

WESTMOUNT HEALTH FACILITY
HEALTH SERVICES COMMITTEE MEETING

FRIDAY, JANURAY 23, 2009

MEETING AT MUNICIPAL CENTER

WESTMOUNT HEALTH FACILITY

- 1.) NEW YORK STATE DEPT. OF HEALTH – ANNUAL SURVEY 01/20-22/09.

- 2.) CAPITAL PROJECT PURCHASE OF SOFTWARE –
Resident observation module includes electronic tracking for key MDS areas, for vital signs, and for a nurse aide task assignment, nurse aide accountability/closet care plan. This module will help improve data accuracy, improve resident care, and increase reimbursement. The software can be run on touch screens as well as current desktop computers utilizing a mouse.

PNP Computer Systems Inc. – including training	\$5,800.00
Annual Maintenance Fee	\$ 720.00

- 3.) 01/1/09 ACCIDENT INVOLVING TWO EMPLOYEE VEHICLES.
Vehicle #1 struck light support which fell on to vehicle #2. Estimate for light pole and fixtures attached.

- 4.) FIVE-STAR NURSING HOME RATING SYSTEM
WESTMOUNT – 4 STAR RATING
Tool for consumers and caregivers to compare nursing homes more easily.
Summarizes information into easy to understand rating system.
 - Overall Rating
 - Health Inspections
 - Quality Measures
 - Staffing

5 Stars = Much Above Average

4 Stars = Above Average

3 Stars = Average

2 Stars = Below Average

1 Star = Much Below Average

- 5.) REQUEST RESOLUTION TO CHANGE HIGH PEAKS HOSPICE INC. TO HIGH PEAKS HOSPICE PALLIATIVE CARE, INC.
- 6.) FOR DISCUSSION – Senior Account Clerk request for reimbursement for educational cost of accounting course.
- 7.) REQUEST RESOLUTION TO FILL VACANT POSITIION – Physical Therapy Assistant.
- 8.) STAFFING LEVELS.
- 9.) OVERTIME REPORT

Proposal

Hour Electric Co., Inc.
 30 East Street P.O. Box 325
 Fort Edward, New York 12828
(518) 747- 4144 FAX (518) 747- 2725

Proposal Submitted To: Skip Bessaw Westmount Health Facility		Phone 761-6590	Date 01/13/2009
Street Gurney Lane		Job Name Replacc Bcnt Polc in Parking Lot	
City, State and Zip Code Queensbury, New York 12804		Job Location Gurney Lane	
Architect	Date of Plans		Job Phone

We hereby Submit Specifications and Estimates for:

Hour Electric proposes to furnish Labor and Materials to replacc Bent Polc in Parking Lot.

We will reattach existing fixtures to New Polc. All work to be done on a straight time basis. No Sales Tax included.

This proposal is based on the work being done in accordance with OSHA Standards, the National Elecctrical Code.

We Propose hereby submit to furnish material and labor — complete in accordance with above specifications, for the sum of:

***TWENTY-TWO HUNDRED EIGHTY-FIVE DOLLARS

dollars

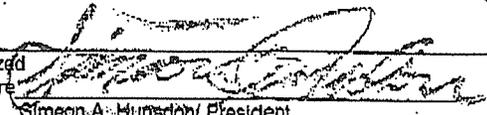
(\$ 2,285.00)

Payment to be made as follows:

Purchases made from Hour Electric Co., Inc. are payable 30 days from Invoice Date. Interest at 1 1/2% per month over 30 days, will be applied to the Balance Due. If for any reason legal collection is necessary, 25% will be added for Collection Fees.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized
Signature



Simeon A. Hunsdon/ President

Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

Signature _____

Date of Acceptance _____



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Detailed Information About Your Selected Nursing Home

[Print This Page](#)

WESTMOUNT HEALTH FACILITY ★★★★

As of
02/19/2008

Your Search Criteria

You have selected the following criteria for your search:

ZIP Code: 12804

Distance: 10 miles

[New Search](#)

[Modify Search](#)

Five Star Quality Rating

Nursing homes are rated overall and on health inspections, nursing home staffing and quality measures. More stars are better.

Much Above Avg. ★★★★★

Above Avg. ★★★★

Average ★★★

Below Avg. ★★

Much Below Avg. ★

[Learn More](#)

What is this?

Contact Information

42 GURNEY LANE
QUEENSBURY, NY
12804
(518) 761-6540
[Mapping & Directions](#)

- Initial Date of Certification: 09/01/1976

- Type of Ownership: Government - County

- Participates in Medicare

- Participates in Medicaid

- 80 Certified Beds

- Not a Continuing Care Retirement Community

- Both Resident and Family Councils

- Not a Multi-Nursing home (chain) Ownership

[View all Nursing Home Characteristics](#)

Click on the links below to expand and view information about Health Inspections, Nursing Home Staffing, Quality Measures, and Fire Safety Inspections.

[Show All](#) | [Hide All](#)

Show Information

Health Inspections

★★★

Lists the health requirements that the nursing home failed to meet.

3 out of 5 stars

Show Information

Nursing Home Staffing

★★★★

Information comes from data that the nursing home reports to its state agency. It contains the nursing home staffing hours for a two-week period prior to the time of the state inspection. CMS receives this data and converts it into the number of staff hours per resident per day.

4 out of 5 stars

Show Information

Quality Measures

★★★★

Information comes from data that the nursing homes regularly report on all residents. It includes aspects of residents' health, physical functioning, mental status and general well being.

4 out of 5 stars

Show Information

Fire Safety Inspections

Lists the fire safety requirements that the nursing home failed to meet. Fire

Detailed Information About Your Selected Nursing Home

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WESTMOUNT HEALTH FACILITY



What is this?

As of
02/19/2008

Contact Information

42 GURNEY LANE
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 12804
 (518) 761-6540
 Mapping & Directions

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[Show All](#) | [Hide All](#)

Health Inspections



Lists the health requirements that the nursing home failed to meet.

3 out of 5 stars

Date of last standard health inspection:	02/19/2008	View Previous Inspection Results
Quality Indicator Survey	No	
Dates of Complaint Investigations:	07/01/2007 - 09/30/2008	
Total number of Health Deficiencies for this nursing home:	6	
Average number of Health Deficiencies in New York	6	
Average number of Health Deficiencies in the United States:	9	
Range of Health Deficiencies in New York	0 - 31	
How to Read a Health / Fire Safety Deficiency Chart		

Mistreatment Deficiencies

[View Previous Inspection Results](#)

Inspectors determined that the nursing home failed to:	Inspection Date	Date of Correction	Level of Harm (Least -> Most)	Residents Affected (Few -> Some -> Many)
1. 1) Hire only people who have no legal history of abusing, neglecting or mistreating residents; or 2) report and investigate any acts or reports of abuse, neglect or mistreatment of residents.	02/19/2008	04/19/2008	2 = Minimal harm or potential for actual harm 	Some

Quality Care Deficiencies

[View Previous Inspection Results](#)

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

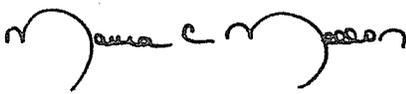
DATE: January 23, 2009

- (a) Purpose of Contract Change: Name Change
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 591 of 2007
- (c) Name of Contractor: High Peaks Hospice & Palliative Care, Inc.
- (d) Address of Contractor: 309 Country Road 47, Suite 7, Saranac Lake, NY 12983
- (e) Contractor's Contact Person and Telephone Number: Jan Demers, Executive Director (877) 324-1686
- (f) Commencement Date of Extension: January 1, 2009
- (g) Termination Date of Extension: 30 days
- (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.
 - v) Facility will bill Hospice.
- (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: N/A

RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

- 1. Employee=s Name: Maura C. Mellon
- 2. Position: Senior Account Clerk 3. Department: Westmount Health Facility
- 4. Course Title: Financial Accounting
- 5. Institution or School: ACC
- 6. How Course Relates to Current Position: Accounting
- 7. Starting Date: 01-27-09 8. Completion Date: 05/14/09
- 9. Cost: \$569.50

10. Employee=s Signature:  Date: 1/16/09

11. Supervisor=s Comments (Approval/Denial)

Supervisor=s Signature: _____ Date: _____

12. Department Head=s Comments (Approval/Denial)

Department Head=s Signature: _____ Date: _____

13. Committee=s Recommendation:

Committee Chairman=s Signature: _____ Date: _____

Signature: _____ Date: _____
Chairman of the Board of Supervisors

If approved by Committee, and resolution approving the course is adopted by the Board of Supervisors, candidate may enroll and be eligible for 50% reimbursement for costs as itemized in Item #9. Employee must complete the course with at least a C, its

RESOLUTION REQUEST FORM NO. 12

Schedule AA@

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department WESTMOUNT HEALTH FACILITY

Title of Position Physical Therapy Assistant

Base salary \$34,178.00

Budget code and title EF.73300.500 110 - Westmount physical therapy aide - salaries - regular

This position is vacated due to: Retirement Resignation Termination Promotion
 Other

Employee No. 11415

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee

Date

- The Commissioner has no objection to the filling of the vacancy.
- The Commissioner objects to the filling of the vacancy.

Commissioner Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee

Date

- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date

- The Personnel Committee has no objection to the filling of the vacancy.
- The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

WESTMOUNT HEALTH FACILITY

A SKILLED NURSING HOME operated by Warren County

42 GURNEY LANE - QUEENSBURY, NY 12804
Phone: (518) 761-6540 Fax: (518) 761-6590

Barbara B. Taggart
Administrator

POSITION AVAILABLE: Physical Therapist Assistant

Currently the physical therapist assistant provides direct care on a limited basis under the direction of a licensed physical therapist. A significant portion of her time is also dedicated to the following activities which do not require the skills and expertise of the physical therapist assistant.

1. Updating of medication administration records (ROM, splint, ambulation).
2. Transcribing therapy recommendations to care cards, pharmacy sheets, care plans, CNA treatment sheets.
3. Wheelchair/supply inventory.
4. Ambulation program.
5. Attend meetings (QA, safety, infection control, administrative, wound rounds, care plan meetings, orientation of new staff, etc.).

WESTMOUNT CURRENT STAFFING LEVELS JANUARY 2009

		POSITIONS	CURRENT STAFF	EMPLOYEE STATUS
7AM - 3PM	RN F/T	4	4	
	RN P/T	1	0	1 VACANCY
	LPN F/T	3	3	
	CNA F/T	18	16	2 VACANCIES
	CNA P/T	2	1	1 VACANCY
SUBTOTALS		28	24	

3PM - 11PM	RN F/T	1	1	
	RN Relief F/T	1	1	
	RN PER-DIEM	7	7	6 VERY LIMITED AVAILABILITY: 1 MLOA
	LPN F/T	3	3	
	LPN PER-DIEM	7	6	VERY LIMITED AVAILABILITY
	CNA F/T	12	11	1 VACANCY (1 ON AND OFF MLOA FOR YRS)
	CNA PER-DIEM	6	6	VERY LIMITED AVAILABILITY
SUBTOTALS		38	35	

11PM - 7AM	RN F/T	1	1	
	LPN F/T	3	3	
	CNA F/T	8	7	1 MLOA
SUBTOTALS		12	11	

GRAND TOTALS 78 70

WESTMOUNT HEALTH FACILITY

A SKILLED NURSING HOME operated by Warren County

42 GURNEY LANE - QUEENSBURY, NY 12804
Phone: (518)761-6540 Fax: (518) 761-6590

Barbara B. Taggart
Administrator

January 22, 2009

#4100	Nursing Administration	1.00 Hours - Overtime
#4101	RN Supervisors	66.45 Hours - Overtime
#4102	RN	50.20 Hours - Overtime
#4103	LPN	149.55 Hours - Overtime
#4104	CNA	562.95 Hours - Overtime
#4105	Activities	.00 Hours - Overtime
#4109	Dietary	123.40 Hours - Overtime
#4110	Maintenance	10.85 Hours - Overtime
#4111	Housekeeping	32.00 Hours - Overtime
#4112	Laundry	16.00 Hours - Overtime
#4114	Fiscal Services	12.15 Hours - Overtime

Report Dates - 12/22/08 - 01/18/09

OBITUARIES

Marjorie C. Ashton

GLENS FALLS

♦ Marjorie C. Ashton, 90, a longtime Logan Avenue resident, passed away on Sunday, Jan. 4, 2009, at the Westmount Health Care Facility in Queensbury.

Born Aug. 24, 1918, in Elizabethtown, N.Y., she was the daughter of the late Joseph and

Anna M. (Marvin) Clark.

Marjorie was a graduate of Fort Ann High School and then received a degree in teaching gourmet cooking.

On July 6, 1944, she married Henry M. Ashton at the First Presbyterian Church in Glens Falls. He passed away Dec. 3, 2004.

She was a self-employed caterer in the Glens Falls area and she and her husband owned and operated their own catering business for many years. She also taught gourmet cooking at night for many years.

Marjorie was a member of the First Presbyterian Church in Glens Falls.

Her enjoyments included cooking, spending time in Florida, but most important to her was taking care of her family first.

In addition to her parents and husband, she was predeceased by a daughter, Barbara Kincaid, a sister, Gertrude Desourdy, and one brother, Bert Clark Sr.

She is survived by her children: Henry M. Ashton Jr. and his wife, Sue, of Queensbury, Gail Judd and her husband, Kevin, of South Glens Falls, Mi-



ASHTON

chele Legault and her husband John, of Queensbury and Jay R. Ashton and his wife, Caroline, of California; her grandchildren: Elizabeth DeCamilla, Henry Ashton III, Nicole Bain, Danielle Lloyd, Jayson Ashton, Kristen Kincaid, Jonathan Legault, Christopher Judd and

Kimberly Comisky; her great-grandchildren, Henry IV, Josephine, Drew, Abigail, Georgiana, and Colson; and several nieces and nephews.

Services will be conducted at the convenience of the family.

Burial will take place at the Gerald B.H. Solomon Saratoga National Cemetery, Duell Road, in Schuylerville.

Recently hospitalized after experiencing a stroke, her family wishes to acknowledge the care and support for Marjorie from the nurses and doctors at Glens Falls Hospital. She also received loving care from her family of Westmount aides, nursing staff and therapists.

The family suggests that memorials in Marjorie's name be made to The Westmount Health Care Facility, Activities Fund, 42 Gurney Lane, Queensbury, NY 12804 or the New York State Sheriff's Summer Camp, 27 Elk St., Albany, NY 12207.

Arrangements are under the direction of the Carleton Funeral Home, Inc., 68 Main St., Hudson Falls, NY 12839.

Online condolences may be made by visiting www.carletonfuneralhome.com.

RESOLUTION REQUEST FORM NO. 4***Request for Extending, Rescinding or Amending Existing Contract*****DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY****DATE: January 26, 2009**

- (a) Purpose of Contract Change: Purchase Resident Observation module - \$4,800.00
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 325 of 1998
- (c) Name of Contractor: P&NP Computer Services, Inc.
- (d) Address of Contractor: 66 North Main Street, Brockport, NY 14420-1649
- (e) Contractor's Contact Person and Telephone Number: Robert Guhde 1-585-637-3240
- (f) Commencement Date of Extension:
- (g) Termination Date of Extension:
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$6,200.00
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Upgrade switch on server \$400.00. 2010 Maintenance Fee \$900.00. Training \$1,000.00.
- (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: Capital Project Resolution #716 of 2007 H280.9550280 Electronic Medical Records Documentation - \$37,500.00.



IN CELEBRATION OF
VALENTINES DAY
YOU ARE CORDIALLY
INVITED TO ATTEND

THE RESIDENT
COUNCIL'S
"DRESS UP"
COCKTAIL PARTY

WEDNESDAY
FEBRUARY 11, 2009
6:00 P.M. - 8:00 P.M.

HELD AT:
WESTMOUNT HEALTH
FACILITY

FOOD, MUSIC & SPIRITS
SEE YOU THERE!