unit broke down, we have purchased a new one, planning for it to be delivered in October.
- Ice Machine- our current one in the main dining room is unrepairable, we are getting pricing for a new one.
- Painting- to improve the

Human Resources:

- Amanda Schnitzler, was selected as our October Employee of the Month. She is a longevity CNA that is willing to work any wing or unit, and always does a great job with the residents. She is dedicated and a great team player. Congrats!
- We continue to work closely with Grant County Human Resources, and found that having a shared folder/drive with applications and information may be a great way to share needed documents rather than emailing back and forth.
- Celebrated both Housekeeping Week & Rehab Week!

Capital Improvements in 2026

YTD					TOTAL
As of 09/30/2026	Cash Receipts	\$ 1,061,723.35	\$ 1,082,128.50	\$ 1,312,625.30	\$ 8,122,380.98
	Total Revenue				
	Total Expenses				
Net Total		July	August	September	
	Maint SNF Cap Outlay Furn/Equ	\$ 74,412.41	\$ 74,412.41	\$ 75,609.54	
	Maint SNF Cap Outlay Land Imp	\$ 377,245.00	\$ 527,909.72	\$ 527,909.72	
	Maint SNF Cap Outlay Bldgs	\$ 481,845.80	\$ 500,413.80	\$ 514,583.46	
	Other SNF Cap O	\$ -			
	Maint IC Cap Outlay Furn/Equ	\$ 53,271.63	\$ 53,271.63	\$ 53,916.24	
	Maint IC Cap Outlay Land Imp	\$ 197,875.54	\$ 279,002.70	\$ 279,002.70	
	Maint IC Cap Outlay Bldgs	\$ 304,338.50	\$ 306,690.50	\$ 314,320.31	
	Other IC Cap Ou				
	Net Total Capital	\$ 1,488,988.88	\$ 1,741,700.76	\$ 1,765,341.97	
Revenue	\$	8,424,723.76			
Expenses	\$	9,781,092.93			
Rev minus expenses	\$	(1,356,369.17)			
OM General Debt	\$	346,800.00			
Minus Capital Improvement	\$	1,765,341.97			
YTD Net Income	\$	755,772.80			

Summary 2025
Consumer Information Report for
Intermediate Care Facilities for Individuals with Intellectual Disabilities

ORCHARD MANOR-FDD

8800 HWY 61
LANCASTER, WI 53813
(608) 723-2113

License Number: 3109
Number of Licensed Beds: 25
Medicare Certified? NO
Medicaid Certified? YES
Ownership Type: Government County
Owner: COUNTY OF GRANT

Staff Retention Rates
(Percent of staff employed for at least one year)

ICF/IID Staff	This ICF/IID (NS=no staff)	State of Wisconsin Average (7 homes)
Full-time Nurses (RNs)	100%	74%
Part-time Nurses (RNs)	60%	77%
Full-time Nurses (LPNs)	100%	83%
Part-time Nurses (LPNs)	50%	93%
Full-time Nurse Aides	77%	76%
Part-time Nurse Aides	77%	72%

This two-page summary was prepared by the Division of Quality Assurance, Wisconsin Department of Health Services. For questions about this report, call (608) 264-9898. See the full report on the internet (after 6/1/2026) at <https://www.dhs.wisconsin.gov/guide/cir.htm> or request a copy (after 6/1/2026) at (608) 266-8368. The report should also be available in the facility.

Federal Violations Cited in State "Inspection" Surveys for

ORCHARD MANOR-FDD

This summary table provides a count of federal violations cited for this ICF/IID in 2025, by category of violation. State averages are shown for comparison. Surveys are conducted by the Division of Quality Assurance at least every 12 months, and may be conducted more often. See the full Consumer Information Report 2025 for details.

Federal Regulation Categories* * Each category consists of many specific regulations. See detail in report.	Total # of Federal Violations Cited for this Facility (NS = Facility not surveyed in 2025)	Average # of Federal Violations Cited for State of Wisconsin (7 homes surveyed in 2025)
Quality of Care: Provide care that promotes resident's highest level of wellbeing.	0	0.1
Resident Services: Provide services that meet state standards. Example: Provide preventive medical care.	1	0.1
Quality of Life: Provide a pleasant, homelike atmosphere. Example: Provide a continuous active treatment program.	0	0
Resident Rights: Assure individual rights. Example: Assure right to personal privacy.	0	0
Freedom from Restraints/Abuse: Assure freedom from abuse, neglect, or restraints. Example: Assure the right to be free from	1	2.0
Other Administrative Violations	0	0.7
Total Number of Violations	2	3.0

INTRODUCTION

ORCHARD MANOR-FDD
8800 HWY 61
LANCASTER, WI 53813
(608) 723-2113

License Number: 3109
DQA Regional Office: Southern
Ownership Type: Government County
Owner (Licensee): COUNTY OF GRANT
Federal Certification Level: Medicaid (Title 19) Nursing Facility

SECTION 1 - FEDERAL REGULATION DEFICIENCIES

Section 1 of this report describes the numbers and types of **Federal regulation deficiencies** found during surveys conducted in 2025. "Deficiencies" are cited for noncompliance with Federal regulations. This section also compares these numbers to averages for all ICFs/IID of similar size.

SECTION 2 - NURSING STAFF TURNOVER AND RETENTION RATES

Section 2 provides information about **staff turnover and retention** rates at this ICF/IID in 2025. It compares these rates to the averages for all ICFs/IID of similar size.

APPENDICES (on the internet after 6/1/2026) include:

Appendix A - a list of **resource agencies** for consumers;

Appendix B - information about how nursing staff turnover & retention rates are calculated; and

Appendix C - statewide averages.

SECTION 1 - SURVEY RESULTS FOR THIS FACILITY

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) in Wisconsin operate under rules enacted by the Federal government (for the Medicaid program) and by the State of Wisconsin. Surveyors from the Wisconsin Division of Quality Assurance conduct unannounced inspections at each ICF/IID at least once each year to determine if the ICF/IID complies with all State and Federal rules. State surveyors also conduct follow-up visits to ensure that violations have been corrected, investigate complaints, and conduct other surveys as necessary.

When state surveyors determine an ICF/IID is not in compliance with a Federal regulation, the ICF/IID is cited with a violation or "deficiency." The number and type of violations for surveys conducted in 2025 are described in this report.

The number of federal regulation deficiencies cited in Wisconsin ICFs/IID during 2025 surveys ranged from **0 to 16, with an average of 3.0 deficiencies.**

In 2025 surveys, ORCHARD MANOR-FDD, LANCASTER, which has 25 licensed beds, was cited with:

2 Federal regulation deficiency(ies)

Statewide, the average number of deficiencies for an ICF/IID with 1-49 beds was **0.4.**

In addition, this home was cited with **4** federal building safety violations and **0** federal emergency preparedness violations.

The number of federal building safety violations statewide in 2025 ranged from **1 to 30, with an average of 8 citations.**

The number of federal emergency preparedness violations statewide in 2025 ranged from **0 to 1, with an average of 0.1 citations.**

Federal Regulation Deficiencies:

To determine Federal regulation deficiencies, surveyors use a resident-centered, process that places emphasis on individual outcomes. Surveyors observe the delivery of active treatment and interview individuals, families, advocates, and staff to confirm the individual's needs are appropriately and adequately met on a consistent basis.

If this home was cited with Federal deficiencies in 2025 surveys, those deficiencies are listed below. Each deficiency listed is followed by the abbreviation of its federal regulation category: Quality of Care (QC), Resident Services (RS), Quality of Life (QL), Resident Rights (RR), Freedom from Restraints/Abuse (FA), and Other Violations (OT). **A deficiency may be listed more than once if it was cited more than once during the year.**

<u>DEFICIENCY</u>	<u>CATEGORY</u>	<u>SURVEY DATE</u>
Physician Services	RS	06/04/2025
Staff Treatment Of Clients	FA	06/04/2025

For questions about this report, call (608) 264-9898. For further information about specific violations or more recent surveys, contact the administrator of this facility or the Division of Quality Assurance at (608) 266-8368.

SECTION 2 - NURSING STAFF TURNOVER AND RETENTION

This section provides two measures describing the rate of change among nursing employees from January 1, 2025, through December 31, 2025: a "turnover rate" and a "retention rate." The turnover rate is based on new hires during the year as a proportion of total staffing in a category. The retention rate is based on the proportion of staff in a category at the beginning of the year who are still employed by the end of the year. The formulas used to calculate nurse staffing turnover and one-year retention rates are explained in [Appendix B](#).

Rates are calculated separately for full-time employees, persons working 37.5 hours or more per week, and part-time employees, persons working less than 37.5 hours per week. An "NS" indicates the ICF/IID reported having *no staff* in that particular category.

Registered nurses (RNs) are nurses who are licensed and hold a certificate of registration by the State of Wisconsin. In 2025, this ICF/IID had:

- **A turnover rate for full-time RNs of 0%**, vs. 23% statewide and 29% across all ICFs/IID with 1-49 beds.
- **A turnover rate for part-time RNs of 40%**, vs. 15% statewide and 13% across all ICFs/IID with 1-49 beds.

In some cases, the turnover rate might be artificially high because one position changes frequently throughout the year. For example, if a ICF/IID with ten nurses had one position that was filled by five people throughout the year, the turnover rate is 50% (5 divided by 10) even though nine of the ten nurses did not change. The "retention rate" captures a sense of the stability of staff outside of the positions that changed frequently. In the example just used, the one-year retention rate is 90% (i.e., nine of the ten nurses had worked at least one year).

In 2025, this ICF/IID had:

- **A retention rate for full-time RNs of 100%**, vs. 77% statewide and 71% across all ICFs/IID with 1-49 beds.
- **A retention rate for part-time RNs of 60%**, vs. 85% statewide and 87% across all ICFs/IID with 1-49 beds.

Licensed practical nurses (LPNs) are nurses who are licensed by the State of Wisconsin as practical nurses. At this ICF/IID in 2025, there was:

- **A turnover rate for full-time LPNs of 0%,** vs. 0% statewide and 0% across all ICFs/IIDs with 1-49 beds.
- **A turnover rate for part-time LPNs of 50%,** vs. 41% statewide and 17% across all ICFs/IID with 1-49 beds.
- **A retention rate for full-time LPNs of 100%,** vs. 100% statewide and 100% across all ICFs/IID with 1-49 beds.
- **A retention rate for part-time LPNs of 50%,** vs. 66% statewide and 75% across all ICFs/IID with 1-49 beds.

Nursing assistants (NAs) provide direct personal care to residents, but are not registered nurses or licensed practical nurses. At this ICF/IID in 2025, there was:

- **A turnover rate for full-time NAs of 23%,** vs. 35% statewide and 31% across all ICFs/IID with 1-49 beds.
- **A turnover rate for part-time NAs of 23%,** vs. 18% statewide and 8% across all ICFs/IID with 1-49 beds.
- **A retention rate for full-time NAs of 77%,** vs. 74% statewide and 69% across all ICFs/IID with 1-49 beds.
- **A retention rate for part-time NAs of 77%,** vs. 86% statewide and 92% across all ICFs/IID with 1-49 beds.

Consumer Information Report for Nursing Homes

Summary 2025

ORCHARD MANOR
 8800 HWY 61
 LANCASTER, WI 53813
 (608) 723-2113

License Number: 3108
Number of Licensed Beds: 74
Medicare Certified? YES
Medicaid Certified? YES
Ownership Type: Government County
Owner: COUNTY OF GRANT

Staff: Residents

	Staff:Residents (Average daily number of residents: 49)		
	Nurse Aides	LPNs	RNs
This Home	1 Nurse: 8 Residents	1 Nurse: 103 Residents	1 Nurse: 27 Residents
Grant County Average	1 NA: 9 Residents	1 NA: 56 Residents	1 NA: 29 Residents
Wisconsin Average	10	49	28

Staff to resident ratios are based on staffing hours and resident census figures reported by facilities and available in the CMS Payroll Based Journal dataset covering the period 10/01/2025 through 12/31/2025. "NA" indicates that data was not available in the PBJ dataset for that measure.

Staff Turnover Rates

Nursing Home Staff	Staff Turnover Rates (Percent of staff employed for at least one year)		
	This Home (NS=no staff)	Grant County Average (7 homes)	State of Wisconsin Average (323 homes)
Registered Nurses (RNs)	25%	39%	40%
All Nursing Staff	26%	46%	47%

Staff turnover rates are based on data reported by facilities and available in the CMS Payroll Based Journal dataset covering the period 10/1/2024 through 9/30/2025. "NA" indicates that data was not available in the PBJ dataset for that measure.

This two-page summary was prepared by the Division of Quality Assurance, Wisconsin Department of Health Services. For questions about this report, call (608) 264-9898. See the full report on the internet (after 6/1/26) at <https://www.dhs.wisconsin.gov/guide/cir.htm> or request a copy (after 6/1/26) at (608) 266-8368. The report should also be available in the facility.

Federal Violations Cited in State "Inspection" Surveys for

ORCHARD MANOR

This summary table provides a count of federal violations cited for this nursing home in 2025, by category of violation. County and state averages are shown for comparison. Surveys are conducted by the Division of Quality Assurance at least every 9 - 15 months, and may be conducted more often. This home <<SQC>> cited with Substandard Quality of Care during the year 2025. See the full Consumer Information Report, 2025 for details.

Federal Regulation Categories*	Federal Violations In 2025		
	Total # Citations for This Home (NS = Facility not surveyed in 2025)	Average # Citations for Grant County (7 homes)	Average # Citations for Wisconsin (323 homes)
*Each category consists of many specific regulations. See detail in report.			
Quality of Care: Provide care that promotes resident's highest level of well-being. Example: Prevent/treat pressure sores.	0	4.3	3.1
Resident Services: Provide services that meet state standards. Example: Develop a comprehensive care plan for each resident.	0	2.3	1.4
Quality of Life: Provide a pleasant, homelike atmosphere. Example: Provide an activities program that meets needs and interests.	0	0.1	0.3
Resident Rights: Assure individual rights. Example: Assure right to personal privacy.	0	1.4	1.3
Freedom from Restraints/Abuse: Assure freedom from abuse, neglect, or restraints. Example: Assure the right to be free from abuse.	0	2.4	1.2
Staffing/Staff Training: Provide adequate and qualified staff. Provide training to staff on policies and procedures. Example: Provide sufficient and competent nursing staff.	0	0.3	0.4
Pharmacy/Lab Services: Provide or obtain medications and lab services. Example: Residents are free of significant medication errors.	0	1.9	1.0
Administration: Use resources to promote residents' highest level of well-being. Example: Must have governing body to ensure safe and efficient management of the facility.	0	0.1	0.3
Total Violations	0	12.8	9.0

Consumer Information Report for Nursing Homes 2025

INTRODUCTION

ORCHARD MANOR
8800 HWY 61
LANCASTER, WI 53813
(608) 723-2113

- **License Number:** 3108
- **DQA Regional Office:** Southern
- **Ownership Type:** Government County
- **Owner:** COUNTY OF GRANT
- **Federal Certification Level:**

Medicare (Title 18) Skilled Nursing Facility (SNF)
Medicaid (Title 19) Nursing Facility (NF)

SECTION 1 – FEDERAL REGULATION DEFICIENCIES

Section 1 of this report describes the numbers and types of **Federal regulation deficiencies** found during surveys conducted in 2025. "Deficiencies" are cited for noncompliance with Federal regulations. This section also compares these numbers to averages for all nursing homes of similar size.

SECTION 2 – NURSING STAFF TURNOVER RATES

Section 2 provides information about **nursing staff turnover** rates at this nursing home in 2025. It compares these rates to the averages for all nursing homes of similar size.

APPENDICES (on the internet after 6/1/26) include:

Appendix A - a list of **resource agencies** for consumers;

Appendix B – information about how nursing staff turnover rates are calculated; and

Appendix C - **statewide averages**.

SECTION 1 - SURVEY RESULTS FOR THIS FACILITY

Nursing homes in Wisconsin operate under rules enacted by the Federal government (for the Medicare and/or Medicaid programs) and by the State of Wisconsin. Surveyors from the Wisconsin Division of Quality Assurance conduct unannounced inspections at each nursing home at least once every 9 to 15 months to determine if the nursing home complies with all State and Federal rules. State surveyors also conduct follow-up visits to ensure that violations have been corrected, investigate complaints, and conduct other surveys as necessary.

When state surveyors determine that a nursing home is not in compliance with a Federal regulation, the nursing home is cited with a violation or "deficiency". The number and type of violations for surveys conducted in 2025 are described in this report.

The number of federal regulation deficiencies cited in Wisconsin nursing homes during 2025 surveys ranged from **0 to 116, with an average of 9.0 citations.**

In 2025 survey(s), ORCHARD MANOR, LANCASTER, which has 74 licensed beds, was cited with:

0 Federal regulation deficiency(ies)

Statewide, the average number of deficiencies for a nursing home with 50 - 99 beds was **9.1.**

In addition, this home was cited with **9** federal building safety violations and **0** federal emergency preparedness violations. The number of federal building safety violations statewide in 2025 ranged from **0 to 33 with an average of 5.0 citations.** The number of federal emergency preparedness violations statewide in 2025 ranged from **0 to 8 with an average of 0.7 citations.**

Finally, when there is no comparable requirement under federal regulations, nursing facilities may be cited for deficient practices under state regulations. The number of state regulation deficiencies cited in Wisconsin nursing homes during 2025 surveys ranged from **0 to 4, with an average of 0 citations.** This home was cited with **0** state regulation deficiency(ies).

Federal Regulation Deficiencies:

To determine Federal regulation deficiencies, surveyors use a resident-centered, outcome-based process. Equal emphasis is placed on the quality of care the resident receives and on the quality of the resident's life in the nursing home, and on whether the resident's rights, dignity and privacy are respected. These factors are evaluated by observing residents' care; interviewing residents, families and staff; and reviewing medical records.

If it is determined that a Federal regulation deficiency exists, the deficiency is placed on a grid. Grid placement is based on two measures:

- *Severity/Harm*, the degree of impact that a deficient practice has on residents at the facility; and
- *Scope/Frequency*, the prevalence of a deficient practice within a facility, or the proportion of residents who were or could have been affected.

All Federal deficiencies fit into one of the following four grid levels, from most to least serious: Immediate Jeopardy, Significant Correction, Correction and Substantial Compliance. If this home had deficiencies at any of the four grid levels in the last survey, those deficiencies are listed below. Each deficiency listed is followed by the abbreviation of its federal regulation category: Quality of Care (QC), Resident Services (RS), Quality of Life (QL), Resident Rights (RR), Freedom from Restraints/Abuse (FRA), Staffing/Staff Training (ST), Pharmacy/Lab Services (PL), and Administration (AD). **A deficiency may be listed more than once if it was cited more than once during the year. Also, some citations share the same title, so you may see separate citations listed with the same title on the same date.**

Certain Federal regulation deficiencies at the Immediate Jeopardy, Significant Correction and Correction grid levels cause a nursing home to be designated as having "Substandard Quality of Care (SQC)". **This home was not designated with SQC during the year 2025. 59 Wisconsin nursing homes received the SQC designation in 2025.** SQC deficiencies constitute: immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or widespread potential for more than minimal harm that is not immediate jeopardy, with no actual harm.

Immediate Jeopardy. This deficiency exists when a situation caused (or is likely to cause) serious injury, serious harm, impairment or death to a resident receiving care in the facility AND facility practice makes it probable that similar actions, situations, practices, or incidents will occur again. Immediate corrective action is needed. This nursing home received **0 Immediate Jeopardy deficiencies** in 2025.

Significant Correction. This deficiency exists when a situation resulted in a negative outcome that compromised a resident's ability to maintain or reach his/her highest practicable physical, mental, or psychosocial well-being. This nursing home received **0 Significant Correction deficiencies** in 2025.

Correction. This deficiency exists when a situation resulted in minimal physical, mental, or psychosocial discomfort to a resident and/or has the potential (not yet realized) to compromise a resident's ability to maintain or reach his/her highest practicable physical, mental, or psychosocial well-being. This nursing home received **0 Correction deficiencies** in 2025.

Substantial Compliance. This deficiency exists when a situation has the potential for causing only minor negative impact on residents. This nursing home received **0 Substantial Compliance deficiencies** in 2025.

For questions about this report, call (608) 264-9898. For further information about specific violations or more recent surveys, contact the administrator of this facility or the Division of Quality Assurance at (608) 266-8368.

SECTION 2 – NURSING STAFF TURNOVER AND RETENTION

This section provides information on the facility turnover rate, which describes the rate of change among nursing staff from October 1, 2024 through September 30, 2025. The turnover rate is defined as the percentage of staff that left the nursing home over that twelve-month period and is derived using data from the Centers for Medicare and Medicaid Services’ (CMS) Payroll-Based Journal (PBS) system. Turnover is identified based on gaps in days worked, and the turnover rate is based on the number of “employment spells” that ended with staff leaving employment as a proportion of total employment spells. The formulas used to calculate nurse staffing turnover are explained in [Appendix B](#). An “NA” indicates that data was not available in the PBJ dataset for that measure.

Turnover rates are provided for two staff types, RNs (registered nurses) and total nursing staff. RNs include RN Directors of Nursing, RNs with administrative duties, and RNs. Registered nurses are nurses who are licensed and hold a certificate of registration by the State of Wisconsin. Total nursing staff include the staff categories above as well as licensed practical nurses (LPNs), LPNs with administrative duties, certified nursing assistants/nurse aides, aides in training, and medication aides. Licensed practical nurses (LPNs) are nurses who are licensed by the State of Wisconsin as practical nurses. Nursing assistants/nurse aides (NAs) provide direct personal care to residents, but are not registered nurses or licensed practical nurses.

In 2025, this nursing home had:

- | |
|--|
| <ul style="list-style-type: none"> • A turnover rate for registered nurses (RNs) of 25%,
vs. 40% statewide and 40% across all nursing homes with 50 - 99 beds. |
| <ul style="list-style-type: none"> • A turnover rate for all nursing staff of 26%,
vs. 47% statewide and 47% across all nursing homes with 50 - 99 beds. |

**Orchard Manor
Cash Balance Statement
As of September 30, 2026**

Cash Balance August 31, 2026		\$5,731,832.04
------------------------------	--	----------------

September 2026 Receipts		\$1,312,625.30
	-Receipts \$1,312,625.30	

September 2026 Vouchers & Payroll		\$751,528.54
	\$751,528.54	

Cash Balance, September 30, 2026		\$6,292,928.80
----------------------------------	--	----------------

Carol Beals		_____
-------------	--	-------

Joann Wiederholt		_____
------------------	--	-------

Joseph Mumm		_____
-------------	--	-------

Diane Nelson		_____
--------------	--	-------

Mike Timmerman		_____
----------------	--	-------

Total Expenses in 2026
YTD 09/30/2026

Object Code	Expense Title	YTD Actual	% Used
521001	Accounting/Audit Fees	\$20,870.50	1159.5%
515006	AD&D Insurance	\$194.35	44.6%
532006	Advertising/Recruitment	\$8,990.00	70.3%
524004	Building Maintenance/Repair	\$63,896.60	92.4%
581012	Capital Outlay—Buildings	\$828,903.77	72.3%
581001	Capital Outlay—Furniture/Equipment	\$129,525.78	59.4%
581011	Capital Outlay—Land Improvements	\$806,912.42	46.8%
514002	Committee Per Diems	\$1,215.00	
561100	Debt Services	\$346,800.00	100.0%
515005	Disability Insurance	\$7,816.31	69.4%
534019	Durable Medical Equipment	\$15,021.13	67.6%
521011	EDS Fees	\$317,970.00	78.3%
533001	Education/Training	\$11,600.48	43.4%
522002	Electricity	\$111,563.12	69.0%
515009	Employee Medical Expense	\$562.00	60.1%
553051	Equipment Rental/Lease	\$4,831.13	57.5%
524010	Fire/Safety Expense	\$2,726.74	23.4%
535001	Fuel	\$2,643.21	82.5%
524005	Grounds Maintenance	\$4,125.15	42.4%
515003	Health Insurance	\$936,075.03	63.4%
522003	Heat	\$47,176.99	64.6%
521086	Laboratory	\$459.33	99.7%
515004	Life Insurance	\$1,655.68	59.9%
521131	Medical Imaging	\$367.31	14.0%
534020	Medical Supplies/Drugs	\$33,305.32	68.2%
532005	Membership Dues	\$7,445.00	66.9%
533000	Mileage/Travel	\$498.13	68.4%
510003	Non-Productive Pay	\$363,384.53	75.1%
531000	Office Supplies	\$562.37	21.5%
534000	Operating Supplies	\$183,417.76	70.1%
539000	Other Expense	\$16,066.61	27.0%
532007	Outreach/Awareness	\$938.68	34.6%
510002	Overtime	\$155,023.21	51.5%
524009	Pest Control	\$1,820.00	101.1%
522004	Phone/Internet	\$1,147.61	57.9%
510000	Productive Pay	\$3,888,271.20	79.1%
521000	Professional Services	\$358,276.87	61.6%
551003	Property Insurance	\$26,360.29	81.2%

534001 Raw Food	\$224,359.23	72.4%
533002 Registration/Fees/Tuition	\$6,274.05	41.4%
534025 Resident Purchases	\$3,856.85	68.0%
515002 Retirement	\$273,549.08	78.3%
510036 Sick Leave Buyback	\$0.00	0.0%
524003 Small Equipment Maintenance/Repair	\$4,559.45	21.2%
515001 Social Security	\$322,067.74	78.6%
524001 Support/Maintenance Agreements	\$15,937.84	93.5%
510004 Termination Pay	\$19,729.42	489.6%
534022 Underpads/Upad Purchased Services	\$71,891.46	75.4%
515007 Unemployment	\$0.00	0.0%
551001 Vehicle Insurance	\$4,556.64	51.5%
524002 Vehicle Maintenance/Repair	\$7,849.15	97.9%
522001 Water & Sewer	\$6,956.29	55.3%
515008 Workers Compensation	\$111,086.12	101.1%
Total Expenses	\$9,781,092.93	70.7%

YEAR-TO-DATE BUDGET REPORT

FOR 2026 09

ACCOUNTS FOR:	ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD ACTUAL	ENCUMBRANCES	AVAILABLE BUDGET	PCT USE/COL
601 Orchard Manor							
60185000 OM SNF General							
60185000 480100 OM Gen Miscella	-10,700,000	0	-10,700,000	-8,424,723.76	.00	-2,275,276.24	78.7%*
60185000 485000 OM Gen Donation	-2,700	0	-2,700	.00	.00	-2,700.00	.0%*
60185000 493000 Fund Balance Us	-1,167,873	0	-1,167,873	.00	.00	-1,167,872.57	.0%*
60185000 561100 OM Gen Debt Se	346,800	0	346,800	346,800.00	.00	.00	100.0%
TOTAL OM SNF General	-11,523,773	0	-11,523,773	-8,077,923.76	.00	-3,445,848.81	70.1%
60185001 Nursing SNF							
60185001 515009 Nursing SNF Emp	169	0	169	120.05	.00	48.66	71.2%
60185001 521000 Nursing SNF Pro	51,099	-16,500	34,599	9,772.85	.00	24,826.25	28.2%
60185001 533001 Nursing SNF Edu	13,254	0	13,254	3,098.62	.00	10,155.19	23.4%
60185001 533002 Nursing SNF Reg	2,578	0	2,578	916.38	.00	1,661.28	35.6%
60185001 534000 Nursing SNF Ope	79,292	0	79,292	67,776.63	.00	11,515.63	85.5%
60185001 534019 Nursing SNF Dur	21,367	-1,000	20,367	14,125.32	.00	6,241.89	69.4%
60185001 534020 Nursing SNF Med	8,960	0	8,960	969.35	.00	7,990.15	10.8%
60185001 534022 Underpads/Upad	68,000	0	68,000	46,885.27	.00	21,114.73	68.9%
60185001 534025 Resident Purcha	175	265	440	286.11	.00	154.17	65.0%
60185001 553051 Nursing SNF Equ	559	250	809	609.28	.00	199.57	75.3%
TOTAL Nursing SNF	245,452	-16,985	228,467	144,559.86	.00	83,907.52	63.3%
60185002 Nursing Assistants SNF							
60185002 510000 Nurs Assts SNF	1,850,000	0	1,850,000	1,175,523.75	.00	674,476.25	63.5%
60185002 510002 Nurs Assts SNF	180,000	0	180,000	69,049.40	.00	110,950.60	38.4%
60185002 510003 Nurs Assts SNF	180,000	0	180,000	96,111.78	.00	83,888.22	53.4%
60185002 510004 Nurs Assts SNF	3,200	0	3,200	5,454.13	.00	-2,254.13	170.4%*
60185002 510036 Nurs Assts SNF	7,000	0	7,000	.00	.00	7,000.00	.0%
60185002 515001 Nurs Assts SNF	151,350	0	151,350	99,104.53	.00	52,245.47	65.5%
60185002 515002 Nurs Assts SNF	121,200	0	121,200	71,786.18	.00	49,413.82	59.2%
60185002 515003 Nurs Assts SNF	539,000	0	539,000	258,224.53	.00	280,775.47	47.9%
60185002 515004 Nurs Assts SNF	1,175	0	1,175	451.58	.00	723.42	38.4%
60185002 515005 Nurs Assts SNF	4,000	0	4,000	1,881.63	.00	2,118.37	47.0%
60185002 515006 Nurs Assts SNF	180	0	180	52.58	.00	127.42	29.2%
TOTAL Nursing Assistants SNF	3,037,105	0	3,037,105	1,777,640.09	.00	1,259,464.91	58.5%

YEAR-TO-DATE BUDGET REPORT

FOR 2026 09

ACCOUNTS FOR:	ORIGINAL	TRANFRS/	REVISED				AVAILABLE	PCT
601 Orchard Manor	APPROP	ADJSTMTS	BUDGET	YTD	ACTUAL	ENCUMBRANCES	BUDGET	USE/COL
60185003 Registered Nurse SNF								
60185003 510000 Reg Nurse SNF P	900,000	0	900,000	616,230.47		.00	283,769.53	68.5%
60185003 510002 Reg Nurse SNF O	50,000	0	50,000	15,863.04		.00	34,136.96	31.7%
60185003 510003 Reg Nurse SNF N	90,000	0	90,000	70,294.26		.00	19,705.74	78.1%
60185003 510036 Reg Nurse SNF S	2,600	0	2,600	.00		.00	2,600.00	.0%
60185003 515001 Reg Nurse SNF S	75,000	0	75,000	50,905.51		.00	24,094.49	67.9%
60185003 515002 Reg Nurse SNF R	67,500	0	67,500	44,902.41		.00	22,597.59	66.5%
60185003 515003 Reg Nurse SNF H	227,750	0	227,750	127,653.58		.00	100,096.42	56.0%
60185003 515004 Reg Nurse SNF L	300	0	300	178.92		.00	121.08	59.6%
60185003 515005 Reg Nurse SNF D	1,900	0	1,900	1,285.74		.00	614.26	67.7%
60185003 515006 Reg Nurse SNF A	50	0	50	20.69		.00	29.31	41.4%
TOTAL Registered Nurse SNF	1,415,100	0	1,415,100	927,334.62		.00	487,765.38	65.5%
60185004 Licensed Practical Nurse SNF								
60185004 510000 LPN SNF Product	315,000	0	315,000	111,854.38		.00	203,145.62	35.5%
60185004 510002 LPN SNF Overtim	23,000	0	23,000	2,242.77		.00	20,757.23	9.8%
60185004 510003 LPN SNF Non Pro	25,000	0	25,000	17,389.59		.00	7,610.41	69.6%
60185004 510036 LPN SNF SL Buyb	1,500	0	1,500	.00		.00	1,500.00	.0%
60185004 515001 LPN SNF Social	20,500	0	20,500	9,440.06		.00	11,059.94	46.0%
60185004 515002 LPN SNF Retirem	17,200	0	17,200	9,015.81		.00	8,184.19	52.4%
60185004 515003 LPN SNF Health	61,400	0	61,400	39,042.18		.00	22,357.82	63.6%
60185004 515004 LPN SNF Life In	120	0	120	45.73		.00	74.27	38.1%
60185004 515005 LPN SNF Disabil	575	0	575	244.15		.00	330.85	42.5%
60185004 515006 LPN SNF AD&D	20	0	20	5.31		.00	14.69	26.6%
TOTAL Licensed Practical Nurse SNF	464,315	0	464,315	189,279.98		.00	275,035.02	40.8%
60185005 Pharmacy SNF								
60185005 521000 Pharmacy SNF Pr	450	1,350	1,800	1,072.50		.00	727.50	59.6%
60185005 534020 Pharmacy SNF Me	30,000	-1,350	28,650	25,044.72		.00	3,605.28	87.4%
TOTAL Pharmacy SNF	30,450	0	30,450	26,117.22		.00	4,332.78	85.8%
60185006 Lab SNF								
60185006 521086 Lab SNF Laborat	461	0	461	459.33		.00	1.29	99.7%

YEAR-TO-DATE BUDGET REPORT

FOR 2026 09								
ACCOUNTS	FOR:		ORIGINAL	TRANFRS/	REVISED		AVAILABLE	PCT
601	Orchard Manor		APPROP	ADJSTMTS	BUDGET	YTD ACTUAL	BUDGET	USE/COL
60185006 521131	Lab SNF Medical		121	2,500	2,621	367.31	.00	2,253.32 14.0%
TOTAL Lab SNF			581	2,500	3,081	826.64	.00	2,254.61 26.8%
60185007 Speech Therapy SNF								
60185007 521000	Speech SNF Prof		17,702	2,500	20,202	14,512.93	.00	5,688.85 71.8%
TOTAL Speech Therapy SNF			17,702	2,500	20,202	14,512.93	.00	5,688.85 71.8%
60185008 Physical Therapy SNF								
60185008 510000	PT SNF Producti		56,450	0	56,450	40,265.83	.00	16,184.17 71.3%
60185008 510003	PT SNF Non Prod		6,500	0	6,500	5,709.02	.00	790.98 87.8%
60185008 515001	PT SNF Social S		4,850	0	4,850	3,235.95	.00	1,614.05 66.7%
60185008 515002	PT SNF Retireme		4,550	0	4,550	3,310.19	.00	1,239.81 72.8%
60185008 515003	PT SNF Health I		22,500	0	22,500	12,886.65	.00	9,613.35 57.3%
60185008 515004	PT SNF Life Ins		30	0	30	19.79	.00	10.21 66.0%
60185008 515005	PT SNF Disabili		150	0	150	107.53	.00	42.47 71.7%
60185008 515006	PT SNF AD&D		5	0	5	2.32	.00	2.68 46.4%
60185008 521000	PT SNF Prof Ser		59,469	0	59,469	40,841.43	.00	18,627.99 68.7%
60185008 524003	PT SNF Sm Eq Ma		852	0	852	450.46	.00	401.73 52.9%
60185008 533002	PT SNF Reg/Fees		102	0	102	89.82	.00	12.27 88.0%
60185008 534000	PT SNF Operatin		4,413	0	4,413	2,889.31	.00	1,523.90 65.5%
TOTAL Physical Therapy SNF			159,872	0	159,872	109,808.30	.00	50,063.61 68.7%
60185009 Occupational Therapy SNF								
60185009 521000	OT SNF Prof Ser		72,748	-2,500	70,248	38,255.99	.00	31,992.07 54.5%
TOTAL Occupational Therapy SNF			72,748	-2,500	70,248	38,255.99	.00	31,992.07 54.5%
60185010 Housekeeping SNF								
60185010 510000	Houskpng SNF Pr		223,500	0	223,500	179,849.27	.00	43,650.73 80.5%

YEAR-TO-DATE BUDGET REPORT

FOR 2026 09

ACCOUNTS	FOR:		ORIGINAL	TRANFRS/	REVISED			AVAILABLE	PCT
601	Orchard Manor		APPROP	ADJSTMTS	BUDGET	YTD ACTUAL	ENCUMBRANCES	BUDGET	USE/COL
60185010	510002	Houskpng SNF Ov	6,000	0	6,000	5,704.80	.00	295.20	95.1%
60185010	510003	Houskpng SNF No	30,000	0	30,000	24,412.50	.00	5,587.50	81.4%
60185010	510004	Houskpng SNF Te	0	0	0	2,034.45	.00	-2,034.45	100.0%*
60185010	510036	Houskpng SNF SL	1,000	0	1,000	.00	.00	1,000.00	.0%
60185010	515001	Houskpng SNF So	19,500	0	19,500	15,636.69	.00	3,863.31	80.2%
60185010	515002	Houskpng SNF Re	17,750	0	17,750	13,691.03	.00	4,058.97	77.1%
60185010	515003	Houskpng SNF He	67,750	-670	67,080	44,175.88	.00	22,904.12	65.9%
60185010	515004	Houskpng SNF Li	180	0	180	114.08	.00	65.92	63.4%
60185010	515005	Houskpng SNF Di	590	0	590	415.17	.00	174.83	70.4%
60185010	515006	Houskpng SNF AD	30	0	30	13.32	.00	16.68	44.4%
60185010	515009	Houskpng SNF Em	56	100	156	120.70	.00	35.54	77.3%
60185010	524003	Houskpng SNF Sm	49	0	49	3.68	.00	44.88	7.6%
60185010	533002	Houskpng SNF Re	213	0	213	54.56	.00	158.69	25.6%
60185010	534000	Houskpng SNF Op	13,536	2,300	15,836	13,932.43	.00	1,903.82	88.0%
TOTAL Housekeeping SNF			380,154	1,730	381,884	300,158.56	.00	81,725.74	78.6%

60185011 Maintenance SNF

60185011	510000	Maint SNF Produ	73,550	-270	73,280	106,628.19	.00	-33,348.01	145.5%*
60185011	510002	Maint SNF Overt	0	270	270	652.07	.00	-382.25	241.7%*
60185011	510003	Maint SNF Non P	2,500	0	2,500	.00	.00	2,500.00	.0%
60185011	515001	Maint SNF Socia	13,475	0	13,475	7,731.36	.00	5,743.64	57.4%
60185011	515002	Maint SNF Retir	12,675	0	12,675	7,724.13	.00	4,950.87	60.9%
60185011	515003	Maint SNF Healt	73,300	0	73,300	38,356.11	.00	34,943.89	52.3%
60185011	515004	Maint SNF Life	90	0	90	46.16	.00	43.84	51.3%
60185011	515005	Maint SNF Disab	450	0	450	249.59	.00	200.41	55.5%
60185011	515006	Maint SNF AD&D	15	0	15	5.59	.00	9.41	37.3%
60185011	521000	Maint SNF Prof	40,000	-28,120	11,880	2,777.37	.00	9,102.63	23.4%
60185011	522001	Water & Sewer	4,202	2,100	6,302	4,011.18	.00	2,291.01	63.6%
60185011	522002	Lights	99,599	0	99,599	72,516.01	.00	27,083.01	72.8%
60185011	522003	Maint SNF Heat	47,840	0	47,840	30,665.07	.00	17,175.30	64.1%
60185011	524001	Support/Maint A	5,500	5,600	11,100	10,502.36	.00	597.64	94.6%
60185011	524003	Maint SNF Sm Eq	1,500	0	1,500	1,282.71	.00	217.29	85.5%
60185011	524004	Maint SNF Bldg	40,000	3,750	43,750	40,188.35	.00	3,561.65	91.9%
60185011	524005	Maint SNF Groun	7,000	0	7,000	2,681.35	.00	4,318.65	38.3%
60185011	524009	Pest Control	1,800	0	1,800	1,183.00	.00	617.00	65.7%
60185011	524010	Fire/Safety Exp	11,000	-710	10,290	1,772.39	.00	8,517.61	17.2%
60185011	533002	Maint SNF Reg/F	1,200	0	1,200	.00	.00	1,200.00	.0%
60185011	534000	Maint SNF Opera	20,000	-2,650	17,350	3,750.19	.00	13,599.81	21.6%
60185011	551001	Insurance - Veh	4,000	0	4,000	.00	.00	4,000.00	.0%
60185011	581001	Maint SNF Cap O	366,300	-233,600	132,700	75,609.54	.00	57,090.46	57.0%

YEAR-TO-DATE BUDGET REPORT

FOR 2026 09

ACCOUNTS	FOR:		ORIGINAL	TRANFRS/	REVISED			AVAILABLE	PCT
601	Orchard Manor		APPROP	ADJSTMTS	BUDGET	YTD ACTUAL	ENCUMBRANCES	BUDGET	USE/COL
60185011	581011	Maint SNF Cap O	144,870	1,029,500	1,174,370	527,909.72	.00	646,460.28	45.0%
60185011	581012	Maint SNF Cap O	276,850	438,722	715,572	514,583.46	.00	200,988.04	71.9%
TOTAL Maintenance SNF			1,247,717	1,214,592	2,462,308	1,450,825.90	.00	1,011,482.18	58.9%
60185012 Laundry SNF									
60185012	521000	Laundry SNF Pro	132,000	0	132,000	93,083.39	.00	38,916.61	70.5%
60185012	534000	Laundry SNF Ope	1,959	0	1,959	650.00	.00	1,308.90	33.2%
TOTAL Laundry SNF			133,959	0	133,959	93,733.39	.00	40,225.51	70.0%
60185013 Barber/Beauty SNF									
60185013	534000	Barber/Beauty S	38	0	38	.00	.00	37.86	.0%
TOTAL Barber/Beauty SNF			38	0	38	.00	.00	37.86	.0%
60185014 Social Services SNF									
60185014	510000	Soc Serv SNF Pr	142,450	0	142,450	59,353.52	.00	83,096.48	41.7%
60185014	510003	Soc Serv SNF No	30,000	0	30,000	7,788.83	.00	22,211.17	26.0%
60185014	510036	Soc Serv SNF SL	2,700	0	2,700	.00	.00	2,700.00	.0%
60185014	515001	Soc Serv SNF So	13,400	0	13,400	5,082.16	.00	8,317.84	37.9%
60185014	515002	Soc Serv SNF Re	12,650	0	12,650	4,834.19	.00	7,815.81	38.2%
60185014	515003	Soc Serv SNF He	28,275	0	28,275	760.77	.00	27,514.23	2.7%
60185014	515004	Soc Serv SNF Li	60	0	60	19.84	.00	40.16	33.1%
60185014	515005	Soc Serv SNF Di	415	0	415	157.19	.00	257.81	37.9%
60185014	515006	Social Services	10	0	10	2.32	.00	7.68	23.2%
60185014	515007	Soc Serv SNF Un	11	0	11	.00	.00	11.12	.0%
60185014	533002	Soc Serv SNF Re	1,000	0	1,000	897.50	.00	102.50	89.8%
60185014	534000	Soc Serv SNF Op	11	0	11	.00	.00	10.58	.0%
TOTAL Social Services SNF			230,982	0	230,982	78,896.32	.00	152,085.38	34.2%
60185015 Activities SNF									
60185015	510000	Activities SNF	450,000	0	450,000	180,693.58	.00	269,306.42	40.2%

YEAR-TO-DATE BUDGET REPORT

FOR 2026 09

ACCOUNTS	FOR:		ORIGINAL	TRANFRS/	REVISED			AVAILABLE	PCT
601	Orchard Manor		APPROP	ADJSTMTS	BUDGET	YTD ACTUAL	ENCUMBRANCES	BUDGET	USE/COL
60185015	510002	Activities SNF	8,000	0	8,000	2,887.10	.00	5,112.90	36.1%
60185015	510003	Activities SNF	43,000	0	43,000	24,972.75	.00	18,027.25	58.1%
60185015	510004	Activities SNF	0	0	0	235.20	.00	-235.20	100.0%*
60185015	510036	Activities SNF	1,600	0	1,600	.00	.00	1,600.00	.0%
60185015	515001	Activ SNF Socia	38,900	0	38,900	15,515.26	.00	23,384.74	39.9%
60185015	515002	Activities SNF	30,460	0	30,460	12,569.42	.00	17,890.58	41.3%
60185015	515003	Activ SNF Healt	109,275	0	109,275	43,068.21	.00	66,206.79	39.4%
60185015	515004	Activities SNF	270	0	270	83.46	.00	186.54	30.9%
60185015	515005	Activities SNF	1,010	0	1,010	366.31	.00	643.69	36.3%
60185015	515006	Activities SNF	43	0	43	10.43	.00	32.57	24.3%
60185015	515009	Activ SNF Empee	112	0	112	105.00	.00	7.48	93.3%
60185015	521000	Activities SNF	747	600	1,347	866.75	.00	480.15	64.4%
60185015	524003	Activ SNF Sm Eq	161	0	161	.00	.00	160.68	.0%
60185015	533002	Activ SNF Reg/F	593	-150	443	443.33	.00	.00	100.0%
60185015	534000	Activ SNF Opera	8,958	0	8,958	4,333.06	.00	4,624.51	48.4%
60185015	539000	Activities SNF	19,406	0	19,406	11,193.82	.00	8,212.26	57.7%
60185015	553051	Activ SNF Equip	72	0	72	.00	.00	72.29	.0%
TOTAL Activities SNF			712,607	450	713,057	297,343.68	.00	415,713.65	41.7%
60185016 Medical Profe Services SNF									
60185016	521000	Med Prof SNF Pr	10,000	0	10,000	.00	.00	10,000.00	.0%
TOTAL Medical Profe Services SNF			10,000	0	10,000	.00	.00	10,000.00	.0%
60185017 Dietary SNF									
60185017	510000	Dietary SNF Pro	515,000	-25,479	489,521	354,315.06	.00	135,205.54	72.4%
60185017	510002	Dietary SNF Ove	30,000	0	30,000	18,490.07	.00	11,509.93	61.6%
60185017	510003	Dietary SNF Non	42,000	0	42,000	38,453.29	.00	3,546.71	91.6%
60185017	510004	Dietary SNF Ter	0	829	829	12,005.64	.00	-11,176.24	1447.5%*
60185017	510036	Dietary SNF SL	400	0	400	.00	.00	400.00	.0%
60185017	515001	Dietary SNF Soc	41,600	0	41,600	30,583.57	.00	11,016.43	73.5%
60185017	515002	Dietary SNF Ret	35,900	0	35,900	24,684.00	.00	11,216.00	68.8%
60185017	515003	Dietary SNF Hea	186,600	0	186,600	105,357.67	.00	81,242.33	56.5%
60185017	515004	Dietary SNF Lif	360	0	360	210.80	.00	149.20	58.6%
60185017	515005	Dietary SNF Dis	1,200	0	1,200	729.03	.00	470.97	60.8%
60185017	515006	Dietary SNF AD&	55	0	55	25.40	.00	29.60	46.2%
60185017	515009	Dietary SNF Emp	225	0	225	96.20	.00	128.75	42.8%

YEAR-TO-DATE BUDGET REPORT

FOR 2026 09

ACCOUNTS	FOR:		ORIGINAL	TRANFRS/	REVISED			AVAILABLE	PCT
601	Orchard Manor		APPROP	ADJSTMTS	BUDGET	YTD ACTUAL	ENCUMBRANCES	BUDGET	USE/COL
60185017	521000	Dietary SNF Pro	15,172	15,400	30,572	26,485.34	.00	4,086.17	86.6%
60185017	524003	Dietary SNF Sm	13,486	-440	13,046	1,226.82	.00	11,819.54	9.4%
60185017	533002	Dietary SNF Reg	296	600	896	376.40	.00	520.05	42.0%
60185017	534000	Dietary SNF Ope	40,000	-450	39,550	16,143.93	.00	23,406.07	40.8%
60185017	534001	Dietary SNF Raw	208,847	0	208,847	145,833.50	.00	63,013.61	69.8%
TOTAL Dietary SNF			1,131,141	-9,540	1,121,601	775,016.72	.00	346,584.66	69.1%
60185018 Medical Records SNF									
60185018	510000	Med Record SNF	58,500	0	58,500	3.25	.00	58,496.75	.0%
60185018	510003	Med Record SNF	10,000	0	10,000	629.58	.00	9,370.42	6.3%
60185018	515001	Med Record SNF	5,250	0	5,250	24.06	.00	5,225.94	.5%
60185018	515002	Med Record SNF	4,950	0	4,950	45.56	.00	4,904.44	.9%
60185018	515003	Med Record SNF	28,275	0	28,275	4,188.55	.00	24,086.45	14.8%
60185018	515004	Med Record SNF	30	0	30	.00	.00	30.00	.0%
60185018	515005	Med Record SNF	165	0	165	1.48	.00	163.52	.9%
60185018	515006	Med Record SNF	5	0	5	-.08	.00	5.08	-1.6%
60185018	533002	Med Record SNF	2,078	0	2,078	441.35	.00	1,636.38	21.2%
60185018	534000	Med Record SNF	1,207	0	1,207	331.97	.00	874.70	27.5%
TOTAL Medical Records SNF			110,459	0	110,459	5,665.72	.00	104,793.68	5.1%
60185019 Orchard Manor Admin SNF									
60185019	510000	Admin SNF Produ	312,000	-4,000	308,000	167,661.88	.00	140,338.12	54.4%
60185019	510002	Admin SNF Overt	0	4,000	4,000	1,058.35	.00	2,941.65	26.5%
60185019	510003	Admin SNF Non P	25,000	0	25,000	20,139.21	.00	4,860.79	80.6%
60185019	510036	Admin SNF SL Bu	2,500	0	2,500	.00	.00	2,500.00	.0%
60185019	514002	Admin SNF Commi	0	0	0	1,215.00	.00	-1,215.00	100.0%*
60185019	515001	Admin SNF Socia	26,000	0	26,000	13,045.73	.00	12,954.27	50.2%
60185019	515002	Admin SNF Retir	24,500	0	24,500	13,597.93	.00	10,902.07	55.5%
60185019	515003	Admin SNF Healt	133,700	0	133,700	68,788.42	.00	64,911.58	51.4%
60185019	515004	Admin SNF Life	150	0	150	73.83	.00	76.17	49.2%
60185019	515005	Admin SNF Disab	800	0	800	439.44	.00	360.56	54.9%
60185019	515006	Admin SNF AD&D	23	0	23	8.64	.00	14.36	37.6%
60185019	515008	Admin SNF Worke	109,880	0	109,880	111,086.12	.00	-1,206.11	101.1%*
60185019	521000	Admin SNF Prof	36,000	6,200	42,200	34,847.42	.00	7,352.58	82.6%
60185019	521001	Admin SNF Acctn	0	1,200	1,200	13,759.38	.00	-12,559.38	1146.6%*
60185019	521011	SNF EDS Fee	133,200	0	133,200	113,220.00	.00	19,980.00	85.0%

YEAR-TO-DATE BUDGET REPORT

FOR 2026 09

ACCOUNTS	FOR:		ORIGINAL	TRANFRS/	REVISED			AVAILABLE	PCT
601	Orchard Manor		APPROP	ADJSTMTS	BUDGET	YTD ACTUAL	ENCUMBRANCES	BUDGET	USE/COL
60185019	531000	Admin SNF Offic	1,868	0	1,868	365.54	.00	1,502.25	19.6%
60185019	532005	Admin SNF Membe	7,229	0	7,229	4,874.25	.00	2,354.64	67.4%
60185019	532006	Admin SNF Adver	6,685	1,500	8,185	5,843.51	.00	2,341.40	71.4%
60185019	532007	Admin SNF Outre	2,333	0	2,333	610.14	.00	1,723.13	26.1%
60185019	533000	Admin SNF Milea	381	0	381	498.13	.00	-116.81	130.6%*
60185019	533002	Admin SNF Reg/F	698	0	698	682.45	.00	15.32	97.8%
60185019	534000	Admin SNF Opera	9,313	0	9,313	8,396.53	.00	916.22	90.2%
60185019	539000	Admin SNF Other	39,596	-7,000	32,596	.00	.00	32,596.14	.0%
60185019	553051	Admin SNF Equip	4,901	0	4,901	2,568.25	.00	2,332.65	52.4%
TOTAL Orchard Manor Admin SNF			876,757	1,900	878,657	582,780.15	.00	295,876.60	66.3%
60185020 Other SNF									
60185020	522001	Other SNF Water	1,797	0	1,797	510.41	.00	1,286.13	28.4%
60185020	522002	Other SNF Light	19	0	19	.00	.00	18.65	.0%
60185020	522004	Other SNF Phone	1,393	0	1,393	763.60	.00	628.93	54.8%
60185020	524002	Other SNF Veh M	649	4,610	5,259	5,163.72	.00	95.27	98.2%
60185020	535001	Other SNF Fuel	1,336	750	2,086	1,738.05	.00	347.87	83.3%
60185020	551001	Other SNF Vehic	4,853	0	4,853	4,556.64	.00	296.64	93.9%
60185020	551003	Other SNF Prope	32,472	0	32,472	26,360.29	.00	6,111.51	81.2%
TOTAL Other SNF			42,518	5,360	47,878	39,092.71	.00	8,785.00	81.7%
60185022 In Service SNF									
60185022	533001	In Serv SNF Edu	10,000	0	10,000	8,318.45	.00	1,681.55	83.2%
TOTAL In Service SNF			10,000	0	10,000	8,318.45	.00	1,681.55	83.2%
60185101 Nursing IC									
60185101	515009	Nursing IC Empe	91	0	91	33.95	.00	56.90	37.4%
60185101	521000	Nursing IC Prof	5,457	0	5,457	3,808.41	.00	1,648.71	69.8%
60185101	533001	Nursing IC Educ	3,446	0	3,446	183.41	.00	3,262.77	5.3%
60185101	533002	Nursing IC Reg/	777	0	777	426.13	.00	350.57	54.9%
60185101	534000	Nursing IC Oper	39,390	0	39,390	37,770.57	.00	1,619.51	95.9%
60185101	534019	Nursing IC Dura	869	1,000	1,869	895.81	.00	973.35	47.9%

YEAR-TO-DATE BUDGET REPORT

FOR 2026 09

ACCOUNTS	FOR:		ORIGINAL	TRANFRS/	REVISED			AVAILABLE	PCT
601	Orchard Manor		APPROP	ADJSTMTS	BUDGET	YTD ACTUAL	ENCUMBRANCES	BUDGET	USE/COL
60185101	534020	Nursing IC Medi	4,423	0	4,423	521.96	.00	3,900.66	11.8%
60185101	534022	Underpads/Upad	27,328	0	27,328	25,006.19	.00	2,321.58	91.5%
60185101	534025	Resident Purcha	3,000	2,235	5,235	3,570.74	.00	1,664.26	68.2%
60185101	553051	Nursing IC Equi	236	80	316	270.72	.00	45.00	85.7%
TOTAL Nursing IC			85,016	3,315	88,331	72,487.89	.00	15,843.31	82.1%
60185102 Nursing Assistants IC									
60185102	510000	Nurs Assts IC P	0	0	0	460,237.64	.00	-460,237.64	100.0%*
60185102	510002	Nurs Assts IC O	0	0	0	27,565.76	.00	-27,565.76	100.0%*
60185102	510003	Nurs Assts IC N	0	0	0	23,640.62	.00	-23,640.62	100.0%*
60185102	515001	Nurs Assts IC S	0	0	0	36,815.27	.00	-36,815.27	100.0%*
60185102	515002	Nurs Assts IC R	0	0	0	35,290.54	.00	-35,290.54	100.0%*
60185102	515003	Nurs Assts IC H	0	0	0	105,918.16	.00	-105,918.16	100.0%*
60185102	515004	Nurs Assts IC L	0	0	0	239.63	.00	-239.63	100.0%*
60185102	515005	Nurs Assts IC D	0	0	0	1,041.34	.00	-1,041.34	100.0%*
60185102	515006	Nurs Assts IC A	0	0	0	28.04	.00	-28.04	100.0%*
TOTAL Nursing Assistants IC			0	0	0	690,777.00	.00	-690,777.00	100.0%
60185103 Registered Nurse IC									
60185103	510000	Reg Nurse IC Pr	0	0	0	129,246.10	.00	-129,246.10	100.0%*
60185103	510002	Reg Nurse IC Ov	0	0	0	4,907.99	.00	-4,907.99	100.0%*
60185103	510003	Reg Nurse IC No	0	0	0	2,973.82	.00	-2,973.82	100.0%*
60185103	515001	Reg Nurse IC So	0	0	0	10,050.37	.00	-10,050.37	100.0%*
60185103	515002	Reg Nurse IC Re	0	0	0	8,702.66	.00	-8,702.66	100.0%*
60185103	515003	Reg Nurse IC He	0	0	0	13,730.45	.00	-13,730.45	100.0%*
60185103	515004	Reg Nurse IC Li	0	0	0	29.40	.00	-29.40	100.0%*
60185103	515005	Reg Nurse IC Di	0	0	0	195.29	.00	-195.29	100.0%*
60185103	515006	Reg Nurse IC AD	0	0	0	3.79	.00	-3.79	100.0%*
TOTAL Registered Nurse IC			0	0	0	169,839.87	.00	-169,839.87	100.0%
60185104 Licensed Practical Nurse IC									
60185104	510000	LPN IC Producti	0	0	0	117,018.31	.00	-117,018.31	100.0%*

YEAR-TO-DATE BUDGET REPORT

FOR 2026 09

ACCOUNTS	FOR:		ORIGINAL	TRANFRS/	REVISED			AVAILABLE	PCT
601	Orchard Manor		APPROP	ADJSTMTS	BUDGET	YTD ACTUAL	ENCUMBRANCES	BUDGET	USE/COL
60185104	510002	LPN IC Overtime	0	0	0	3,803.23	.00	-3,803.23	100.0%*
60185104	510003	LPN IC Non Prod	0	0	0	7,514.00	.00	-7,514.00	100.0%*
60185104	515001	LPN IC Social S	0	0	0	9,531.82	.00	-9,531.82	100.0%*
60185104	515002	LPN IC Retireme	0	0	0	9,168.81	.00	-9,168.81	100.0%*
60185104	515003	LPN IC Health I	0	0	0	10,540.85	.00	-10,540.85	100.0%*
60185104	515004	LPN IC Life Ins	0	0	0	46.03	.00	-46.03	100.0%*
60185104	515005	LPN IC Disabili	0	0	0	251.05	.00	-251.05	100.0%*
60185104	515006	LPN IC AD&D	0	0	0	5.47	.00	-5.47	100.0%*
TOTAL Licensed Practical Nurse IC			0	0	0	157,879.57	.00	-157,879.57	100.0%
60185105 Pharmacy IC									
60185105	521000	Pharmacy IC Pro	225	725	950	577.50	.00	372.50	60.8%
60185105	534020	Pharmacy IC Med	7,500	-725	6,775	6,769.29	.00	5.71	99.9%
TOTAL Pharmacy IC			7,725	0	7,725	7,346.79	.00	378.21	95.1%
60185107 Speech Therapy IC									
60185107	521000	Speech IC Prof	11,000	0	11,000	2,718.39	.00	8,281.61	24.7%
TOTAL Speech Therapy IC			11,000	0	11,000	2,718.39	.00	8,281.61	24.7%
60185108 Physical Therapy IC									
60185108	510002	PT IC Overtime	0	0	0	151.23	.00	-151.23	100.0%*
60185108	515001	PT IC Social Se	0	0	0	10.56	.00	-10.56	100.0%*
60185108	515002	PT IC Retiremen	0	0	0	10.89	.00	-10.89	100.0%*
60185108	515003	PT IC Health In	50	0	50	3,233.97	.00	-3,183.97	6467.9%*
60185108	515004	PT IC Life Insu	0	0	0	.05	.00	-.05	100.0%*
60185108	521000	PT IC Prof Serv	12,000	0	12,000	2,934.96	.00	9,065.04	24.5%
60185108	524003	PT IC Sm Eq Mai	400	0	400	242.54	.00	157.46	60.6%
60185108	533002	PT IC Reg/Fees/	50	0	50	42.99	.00	7.01	86.0%
60185108	534000	PT IC Operating	2,600	0	2,600	1,534.21	.00	1,065.79	59.0%
TOTAL Physical Therapy IC			15,100	0	15,100	8,161.40	.00	6,938.60	54.0%
60185109 Occupational Therapy IC									
60185109	521000	OT IC Prof Serv	11,868	0	11,868	3,924.26	.00	7,943.25	33.1%

YEAR-TO-DATE BUDGET REPORT

FOR 2026 09

ACCOUNTS FOR:	ORIGINAL APPROP	TRANFRS/ADJSTMTS	REVISED BUDGET	YTD ACTUAL	ENCUMBRANCES	AVAILABLE BUDGET	PCT USE/COL
601 Orchard Manor							
TOTAL Occupational Therapy IC	11,868	0	11,868	3,924.26	.00	7,943.25	33.1%
60185110 Housekeeping IC							
60185110 510002 Houskpng IC Ove	0	0	0	191.24	.00	-191.24	100.0%*
60185110 515001 Houskpng IC Soc	0	0	0	14.08	.00	-14.08	100.0%*
60185110 515002 Houskpng IC Ret	0	0	0	13.77	.00	-13.77	100.0%*
60185110 515003 Houskpng IC Hea	0	0	0	3,232.49	.00	-3,232.49	100.0%*
60185110 515009 Houskpng IC Emp	20	40	60	34.30	.00	25.70	57.2%
60185110 524003 Houskpng IC Sm	20	0	20	1.98	.00	18.02	9.9%
60185110 533002 Houskpng IC Reg	150	0	150	29.38	.00	120.62	19.6%
60185110 534000 Houskpng IC Ope	5,400	2,380	7,780	7,038.72	.00	741.28	90.5%
TOTAL Housekeeping IC	5,590	2,420	8,010	10,555.96	.00	-2,545.96	131.8%
60185111 Maintenance IC							
60185111 521000 Maint IC Prof S	24,083	-4,450	19,633	1,495.50	.00	18,137.61	7.6%
60185111 522001 Water & Sewer	2,263	1,250	3,513	2,159.86	.00	1,352.83	61.5%
60185111 522002 Lights	53,630	0	53,630	39,047.11	.00	14,583.12	72.8%
60185111 522003 Maint IC Heat	25,760	-550	25,210	16,511.92	.00	8,698.26	65.5%
60185111 524001 Support/Maint A	2,343	3,600	5,943	5,435.48	.00	507.09	91.5%
60185111 524003 Maint IC Sm Equ	872	0	872	690.67	.00	181.01	79.2%
60185111 524004 Maint IC Bldg M	16,301	9,070	25,371	23,708.25	.00	1,662.29	93.4%
60185111 524005 Maint IC Ground	2,718	0	2,718	1,443.80	.00	1,274.57	53.1%
60185111 524009 Pest Control	0	0	0	637.00	.00	-637.00	100.0%*
60185111 524010 Fire/Safety Exp	677	710	1,387	954.35	.00	432.38	68.8%
60185111 534000 Maint IC Operat	6,000	0	6,000	1,902.13	.00	4,097.87	31.7%
60185111 581001 Maint IC Cap Ou	183,150	-97,956	85,194	53,916.24	.00	31,277.76	63.3%
60185111 581011 Maint IC Cap Ou	72,440	477,806	550,246	279,002.70	.00	271,243.30	50.7%
60185111 581012 Maint IC Cap Ou	84,150	346,639	430,789	314,320.31	.00	116,468.19	73.0%
TOTAL Maintenance IC	474,386	736,119	1,210,505	741,225.32	.00	469,279.28	61.2%
60185112 Laundry IC							
60185112 521000 Laundry IC Prof	64,017	0	64,017	50,121.82	.00	13,895.10	78.3%

YEAR-TO-DATE BUDGET REPORT

FOR 2026 09								
ACCOUNTS	FOR:		ORIGINAL	TRANFRS/	REVISED		AVAILABLE	PCT
601	Orchard Manor		APPROP	ADJSTMTS	BUDGET	YTD ACTUAL	BUDGET	USE/COL
60185112	534000	Laundry IC Oper	1,008	0	1,008	401.31	.00	39.8%
	TOTAL Laundry	IC	65,025	0	65,025	50,523.13	.00	77.7%
60185113 Barber/Beauty IC								
60185113	534000	Barber/Beauty I	20	0	20	.00	.00	.0%
	TOTAL Barber/Beauty	IC	20	0	20	.00	.00	.0%
60185114 Social Services IC								
60185114	510000	Soc Serv IC Pro	0	0	0	48,957.42	.00	100.0%*
60185114	510003	Soc Serv IC Non	0	0	0	6,398.61	.00	100.0%*
60185114	515001	Soc Serv IC Soc	0	0	0	3,898.91	.00	100.0%*
60185114	515002	Soc Serv IC Ret	0	0	0	3,985.60	.00	100.0%*
60185114	515003	Soc Serv IC Hea	0	0	0	11,411.55	.00	100.0%*
60185114	515004	Soc Serv IC Lif	0	0	0	19.84	.00	100.0%*
60185114	515005	Soc Serv IC Dis	0	0	0	129.48	.00	100.0%*
60185114	515006	Social Services	0	0	0	2.32	.00	100.0%*
60185114	533002	Soc Serv IC Reg	2,500	0	2,500	897.50	.00	35.9%
60185114	534000	Soc Serv IC Ope	50	0	50	23.50	.00	47.0%
	TOTAL Social Services	IC	2,550	0	2,550	75,724.73	.00	2969.6%
60185115 Activities IC								
60185115	510000	Activities IC P	0	0	0	98,228.93	.00	100.0%*
60185115	510002	Activities IC O	0	0	0	2,456.16	.00	100.0%*
60185115	510003	Activities IC N	0	0	0	6,454.11	.00	100.0%*
60185115	515001	Activ IC Social	0	0	0	7,840.68	.00	100.0%*
60185115	515002	Activities IC R	0	0	0	6,421.08	.00	100.0%*
60185115	515003	Activ IC Health	0	0	0	21,351.84	.00	100.0%*
60185115	515004	Activities IC L	0	0	0	56.70	.00	100.0%*
60185115	515005	Activities IC D	0	0	0	198.48	.00	100.0%*
60185115	515006	Activities IC A	0	0	0	5.89	.00	100.0%*
60185115	521000	Activities IC P	0	400	400	119.00	.00	29.8%
60185115	533002	Activ IC Reg/Fe	0	150	150	150.00	.00	100.0%

YEAR-TO-DATE BUDGET REPORT

FOR 2026 09

ACCOUNTS	FOR:		ORIGINAL	TRANFRS/	REVISED			AVAILABLE	PCT
601	Orchard Manor		APPROP	ADJSTMTS	BUDGET	YTD ACTUAL	ENCUMBRANCES	BUDGET	USE/COL
60185115	534000	Activ IC Operat	6,000	0	6,000	3,084.82	.00	2,915.18	51.4%
60185115	539000	Activities IC O	8,400	-1,000	7,400	4,872.79	.00	2,527.21	65.8%
TOTAL Activities IC			14,400	-450	13,950	151,240.48	.00	-137,290.48	1084.2%
60185117 Dietary IC									
60185117	515009	Dietary IC Empe	121	0	121	51.80	.00	69.33	42.8%
60185117	521000	Dietary IC Prof	7,500	9,250	16,750	14,107.46	.00	2,642.54	84.2%
60185117	524003	Dietary IC Sm E	4,646	0	4,646	660.59	.00	3,985.32	14.2%
60185117	533002	Dietary IC Reg/	160	290	450	202.68	.00	246.92	45.1%
60185117	534000	Dietary IC Oper	15,330	0	15,330	8,667.31	.00	6,663.10	56.5%
60185117	534001	Dietary IC Raw	101,003	0	101,003	78,525.73	.00	22,477.40	77.7%
TOTAL Dietary IC			128,760	9,540	138,300	102,215.57	.00	36,084.61	73.9%
60185118 Medical Records IC									
60185118	533002	Med Record IC R	1,119	0	1,119	237.65	.00	881.12	21.2%
60185118	534000	Med Record IC O	650	0	650	160.90	.00	488.87	24.8%
TOTAL Medical Records IC			1,769	0	1,769	398.55	.00	1,369.99	22.5%
60185119 Orchard Manor Admin IC									
60185119	510000	Admin IC Produc	50,000	0	50,000	40,141.62	.00	9,858.38	80.3%
60185119	510003	Admin IC Non Pr	0	0	0	9,265.36	.00	-9,265.36	100.0%*
60185119	515001	Admin IC Social	0	0	0	3,371.10	.00	-3,371.10	100.0%*
60185119	515002	Admin IC Retire	0	0	0	3,557.34	.00	-3,557.34	100.0%*
60185119	515003	Admin IC Health	0	0	0	20,204.87	.00	-20,204.87	100.0%*
60185119	515004	Admin IC Life I	0	0	0	19.84	.00	-19.84	100.0%*
60185119	515005	Admin IC Disabi	0	0	0	115.69	.00	-115.69	100.0%*
60185119	515006	Admin IC AD&D	0	0	0	2.32	.00	-2.32	100.0%*
60185119	521000	Admin IC Prof S	19,625	6,000	25,625	15,953.60	.00	9,671.84	62.3%
60185119	521001	Admin IC Acctng	0	600	600	7,111.12	.00	-6,511.12	1185.2%*
60185119	521011	IC EDS Fee	273,000	0	273,000	204,750.00	.00	68,250.00	75.0%
60185119	531000	Admin IC Office	749	0	749	196.83	.00	552.19	26.3%
60185119	532005	Admin IC Member	3,892	0	3,892	2,570.75	.00	1,321.71	66.0%

YEAR-TO-DATE BUDGET REPORT

FOR 2026 09

ACCOUNTS	FOR:		ORIGINAL	TRANFRS/	REVISED			AVAILABLE	PCT
601	Orchard Manor		APPROP	ADJSTMTS	BUDGET	YTD ACTUAL	ENCUMBRANCES	BUDGET	USE/COL
60185119	532006	Admin IC Advert	3,599	1,000	4,599	3,146.49	.00	1,452.99	68.4%
60185119	532007	Admin IC Outrea	377	0	377	328.54	.00	48.10	87.2%
60185119	533000	Admin IC Mileag	347	0	347	.00	.00	347.32	.0%
60185119	533002	Admin IC Reg/Fe	750	0	750	385.93	.00	364.07	51.5%
60185119	534000	Admin IC Operat	4,984	0	4,984	4,630.24	.00	353.61	92.9%
60185119	553051	Admin IC Equip	2,639	-330	2,309	1,382.88	.00	926.03	59.9%
TOTAL Orchard Manor Admin IC			359,963	7,270	367,233	317,134.52	.00	50,098.60	86.4%
60185120 Other IC									
60185120	522001	Other IC Water	967	0	967	274.84	.00	692.54	28.4%
60185120	522002	Other IC Lights	8,400	0	8,400	.00	.00	8,400.00	.0%
60185120	522004	Other IC Phone/	589	0	589	384.01	.00	205.14	65.2%
60185120	524002	Other IC Veh Ma	267	2,490	2,757	2,685.43	.00	71.88	97.4%
60185120	535001	Other IC Fuel	719	400	1,119	905.16	.00	214.16	80.9%
TOTAL Other IC			10,943	2,890	13,833	4,249.44	.00	9,583.72	30.7%
60185121 Qual Mental Retard Spclst IC									
60185121	510000	QMRP IC Product	0	0	0	2,062.00	.00	-2,062.00	100.0%*
60185121	510003	QMRP IC Non Pro	0	0	0	1,237.20	.00	-1,237.20	100.0%*
60185121	515001	QMRP IC Social	0	0	0	230.07	.00	-230.07	100.0%*
60185121	515002	QMRP IC Retirem	0	0	0	237.54	.00	-237.54	100.0%*
60185121	515003	QMRP IC Health	0	0	0	3,948.30	.00	-3,948.30	100.0%*
60185121	515005	QMRP IC Disabil	0	0	0	7.72	.00	-7.72	100.0%*
TOTAL Qual Mental Retard Spclst IC			0	0	0	7,722.83	.00	-7,722.83	100.0%
TOTAL Orchard Manor			0	1,961,110	1,961,110	1,356,369.17	.00	604,740.83	69.2%
TOTAL REVENUES			-11,870,573	0	-11,870,573	-8,424,723.76	.00	-3,445,848.81	
TOTAL EXPENSES			11,870,573	1,961,110	13,831,683	9,781,092.93	.00	4,050,589.64	

YEAR-TO-DATE BUDGET REPORT

FOR 2026 09								
	ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD ACTUAL	ENCUMBRANCES	AVAILABLE BUDGET	PCT USE/COL	
GRAND TOTAL	0	1,961,110	1,961,110	1,356,369.17	.00	604,740.83	69.2%	
** END OF REPORT - Generated by Erdenberger, Alesha **								



Care Compare Five-Star Ratings of Nursing Homes
Provider Rating Report for August 2026

Ratings for Orchard Manor (525290) Lancaster, Wisconsin			
Overall Quality	Health Inspection	Quality Measures	Staffing
★★★★★	★★★★★	★★★	★★★★★

The Five-Star ratings provided above will be displayed for your nursing home on the Care Compare website on or around August 26, 2026. The health inspection rating incorporates data reported through July 31, 2026. The time periods for each of the quality measures that contribute to the Quality Measure (QM) rating can be found in the QM tables located later in this report. The staffing rating is based on payroll-based journal (PBJ) staffing data reported through the first calendar quarter of 2026.

Helpline

The Five-Star Helpline will operate Monday - Friday **August 24 - 28, 2026**. 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 **September 28 - October 2, 2026**. During other times, direct inquiries to BetterCare@cms.hhs.gov as Helpline staff help respond to e-mail inquiries when the telephone Helpline is not operational.

Important News

Increase to the Quality Measure (QM) rating thresholds

Consistent with previous revisions, effective with the July 2026 refresh, CMS is implementing an increase to the Quality Measure (QM) rating thresholds, increasing each rating threshold by one-half of the average improvement in QM scores [QSO-19-08-NH](#). For the July 2026 refresh, the average improvement was determined from the period of January 2025 – April 2026. Note the point thresholds for individual QMs did not change.

A new version of the Five Star Quality Rating System Technical Users' Guide containing the new rating thresholds has been released. A link to the document can be found on the References page at the end of this report.

Nursing Home Risk-Based Survey National Implementation

Beginning with the refresh on September 30, 2026, CMS will indicate higher performing facilities that have quality indicators in addition to the traditional five-star rating. Facilities with a high performing icon qualify for a Risk Based Survey (RBS) which is a more focused survey protocol. Please reference CMS memo [QSO-26-14-NH](#) for more details.

A new version of the Five Star Quality Rating System Technical Users' Guide will be released ahead of the September refresh. A link to this document can be found on the References page at the end of this report.

Health Inspections

The Five-Star health inspection rating listed on the first page of this report is based on the two most recent standard surveys and three years of complaint and focused infection control inspections and incorporates data reported through July 31, 2026.

Your Health Inspection Rating

Provided below are the survey dates included in the calculation of the health inspection rating for your facility. The dates listed include standard survey dates as well as dates of complaint inspections and focused infection control inspections that resulted in deficiencies. For more detailed information about the deficiencies cited on each survey, please visit: <https://data.cms.gov/provider-data/>. This website updates on the same day as the Care Compare website. Any additional revisit points can be found in the 'Provider Information' table at the link provided above.

Health Inspection Surveys Weighted at 3/4 (standard survey in bold):

December 16, 2025

Health Inspection Surveys Weighted at 1/4 (standard survey in bold):

August 15, 2024

Total weighted health inspection score for your facility: 10.0

State-level Health Inspection Cut Points for Wisconsin				
1 Star	2 Stars	3 Stars	4 Stars	5 Stars
>131.25	77.76-131.25	39.01-77.75	12.01-39.00	0.00-12.00

Please note that the state cut points are recalculated each month, but the total weighted health inspection score for your facility is compared to the cut points only if there is a change in your score.

Citations under IDR/IIDR

Below is a listing of health inspection citations for your nursing home that are under IDR or IIDR. These citations are reported on the Care Compare website; however, they are not included in the health inspection rating.

Your nursing home has no health inspection citations under IDR/IIDR.

Long-Stay Quality Measures that are Included in the QM Rating

	Provider 525290					WI	US
MDS Long-Stay Measures	2025Q2	2025Q3	2025Q4	2026Q1	4Q avg	Rating Points	4Q avg
<i>Lower percentages are better.</i>							
Percentage of residents experiencing one or more falls with major injury	4.5%	8.5%	8.7%	0.0%	5.5%	20	3.3%
Percentage of residents with pressure ulcers ¹	3.3%	0.0%	6.5%	0.0%	2.4%	100	5.0%
Percentage of residents with a urinary tract infection	2.3%	4.3%	2.3%	0.0%	2.3%	60	2.7%
Percentage of residents with a catheter inserted and left in their bladder ¹	0.0%	2.3%	2.3%	0.0%	1.2%	80	2.1%
Percentage of residents whose need for help with daily activities has increased	26.3%	15.4%	15.8%	0.0%	14.6%	105	16.1%
Percentage of residents who received an antipsychotic medication	10.0%	10.8%	11.8%	13.2%	11.4%	90	15.8%
Percentage of residents whose ability to walk independently worsened ¹	24.5%	8.0%	9.9%	2.6%	11.4%	135	18.4%

¹These measures are risk adjusted.

²This 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 Care Compare.

	Provider 525290				WI	US	
Claims-Based Long-Stay Measures	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
<i>Lower rates are better. The time period for data used in reporting is 1/1/2025 through 12/31/2025.</i>							
Number of hospitalizations per 1,000 long-stay resident days ¹	NA	NA	1.61 ²	60	1.66	1.906	1.86
Number of emergency department visits per 1,000 long-stay resident days ¹	NA	NA	4.53 ²	15	2.29	1.657	1.78

¹These measures are risk adjusted.

²This 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 Care Compare.

³The observed rate is the actual rate observed for the facility without any risk-adjustment; the expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility; and the risk-adjusted rate is adjusted for the expected rate of the outcome and is calculated as (observed rate for facility / expected rate for facility) * US observed rate. Only the risk-adjusted rate will appear on Care Compare.

Total Long-Stay Quality Measure Score	665
Long-Stay Quality Measure Star Rating	★★★

Short-Stay Quality Measures that are Included in the QM Rating

	Provider 525290					WI	US
MDS Short-Stay Measures	2025Q2	2025Q3	2025Q4	2026Q1	4Q avg	Rating Points	4Q avg
<i>Lower percentages are better.</i>							
Percentage of residents who newly received an antipsychotic medication	0.0%	0.0%	0.0%	0.0%	NA	NA	1.2%
<i>The time period for data used in reporting is 10/1/2024 through 9/30/2025.</i>							
Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened ¹					NA	NA	3.0%
<i>Higher percentages are better.</i>							
Percentage of SNF residents who are at or above an expected ability to care for themselves and move around at discharge ¹					NA	NA	53.9%

	Provider 525290				WI	US	
Claims-Based Short-Stay Measures	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
<i>Higher percentages are better. The time period for data used in reporting is 10/1/2022-9/30/2024.</i>							
Rate of successful return to home or community from a SNF ¹	NA	NR	NA	NA	51.7%	50.6%	50.6% ⁴
<i>Lower percentages are better. The time period for data used in reporting is 1/1/2025 through 12/31/2025.</i>							
Percentage of residents who were re-hospitalized after a nursing home admission ¹	NA	NA	NA	NA	23.1%	23.8%	23.7%
Percentage of residents who had an outpatient emergency department visit ¹	NA	NA	NA	NA	15.5%	11.2%	12.0%

¹These measures are risk adjusted.

²This 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 Care Compare.

³The observed rate is the actual rate observed for the facility without any risk-adjustment; the expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility. For successful community discharge, the risk-adjusted rate is calculated as (predicted rate / expected rate) * US Observed rate and is referred to as the risk-standardized rate. For rehospitalization and emergency department visits, the risk-adjusted rate is calculated as (observed rate / expected rate) * US observed rate. Only the risk-adjusted or risk-standardized rate will appear on Care Compare.

⁴For this measure, this value is the National Benchmark, rather than the national average of the risk-adjusted rate.
NR = Not Reported. The expected rate is not reported for this measure.

Short-Stay and Overall Quality Measure Scores and Ratings

Unadjusted Short-Stay Quality Measure Score	NA
Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1150/800) ¹	NA
Short-Stay Quality Measure Star Rating	Not Available
Total Quality Measure Score ²	NA
Overall Quality Measure Star Rating	★★★

¹An adjustment factor of 1150/800 is applied to the unadjusted total short-stay score to allow the long- and short-stay QMs to count equally in the total QM score.

²The total quality measure score is the sum of the total long-stay score and the total short-stay score. If a provider has only a long-stay score or only a short-stay score, then no total score is calculated and their overall QM rating is the same as the long-stay or short-stay QM rating, depending on which is available.

Quality Measures that are Not Included in the QM Rating

	Provider 525290					WI	US
MDS Long-Stay Measures	2025Q2	2025Q3	2025Q4	2026Q1	4Q avg	4Q avg	4Q avg
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine. The time period for data used in reporting is 07/01/2024 through 06/30/2025					97.8%	95.0%	95.5%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	100%	100%	100%	100%	100%	95.7%	93.5%
<i>Lower percentages are better.</i>							
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%
Percentage of residents with new or worsened bowel or bladder incontinence	23.9%	22.6%	8.3%	8.4%	15.9%	24.6%	19.0%
Percentage of residents who lose too much weight	9.8%	4.8%	2.6%	10.5%	6.9%	5.1%	5.2%
Percentage of residents who have depressive symptoms	2.3%	0.0%	2.2%	0.0%	1.1%	5.7%	12.8%
Percentage of residents who received an antianxiety or hypnotic medication	11.9%	14.0%	14.6%	12.5%	13.3%	16.9%	19.5%
MDS Short-Stay Measures							
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine. The time period for data used in reporting is 07/01/2024 through 06/30/2025					NA	82.2%	79.8%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	100%	94.7%	86.7%	94.4%	94.2%	86.5%	82.0%

Additional Notes Regarding the Quality Measure Tables

"d<20" means the denominator (number of eligible resident assessments) for the measure summed across all four quarters is less than 20. If sufficient data are available for imputation, a four-quarter average is displayed. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Care Compare.

"NA" is reported one of three reasons: 1) data are not available; 2) the denominator (number of eligible resident assessments or stays) summed across the four quarters is less than 20 and there are not sufficient data for imputation; or 3) too few measures have an adequate denominator to calculate a rating.

If the denominator for a measure is less than 20 in an individual quarter, the data may be displayed here, but will not be included in the MDS Quality Measures file on PDC.

SNF Quality Reporting Program (QRP) Measures:

Three of the short-stay QMs used in the Five-Star QM rating calculation are SNF QRP measures: "Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened", "Percentage of SNF residents who are at or above an expected ability to care for themselves and move around at discharge", and "Rate of successful return to home or community from a SNF". There are additional SNF QRP measures that are not included in the Five-Star ratings but are displayed on Care Compare. Information about these measures can be found on separate provider preview reports in the IQIES mailbox. Please watch for communication from CMS on the availability of these reports. Additional information about the SNF QRP measures can be found in the Quality of Resident Care section on the References page of this report.

Staffing Hours per Resident Day

PBJ data for **January 1 - March 31, 2026** (submitted and accepted by the May 15, 2026 deadline) are being used to calculate the staffing levels for three months starting with the **July 2026** Care Compare website update. The table below includes the reported, case-mix and adjusted staffing levels for your facility, using the PBJ data for **January 1 - March 31, 2026**. The case-mix staffing values are based on resident acuity levels using the nursing Case-mix Groups and corresponding nursing Case-mix Indexes from the Patient-Driven Payment Model (PDPM). The Five-Star Rating Technical Users' Guide contains a detailed explanation of the staffing rating and the case-mix adjustment methodology. The table also shows the weekend staffing levels (total nurse and RN) for your facility. Below the table is the average resident census for your facility, as well as details for calculating case-mix and adjusted staffing values.

Staffing Levels for January 1 - March 31, 2026 for Provider Number 525290						
	Reported Hours per Resident per Day (HRD)	Reported HRD (Decimal)	National Average: Reported HRD (Decimal)	Case-Mix HRD	National Average: Case-Mix HRD	Case-Mix Adjusted HRD
All days						
Total nurse (RN, LPN, LVN, and Nurse Aide) hours	4 hours and 30 minutes	4.492	3.861	3.024	3.834	5.695
RN hours	58 minutes	0.960	0.685	0.537	0.680	1.217
LPN/LVN hours	16 minutes	0.258	0.859	0.673	0.853	0.328
Nurse aide hours	3 hours and 16 minutes	3.274	2.317	1.815	2.301	4.150
Physical therapist ¹ hours	Less than 1 minute					
Weekend (Saturday and Sunday)						
Total nurse (RN, LPN, LVN, and Nurse Aide) hours	3 hours and 59 minutes	3.988	3.423	2.681	3.399	5.055
RN hours	38 minutes	0.631				

¹Physical therapist hours are not included in the staffing rating calculation.

The average number of residents for your facility (based on MDS census) for January 1 - March 31, 2026 is **49.1**.

The Nursing CMI ratio for your facility is **0.783**. This is calculated as your facility's weighted average nursing case-mix index **1.106** divided by the national average nursing case-mix index **1.412**.

The Case-Mix HRD values are calculated as: Nursing CMI Ratio * the national average of reported HRD.

The Case-Mix Adjusted HRD values are calculated as: (Reported HRD/Case-Mix HRD) * the national average of case-mix HRD.

Availability of Reported Staffing Data

Some providers will see 'Not Available' for the reported hours per resident per day in the table above and a staffing rating may not be displayed for these facilities. There are several reasons this could occur:

1. No MDS census data were available for the facility.
2. No on-time PBJ staffing data were submitted for the facility.
4. No nursing hours were reported (0 HRD).
5. Total reported nurse staffing was excessively high (>12.0 HRD).
6. Total reported nurse aide staffing was excessively high (>5.25 HRD).
7. A CMS audit identified significant discrepancies between the hours reported and the hours verified, or the nursing home failed to respond to an audit request.
14. No nursing hours were reported on weekends (0 HRD).
15. Total reported nurse staffing on weekends was excessively high (>12.0 HRD).
16. The total reported nurse aide staffing on weekends was excessively high (>5.25 HRD).
18. Other reason.

Scoring Exceptions for the Staffing Rating

The following criteria have been added to the usual scoring rules for assigning the staffing rating.

1. Providers that fail to submit any staffing data by the required deadline will receive a one-star staffing for the quarter.
2. Providers that submit staffing data indicating that there were four or more days in the quarter with no RN staffing hours (job codes 5-7) on days when there were one or more residents in the facility, regardless of reported staffing levels, will receive a one-star staffing rating for the quarter.
3. CMS conducts audits of nursing homes to verify the data submitted and to ensure accuracy. Facilities for which the audit identifies significant discrepancies between the hours reported and the hours verified or those who fail to respond to an audit request will receive a one-star staffing rating.

Staffing Turnover

PBJ data from October 1, 2024 to March 31, 2026 are used to calculate annual nursing staff and RN turnover measures and to report the number of administrator turnovers among eligible administrators in the 12-month reporting period between January 1, 2025 to December 31, 2025. PBJ does not collect information on employee termination dates; instead a turnover is identified based on gaps in days worked. The turnover measures include employees and agency staff that have worked at least 120 hours at your facility in the 90-day period starting from the first observed workday between October 1, 2024 to June 30, 2025. Individuals no longer associated with a nursing home are defined as eligible employees who have a period of 90 or more days during which they do not work at all. The data listed below report the nursing, RN, and administrator turnover measures for your facility January 1, 2025 to December 31, 2025. (Note that data from 2024Q4 - 2025Q2 are used to identify individuals who are eligible for the turnover measure, while data from 2026Q1 are used to identify individuals who had a 90-day or more gap in days worked that started within the last 90 days of 2025Q4.)

These turnover measures will be posted on Nursing Home Care Compare starting with the **July 2026** update. The turnover measures are updated quarterly using a rolling 12-month period. Detailed information on how turnover is calculated is available in the Technical Users' Guide. Find the link on the References Page of this report.

PBJ Nurse Staffing Turnover for January 1, 2025 to December 31, 2025 for Provider Number 525290				
	Turnover Rate	Number of Eligible Staff ¹	Number of Eligible Staff Identified as Turned over	Displayed on Care Compare ²
Nursing staff turnover	26.8%	71	19	Yes
RN turnover	33.3%	12	4	Yes
Administrator turnover		1	0	Yes

N.A. = Not Available. N.A. in the table above indicates that the value could not be calculated based on the data submitted.

¹The number of eligible staff is based on a count of the number of eligible 'employment spells.' For more details on the methodology used to calculate nursing staff turnover, please see the measure specifications, available at the location listed in the references below.

²Some providers will see "Not Available" on the Care Compare website for one or more turnover measures if there is a "No" along with a code listed in this column of the table.

Availability of Turnover Data

Some providers will see 'Not Available' for one or more of the turnover measures in the table above or on Care Compare. There are several reasons this could occur:

Nursing Staff and RN Turnover Exclusion Codes

1. No data or invalid PBJ nursing data submitted for one of more quarters between October 1, 2024 to March 31, 2026. See the table below for the quarters with missing or invalid PBJ data.
2. Fewer than 5 eligible nurse (or RN) employees or agency staff.
3. 100% total nurse turnover on a single day. If you see this code in the table above, up to two dates on which it appears your nursing home had 100% turnover on a single day are listed below. In this case, you may need to submit data to link employee identifiers. See additional information on the References page of this report.
18. Other reason.

Days with 100% turnover for all nursing staff

No Dates with 100% nurse turnover

Availability of Turnover Data (continued)

Administrator Turnover Exclusion Codes

1. No data or invalid PBJ nursing data submitted for one or more quarters between October 1, 2024 to March 31, 2026. See the table below for the quarters with missing or invalid PBJ data.
2. No administrator hours were submitted for one or more quarters between October 1, 2024 to March 31, 2026. See the table below for the quarters with no administrator hours.
3. No eligible administrator employees or agency staff.
4. Too many administrators: there are 4 or more days in one or more quarters between October 1, 2024 to March 31, 2026 with five or more different people reported under job code 1 (administrator) on the same day.
18. Other reason

Your facility's submission of valid PBJ nursing data and administrator hours for quarters used by turnover measures						
	2024Q4	2025Q1	2025Q2	2025Q3	2025Q4	2026Q1
Valid PBJ data submitted	Yes	Yes	Yes	Yes	Yes	Yes
Administrator hours submitted	Yes	Yes	Yes	Yes	Yes	Yes

Note that in rare cases, turnover data may be reported on Care Compare even if one or more of the indicators of valid PBJ data in the table above is "No". This may occur if the data were later verified by a CMS audit.

Staffing Measures that are Used in the Staffing Rating

The table below shows the six specific staffing measures that are used to calculate the staffing rating, along with the measure values and the points assigned for each measure for your facility as well as the maximum number of points possible for each measure. The raw point total is the sum of the points for the individual measures. If the turnover measures are not available due to missing or invalid data, your facility will receive the minimum points for the corresponding turnover measures. If the turnover measures are not available for another reason, then the total score is rescaled so the maximum possible score for your facility is still 380 points. The rescaled score is used to assign the staffing rating. Please see the Technical Users' Guide for additional details including the cut point tables for each of the measures and for the total rescaled score.

Staffing Measure	Data for Provider 525290		Maximum Possible Points
	Measure Value	Points	
Adjusted Total nurse staffing (7 day)	5.695	100	100
Adjusted RN staffing (7 day)	1.217	100	100
Adjusted Total nurse staffing (weekends)	5.055	50	50
Total nursing turnover (%)	26.761	50	50
RN turnover (%)	33.333	40	50
Number of administrator departures	0	30	30
Raw point total		370	
Total points after rescaling (if any)		370	380
Staffing rating	★★★★★		

N.A. = 'Not Available'. Points for individual measures may show as N.A. if the measure value is Not Available. Point values will show as N.A. for all measures for special focus facilities, providers that are too new for a valid rating to be calculated, providers for which nurse staffing levels are not available, and providers that have had their staffing rating reduced to one star (see availability of reported staffing and scoring exceptions above).

References

Technical Details on the Five-Star Quality Rating System

The Five-Star Quality Rating System Technical Users' Guide includes detailed methodology for all domains of the rating system and can be found at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/usersguide.pdf>

Provider Data Catalog

All of the data posted on the Care Compare website as well as additional details on some domains and measures are available for download on the Provider Data Catalog at:

<https://data.cms.gov/provider-data/>

Staffing

Information about staffing data submission is available on the CMS website at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>

For additional assistance with or questions related to the PBJ registration process, please contact 800-339-9313 or email iQIES@cms.hhs.gov.

CMS Memorandum QSO-22-08-NH regarding weekend staffing and staff turnover can be found at:

<https://www.cms.gov/files/document/qso-22-08-nh.pdf>

Instructions and templates for linking employee identifiers can be found in the **PBJ Provider User's Guide** at: <https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals>

Detailed Employee level staffing data can be found at:

<https://data.cms.gov/quality-of-care/payroll-based-journal-daily-nurse-staffing>

Quality of Resident Care

Detailed specifications (including risk-adjustment) for the MDS-based QMs, claims-based QMs and SNF QRP measures can be found in the Downloads section at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html>

SNF Quality Reporting Training page can be found at:

<https://www.cms.gov/medicare/quality/snf-quality-reporting-program/training>

FY 2026 SNF Final Rule can be found at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPFS/List-of-SNF-Federal-Regulations>

CMS Skilled Nursing Facility Information Center website can be found at:

<https://www.cms.gov/snf-information-center>

Additional information about Public Reporting of the SNF QRP Quality Measures can be found at:

<https://www.cms.gov/medicare/quality/snf-quality-reporting-program/public-reporting>

For questions about the SNF QRP measures please contact:

SNFQualityQuestions@cms.hhs.gov

PBJ Deadlines

Submission Deadline	PBJ Reporting Period	Posted on Care Compare and used for Staffing Ratings
May 15, 2026	January 1, 2026 - March 31, 2026	July 2026 - September 2026
August 14, 2026	April 1, 2026 - June 30, 2026	October 2026 - December 2026
November 14, 2026	July 1, 2026 - September 30, 2026	January 2027 - March 2027
February 14, 2027	October 1, 2026 - December 31, 2026	April 2027 - June 2027



Notable Quotable

"Heart power is stronger than horsepower."

~ Henry John Heinz,
born Oct. 11,
1844



Dates to Know

**National Healthcare
Foodservice Week**
October 4th-10th

Do Something Nice Day
October 5

Silly Saying Day
October 13

**International Infection
Prevention Week**
October 14th

Employee Meal
October 14th

Resident Flu Shots
October 16th or October
30th-SWTC will be
administering. Please get
your consents in.

**Sweets N Treats is October 17th-Come Trick
Or Treat with us in the Resident Center 9-
11:30am Staff and Residents are
Encouraged to Dress Up**

Say It Silly

Sometimes we say the silliest things, but feel free on October 13 to use as many silly sayings as you want, for it's Silly Saying Day.

One of the most common silly sayings is "When pigs fly." This is used when you mention something that will never happen, like a pig impossibly sprouting wings and flying. Did you ever stop to "chew the fat" with a friend? This means to chat or gossip, but it's a nautical

National Pharmacy Day
October 20

**Happy Hour with Doug
Wayne in the Resident
Center & Spotlight Dept.
Months**
October 21

World Pasta Day
October 25

Halloween
October 31

**Breast Cancer Awareness
Month**

Halloween Dress Ups
October 17th, October 30th and
October 31st



expression borrowed from early sailors who, when work was slow, would talk while chewing on a snack of salt-hardened fat.

And there you have it, "Bob's your uncle." If you don't know that one, it means everything is all right and has been finished with success. It's sort of like saying, "And that's that." There is no word, though, on who Bob was or why things always worked out so great for him.

Orchard Manor

October 2026

**Celebrating
September
Employee of the
Month**



**Maddie Nielsen,
Activity Assistant**

**Other Nominees
include:**

Ashlyn Edge

Dixie Toberman

Chrissy Hoeb x2

**Darcy Ellis-Moore
x3**

Deb Lange

Amanda Schnitzler



608-723-2113 For Our Residents, Staff, Family and Friends of Orchard Manor



**Orchard Manor Foundation is Selling Pasties-
Order on Facebook or on the Board Next to the
Activity Room**

**OMF + The Lion's Club =
Pasties**

Place your
order here!
\$6.00 each
with or
without
onions and
your phone
number

Pick up Saturday
Oct 17, 9-12
Lancaster High
School



Our mission is
to enhance
the well being
of OM
residents,
their families
and the staff
who care for
them

Help us make \$\$\$ to put
towards our landscaping
projects at Orchard Manor

**Employees of Orchard → For the month
of October, you are invited to wear jeans every
day. (Friday's are FREE jean days)
For a donation of \$1 per day, you can wear your
jeans and support the Grant County Cancer
Coalition!**

**Jean Days can be purchased in advance or on the
actual day. Please hand-in your money to the
front office.**



Leadership Spotlight

Misty Riemenapp, RN
Health Information Manager & HIPAA Compliance RN
Employed with Orchard Manor since September 2025



I grew up in the small town of Stitzer and attended Fennimore High School. After graduation, I moved “far away” to my husband Austin’s stomping grounds in the Iowa-Grant School District—just about 10 miles from home!

Austin and I have five children: Emery, Kenna, Kash, Kruz, and Olive. Much of my free time is spent cheering them on at sporting events, including softball, baseball, volleyball, wrestling, football, and trap shooting. When I’m not in the stands, you may find me helping out in the concession stand, at the 50/50 raffle, or admissions.

As a family, we enjoy boating, fishing, camping, side-by-side rides, and spending time outdoors. One of our favorite traditions is gathering and stacking wood for our outdoor wood stove each fall—a lot of work, but also a great way to bring our family together and teach our kids the value of hard work.

In my role at Orchard Manor, I truly enjoy being part of a team that supports one another, values different perspectives, and works together toward a common goal. I believe the saying, “It takes a village to raise a child,” applies to our Orchard Manor family as well. Our village is successful because of the dedication of our Leadership Team and, most importantly, the staff who provide care and support every day.

I’m grateful to be part of this village and appreciate everything our team does for our residents and one another.

Fun fact: My oldest daughter, Emery, has joined our Orchard Manor village as a CNA! Be sure to welcome her if you see her!

“The most important single ingredient in the formula of success is knowing how to get along with people.” — Theodore Roosevelt

Orchard Manor Foundation Projects

The Foundation is working toward some exciting outdoor improvements!

Plans include:

- A new **concrete walking path**.
- A beautiful **pavilion**.
- A **butterfly garden**.
- New trees and additional landscaping.

Future Vision: We hope to expand opportunities for donations to support benches, trees, landscaping, and other enhancements that will benefit our residents, families, and visitors.



News to Use

Building Improvements • Future Plans • What's Happening Around Orchard Manor

We have several exciting projects underway and planned for the future! Thank you for your patience and understanding as we continue working to make Orchard Manor a more welcoming, comfortable, and modern home for our residents.

Flooring Improvements – 100 Wing Offices

We are replacing the old carpeting in all 100 Wing offices with new flooring! We apologize for the temporary noise, dust, and mess during construction. **We know it will be worth it when the project is complete!** Thank you for your patience.

100 Wing Entryway Upgrades

Exciting improvements are coming to the 100 Wing entrance! Plans include:

- Adding a second black sliding door to the interior entryway.
- Expanding the waiting area.
- Installing beautiful new quartz-epoxy flooring.

Expected Timeline: The next 2–6 weeks

Please watch for updates and posted notices. During construction, there may be temporary changes to the entrance, including a temporary door and some construction-related mess.

Maintenance Department Update

After many years of dedicated service, **Garry, our Maintenance Manager, will be retiring in mid-December.**

We are grateful for his hard work and commitment to Orchard Manor. Our goal is to have a new Maintenance Manager hired before his retirement so we can support a smooth transition. Please join us in thanking Garry for all he has done for Orchard Manor!

Planning for the Future: Architectural Improvements

We are exploring exciting opportunities to improve Orchard Manor! A **Request for Proposals (RFP)** has been issued to architectural firms to gather ideas for making our facility more modern, welcoming, and comfortable for our residents. **October 14, 2026:** The Orchard Manor Board is scheduled to approve the architectural firm. We look forward to exploring new possibilities for the future of Orchard Manor!

Back Parking Lot Replacement

Planning is underway to replace the back parking lot. **Anticipated Timeline:** Spring 2027
More information will be shared as plans develop.

Thank You for Your Patience & Support!

Every improvement we make is part of our commitment to creating a safe, comfortable, and welcoming environment for our residents, families, and staff. **Together, we are building a brighter future for Orchard Manor!**