

**WESTMOUNT HEALTH FACILITY AND
COUNTRYSIDE ADULT HOME
HEALTH SERVICES COMMITTEE MEETING**

FRIDAY, FEBRUARY 22, 2008

9:30 A.M.

MUNICIPAL BUILDING BOARD ROOM

WESTMOUNT HEALTH FACILITY

- 1.) AIR HANDLERS UPDATE.
- 2.) RESOLUTION REQUEST EXTENSION OF CONTRACTS
- 3.) RESOLUTION REQUEST FOR NEW CONTRACT DR. TIMOTHY E. BRAIM.
- 4.) REQUEST RESOLUTION TO ATTEND CONFERENCES:
 1. AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS
CONFERENCE – MARCH 9-12.
 2. MARCH 27TH NURSING DOCUMENTATION (ALBANY)
- 5.) REQUEST TO CHARGE OFF UNCOLLECTABLE ACCOUNTS.
- 6.) STAFFING LEVELS.
- 7.) OVERTIME REPORT.

Warren County Board of Supervisors

RESOLUTION NO. 163 OF 2008

Resolution introduced by Supervisors Belden, Bentley, Tessier, Stec, Merlino, Haskell, Champagne, Taylor and Goodspeed

AUTHORIZING AGREEMENT WITH HIGHLANDER ENGINEERING SERVICES, PLLC FOR CONTRACT ADMINISTRATION AND CONSTRUCTION INSPECTION SERVICES RELATIVE TO THE WESTMOUNT HEALTHCARE FACILITY AIR-HANDLING UNIT REPLACEMENT (WC 86-07) PROJECT - DEPARTMENT OF PUBLIC WORKS

RESOLVED, that Warren County enter into an agreement with Highlander Engineering Services, PLLC, 182 C.R. 44, Argyle, New York 12809, to provide contract administration and construction inspection services relative to the Westmount Healthcare Facility Air-Handling Unit Replacement (WC 86-07) Project, for a total sum not to exceed Three Thousand Dollars (\$3,000), for a term commencing on February 15, 2008 and terminating when the Project is complete, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement in the form approved by the County Attorney, and be it further

RESOLVED, that the funds for the above Project shall be expended from Capital Project No. H270.9550 280 - Air Handler Installation.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: February 22, 2008

- (a) Purpose of Contract Change:
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 213-2004 406-2007
- (c) Name of Contractor: Life Gas (Linde Gas Therapeutics)
- (d) Address of Contractor: 10 Arrowhead Lane; Cohoes, NY 12047
- (e) Contractor's Contact Person and Telephone Number: Darrell Hazen, Medical Sales Representative - 713-2020
- (f) Commencement Date of Extension: April 1st, 2008
- (g) Termination Date of Extension: December 31st, 2008
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: EF.60200.7300 421 - Westmount Nursing - Nursing Stations, Equipmental Rental \$18,000.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: February 22, 2008

- (a) Purpose of Contract Change:

- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 213

- (c) Name of Contractor: P&NP Computer Services Inc.

- (d) Address of Contractor: 66 North Main Street; Brockport, NY 14420

- (e) Contractor's Contact Person and Telephone Number: Robert Gunde (585) 637-3240.

- (f) Commencement Date of Extension: April 1st, 2008

- (g) Termination Date of Extension: March 31st, 2009

- (h) Payment Provisions:
 - i) lump sum amount \$5,767.50
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. ...)

- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: EF.83110.6300 422 - Westmount Fiscal Services Office, Repair + Maintenance PS DA - Repair/Maintenance Equipment \$10,500.

 **Computer Services, Inc.**

February 18, 2008

**Maintenance Agreement
for April 1, 2008 through March 31, 2009**

Client: Westmount Health Facility
Facility Representative: Betsy Henkel

The above named client agrees to pay an annual maintenance fee to P&NP Computer Services, Inc. (hereafter referred to as the vendor) at a rate equal to fifteen percent (15%) of the current price of software as purchased from the vendor. The fee will be billed by the vendor on an annual basis and the fees are not subject to change for one (1) year from the execution of this agreement. The current selling prices of the software and maintenance fees are attached. The prices are valid for thirty (30) days from the date printed on the price sheet. There is no charge for this maintenance agreement in the first year. The maintenance contract shall commence upon installation of the software and shall terminate after one year. The maintenance contract assures the client of a situation where the ongoing warranty is still in effect.

Payment of the maintenance fee will provide for:

1. Software updates provided by the vendor for the software purchased from the vendor and listed in the agreement, including normal First Class U.S. Postal charges when applicable. These updates will include all bug fixes known and corrected at the time, as well as enhancements to the current software. All updates are provided on virus free new diskettes or CD ROM disks. Clients are responsible for putting updates on their systems within 30 days of receiving the update. P&NP will provide regulatory updates to currently existing forms within the state or federally mandated time frame. While no firm guarantee can be made as to time compliance, P&NP has always been early in the past. When appropriate as in the case of small updates and bug fixes, the vendor chooses to utilize the internet, and will post these updates on the vendor's website www.pnpcomputer.com. Client user agrees that from time to time the client user will check this site for upgrades and apply these upgrades as needed. Special upgrades are e-mailed to specific sites. Client user agrees to maintain an e-mail account.

Upgrades to new versions of the software will be provided at no extra cost within twelve (12) months of the original purchase. After twelve months there will be an upgrade charge for new versions of the software.

2. Telephone or E-mail assistance in implementing the software updates provided by the vendor is available. Instructions for loading are always included with the updates. Facility must be familiar with some form of unzipping software. P&NP supplies the Pkzipc program for use by its clients and instructions are provided for this package only.
3. Free phone support, of a reasonable duration of 15 minutes or less, including voice, as well as, data transmissions. Phone support does not include phone company charges. Phone support does not include over the phone training. Phone support is available Monday through Friday 9:00AM to 5:00PM excepting national holidays. Voice Mail is monitored and is available 24 hours a day every day.
4. P&NP warrants multi-user capability of its software only on Novell® and Windows NT local area networks and only if the above mentioned networks have been set up by P&NP or certified by the same. Facility agrees to provide an appropriate, reliable network environment for the software that conforms to the specifications in vendor's technical specifications manual. Linux is not supported at this time.
5. Checking database integrity over the modem/internet and fixing damaged files when possible. Clients agrees that an useable and functioning back-up system will be in place. The access must meet vendor's minimum speed specification for the task at hand.
6. All problems shall be addressed to the "President, P&NP Computer Services, Inc." and should be in writing.

Payment of the fee will **not** provide for:

1. Ground or air mailing of updates or any other materials other than by First Class U.S. Postal delivery. Updates can be sent e-mail if size limitations are met. These will vary by client. Large attachments are prone to error.
2. The development and implementation of software requested to meet unique needs, or specific facility needs including such items as program and report changes, additions, emendations. This also includes the support of these programs.



STATEMENT OF ACCOUNT

Page 1

P & NP Computer Services, Inc.
 66 North Main Street
 Brockport, NY 14420-1649 USA

Statement Date	Account No.
02/18/08	225

Telephone 585/637-3240

Bill To :

Westmount Health Facility
 42 Gurney Lane
 Queensbury, NY 12804

Last Payment: 12/18/07 for \$300.00

Check No. _____

Date Paid _____

Amount _____

Transaction Date	Invoice Number	Description	Amount	Balance												
02/18/08	20080042	2008-9 Maintenance	5767.50	5767.50												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center;">Below 31</td> <td style="width:15%; text-align: center;">Over 30</td> <td style="width:15%; text-align: center;">Over 60</td> <td style="width:15%; text-align: center;">Over 90</td> <td style="width:15%; text-align: center;">Over 120</td> <td style="width:15%; text-align: center;">Total</td> </tr> <tr> <td style="text-align: center;">5767.50</td> <td style="text-align: center;">0.00</td> <td style="text-align: center;">0.00</td> <td style="text-align: center;">0.00</td> <td style="text-align: center;">0.00</td> <td style="text-align: center;">5767.50</td> </tr> </table>					Below 31	Over 30	Over 60	Over 90	Over 120	Total	5767.50	0.00	0.00	0.00	0.00	5767.50
Below 31	Over 30	Over 60	Over 90	Over 120	Total											
5767.50	0.00	0.00	0.00	0.00	5767.50											

Please detach and return with payment

Westmount Health Facility
 42 Gurney Lane
 Queensbury, NY 12804

Amount Enclosed

Remit To:

P & NP Computer Services, Inc.
 66 North Main Street
 Brockport, NY 14420-1649 USA

Statement Date	Account No.
02/18/08	225
Invoice No.	Balance
20080042	5767.50
	X

3. Training programs or other consultations. Cross training and new staff training are the responsibilities of the facility.
4. The addition of un-purchased modules to the system.
5. Support for non standard printers. Full support is provided for HP and IBM standard printers. Please do not print checks with ink jet printers with water soluble ink. Consult the Technical Specification manual for further information.
6. Printing of software manuals. All manuals are provided as Portable Document Files. These are updated with each major software update. If desired, individual manuals can be e-mailed to clients with valid maintenance contracts.
7. Remedial network consultations and corrections of third party network setup errors.
8. The use of third party software in conjunction with vendor's software such as menuing systems and other memory/cpu intensive third party software. The vendor reserves the right to modify programs and databases regardless of the effect this may have on third party software.
9. The correction of data entry errors, made by the client or the misinterpretation of reports by the client.
10. The correction of corrupted files on the client's computer system. The vendor will assist the client to restore the most recent backup.
11. Custom or client produced changes are not covered. Inbox/Outbox applications are not included. Client produced enhancements are the property and responsibility of the client. It is the responsibility of the client to inform the vendor of any general or specific software that reads from or depends upon the vendor's data files.
12. Any facility desiring to be named an additional insured on the vendor's general liability policy is required to pay the additional annual fee for such service provision as set by P&NP's insurance carrier. The vendor does not provide any information on other insurance policies such as disability, workman's comp, etc.
13. The vendor warrants that any and all data submitted by the client to the vendor for any purpose, including testing, accuracy analysis, etc. will be held in the strictest confidence. All due diligence will be maintained in the handling of these data in conformance with all federal and state privacy legislation current in effect. All legal costs for Privacy Compliance Document Preparation and Review of documents from the client will be passed onto the client.
14. Virus cleanup and damage diagnosis.

Either party may terminate this agreement at any time with thirty (30) days written notice to the other party. If the vendor terminates the agreement, a prorated refund will be made to the client. If the client terminates this agreement, the client shall not be entitled to a refund. The client may choose to omit non-package modules from the maintenance contract at their discretion, but the vendor needs to be informed in writing before the start of this contract so that an adjusted contract can be sent.

This agreement shall take effect upon receipt of the annual maintenance fee payment.

The following software is covered by this agreement:

RMS/FMS Package	34,850.00
Clinician Notes	1,200.00
Accident/Incident Reporting	1,200.00
Infection Tracking	<u>1,200.00</u>
Total software value	38,450.00
Cost for Maintenance Contract	x .15
Total Amount due for Annual Maintenance Contract	<u>\$5,767.50</u>


 Representative of P&NP Computer Services, Inc.

 Administrator of Client Facility

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: February 22, 2008

- (a) Is this a Result of a Bid or Request for Proposal? Request.
- (b) Purpose of Contract: Optical Services for Facility.
- (c) Name of Contractor: Timothy E. Braim, O.D.
- (d) Address of Contractor: Bay Optical of Glens Falls; 152 Bay Street; Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Frances Bowen - 792-4140
- (f) Has or will the Contract be provided, if so, please attach: No
- (g) Commencement Date of Contract:
- (h) Termination Date of Contract:
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Dr. Braim will do his own billing.
- (j) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: N/A

SCHEDULE "A"

AUTHORIZATION TO ATTEND MEETING OR CONVENTION FOR OVERNIGHT TRAVEL

Check one:

- In-State (needs Supervisory Committee authorization)
Out-Of State (needs Board resolution)

The Westmount Health Facility hereby authorizes Barbara Taggart (Supervisory Committee)

to attend American College of Health Care Administrators (Name of meeting or organization)

at Hudson Valley Resort and Spa (Address)

400 Granite Road Kerhontson, NY 12446

on 3/9 - 3/12 Mode of transportation to be used (Dates) (County)

If the mode of transportation is not a county vehicle or mass transportation, please explain:

Proper documentation must be attached when submitting for approval. (Please check documents attached)

- Notice of meeting or convention including cost.
Room rate (not to exceed GSA *per diem rate)
Meal costs (not to exceed GSA *per diem rate)
*www.gsa.gov

Date: Feb. 22, 2008

Department Head (Signature)

Date: Feb. 22, 2008

Committee Chairman

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

PURCHASE ORDER

WESTMOUNT HEALTH FACILITY

No:
3524E

42 Gurney Lane
Queensbury, NY 12804

2000

O'Keefe

Address

Check # _____

Date Paid _____

DATE	DATE REQUIRED	TERMS	F.O.B.	SHIP VIA	DEPT. OF REQ. NO.	<input type="checkbox"/>	<input type="checkbox"/>
2/8/08					Admin.	<input type="checkbox"/>	<input type="checkbox"/>
QUANTITY	DESCRIPTION					PRICE	AMOUNT
	Used County credit card for: Barbara Taggart						
	Hotel Registration - Hudson Valley Resort + Spa						450.00
	3/9/08 - 3/12/08						
	Attending: NY chapter of the American College of Healthcare Administrators Convention						

FOR COUNTY USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

P.O. NO. OR ENC. NO.	FUND/ORG.	ACCOUNT	AMT. LIQUIDATED	DEPT.	ARMS	AMOUNT
EF	83500	8800		0260	444	

REC'D BY _____

DATE _____

APPROVED BY _____

Dewey

IMPORTANT

THIS COPY OF THIS ORDER IS TO BE KEPT IN ALL CORRESPONDENCE, INVOICES AND PACKAGES. NOTIFY US IMMEDIATELY IF UNABLE TO SHIP ORDER COMPLETE BY DATE SPECIFIED

PURCHASE ORDER

WESTMOUNT HEALTH FACILITY

No
35215

42 Gurney Lane
Queensbury, NY 12804

17479

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trass

NY chapter of the
American College
of Health care administrators

Check # _____

Date Paid _____

DATE	DATE REQUIRED	TERMS	F.O.B.	SHIP VIA	DEPT. OF REQ. NO.	FOR OWN USE	FOR AGENCY
2/8/08					Admin.	<input type="checkbox"/>	<input type="checkbox"/>
QUANTITY	DESCRIPTION					PRICE	AMOUNT
	39th Annual Convention						220.00
	March 9-12, 2008						
	For: Barbara Tricant administrator						
	FAX# 718-321-1984						

FOR COUNTY USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

P.O. NO. OR ENC. NO.	FUND/ORG.	ACCOUNT	AMT. LIQUIDATED	DEPT.	ARMS	AMOUNT
EF, 83500	8800	220.00	0260	444	220.00	

REC'D BY _____

DATE _____

APPROVED BY _____

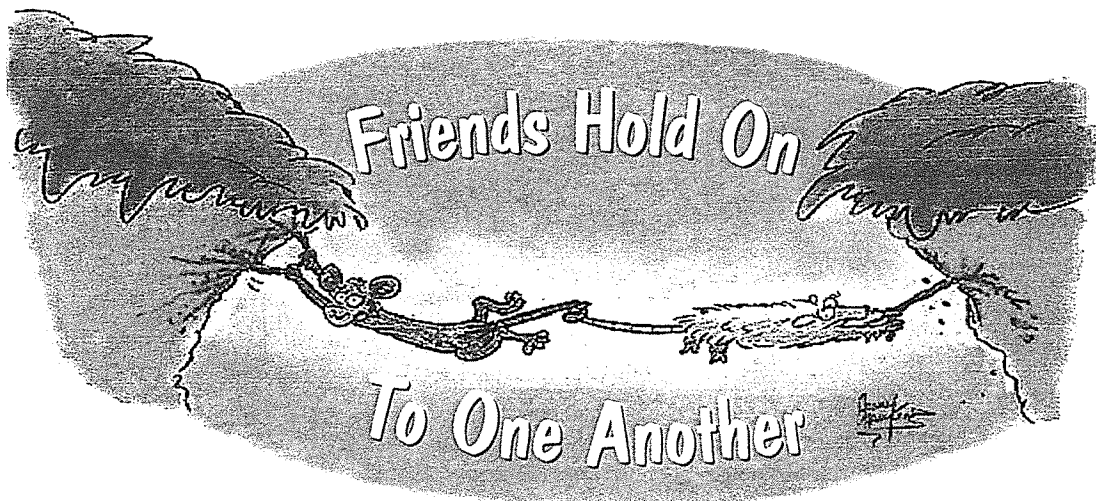
Barbara Tricant

IMPORTANT
 THE ORDER NUMBER MUST APPEAR
 IN ALL CORRESPONDENCE, INVOICES
 AND PACKAGES. NOTIFY US IMMEDIA-
 TELY IF UNABLE TO SHIP ORDER
 COMPLETE BY DATE SPECIFIED



AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS
39TH ANNUAL CONVENTION

ADMINISTRATOR REGISTRATION



BUILDING RELATIONS &
FRIENDSHIPS NYC ACHCA

HUDSON VALLEY RESORT AND SPA
MARCH 9TH THROUGH MARCH 12TH, 2008

ADMINISTRATOR

SUNDAY, MARCH 9, 2008

2:00 pm - 6:00 pm Registration
 4:00 pm - 5:30 pm Education Workshop: ACHCA Members - Maximize Your Free "Members Only Access" to MyZiva
 Speakers: Marian Scharwacher, RD LNHA and Lydia Restivo, RN, My Ziva
 6:00 pm - 7:00 pm New Member Reception
 By Invitation Only
 7:00 pm - 8:30 pm Dinner
 8:30 pm - 10:30 pm Ribbon Cutting and Opening of Exhibit Area
 10:30 pm Show Time - Larry Chance and the Earls

MONDAY, MARCH 10, 2008

7:30 am - 10:00 am Breakfast
 9:00 am - 11:00 am Keynote: Where's Eldercare Headed? Speculations And Implications.
 Speaker: Dennis L. Kodner, PhD, Director of the Center for Gerontology & Geriatrics, NY Institute of Technology
 11:00 am - 11:30 am Exhibits Open
 11:30 am - 1:00 pm Education Workshop: Patient Satisfaction 101 - How Do You Get Health Care Professionals To Understand That Customers Need To Be Wowed!
 Speaker: Helen C Lavas, MA, BS
 1:00 pm - 3:00 pm Awards Luncheon
 3:00 pm - 3:30 pm Exhibits Open
 3:30 pm - 4:30 pm New York Chapter Business Meeting
 4:30 pm - 5:30 pm Education Workshop: Long-Term Care Now And Into The Future
 Speaker: Mark Kissinger, Deputy Commissioner, Office of Long-Term Care, NYS Department of Health
 6:00 pm - 7:00 pm New York Chapter Party
 Exhibit Hall
 7:00 pm - 8:00 pm Dinner
 8:30 pm - 9:30 pm Education and Research Benefit - A Montage Auction
 9:30 pm Show Time - Johnny Maestro and The Brooklyn Bridge

TUESDAY, MARCH 11, 2008

7:30 am - 10:00 am Breakfast
 8:30 am - 10:30 am Education Workshop: Working Together To Create A Culture Of Cooperation In Long-Term Care

10:30 am - 11:00 am
 11:00 am - 1:00 pm

1:00 pm - 2:00 pm
 2:00 pm - 3:30 pm

3:30 pm - 4:00 pm
 4:00 pm - 5:30 pm

5:30 pm - 6:00 pm
 6:30 pm - 7:30 pm
 7:30 pm - 9:30 pm
 9:30 pm

Speaker: Angelo S. Rotella, Esq., Chair, American Health Care Assoc. ACHCA

Exhibits Open
 Education Workshop: Preparing For Medicaid MDS Case Mix Reimbursement
 Speakers: Mark Zimmet CPA/MPA, and Sheryl Rosenfield, RN, BC Zimmet HealthCare Services Group, LLC

Lunch
 Education Workshop: Organizational Inertia: Going From Powerless To Powerful
 Speaker: Tony Decker, VP Westcare Mgmt.

Exhibits Open
 Education Workshop: Guiding You Through Medicare Part D - A Consortium Of Long-Term Care Professionals, 2008 Update
 Speakers: William C. Hallett, Pharm. D; John V. Cocchiara, R.Ph.; Paul Meyeroff, R.Ph.; Mitchell Wolfson, MD and Steve Silva, BA

Exhibits Open
 President's Reception
 Installation Banquet
 Show Time - Tom Cotter and Cory Kahaney

WEDNESDAY, MARCH 12, 2008

7:30 am - 10:00 am
 8:30 am - 10:30 am

10:30 am - 11:00 am
 11:00 am - 12:00 Noon

12:15 pm - 1:15 pm

1:15 pm - 2:15 pm

Breakfast
 Education Workshop: Quality Management in 2008 - Delivering Cost Effective And Timely Care Through The Use of Technology
 Speaker: Robert Abrams, Esq.

Break
 Education Workshop: When Immediate Jeopardy Happens To A "Good Facility" Like Yours
 Speakers: Peggy Greely, RN, and Lydia Restivo, RN, ACHCA - MyZiva

Education Workshop: Department Of Health Policy Development and Survey Trends
 Speaker: Valerie Dietz, PBS, RN, LNHA, Director, Division of Quality and Surveillance for Nursing Homes and ICF's, MR NYSDOH, Delmar, NY

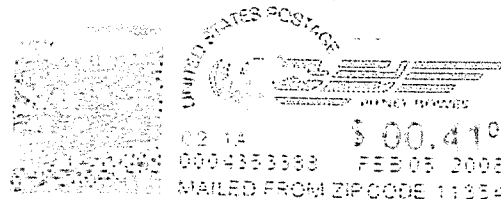
Lunch



American College of Health Care Administrators
 New York Chapter 119-15 27th Avenue
 Flushing, New York 11354

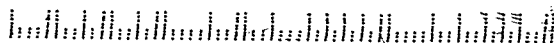
To:

Barbara Taggart
 Administrator
 Westmount Health Facility
 42 Guney Lane
 Queensbury, N.Y. 12804



ATTENTION: ADMINISTRATORS

12804+3250



SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The WESTMOUNT HEALTH FACILITY hereby authorizes Renee Bazan
(Supervisory Committee) (Employee Name)

to attend NURSING DOCUMENTATION SEMINAR
(Name of meeting or organization)

at ALBANY, NEW YORK
(Address)

on MARCH 27, 2008 Mode of transportation to be used PRIVATE CAR
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

PRIVATE CAR

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

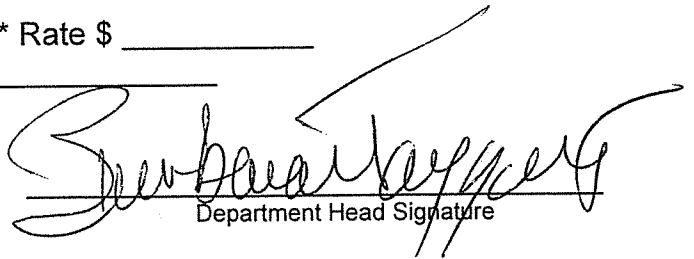
- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
- Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

Date: February 20, 2008


Department Head Signature

Date: _____

Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

PURCHASE ORDER

WESTMOUNT HEALTH FACILITY

No
35185

42 Gurney Lane
Queensbury, NY 12804

124666

PESI Healthcare

Order
no &
address

Check # _____

Date Paid _____

DATE	DATE REQUIRED	TERMS	F.O.B.	SHIP VIA	DEPT. OF REQ. NO.	FOR OWN USE	FOR AGENTS
1/31/08					Soc. Sec.	<input type="checkbox"/>	<input type="checkbox"/>
QUANTITY	DESCRIPTION					PRICE	AMOUNT
	"Nursing Documentation" Seminar						
	For: Renee Bazan, Social Worker						
	March 27, 2008 in - Aldany						164.00
1	Legal & Ethical Standards Nurses (distributed at seminar)						24.95
Total							188.95

FOR COUNTY USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

P.O. NO. OR ENC. NO.	FUND/ORG.	ACCOUNT	AMT. LIQUIDATED	DEPT.	ARMS	AMOUNT
EF	73800	8800	188.95	0230	444	188.95

REC'D BY _____

DATE _____

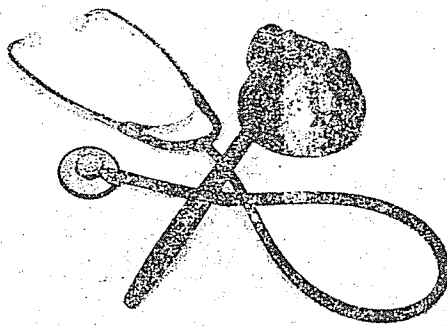
APPROVED BY _____

[Signature]

IMPORTANT
 ALL COUNTY PURCHASE ORDERS MUST BE RECORDED IN ALL CORRESPONDENCE, INVOICES AND PACKAGES. NOTIFY US IMMEDIATELY IF UNABLE TO SHIP ORDER COMPLETE BY DATE SPECIFIED

NURSES • NURSE PRACTITIONERS • CLINICAL NURSE SPECIALISTS

Nursing Documentation



Legally-Proven
Strategies to Keep
You Out of the
Courtroom

Featuring: **Wendy Cavallaro, RN, MS, CNS, CHRM, JNC-1**

Tarrytown, NY
Wednesday
March 26, 2008

Albany, NY
Thursday
March 27, 2008

East Syracuse, NY
Friday
March 28, 2008

The truth about “if it wasn’t charted,
it wasn’t done”

Ten ways to keep your documentation
from legal scrutiny

How to “write documentation right”

What to chart when situations are
sensitive and stressful

Review real testimony from actual court
cases



OBJECTIVES

1. Describe the application of the Nurse Practice Act/Laws to documenting care of patients.
2. List ten ways to keep your documentation notes and charts out of the court room.
3. Summarize the common documentation mistakes and how to avoid and/or correct them.
4. Integrate the correct practices into your documentation notes to keep your license unblemished.
5. Explain the standards or rules applicable to nursing documentation.
6. Specify five documentation types not to use and why.
7. Compare and contrast the different forms of nursing documentation and how they used in the court room.
8. Analyze and interpret actual medical malpractice cases to learn how to improve your documentation.
9. Review and learn documentation tips from actual transcripts of nurses' testimony.
10. Demonstrate how to document precisely and completely when situations are sensitive and/or stressful.

Registration Information

How to Register:

- ON-LINE www.pesi.com
- MAIL the form with payment.
- PHONE 800-843-7763 Have credit card available.
- FAX the form with credit card information to 800-675-5026.

Call 800-843-7763, M-F 7:00-5:00 central time, if registering within one week of seminar, for space availability. Walk-ins welcome; admission cannot be guaranteed.

Call us early with your ADA needs.

Registration Options

Includes manual and refreshments. All registrations must be prepaid. Purchase or welcome (attach copy).

- **\$164** - choose *one* of the options below
 - register online (www.pesi.com) - or
 - per person for 2 or more preregister together - or
 - single registration postmarked three weeks prior to seminar date

- **\$169** standard seminar tuition

- **\$24.95** *Legal and Ethical Standards Nurses* (distributed at seminar - save shipping costs!)

Call 800-843-7763 for groups of 5 or more

Registration coordinator - \$60 tuition
 Visit www.pesi.com/coord or call 800-843-7763 for description and availability.

The following individuals contributed to the planning of this educational event:

Content Expertise
 Rachel Cartwright, RN, MS, CNS, LHRM, FNC, LNCC

Nurse Planner
 Melissa Mitra, MSN, RN

Activity Planner
 Jeanine Rossow, MS

Cancellation Policy: If you contact us to attend another PESI seminar, or receive a refund less a \$30 cancel fee. Substitution permitted at any time.

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Westmount Health Facility

DATE: February 22, 2008

- (a) Purpose of Request: To charge-off accounts listed in the attached Trial Balance.

- (b) Details: A total of \$1,367.97 dollars requested to be charged-off as recommended by the Warren County Attorney's office.

- (c) Previous Resolution Number:

WARREN COUNTY ATTORNEY'S OFFICE

Warren County Municipal Center
1340 State Route 9
Lake George, New York 12845
Telephone 518 - 761 - 6463
Fax 518 - 761 - 6377

LAW DEPARTMENT

DATE: February 21, 2008
TO: Barbara Taggart, Administrator
Westmount Health Facility
FROM: Patricia C. Nenninger, Assistant Co. Attorney *PCN*
RE: Westmount Collection- Jeanette Chapman

After discussion with your office and a review of the file, this office agrees that the balance of \$824.03 as of December 31, 2008 should be brought to Committee to be charged off as a bad debt.

Please put this matter on the agenda for your next Committee Meeting.

Thank you. If you have any questions please call me.

PCN:svn

WARREN COUNTY ATTORNEY'S OFFICE

Warren County Municipal Center
1340 State Route 9
Lake George, New York 12845
Telephone 518 - 761 - 6463
Fax 518 - 761 - 6377

LAW DEPARTMENT

DATE: February 21, 2008
TO: Barbara Taggart, Administrator
Westmount Health Facility
FROM: Patricia C. Nenninger, Assistant Co. Attorney *PCN*
RE: Westmount Collection- Marie Kelly

After discussion with your office and a review of the file, this office agrees that the balance of \$543.94 as of December 31, 2008 should be brought to Committee to be charged off as a bad debt.

Please put this matter on the agenda for your next Committee Meeting.

Thank you. If you have any questions please call me.

PCN:svn

Trial Balance for Sub-Accounts Receivable Ledgers
as of Monday, December 31, 2007

Name	Soc Sec #	Medicaid	Medicare	Private Pay	N.A.M.I.	T.P.H.I.	Total
		3072.15	0.00	0.00	0.00	0.00	3072.15
		5898.14	0.00	0.00	0.00	0.00	5898.14
		0.00*	0.00	0.00	0.00	0.00	0.00
		5254.84	0.00	0.00	0.00	0.00	5254.84
		5369.14	0.00	0.00	0.00	0.00	5369.14
		5432.54	0.00	0.00	0.00	0.00	5432.54
		5487.20	0.00	0.00	0.00	0.00	5487.20
		5526.89*	0.00	0.00	0.00	0.00	5526.89
		0.00	0.00	0.00	0.00	0.00	0.00
		843.54	0.00	0.00	0.00	0.00	843.54
		0.00	0.00	6114.00	0.00	0.00	6114.00
		6456.14	0.00	0.00	0.00	0.00	6456.14
		0.00	0.00	0.00	240.32	0.00	240.32
		0.00	0.00	0.00	0.00	0.00	0.00
		5099.88	0.00	0.00	0.00	0.00	5099.88
		11162.63	0.00	0.00	1026.80	0.00	12189.43
CHAPMAN, JEANNETTE M	063-05-6284	0.00	0.00	0.00	824.03	0.00	824.03
		0.00	0.00	0.00	-62.00	0.00	-62.00
		083.30	0.00	0.00	0.00	0.00	5083.30
		0.00	0.00	0.00	0.00	0.00	0.00
		841.30*	0.00	0.00	0.00	0.00	9841.30
		0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00
		0.00	5030.47	3490.00	0.00	0.00	8520.47
		0.00	0.00	1250.00	0.00	0.00	1250.00
		657.14	0.00	0.00	0.00	0.00	5657.14
		834.14	0.00	0.00	0.00	0.00	5834.14
		147.81	0.00	0.00	0.00	0.00	5147.81
		659.14	0.00	0.00	0.00	0.00	4659.14
		881.14	0.00	0.00	0.00	0.00	5881.14
		0.00	0.00	0.00	21334.47	0.00	21334.47
		092.98	0.00	0.00	0.00	0.00	3092.98
		077.11	0.00	0.00	0.00	0.00	4077.11
		467.14	0.00	0.00	0.00	0.00	6467.14
		678.46	0.00	0.00	0.00	0.00	4678.46
		0.00	3697.98	496.00	0.00	0.00	4193.98
		862.14	0.00	0.00	0.00	0.00	5862.14
		827.67	0.00	0.00	0.00	0.00	1827.67
		159.14	0.00	0.00	0.00	0.00	5159.14
		737.60*	0.00	0.00	2104.25	0.00	15841.85
		065.14	0.00	0.00	0.00	0.00	6065.14
		891.14	0.00	0.00	0.00	0.00	5891.14
		460.14	0.00	0.00	0.00	0.00	5460.14
		708.14	0.00	0.00	0.00	0.00	5708.14
		748.14	0.00	0.00	0.00	0.00	5748.14

* - Denotes a Medicaid Pending Amount is included

Trial Balance for Sub-Accounts Receivable Ledgers
as of Monday, December 31, 2007

Name	Soc Sec #	Medicaid	Medicare	Private Pay	N.A.M.I.	T.P.H.I.	Total
		5955.14	0.00	0.00	0.00	0.00	5955.14
		622.79	0.00	0.00	132.63	0.00	755.42
		5423.14	0.00	0.00	0.00	0.00	5423.14
		5831.14	0.00	0.00	0.00	0.00	5831.14
		5303.51	0.00	0.00	0.02	0.00	5303.53
		5422.04	0.00	0.00	0.10	0.00	5422.14
		5710.14	0.00	0.00	0.00	0.00	5710.14
KELLY, MARIE	085-16-4189	0.00	0.00	0.00	543.94	0.00	543.94
		4508.49	0.00	0.00	1887.50	0.00	6395.99
		7724.67	0.00	2773.50	19730.18	0.00	30228.35
		5902.41	0.00	0.00	4923.07	0.00	10825.48
		2895.48	0.00	0.00	0.50	0.00	2895.98
		17177.91	0.00	0.00	206.40	0.00	17384.31
		5165.14	0.00	0.00	0.00	0.00	5165.14
		0.00	0.00	0.00	0.00	0.00	0.00
		5894.14	0.00	0.00	0.00	0.00	5894.14
		5260.14	0.00	0.00	0.00	0.00	5260.14
		5679.14	0.00	0.00	0.00	0.00	5679.14
		577.30	0.00	0.00	513.15	0.00	1090.45
		174.33	0.00	0.00	1586.28	0.00	1760.61
		5248.07	0.00	0.00	0.00	0.00	5248.07
		0.00	8543.14	4240.00	0.00	0.00	12783.14
		5971.14	0.00	0.00	0.00	0.00	5971.14
		0.00	0.00	496.00	0.00	0.00	496.00
		5562.14	0.00	0.00	0.00	0.00	5562.14
		4209.64	0.00	0.00	0.00	0.00	4209.64
		6040.14	0.00	0.00	0.00	0.00	6040.14
		5969.14	0.00	0.00	0.00	0.00	5969.14
		4675.62	0.00	0.00	0.00	0.00	4675.62
		0.00*	0.00	0.00	0.00	0.00	0.00
		5647.63	0.00	0.00	57.51	0.00	5705.14
		5564.14	0.00	0.00	0.00	0.00	5564.14
		6467.14	0.00	0.00	0.00	0.00	6467.14
		0.00	0.00	0.00	730.35	0.00	730.35
		0.00	0.00	25623.50	0.00	0.00	25623.50
		477.02	0.00	0.00	0.00	0.00	477.02
		5561.14	0.00	0.00	0.00	0.00	5561.14
		5443.14	0.00	0.00	0.00	0.00	5443.14
		5329.14	0.00	0.00	0.00	0.00	5329.14
		5356.28	0.00	0.00	23.86	0.00	5380.14
		0.00	0.00	0.00	0.00	0.00	0.00
		1687.08	0.00	0.00	0.00	0.00	1687.08
		3380.52	0.00	0.00	0.00	0.00	3380.52
		4498.88	0.00	0.00	0.00	0.00	4498.88
		5566.97	0.00	0.00	0.00	0.00	5566.97

* - Denotes a Medicaid Pending Amount is included

WESTMOUNT CURRENT STAFFING LEVELS - FEBRUARY 2008

		POSITIONS	CURRENT STAFF	EMPLOYEE STATUS
7AM - 3PM	RN F/T	4	4	
	RN P/T	1	0	
	LPN F/T	3	3	
	CNA F/T	13	18	
	CNA P/T	2	2	
SUBTOTALS		23	27	

3PM - 11PM	RN F/T	1	1	
	RN Relief F/T	1	0	
	LPN F/T	3	3	
	CNA F/T	12	10	
	PCP	1	1	
SUBTOTALS		13	15	

11PM - 7AM	RN F/T	1	1	
	RN Relief F/T	1	0	
	LPN F/T	3	2	
	CNA F/T	8	8	
SUBTOTALS		13	11	

GRAND TOTALS 59 53

Per-Diems	RN Per-diem		7	
	LPN Per-diem		12	
	CNA Per-diem		6	
TOTALS		0	25	

WESTMOUNT HEALTH FACILITY
42 GURNEY LANE
QUEENSBURY, N.Y. 12804

February 21, 2008

#4100	Nursing Administration	0.00 Hours - Overtime
#4101	RN Supervisors	52.25 Hours – Overtime
#4102	RN	9.65 Hours – Overtime
#4103	LPN	42.00 Hours – Overtime
#4104	CNA	220.85 Hours – Overtime
#4105	Activities	0.00 Hours - Overtime
#4109	Dietary	27.00 Hours – Overtime
#4110	Maintenance	14.35 Hours – Overtime
#4111	Housekeeping	0.00 Hours – Overtime
#4112	Laundry	0.00 Hours – Overtime
#4114	Fiscal Services	45.00 Hours – Overtime

Report Dates –1/21/08 – 2/17/08.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
 Out-Of State (needs Board resolution)

The WESTMOUNT HEALTH FACILITY hereby authorizes Renee Bazan
(Supervisory Committee) (Employee Name)

to attend NURSING DOCUMENTATION SEMINAR
(Name of meeting or organization)

at ALBANY, NEW YORK
(Address)

on MARCH 27, 2008 . Mode of transportation to be used PRIVATE CAR
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

PRIVATE CAR

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

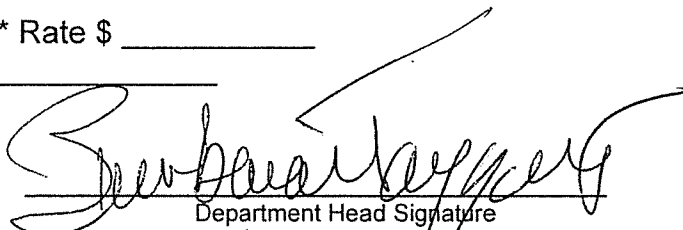
- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
 Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

Date: February 20, 2008



Department Head Signature

Date: 2/22/08



Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION
FOR OVERNIGHT TRAVEL

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Westmount Health Facility hereby authorizes Barbara Taggart
(Supervisory Committee)

to attend American College of Health Care Administrators
(Name of meeting or organization)

at Hudson Valley Resort and Spa
(Address)

on 3/9 - 3/12 Mode of transportation to be used County Vehicle
(Dates) (County Vehicle or Mass Transportation)

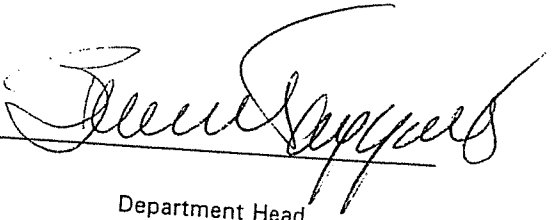
If the mode of transportation is not a county vehicle or mass transportation, please explain:

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

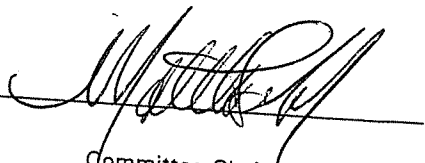
- Notice of meeting or convention including cost.
- Room rate (not to exceed GSA *per diem rate)
- Meal costs (not to exceed GSA *per diem rate)

*www.gsa.gov

Date: Feb. 22, 2008


Department Head

Date: Feb. 22, 2008


Committee Chairman

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

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4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

**Warren County Health Services
Health Services Committee Meeting Agenda
February 22, 2008
Information Submitted By: Patricia Auer, DPH/DPS**

Pending Items

Approval of Minutes of January 25, 2008 Meeting

Update on Point of Care Initiative

The Request for Proposal (RFP) has been developed and sent out to four vendors, all of who have been in to make presentations to appropriate staff in our department. According to time frame protocols, the bids will be opened on March 6, 2008. Bearing any unforeseen issues, we would respectfully request the committee's approval to award the contract to the lowest bidding vendor that meets our needs and provide the bid tabulations and explanations at the next committee meeting. I would plan to contact our committee chairman regarding the bids after they are opened and discuss any issues, and if all is well, do a "Pre/Post Committee Meeting Resolution." Because of the scope and expense that will be incurred, it is my understanding that the county plan is to bond the project. Never having been through the "procedure for bonding," I had conversation with Mr. Payne who suggested in the essence of time, the following plan might be considered by the committee:

Request Resolution and Referral to Warren County Finance Committee:

For authorization to obtain bonding in the amount of \$556,000 in a form approved by the county attorney for the Point of Care Electronic Medical Record System for Warren County Health Services.

The specific amounts will be detailed when the contract is awarded and information regarding the purchase price for the hardware, which will be purchased from the state contract, is received from the Information Technology Department. The \$556,000 is based on our best estimates, and Rick Murphy in the Treasurer's Office has advised that an actual amount must be given, not a "not to exceed" amount.

Rationale:

I will provide detailed information for the Finance Committee and will also send it to all Health Services Committee Members as well, as soon as I have all required amounts. We will also attend the Finance Committee Meeting to answer any questions. We will be looking to set the system up for 75 "users," and as we have discussed in the past, it is expensive, but really not an option if our agency is to remain competitive. We also attempted to request funding from Congresswoman Gillibrand to assist in defraying the cost of the initiative, but were told that the funds could not be used for anything in 2008. So, we have requested funding for 2009 to add an additional 25 users, which would bring us up to the ability for all providers to use the system. We will continue to look for other funding streams for electronic medical records that become available.

Pandemic Influenza/ Emergency Response Planning Efforts (Please see the attached report of activities.)

New Business

Report of New York State Department of Health Survey

Our Certified Health Agency and Long Term Home Health Care Program received our every three-year survey by the New York State Department of Health the week of February 4th –8th. Four surveyors were here, one more person than our last survey. Because our agency has grown by the number of services provided, more records needed to be reviewed and more home visits made with the nurses. Though we have yet to receive the “official” written report of the survey, at the Exit Conference we did learn essentially what issues were and were not identified. Most importantly, no concerns were noted in any of the home visits, which validated what we already know – our staff provides excellent care!

With regard to the patient records we will likely have 2, maybe 3 deficiencies in the areas of documentation that will be easily correctable. We will let you know exactly what they are once we receive the report. Sharon Schaldone will review what we expect them to be at the meeting.

In general, we were very pleased and proud of the review, and also happy that the survey is over before we get into the Point of Care Initiative.

Request Resolution:

To authorize Dana Hall, RN to travel to the 2008 New York State Immunization Meeting in Cooperstown, New York on April 8 – 10.

Rationale:

A copy of the agenda for the meeting will be on file with the minutes. The cost for lodging and meals is covered completely by the New York State Association of County Health Officials, which receives funding for the meeting through a grant from the New York State Department of Health Immunization Program. The county would be responsible for the employee’s salary for the days of the conference, and the cost of travel. If the committee approves the trip, Mrs. Hall would drive a Health Services fleet vehicle. The meeting is important as it provides updates and issues regarding immunizations particularly focused on New York State.

Request Resolution:

To amend the 2008 Budget to reflect two insurance payments we received from two car accidents, neither of which were the fault of the nurses who were driving the involved county vehicles. The total amounts of the checks were \$1,202.82 for one car, and \$1,040.80 for the other. Our DPW staff will repair both vehicles.

Telehealth Program Reimbursement

New York State Department of Health has been informed that the State Division of the Budget has approved the methodology they submitted for implementation of the new **Medicaid Home Telehealth Reimbursement** initiative. We have submitted our application to bill for these services. The rates are set up using a 3 Tier interoperability approach in the following manner:

- **Tier 1:** \$270.00 per month per patient plus a \$50.00 installation fee
This tier requires a Class 2 Medical Device that is FDA approved with interoperability, which we have with our Honeywell Homed monitors. This is where we are in the reimbursement eligibility at this time.
- **Tier2:** \$310.00 per month per patient plus a \$50.00 installation fee
This tier requires the same Class 2 Medical Device as Tier 1, plus a standard interconnection with a home care Point of Care System. This is where we want to be by the end of the year or before.
- **Tier 3:** Tier 2 plus a standard connection with electronic health record and statewide health information network for New York. There is no rate for this yet as the technology is still unfolding, and is another reason why we must continue to position ourselves to be ready for future opportunities.

Request Referral to Finance Committee:

To increase the Part Time Help budget line (Budget Code 37.03 4054.0060.130 Early Intervention) from \$500 to \$25,000 for the Early Intervention Program to be used to for hiring Service Coordinator help as program needs dictate.

Rationale:

Service Coordination for children enrolled in the Early Intervention Program is a billable service. Therefore, the monies requested for the Part Time Help would be reimbursable. We have always done all service coordination using our own staff within the department as opposed to outside contractors that we would need to pay. Reimbursement is at a rate of \$13.25 per 15-minute increments, and the cost for a service coordinator who would be paid on an hourly basis on a prorated Grade 18 salary would be \$18.33. This is a way to assist in defraying cost for mandated services. The numbers in the program and the service intensity continues to climb, and the present staff level is not sufficient. An individual that could work on an as needed temporary basis would work as numbers climb, decrease etc.

Transfer of Funds

Request transfer of funds in the amount of \$1,000 from Budget Code A.4018.0055.260 Tobacco Entitlement -Contract Expense to Budget Code A.4018.0055.260 Tobacco Entitlement – Other Equipment. to purchase educational equipment to be used in schools for teaching tobacco education programs.

Report of Revenues and Expenditures (Please see the attached information)

Report of Free and Reduced Fee Care (Please see the attached information)

Attachments:

Pandemic Influenza Planning Activities

Report of Revenues and Expenditures for 2007

Report of Free and Reduced Fee Care for 2007

2008 Goals and Objectives for Warren County Health Services

From: Schaldone, Sharon
Sent: Wednesday, February 20, 2008 3:13 PM
To: Auer, Pat
Free care report for 2007

Warren County Health Services Division of Homecare Free Care Report:

The free care listed here are for nursing, therapy and/ or aide visits provided for which reimbursement for the service could not be obtained. The reasons vary from lack of a skilled intervention, to lack of insurance, to denial by the insurance carrier. i.e. PAT visits are not covered by CMS.(PAT's are assessments done in the home prior to a scheduled joint replacement surgery.)

Other reasons would be for follow up visits by the same discipline on the same day, i.e. an unsuccessful blood draw. Dietician visits and Medical Social Worker visits are not reimbursed by Medicare (CMS).

Jan. 1 thru Dec. 31, 2007 free care - \$ 122,988.00

Estimated required free care for 2007 - \$ 159,500.00 This number is based on 3.3 % of our operating cost for 2006.

Sharon Schaldone ADPS
Division of Homecare

**Warren County Health Services Department Goals and Objectives
2008**

Continue to recruit and retain competent, knowledgeable and caring staff

- Provide optional and mandated opportunities for professional and job related in-service education

Continue to assure that safe and appropriate Skilled Home Health Care and Public Health Services are available to all Warren County Residents in a timely manner

Communicate monthly and as needed with the Health Services Committee concerning any issues that occur in the department

Develop a Division of Fiscal and Information Services

- Hire and orient a Clinical and Fiscal Informatics Coordinator as a member of the department's Senior Management Team to oversee all fiscal and information support staff in the department, and interact with all individuals involved with financial and technology matters – Redo the Department Table of Organization to reflect the new division
- Transition Certified Home Health Agency and Long Term Home Health Care Program to utilizing the Point of Care Electronic Medical Record System
- Maximize all reimbursements for services provided in as timely a manner as possible
- Apply and receive approval to begin billing for telemedicine services

Work in conjunction with the Office for the Aging and the Department of Social Services in the development of the Point of Entry Program

Develop policies and procedures to build the Division of Public Health infrastructure to include all calls received after business hours relating to Public Health issues as opposed to Division of Patient Services issues are taken and handled by Public Health Division staff

Research and prepare for the possible development of offering a "Travel Clinic" on a fee for service basis

Pursue opportunities as they present for enhancement of health services to the citizens of Warren County

Warren County Health Services

1340 State Route 9, Lake George NY 12845

Patricia Auer, Director

Phone: 518-761-6580 / Fax: 518-761-6422

Email: auerp@co.warren.ny.us

Health Services Committee Meeting

Date: FEBRUARY 22, 2008

Emergency Response and Preparedness Activities

DATE	TYPE	SUBJECT	ATTENDEES
1/8/08	Meeting	BT Coordinators Meeting - Ballston Spa	Barb Orton, Angela Meade
1/9/08	Test	Fax Test to Providers-57% responded by end of day	Angela Meade
1/9/08	Meeting	Quarterly PH ERP Committee Meeting	Barb Orton, et.al
1/9/08	Meeting	Quarterly Mental Health Committee	Barb Orton
1/9/08	Tabletop	Monthly Glens Falls Hospital - "Power Failure at Health Centers	Barb Orton
1/10/08	Test	Fax Test to School Nurses-65% responded by end of day	Angela Meade
1/17/08	Meeting	Quarterly CHAA ERP Committee Meeting	Sharon Schaldone, et.al
1/18/08	Teleconference	Pan Flu	Ginelle Jones
1/19/08	Blast Fax	To Providers & Long term care facilities re: Heparin & Saline,	Ginelle Jones
1/19/08	Training	at American Red Cross for Volunteers on Mass Care and Sheltering Simulation	Cheryl Murphy, Barbara Weinschenk, Cheryl Manell
1/22/08	Phone Test Drill	From Monroe County to HIN Coordinators re: test drill notification drill to test HAN notification.	Ginelle Jones
1/24/08	Test	Communications with NYSDOH through the HIN (sent Matt D. a secure file transfer)	Angela Meade
1/29/08	Test	PH Beepers - Sent 10 pages; 5 responded within 15 minutes	Angela Meade

DATE	TYPE	SUBJECT	ATTENDEES
2/6/08	Test	HIN/HAN Equipment Test - worked fine	Angela Meade, Barbara Orton
2/6/08	Blast Fax	To: Providers, School Nurses & Long-term care facilities re: FLU	Angela Meade
2/6/08	Mailing	Annual medical care provider mailing	Ginelle Jones, Angela Meade
2/8/08	Meeting	at GFH re: Evacuation/Fire Exercise Planning Meeting	Ginelle Jones, et.al
2/19/08	Meeting	BT Coordinators Meeting - Ballston Spa	Barb Orton, Angela Meade
2/20/08	Tabletop	Monthly Glens Falls Hospital - Explosion in Critical Care (evacuation and burn management)	Barb Orton
2/27/08	Meeting	Pandemic Flu Committee	Barb Orton, et. a.

Ginelle Jones
 Assistant Director Public Health
 Phone: 518-761-6580
 Fax: 518-761-6422
 Email: jonesg@co.warren.ny.us

Sharon Schaldone
 Assistant Director Home Care
 Phone: 518-761-6415
 Fax: 518-761-6562
 Email: schaldones@co.warren.ny.us

Tawn Driscoll
 Fiscal Manager
 Phone: 518-761-6415
 Fax: 518-761-6562
 Email: driscollt@co.warren.ny.us

RESOLUTION REQUEST FORM NO. 8

Request to Establish Capital Project or Capital Reserve Project*

***If this is the result of a grant award, also complete and submit Form No. 5 or 6**

DEPARTMENT NAME: Health Services

DATE: February 22, 2008

- (a) Exact Title and Number of Project* (must be obtained from Treasurer's Office): Point of Care H282.955D 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Project: \$556,000.00
- (e) Source of Funding (include name & title of codes, etc.): From proceeds previously authorized in bonding resolution
- (f) Purpose of Establishment: To purchase Point of Care Electronic Medical Record System for 75 users

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS*

***Please List All Other Requests Not Covered by Previous Resolution Request Forms Here. Please attach any backup information available and be as detailed as possible.**

DEPARTMENT NAME: Health Services

DATE: February 22, 2008

- (a) Purpose of Request: To authorize the bonding for the Point of Care Electronic Medical Record Keeping System in the amount of \$556,000.00 in a form approved by the county attorney.
- (b) Details: The bonding amount will cover the below equipment and support fees necessary for 75 users.
- (c) Previous Resolution Number: n/a

Hardware: \$220,000.00 (to be purchased from state contracts)
Software: \$276,000.00
Support fees: \$60,000.00

Specific amounts will be known when contract is awarded and hardware purchase information is received from Information Technology Department.



Warren County Health Services

1340 State Route 9, Lake George NY 12845

Patricia Auer, Director

Phone: 518-761-6580 / Fax: 518-761-6422

Email: auerp@co.warren.ny.us

Health Services Committee Meeting

Date: FEBRUARY 22, 2008

Emergency Response and Preparedness Activities

DATE	TYPE	SUBJECT	ATTENDEES
1/8/08	Meeting	BT Coordinators Meeting - Ballston Spa	Barb Orton, Angela Meade
1/9/08	Test	Fax Test to Providers-57% responded by end of day	Angela Meade
1/9/08	Meeting	Quarterly PH ERP Committee Meeting	Barb Orton, et.al
1/9/08	Meeting	Quarterly Mental Health Committee	Barb Orton
1/9/08	Tabletop	Monthly Glens Falls Hospital - "Power Failure at Health Centers	Barb Orton
1/10/08	Test	Fax Test to School Nurses-65% responded by end of day	Angela Meade
1/17/08	Meeting	Quarterly CHAA ERP Committee Meeting	Sharon Schaldone, et.al
1/18/08	Teleconference	Pan Flu	Ginelle Jones
1/19/08	Blast Fax	To Providers & Long term care facilities re: Heparin & Saline,	Ginelle Jones
1/19/08	Training	at American Red Cross for Volunteers on Mass Care and Sheltering Simulation	Cheryl Murphy, Barbara Weinschenk, Cheryl Manell
1/22/08	Phone Test Drill	From Monroe County to HIN Coordinators re: test drill notification drill to test HAN notification.	Ginelle Jones
1/24/08	Test	Communications with NYSDOH through the HIN (sent Matt D. a secure file transfer)	Angela Meade
1/29/08	Test	PH Beepers - Sent 10 pages; 5 responded within 15 minutes	Angela Meade

DATE	TYPE	SUBJECT	ATTENDEES
2/6/08	Test	HIN/HAN Equipment Test - worked fine	Angela Meade, Barbara Orton
2/6/08	Blast Fax	To: Providers, School Nurses & Long-term care facilities re: FLU	Angela Meade
2/6/08	Mailing	Annual medical care provider mailing	Ginelle Jones, Angela Meade
2/8/08	Meeting	at GFH re: Evacuation/Fire Exercise Planning Meeting	Ginelle Jones, et.al
2/19/08	Meeting	BT Coordinators Meeting - Ballston Spa	Barb Orton, Angela Meade
2/20/08	Tabletop	Monthly Glens Falls Hospital - Explosion in Critical Care (evacuation and burn management)	Barb Orton
2/27/08	Meeting	Pandemic Flu Committee	Barb Orton, et. a.

Ginelle Jones
Assistant Director Public Health
Phone: 518-761-6580
Fax: 518-761-6422
Email: jonesg@co.warren.ny.us

Sharon Schaldone
Assistant Director Home Care
Phone: 518-761-6415
Fax: 518-761-6562
Email: schaldones@co.warren.ny.us

Tawn Driscoll
Fiscal Manager
Phone: 518-761-6415
Fax: 518-761-6562
Email: driscollt@co.warren.ny.us

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
 Out-Of State (needs Board resolution)

The Health Services Committee hereby authorizes Dana Hall, RN
(Supervisory Committee) (Employee Name)

to attend 2008 New York State Immunization Meeting
(Name of meeting or organization)

at Otesaga Hotel Cooperstown, New York
(Address)

on April 8-10 Mode of transportation to be used Health Services Fleet Vehicle
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:

county to reimburse employee for gas if needed
receipts would be submitted.

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

Room rate \$ _____

GSA* Rate \$ _____

Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

*costs covered
in full by New York
State Association of
County Health Officials*

Date: 2/22/08

Patricia [Signature]
Department Head Signature

Date: 2/22/08

[Signature]
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

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*www.gsa.gov

costs covered in full by New York State Association of County Health Officials

Date: 2/22/08

Patricia [Signature]
Department Head Signature

Date: _____

Committee Chairman Signature

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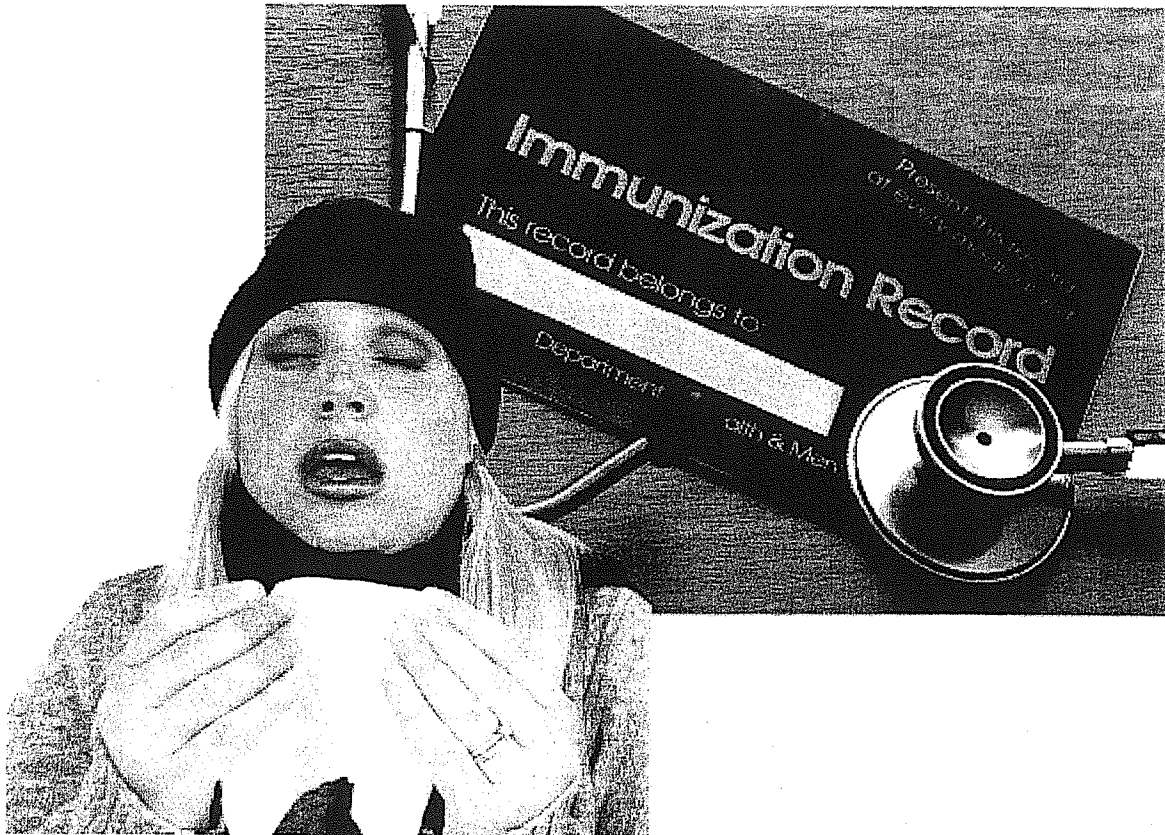
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2008 New York State Immunization Meeting

April 8-10 2008
Otesaga Hotel
Cooperstown, NY



This program is underwritten by the New York State Association of County Health Officials through a grant from the New York State Department of Health Immunization Program.

AGENDA

April 8, 2008

10:00-5:00 Registration

1:00 State Staff Only Meeting

1:30 County Staff Only Meeting

1. Pediatric PODs
Sherlita Amler, MD
Commissioner of Health
Putnam County Health Dept.
2. Outreach to the Hasidic Community
Kyle Henry
Sullivan County Public Health Services
3. TBA

3p.m. Special Needs Populations

1. Oneida County's Refugee Center
Oneida County Health Dept.
2. Working with Correctional Facilities
Schenectady County Public Health Services
3. TBA

4p.m. Free Time

6p.m. Dinner

April 10, 2008

4p.m. Free Time

5p.m. Welcoming Reception

6p.m. Dinner

7a.m. Breakfast

Consortia Meetings
Consortia VI & VII
Consortia II

9a.m. TBA

10a.m. Break

10a.m. Workshops*

1. Vaccines for Pregnant Women
Kimberly A. Noyes, MD, MPH
Assistant Medical Director
Immunization Program
NYSDOH
2. Shingles/Herpes Zoster
John D. Grabenstein, RPh, PhD
Senior Director, Scientific Affairs
Medical Affairs & Policy
Merck Vaccines & Infectious Diseases
3. Medicare Coverage for Vaccines
Norma Harris
Health Insurance Specialist
Centers for Medicare & Medicaid Services

April 9, 2008

7a.m. Breakfast

Consortia Meetings
Consortia I & IV
Consortia III & V

9a.m. Welcoming Remarks

David Lynch
Program Manager
NYSDOH Immunization Program

Debra Blog, MD, MPH
Medical Director
NYSDOH Immunization Program

9a.m. Keynote Speaker

Raymond A. Strikas, M.D., FACP
U.S. Public Health Service
National Vaccine Program Office
Department of Health and Human Services

12:15p.m. Lunch

10a.m. NYSDOH Annual Update to Counties
Gerald D. Errion Award Presentation

12p.m. Lunch

1p.m. Varicella

Current Issues; Disease and Vaccine
Anne Gershon, MD,
Dir. Of Pediatric Infectious Disease
Columbia University Medical Center

*Workshops will be offered twice in this time span.

MEETING INFORMATION

NYSACHO will cover the cost of one person per county to attend the entire meeting. This includes meals and overnight accommodations for two nights. The Otesaga offers a Full American Plan (FAP) which includes meals starting with dinner on April 8, 2008 and ending with lunch on April 10, 2008. Coverage includes meals and overnight room. A county may send one additional person (either overnight or commuter) at their expense. The cost for an additional person is as follows:

Overnight accommodations , single occupancy: one night-\$227.50, two nights-\$455.00

Overnight accommodations, double occupancy: one night-\$157.50, two nights-\$315.00

Commuter, \$57.00 per day, cost includes breakfast, lunch, morning and afternoon break. Please note this does not include dinner.

If you are sending an additional person, we must receive one of the forms of payment listed below by March 3, 2008 to reserve your room. Please be advised, if we do not receive a form of payment for the extra registration, we will not make the reservation. **Payment must be received in advance.**

Please make checks, vouchers, or purchase orders payable to NYSACHO and mail to:

NYSACHO, 1 United Way, Pine West Plaza, Albany, New York 12205

Telephone (518) 456-7905

Fax (518) 452-5435

Email robert@nysacho.org

Hotel Notes:

Jackets are required for the gentlemen and appropriate attire for the ladies for the dinner hour.

DIRECTIONS TO THE OTESAGA

From the west (Buffalo/Syracuse):

Take Exit 30 off the New York State Thruway (I-90) at Herkimer and take Route 28 South to Cooperstown. After entering the village, turn left onto Chestnut Street. Follow Chestnut Street through the stoplight to Lake Street. Turn left onto Lake Street. The Hotel is located on the right overlooking Lake Otsego.

From the east (Albany):

Take the New York State Thruway (I-90) to Exit 25A and I-88 to Duanesburg (5 miles), Exit 24 then Route 20 West to Route 80 South to Cooperstown. After entering the village, The Otesaga is on the left, just past The Golf Course on Lake Street.

From the south (Binghamton/Oneonta):

Take I-88 to Oneonta, Exit 17 to Route 28 North to Cooperstown. After entering the village follow Chestnut Street through the stoplight to Lake Street. Turn left onto Lake Street. The Hotel is located on the right overlooking Lake Otsego.

From the south (NYC):

Take the New York State Thruway (I-87) north. At Albany, continue on New York State Thruway (I-90 West) to Exit 25A (I-88 Binghamton) to Exit 24 (Duanesburg). Follow Route 20 West to Route 80 South to Cooperstown. After entering the village, The Otesaga is on the left, just past The Golf Course on Lake Street.

REGISTRATION FORM

Registration forms are needed back to the NYSACHO Office by March 3, 2008. Please fax to Robert Viets at (518) 452-5435 or SAVE TIME: REGISTER ON-LINE AT <http://www.nysacho.org>.

Name & Title: _____
(as you would like to appear on your badge)

Organization: _____

Address: _____

City, State Zip Code: _____

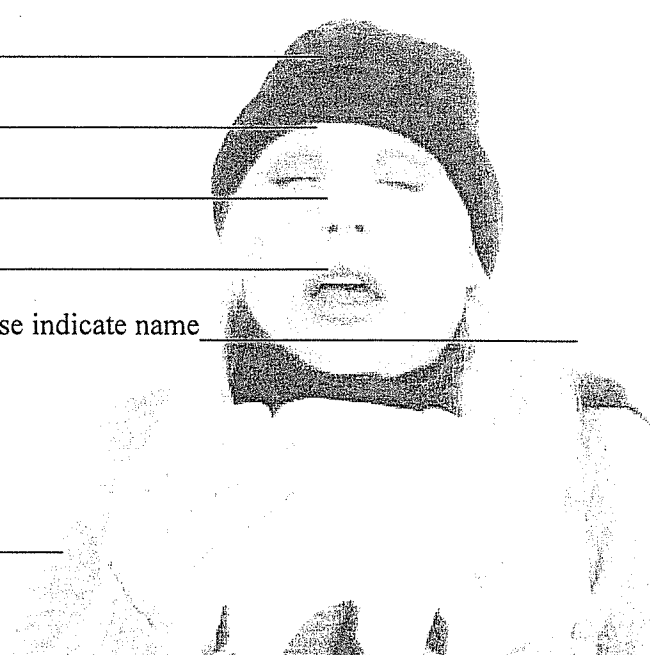
Phone Number: _____

E-Mail Address: _____

Special dietary or accommodations needs: _____

Will you be rooming with anyone at the Otesaga? If yes, please indicate name _____
Please indicate the following:

- I am staying overnight for the entire meeting.
- I will be staying over one night; please indicate date: _____
- I will commute for the full meeting.
- I will commute on the following dates only: _____



NYSACHO
One United Way
Pine West Plaza
Albany, NY 12305
Phone: 518-456-7905
Fax: 518-452-5435
E-mail: robert@nysacho.org

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

****If this is the result of a grant award, also complete and submit Form No. 5 or 6***

DEPARTMENT NAME: Health Services

DATE: February 29, 2008

- (a) Purpose of Amendment: To adjust the 2008 budget to reflect two insurance payments we received regarding two car accidents for CHHA vehicles. Repairs anticipated to be made in February 2008. (One check from Infinity Insurance for \$1202.82-car #813 and the other from State Farm Mutual Automobile Insurance for \$1040.80-car #807)

- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A.4010.441 Health Services -Auto Supplies and Repairs \$2243.62

- (c) Revenue Code (with title), and Amount: A.4010.2680 Health Services-Insurance Recoveries \$2243.62

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

***If this is the result of a grant award, also complete and submit
Form No. 5 or 6**

DEPARTMENT NAME: Health Services

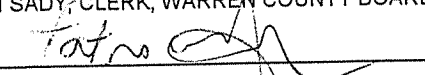
DATE: February 22, 2008

- (a) Purpose of Amendment: To increase part time help budget line in Early Intervention Program from \$500.00 to \$25,000.00
- (b) Appropriation Code (with title), Object Code (with title) and Amount: 37.03
4054.0060.130 EI
- (c) Revenue Code (with title), and Amount: 4054.0060.3278 EI

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

SIGNED: 

DATE: 2/22/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4018.0055.470	Tobacco entitlement-Contract expense	A.4018.0055.260	Tobacco Entitlement-Other Equipment	\$1,000.00

Total Transfers

\$1,000.00

Please state reason for transfers requested:

1. Transfer funds to cover expenses for purchase of other equipment to be used in education for Tobacco Program.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

Please state reason for transfer request:

Total

Please file original request with Clerk of the Board and retain copy for your records

WARREN COUNTY BUDGET ANALYSIS

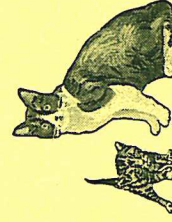
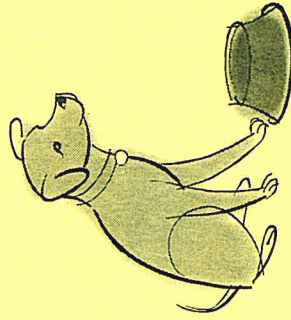
REVENUE AND EXPENDITURES FOR 2007 AS OF 2/21/2008 9:23:40 AM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V

CODE(S): 4010, 4011, 4013, 4016, 4018, 4046, 4054, 4189, 9061, 4025

	2007 BUDGETED	2007 YTD ACTUAL	2006 Prior Year Totals
EXPENSES			
Salaries - Regular	\$2,977,890.00	\$2,838,326.56	\$2,749,048.51
Salaries - Overtime	\$96,506.00	\$197,947.99	\$181,972.69
Salaries - Part Time	\$364,316.00	\$309,053.46	\$237,576.39
Salaries - Sick Leave Incentive	\$0.00	\$1,200.00	
100's PERSONAL SERVICES	\$3,438,712.00	\$3,346,528.01	\$3,168,597.59
200's EQUIPMENT	\$75,985.00	\$74,772.07	\$301,397.39
400's CONTRACTUAL	\$8,209,444.00	\$8,024,422.55	\$8,033,832.92
800's EMPLOYEE BENEFITS	\$62,249.00	\$59,089.23	\$45,227.13
TOTALS	\$11,786,390.00	\$11,504,814.86	\$11,549,055.03
REVENUES			
	2007 BUDGETED	2007 YTD ACTUAL	2006 Prior Year Totals
	\$11,451,042.00	\$9,508,238.77	\$10,954,586.78

Note: Since Year end for 2007 not finalized, estimated Revenues of \$2,123,640 has been added to actual revenues.



**WARREN COUNTY PUBLIC HEALTH
RABIES CLINICS 2008**



Pets must be 3 months of age to receive their first immunization, which will afford them protection for one year. The next shot (booster) will afford protection for 3 years and is required one year after the first shot was given. From then on every three years a booster should be given to protect your pet. Both initial and booster shots will be given at all clinics scheduled by Warren County Public Health.

Saturday	February 16	Glens Falls DPW, Dix Avenue	10:00-Noon
Saturday	March 1	Luzerne Hadley Fire House Lake Avenue, Lake Luzerne	10:00-Noon
Saturday	March 8	Queensbury Community Center 742 Bay Road	10:00-Noon
Saturday	April 12	VFW Post 6196 Luzerne Rd. & Richardson St., Qby.	10:00-Noon
Saturday	April 26	Lake George Town Garage Gage Road off Birch Road	10:00-Noon
Saturday	May 10	Glens Falls DPW, Dix Avenue	10:00-Noon
Saturday	May 17	Hague Fire House, RT 8 and West Hague Road	10:00-Noon
Wednesday	June 11	Warrensburg Fire House	6:00-8:00pm
Saturday	June 21	North Creek Fire House	10:00-Noon
Saturday	July 12	Glens Falls DPW, Dix Avenue	10:00-Noon
Saturday	July 19	Luzerne Hadley Fire House Lake Avenue, Lake Luzerne	10:00-Noon
Saturday	August 2	Brant Lake Fire House	10:00-Noon
Saturday	August 16	Queensbury Community Center 742 Bay Road	10:00-Noon
Saturday	September 6	Stony Creek Town Hall	10:00-Noon
Saturday	September 13	Pottersville Fire House, RT 9	10:00-Noon
Saturday	September 20	Thurman Fire House	10:00-Noon
Saturday	October 11	Bolton Fire House, Main Street	10:00-Noon
Saturday	October 18	North Creek Fire House	10:00-Noon
Saturday	November 1	Queensbury Community Center 742 Bay Road	10:00-Noon
Wednesday	November 5	Warrensburg Fire House	6:00-8:00pm

A \$10.00 donation is requested for each pet. No one is turned away due to financial hardship. Please bring dogs on leashes and cats or ferrets in carriers. Call Warren County Public Health at 761-6580 with questions.

PROTECT YOURSELF AND YOUR FAMILY FROM RABIES EXPOSURE

What is rabies?

Rabies is a virus that affects the brain and nerves in mammals.

How is rabies spread?

The rabies virus is spread through the saliva of a rabid animal usually because a rabid animal bites or scratches another person or animal. The virus may also get into the body through open cuts or wounds, or through eyes, nose, or mouth.

What animals can spread rabies?

Rabies is spread mostly by wild animals. In the United States rabies is usually found in raccoons, skunks, foxes, coyotes, and bats. Domestic animals and farm animals can get rabies from wild animals. This is why it's so important to vaccinate pets and livestock. These are the animals that people are around the most. Pets and stray animals can be the link between wild animals and people. Any mammal can get rabies. Although it is possible for rodents to get the disease, animals like mice, rats, and squirrels almost never carry rabies.

How can I tell if an animal has rabies?

You can't tell if an animal has rabies. When an animal is sick with rabies, it may behave strangely, but a rabid animal may also appear healthy or even tame. The only way to tell if an animal has rabies is by testing it in a laboratory, or for some pets and livestock, by a quarantine to see if rabies develops.

What can I do to prevent rabies?

- Vaccinate your pets!
- Do not attempt to stop fights between your pet and a wild animal.
- Do not feed or handle wild animals. Teach children that although a baby skunk or raccoon may look cute and friendly, it can be very dangerous.
- Do not feed or touch stray animals and avoid all sick, strange-acting, even friendly animals.
- Cover your garbage cans and don't leave pets' food outside where it can attract wild animals.
- Do not keep wild animals as pets. Not only is this dangerous for you and the animal, it's against the law.
- Do not touch or pick up dead animals.
- Leave bats alone.
- Never handle a bat, especially with bare hands. Use thick gloves, tongs, or a shovel to remove a dead bat, or call in bat removal experts. Don't crush the bat with a tennis racquet or other object.
- Do not let your pet play with bats.
- Report dead bats to your County Public Health office.
- Keep bats out of the house or other buildings by closing or covering the attic or other dark sheltered areas. Put screens on windows.

What should I do if my pet or I am exposed to an animal that might have rabies?

If **you** have been bitten, scratched, or exposed to an animal's saliva:

- Wash the wound right away with soap and water for ten minutes.
- Call your County Public Health office.
- Get a description of the animal that bit or scratched you.

If **your pet** has been bitten, scratched, or exposed to an animal's saliva:

- Try to find out what type of animal bit or scratched your pet. **Do not touch the attacking animal.**
- Use gloves or a hose to wash your pet's wound. **Do not touch your pet with your bare hands.** There may be saliva from the rabid animal still on your pet even if you don't see a bite or wound.
- Call your veterinarian.
- Call you local animal control officer. He or she will know the right steps to protect you and your pet.

What about bats and rabies?

Bats can be carriers of rabies and their bite or scratch may be too small to notice. In fact, people sleeping in the same room where a bat is found, or children who have been alone in a room with a bat, should contact your County Public Health office.

What do I do if I find a bat in my house?

- Close the windows, closet doors, and the door to the room.
- Turn on the lights if the room is dark and wait for the bat to land.
- Wear thick gloves and cover the bat with a coffee can or other hard container. It may be necessary to use a fly swatter or tennis racquet to stop the bat and knock it to the floor.
- Slide a piece of cardboard under the can trapping the bat.
- Tape the cardboard tightly to can.
- Contact your County Public Health office to determine if the bat needs to be tested.

Any live or dead bat that may have had contact with a person should be captured and reported to your County Public Health office.