

Denali Commission Quarterly Project Narrative

Project Name: Heritage Place

Agency: Banner Health Systems Reporting Period: 1/1/06 to 3/31/06

1. What is the status of the project; include portions completed?

Implementation of Clinical Software (Electronic Medical Record) continued this quarter. Major areas of effort were enhancements to software for integration of modules. This included development of touch screen for electronic documentation by RAs and Food Service. Determined that wireless was not ready for implementation after completing survey abandoned equipment purchase. The carpet/linoleum is substantially completed. Should finish in April.

Resident lift was received and put into service. Training by Arjo-Century was accomplished.

Siding project was completed. Looks Great!!!

2. Is the project on schedule; if not, how will this be dealt with?

The clinical project remains behind schedule. There have been a lot of Challenges with this effort. Most recently, our champion has been away on Medical Leave. HP requested and received an extension of time til 12/31/06. That will definitely allow us the opportunity to do things right the first time.

There was a delay in carpet which pushed that part of the project into April. Again, the extension will help in completing projects.

3. Is the project on budget; if not, how will this be dealt with?

The project remains on budget for those elements that are committed to. The siding came in substantially below the estimate and the remaining Funds in that area will need to be reallocated to the Clinical Software Project.

4. Other comments/problems and solutions:

None to report. Thankful that state has been so receptive to work with facility to maximize value of the funding.

**Denali Commission
Quarterly Project Financial Report**

Project Name: Heritage Place Capital Improvements

Agency: Banner Health System Reporting Period: 1-1-06 to 3-31-06
Grant #: 06-4-C-4897

Please include the following information:

(Use additional pages as necessary)

Budget Information:

1. The total project budget—Denali Commission and other funds combined

Total project is \$930,000 inclusive of \$290,000 Denali Commission funds and \$640,000 Construction funds for addition
2. The total project expenditures as of the end of the most recent quarter
Construction of addition is complete, funds expended \$640,000.
Denali Commission Project had expenditures of \$128,069.56 in the 1st quarter of 2006. Was over paid by \$67.68 during 3rd Quarter of 2005, need to subtract \$67.68 from the total expenditures for 1st Quarter 2006.
3. The total amount of Denali Commission funds committed to the project
\$290,000
4. The total expenditure of Denali Commission funds for the project as of the end of this reporting period \$242,079.90. The percentage of expenditures to the total budget is 83%. The remaining amount is \$47,920.10
5. Project Performance Analysis (use PPA form on page2 of 641)
See Attached

Project Schedule:

Show the project schedule with milestone dates for design and construction.
Previously submitted revised schedule on 3/25/06.

Form 641A

Denali Commission
Quarterly Project Financial Report
Project Performance Analysis (PPA) Form

Project Name: Heritage Place Capital Improvements

Agency: Banner Health System
 Grant #: 06-4-C-4897

Reporting Period: 1/1/06 to 3/31/06

Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
Medical Equipment	17,000	5,924.02	6/30/06	Received lift, working great
Clinical Project Hardware and Software	\$ 80,000	\$72,006.55	12/30/06	Clinical Software data conversion. Implemented data submission to CMS on 11/04—working on further integration of software modules
Roof Repair	0	935.81		Abandoned Project
Replace Carpet	75,000	57,615.59	6/30/06	Complete all phases (carpet only remaining issue)
Purchase/Install New Phone Switch	4,000	4,370.00	12/04	This project is complete. Great improvement
Purchase Siding for Building	\$60,000	45,992.64	1/31/06	This project is complete and looking great
Purchase of Beds/Mattresses	54,000	55,166.61	9/1/05	Received mattresses, beds installed.
Totals:	290,000	\$242,011.22		

Signature: _____

Date: _____

Attachment I
FINANCIAL REPORT FORM

Name of Grantee: Heritage Place

Grant Number: 06-4-C-4897

If submitting as part of a *Funds Disbursement Request*:

For work activities ending: ___3/31/06 (This report incorporates the approved revisions of 12/05). Request reimbursement of 128,069.56 of funds expended.

BUDGET CATEGORY (ACTIVITY)	TOTAL FUNDS APPROVED	FUNDS EXPENDED THIS PERIOD	TOTAL FUNDS EXPENDED	FUNDS ADVANCED THIS PERIOD	TOTAL FUNDS ADVANCED
Clinical Software/Hardware	\$80,000	31,128.20	72,006.55	2,848.99	2,848.99
Medication Management System*			0	108,068.66	108,068.68
Roof Repair	0		935.81	0	0
New Hi-Lo Beds and Mattresses	54,000		55,166.61		
Replacement of Facility Carpet	75,000		57,615.59	0	0
Siding of the Building	60,000		0		
Purchase/Install of Phone Sys.	4,000		4,370.00		
Equipment to Enhance Resident Care	17,000		5,924.02		
PROJECT TOTALS	290,000	3,092.67	242,011.42	110,917.67	110,917.67
INTEREST EARNED THIS PERIOD				0	
TOTAL INTEREST EARNED					0

I hereby certify that all of the information provided in this report is true and accurate and that all of the activities outlined in this report have been in accordance with Grant Agreement.

Signature & Title of Authorized Representative:

Date:

Grant Progress

Attachment I

In addition to the information requested above please provide a brief narrative of all activities and work completed during the reporting period including applicable inspection and client service information. Use additional paper if necessary.

Our major accomplishment this quarter was the installation of our vinyl, several upgrades to our clinical software and the purchase of a new resident care lift. Residents are very happy with the vinyl as it is easier for them to independently use their wheel chairs. Good progress has been made with our clinical software. As separately reported, we have a key staff member on family medical leave expected back 5/1.

Our new resident lift is working fine, and we are very pleased with it. RA's report it's ease of use.

Our carpet is expected to be complete in May.

FUNDS DISBURSEMENT REQUEST FORM

Funds Disbursement Request# 4

Grant #: 06-4-C-4897

Date: 1/20/06

Amount Requested \$ 128,069.56

Identify, by work activity, all work completed for which payment is requested. Provide evidence of completion of work identified. Also complete a Financial Report Form and a summary page of expenses that reference the invoices and back-up information included.

The above request represents the expenses for the period of 1/1/06 to 3/31/06.

Clinical Software efforts---	\$31,128.20
Resident Lift-----	5,924.02
Siding/shutters	45,992.64
Vinyl	45,217.34

You must attach a copy of invoice for which payment is requested, i.e. bill from contractor, subcontractor, materials supplier, or other party approved by DHSS.

Please find attached the necessary documentation to support the request for reimbursement.

If reimbursement is requested, provide evidence of prior payment by the Grantee.

I certify that all evidence presented to the Department of Health and Social Services, is in accordance with this capital Grant is true and correct.

Signature

Date