

HEALTH SERVICES COMMITTEE
WESTMOUNT HEALTH FACILITY

FRIDAY, FEBRUARY 27, 2009
MUNICIPAL BUILDING BOARD ROOM

1. Request resolution to establish a capital project for the installation of mandated internal sprinkler system. The current cost for completed work is \$5,000.00 – Pages 1-3
2. Request resolution to transfer funds out of code. Purchase two dietary carts out of Dietary services repair/maintenance equipment. Purchase two fire proof steel step cans out of plant operation and maintenance/repair. - Page 4
3. Request resolution to extend existing contract: Annual maintenance support services for P&PNP Computer Services. Claim Scrubber software purchased in 2008 included 1st year maintenance fee. \$261.00 is the maintenance fee for 2009 Claim scrubber software. – Pages 5-8
4. For Discussion: Request resolution for new contracts:
 1. Lapan's Precision A/C Refrigeration and heating, 4 Highland Avenue, Queensbury, NY 12804. Technical Building Services, Inc. our existing vendor does not service equipment related to refrigeration. Possible County wide contract with Countryside Adult Home, Jail, and meal sites. – Pages 9-10
 2. Sanders Fire and Safety, 26 Viall Avenue, Mechanicville, NY, 12118. Semi-annual inspection and test of the kitchen hood fire suppression system/repairs. Possible county wide contract to include Countryside Adult Home and meal sites. – Pages 11-13
 3. Statewide Machinery Inc., 60 Pixley Industrial Parkway, Rochester, NY 14624, distributors of laundry and dry cleaning equipment. This company is the installer for Unimac equipment. Request county contract for Westmount and Jail. – Page 14
5. For discussion: Request waiver from the Hiring Freeze for future CNA's, LPN's and RN's openings at Westmount. Current vacant positions: (2) 1- F/T 3-11 CNA, & 1 – P/T 7-3 RN 2days/week.
 - * CNA's hired as of 1/08 to present: 10 total
 - * LPN's hired as of 1/08 to present: 4 total

RN's hired as of 1/08 to present: 4 total ----- Page 15

6. NYS Department of Health Survey January 20-22, 2009. Plan of Correction submitted 02/12/09.
7. Resolution request to reclassify PTA position to Rehabilitation Aide. Pages 16-18
8. Discussion: Leadership presentation.
9. Staffing levels. – Page 19
10. Overtime report. – Page 20
11. Notes of appreciation for Westmount staff. – Pages 21-22

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: Westmount Health Facility

DATE: February 27, 2009

(a) Exact Title* and Number of Project (must be obtained from Treasurer's Office):
Westmount Sprinkler System
H296.9550 280

(b) Is this a Capital Project? Yes

(c) Is this a Capital Reserve Project? No

(d) Amount of Project: \$5,000.00

(e) Source of Funding (including name & title of codes, etc.):

Appropriation of Unrestricted Fund Balance EF.229000 909.00

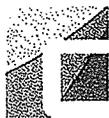
(f) Purpose of Establishment:

Installation of mandated internal sprinkler system for Westmount Health Facility

*Title should reflect department if possible:

i.e. Capital Project No. H.270 9550 280 *Air Handler Installation* would be clearer if name was listed as Westmount Air Handler Installation;

Capital Project No. H274.9550 280 *Replace VASI with PAPI* would be clearer if name was listed as Airport Replace VASI with PAPI.



February 23, 2009

Mr. Jeff Tennyson
Warren County Department of Public Works
4028 Main Street
Warrensburg, NY 12885

**RE: ARCHITECTURAL/ENGINEERING CONSULTING SERVICES
WESTMOUNT HEALTH FACILITY
Sprinkler Conceptual Study**

Dear Jeff,

As requested by Warren County Public Works Department, Clark Patterson Lee is submitting our proposal for preparation of a Conceptual Study Report for providing sprinkler coverage thru-out the existing Westmount Health Facility Building. Per our walk-thru on October 14, 2008 with you, Barbara Taggart and Skip Bessaw, the County has been cited by the NYS Department of Health for coverage of sprinklers. By Year 2013, the entire building needs to be sprinklered thru-out.

Jennifer Wengender had an additional meeting with Barbara and Skip and walked the building to get a preliminary evaluation of system needs to begin the Conceptual study and to better assess CPL fee requirements.

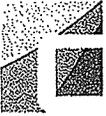
Activities to be included as part of the Clark Patterson scope of work for this Conceptual Study Report:

1. Field visits to review existing conditions and meeting with Administration to discuss preferred phasing and anticipated impact to facility during construction. Review above-ceiling conditions, fire alarm system, and review present sprinkler system (plumbing and architectural disciplines): 24 hours (completed; includes time from Jon Norris, John Martin and Jennifer Wengender).
2. Obtain utility information, review service entrance size, and pressure/flow rate: 2 hours
3. Prepare code review requirements for sprinklers per NYSDOH, NYS Building Code, and NFPA. Review need for sprinkler requirement for Co-Gen Facility: 4 hours
4. Prepare conceptual scope of work (in conjunction with all disciplines). Include in write-up existing conditions of facility and existing sprinkler system, and existing building systems that will interface with required sprinkler system: 8 hours
5. Prepare conceptual budgetary cost estimate for, design, construction, construction services and contingencies: 4 hours
6. Meeting with Clark Patterson and County DPW to review report: 8 hours

Scope of services not included in this proposal, but to be included in future design phase proposal to include:

- a. Field dimensioning beyond what is required for conceptual study
- b. Utility survey information gathering
- c. Hazard survey investigations
- d. Investigative demolition to be provided by County
- e. Preparing conceptual base plans on CAD for preliminary sign off by owner:
- f. Coordination with other disciplines (civil, architectural, mechanical, electrical) for design components:
- g. Prepare final bid documents showing sprinklers, piping and additional associated work (i.e. design of new soffits, fire alarm upgrades, addressing of fire/smoke penetrations, etc.):
- h. Department of Health application and engineering report for Cross Connection Control.
- i. Bidding and Construction Administration services.

540 Broadway
3rd Floor, Suite 3B
Albany, NY 12207
clarkpatterson.com
518.463.4107 TEL
518.463.3823 FAX



Mr. Jeff Tennyson
February 23, 2009
Page 2

Our fee proposal to complete the work as described is \$5,000. Scope of services and findings to be gathered in an 8-1/2" x 11" report form for the County. The report will be completed by CPL 45 days following Notice to Proceed. We thank you for your request. If you have any questions, please contact me.

Very truly yours,
CLARK PATTERSON LEE

John J. Martin, P.E.
Senior Vice President

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: _____

DATE: February 27, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82100.6300 422	Westmount, Dietary Services, Repair & Maintain PS DA Equipment	EF.82100.5803 260	Westmount, Dietary Services, Other Equipment	350.00
EF.82200.6101 413	Westmount, Plant Operation & Maintenance, Repair & Maintain PS DA Bldg/Prop	EF.82200.5803 260	Westmount, Plant Operation & Maintenance, Other Equipment	130.00

Please state reason for transfers requested: Purchase 2 Dietary utility carts, 2 Self Extinguishing Step Cans

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfer request:

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

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: February 27, 2009

- (a) Purpose of Contract Change: Extending Existing Contract
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 181 of 2008
- (c) Name of Contractor: P&PNP Computer Services, Inc.
- (d) Address of Contractor: 66 North Main Street, Brockport, NY 14420-1649
- (e) Contractor's Contact Person and Telephone Number: Curt Hamlin, 585 637-3240
- (f) Commencement Date of Extension: April 1, 2009 through, March 31, 2010
- (g) Termination Date of Extension: Continual
- (h) Payment Provisions:
 - i) lump sum amount \$6,029.00
 - 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 & Maintain PS DA Equipment \$ 11,600.00.



Invoice 20090051

Invoice Date 02/11/09

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

Telephone: 585/637-3240

Bill To:

Westmount Health Facility
 42 Gurney Lane
 Queensbury, NY 12804

Ship To:

Westmount Health Facility
 42 Gurney Lane
 Queensbury, NY 12804

Customer	Ship Via	F.O.B.		Terms													
225	Delivered	Origin		Net 30 Days													
Purchase Order Number			Salesperson	Order Date	Our Order Number												
2009-10 Support Agmt			CURT	02/11/09													
Quantity Ordered	Quantity Shipped	Item Number	Unit of Measure	Unit Price		Extended Price											
	Back Ordered	Item Description		Discount %	Tax												
1		1 ANNUAL_SUPPORT	ANNUAL	35590.00000		5338.50											
		0 Clinical w/ Resident/Facility Financial w/o Payroll		85.000	N												
1		1 ANNUAL_SUPPORT	ANNUAL	1000.00000		150.00											
		0 Claim Scrubber/997 Reader add-on		85.000	N												
3		3 ANNUAL_SUPPORT	ANNUAL	1200.00000		540.00											
		0 Clinician Notes, Accident/Incident and Infection Tracking		85.000	N												
<p>Net due on 03/13/09</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 30%; text-align: right;">Nontaxable Subtotal</td> <td style="width: 20%; text-align: right;">6028.50</td> </tr> <tr> <td></td> <td style="text-align: right;">Taxable Subtotal</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td></td> <td style="text-align: right;">Tax (7.000%)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td></td> <td style="text-align: right;">Total Invoice</td> <td style="text-align: right;">6028.50</td> </tr> </table>							Nontaxable Subtotal	6028.50		Taxable Subtotal	0.00		Tax (7.000%)	0.00		Total Invoice	6028.50
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	Taxable Subtotal	0.00															
	Tax (7.000%)	0.00															
	Total Invoice	6028.50															

6

**Annual Support Agreement
for April 1, 2009 through March 31, 2010**

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.

7

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	35,590.00
Claim Scrubber/997 Reader Add-on	1,000.00
Clinician Notes	1,200.00
Accident/Incident Reporting	1,200.00
Infection Tracking	<u>1,200.00</u>
Total software value	40,190.00
Cost for Maintenance Contract	<u>x .15</u>
Total Amount due for Annual Maintenance Contract	\$6,028.50

Representative of P&NP Computer Services, Inc.

Administrator of Client Facility

8

LAPAN'S PRECISION A/C, REFRIGERATION & HEATING

4 Highland Avenue
Queensbury, New York 12804

(518) 798-0793
Fax (518) 798-4862

PROPOSAL

TO

WEST MOUNT HEALTH FACILITY
5 GURNEY LANE
QUEENSBURY, NY 12804

PHONE

DATE

2/10/2009

JOB NAME / LOCATION

JOB NUMBER

JOB PHONE

We hereby submit specifications and estimates for:

SERVICE CONTRACT FOR THREE YEARS WILL BE BLANKET CERTIFICATE INCLUDING LABOR, TRIP CHARGES AND EMERGENCY AFTER HOURS SERVICE ON A ON CALL BASIS. HOURLY RATES WILL BE LISTED BELOW WITH MARK UP ON ALL PARTS WILL BE INDUSTRY STANDARD, ALL SHIPPING ON PARTS WILL BE CHARGED ACCORDINGLY, ALL EMPLOYEES PAY WILL BE RATE PAY.

HOURLY RATE \$95.00 PER HOUR PORT TO PORT, TRIP CHARGE WILL BE BLANKET AND ALL PARTS WILL BE CHARGED OUT AS INDUSTRY STANDARD.
Sales Tax

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

dollars (\$ **\$0.00**).

Payment to be made as follows:

All material is guaranteed to be as specified. All work to be completed in a professional 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 Worker's Compensation Insurance.

Authorized Signature

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

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:

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

REFRIGERATOR EQUIPMENT IN HEALTH FACILITY

1. (2) Two Walk-In Coolers
2. (1) One Walk-In Freezer
3. (2) Two Quick Chill Refrigerators - In Dietary
4. (3) Three Stand Up Refrigerators - (1) In
Activities & (1) Each on Nursing Units
5. (2) Two Ice Cube Making Machines
6. (1) Commercial Refrigerator - In Break Room



SANDERS FIRE & SAFETY

26 Viall Avenue, Mechanicville, New York 12118 ■ (518) 665-0400 ■ FAX (518) 665-0637

January 27, 2009

Barbara Taggart
Westmount Health Facility
42 Gurney Lane
Queensbury, NY 12804

Phone: 761-6540

Subject: Semi-Annual Inspection and Test of the Kitchen Hood Fire Suppression System.

Dear Ms. Taggart:

The National Fire Protection Associates (NFPA) codes, the manufacturer, and NYS Local codes require that your fire suppression system be inspected on a semi-annual basis. To ensure optimum performance and overall personnel confidence in your system, it is important that the system be inspected by a factory-trained technician. Listed below are the nine major items performed for a semi-annual inspection:

1. Cylinder is checked to insure its proper charge.
2. The control mechanism is fired.
3. Fusible link lines are adjusted and inspected and links are changed at the required frequency.
4. The remote is pulled and operability is verified.
5. The mechanical gas valve is tested.
6. If a solenoid gas valve is present, it is tested with a relay reset.
7. All nozzles and piping are visually checked to insure there is no obstruction.
8. All personnel present will be instructed on the operation and function of the automatic system.
9. An inspection report will be issued to the owner, verifying all these points and inspection tags will be dated. If there have been changes effecting protection, they will be outlined in the report.

Price per inspection	125.00*
	Annually \$250.00

** An inspection performed solely for purposes of mandatory governmental code compliance is not an enumerated taxable service (NYS 22,000.95)*

The agreed price for this inspection may be supplemented by further authorization if any charge and repairs over and above the actual inspection is required. Enclosed please find two service agreements. Please send back both copies signed and we will return a fully executed copy for your records. In addition, we would like you to indicate the best time for servicing, keeping in mind our technician must work behind the filters and up in the duct. This means that appliances must be cool.

Sincerely,

SANDERS FIRE AND SAFETY

Margaret Casey
Executive Assistant
/mc Westmount Health Facility agreement



SANDERS FIRE & SAFETY

26 Viall Avenue, Mechanicville, New York 12118 ■ (518) 665-0400 ■ FAX (518) 665-0637

Test and Inspection Agreement

January 27, 2009

By and Between:

<u>Sanders Fire and Safety</u>	<u>Westmount Health Facility</u>
<u>26 Viall Avenue</u>	<u>42 Gurney Lane</u>
<u>Mechanicville, NY 12118</u>	<u>Queensbury, NY 12804</u>

Services will be provided at the following location(s):

Semi-Annual Inspection and Test of the Kitchen Hood Fire Suppression System.

Sanders Fire and Safety shall perform work according to the Standard Terms and Conditions set forth on the attached pages.

Type of Service: Two preventive maintenance inspections (semi-annual) for all equipment previously listed.

Price per inspection \$125.00

** An inspection performed solely for purposes of mandatory governmental code compliance is not an enumerated taxable service (NYS 22,000.95)*

This agreement and the pages attached shall constitute the entire agreement between us, which is subject to management approval and continuance of credit approval by Sanders, No waiver, change or modification of any terms and conditions on this agreement shall be binding on Sanders unless made in writing and signed by an officer or authorized manager.

SANDERS FIRE AND SAFETY

Company Name

Customer Name

Authorized Signature

Authorized Signature

Date

Date

12



SANDERS FIRE & SAFETY

26 Viall Avenue, Mechanicville, New York 12118 ■ (518) 665-0400 ■ FAX (518) 665-0637

SERVICE RATES

Service calls required between scheduled programmed maintenance inspections will be billed at the following rates with a minimum of two (2) hours:

Technician Hourly Rate	\$ 80.00*
Emergency Service Calls, Weekends, and Holidays	\$120.00/hr. *
Vehicle Surcharge per trip.....	\$10.00

* Any materials and labor that are in addition to regular inspections are subject to sales tax.

Non-emergency response time not to exceed 24 hours.

Emergency response time would be approximately 2 - 4 hours.

Service Telephone Numbers:

Normal Hours 8:30am - 5:00pm - (518) 665-0400 Sanders Fire & Safety
 After Hours 5:00pm - 8:30am - (518) 435-3043 On Call Beeper

SANDERS FIRE AND SAFETY

Company Name

Customer Name

Authorized Signature

Authorized Signature

Date

Date

13



STATEWIDE MACHINERY INC 80 PIXLEY INDUSTRIAL PARKWAY / ROCHESTER, N.Y. 14624 / (585) 426-3870
(500) 627-2218 / FAX (585) 426-0317 / E-MAIL statewide@statewidemachinery.com

Distributors of Laundry Equipment

STATEWIDE PLANNED MAINTENANCE PROGRAM

FOR

WESTMONT H/C
ATTN: BUTCH
42 GURNEY LANE
QUEENSBURY, NEW YORK 12804

For the sum of Three Thousand One Hundred Fifty Dollars (\$3,150.00), Statewide Machinery, Inc. will send a service representative three (3) times per year, for the next three (3) years to perform the following maintenance procedures on:

This planned maintenance agreement covers laundry equipment list below:

- (3) 60# Washers
- (3) 75# Dryers
- (1) Roll Ironer

2009/2010/2011 CALENDAR YEARS

- 1- Check out electrical systems.
- 2- Adjust drive belts and drive mechanisms.
- 3- Oil and lubricate proper fittings.
- 4- Adjust gas burners and clean dryers and dryer vents.
- 5- Any parts required to be billed separately.
- 6- The above price includes labor for PM maintenance & trip charge to and from your facility.
- 7- Any service requested between visits or to repair broken down equipment will be billed at prevailing rates (\$70.00 per hr.) trip charge on requested service is \$80.00 per trip.
- 8 - No emergency or overtime rate applies.

We will schedule your first visit upon receipt of payment.

We agree to the above program and would request our first visit on _____.

STATEWIDE MACHINERY

WESTMONT H/C

DATE

DATE

TO VALIDATE THIS MAINTENANCE PROGRAM, PLEASE SIGN, DATE AND RETURN WITH PAYMENT.

WESTMOUNT STAFFING

SKILLED NURSING FACILITY REQUIRES:

24-hour, 7 day/week care

Adequate staffing required by law – Fed/State guidelines

RISKS OF NOT FILLING VACANCIES IN NURSING STAFF:

Overtime – paid at time and-a-half

Problem – No one willing to work overtime

Mandated overtime necessary

If continued problem, would need to bring in agency help which would require contracts and increase expenditure by approximately 400%

This increases the problem of:

Lack of quality care

Increase in accidents/incidents

Compromising health and well being of residents and quality of care

Increase of “on the job” injury:

Raises compensation costs (back injuries, staff incidents, etc.)

RESOLUTION REQUEST FORM NO. 14

Request to Reclassify Position

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: FEBRUARY 2, 2009

- A. Title of Reclassified Position: Rehabilitation Aide – Grade 14 # 24,480
- B. Annual Salary of Reclassified Position (and Grade if Applicable):* ~~\$34,178.00~~
*(This should be the Base Salary for the position if it is being filled by a new employee, or the salary, including longevities, for any existing employee who is filling the position.)
- C. Title and Employee Number of Position to be Deleted:
Westmount Physical Therapy Aide – Employee #11415- \$34,178.00

Both have been here working at Westmount more than 3 years.
- D. Annual Salary of Position to be Deleted (and Grade if Applicable)*
Grade 14 - \$34,178.00.
*(This should be the Base Salary for the position if it is being filled by a new employee, or the salary, including longevities, for any existing employee who is filling the position.)
- E. Effective Date: February 27, 2009.
- F. Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount: EF.73300.500 110. Title: Rehabilitation Aide – Salary Regular.
Westmount, Rehab Therapy, Aides, Ordeilies – Salary – Regular \$24,480.00.
- G. Has Personnel Officer Reviewed and Approved of the New Position Title? YES

He

REHABILITATION AIDE

DISTINGUISHING FEATURES OF THE CLASS: The Rehabilitation Aide is assigned to assist residents to achieve the most independent level of functioning and well being. Supervision is received from the applicable therapist with direct reporting to the Clinical Nurse Supervisor.

TYPICAL WORK ACTIVITIES: (Illustrative only)

- Serves as the support services representative to the assigned therapist to provide resident care;
- Observes and notes changes with a resident's range of motion, mobility and ADL ability and keeps Clinical Nurse Supervisor apprised of changes;
- Observes residents' positioning needs, ensures recommendation for walk programs, assistive devices and/or additional mobility interventions are carried out by unit staff, keeps Clinical Nurse Supervisor apprised;
- Assists in restorative care recommended by the Clinical Nurse Supervisor, Physical Therapist, Occupational Therapist, and/ or Speech Language Therapist;
- Observes units to check the use/operation/condition of adaptive and durable medical equipment;
- Observes that clean adaptive devices are used on the units, replacing and locating equipment as needed;
- Notifies Charge Nurse or Clinical Nurse Supervisor regarding need for equipment repair or replacement and may arrange for the repair;
- Attends and participates in team conferences as assigned by the Clinical Nurse Supervisor;
- Provides input on interventions for use of least restrictive devices;
- Maintains order of treatment area for resident care by ensuring cleanliness and safety;
- At the request of supervisor, submits verbal and written reports regarding observations;
- Participates in the in-service program on proper use and application of adaptive equipment, proper transfer and positioning techniques to West Mount Nursing Facility staff;
- May transport residents with or without special equipment.

(cont.)

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES, AND PERSONAL CHARACTERISTICS: Ability to observe and recognize changes in physical condition and behavior; ability to learn basic principals and terminology of rehabilitative services in a long term care facility; ability to observe residents' responses to treatment and programs; ability to learn to prepare and maintain basic non-medical forms; ability to accept and follow oral and written instruction; ability to lift and reposition residents without restrictions; ability to get along with others; ability to communicate, listen, and explain procedures to residents; ability to learn to motivate and encourage residents to continue restorative interventions; interest in learning about the elderly and the needs, problems and attitudes of aged, infirm, and disabled persons; physical condition commensurate with the duties of the position.

MINIMUM QUALIFICATIONS:

Graduation from High School or possession of a high school equivalency diploma and one year of experience working with the elderly and possession of a valid Nurse Aide Certification issued by New York State.

Note: Possession of a valid New York State Drivers License is required

WESTMOUNT CURRENT STAFFING LEVELS FEBRUARY 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	17	1 MLOA
	CNA P/T	2	1	1 ON ADMINISTRATIVE LEAVE
SUBTOTALS		28	25	

3PM - 11PM	RN F/T	1	1	
	RN Relief F/T	1	1	
	RN PER-DIEM	8	6	6 VERY LIMITED AVAILABILITY 1 ON ADMINISTRATIVE LEAVE
	LPN F/T	3	3	
	LPN PER-DIEM	6	6	VERY LIMITED AVAILABILITY
	CNA F/T	12	11	1 VACANCY
	CNA PER-DIEM	8	8	VERY LIMITED AVAILABILITY
SUBTOTALS		39	36	

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

GRAND TOTALS 79 72

COMMITTEE MEETING STAFFING LEVELS

19

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

February 26, 2009

#4100	Nursing Administration	0.00	Hours - Overtime
#4101	RN Supervisors	39.20	Hours - Overtime
#4102	RN	22.00	Hours - Overtime
#4103	LPN	68.25	Hours - Overtime
#4104	CNA	326.40	Hours - Overtime
#4105	Activities	.00	Hours - Overtime
#4109	Dietary	65.00	Hours - Overtime
#4110	Maintenance	10.85	Hours - Overtime
#4111	Housekeeping	24.00	Hours - Overtime
#4112	Laundry	8.00	Hours - Overtime
#4114	Fiscal Services	16.05	Hours - Overtime

Report Dates - 01/19/09 - 02/18/09

20

Muriel Hannon

LAKE GEORGE
♦ Muriel Hannon, 95, formerly of Lake George, died peacefully Friday, Feb. 6, 2009, at Westmount Health Facility in Queensbury, where she had resided since 2007. She was surrounded by her loving family and the staff of Westmount.

Muriel was born July 28, 1913, in Brooklyn, N.Y., the daughter of the late Thomas and Catherine (Mathes) Gillis.

She was a lifelong summer resident of Lake George, moving here permanently in 2001.

Muriel was the former communications manager of the brokerage firm Dominick and Dominick in New York City until her retirement in 1978.

From 1978 until 2001, she was a resident of Sparta, N.J., and was the former president of Sparta Senior Citizens and a member of the Altar Rosary Society.

Muriel enjoyed bridge, archery, swimming, traveling and visiting her family throughout the country.

She was predeceased by her husband, Joseph, a stepson, Joseph Jr., and two sisters, Catherine Azar and Dorothy Martin.

Muriel is survived by a son, Craig, and his wife, Kathleen, of Bolton Landing; a niece, Kathleen Meyer, of Queens-



HANNON

bury; nine grandchildren: Chri-
sanne Bedell
(Don), Gregory
Boudreau (Cindy),
Tony Petro (Carol),
Donna Gitter
(Fred), Kenneth
Boudreau (Lyn),
Brian Boudreau
(Kelly), Tricia
Boudreau, Craig
Hannon (Heather)
and Christopher
Hannon (Nicole);

12 great-grandchildren; three
great-great-grandchildren,
and her nephews, Thomas
Meyer and Todd Meyer and
nieces, Kathy Meyer and Mar-
ianne Poltrak Meyer (Terry).

Nothing gave Muriel more
joy than being with her family.
She always said "I'm a lucky
woman." We were all lucky to
have known her.

The family would like to
thank the staff of Westmount
Health Facility for the loving
and tender care given to Mu-
riel - their "Queen".

A Funeral Mass will be ce-
lebrated at 10 a.m., Monday,
Feb. 9, at Sacred Heart Roman
Catholic Church, 50 Mohican
St., Lake George, with the Rev.
Peter G. Young officiating.

Friends may call from 2 to 5
p.m., today, at Stafford Funeral
Home Inc., 90 Montclair St.,
Lake George.

A Rite of Committal will
be held in the spring at Ever-
green Cemetery, Birch Ave.
Lake George.

In lieu of flowers, dona-
tions may be made to Autism
Speaks, www.autismspeaks.com.

2-2009

Barbara+Staff,

The family of
Harold K. Roberts
acknowledges with deep
appreciation your kind
expression of sympathy.

We are very thankful that
Gramp / Dad spent his last
months at Westmount. You
and your staff made it easier
for us, since we knew he
was in good hands.
Amy+KarsClute, Karl+Pat Roberts

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: March 2, 2009

- (a) Is this a Result of a Bid or Request for Proposal? Yes
- (b) Purpose of Contract: Service of Laundry equipment
- (c) Name of Contractor: Statewide Machinery, Inc.
- (d) Address of Contractor: 60 Pixley Industrial Parkway, Rochester, NY 14624
- (e) Contractor's Contact Person and Telephone Number: James Thompson 792-2978 or 365-1279 - Cell.
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: 03/01/2009
- (h) Termination Date of Contract: 03/01/2011
- (i) Payment Provisions:
 - i) lump sum amount Yeraly maintenance - \$1,050.00
 - ii) hourly rate amount \$70.00 per hour for service requested. Trip charge on requested service is \$80.00 per trip.
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (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: EF.82500.6830 470 - Westmount, Laundry + Linen Service Contracted - Equipment Repair - \$1,050.00



FOR

WESTMONT H/C
 ATTN: BUTCH
 42 GURNEY LANE
 QUEENSBURY, NEW YORK 12804

For the sum of Three Thousand One Hundred Fifty Dollars (\$3,150.00), Statewide Machinery, Inc. will send a service representative three (3) times per year, for the next three (3) years to perform the following maintenance procedures on:

This planned maintenance agreement covers laundry equipment list below:

- (3) 60# Washers
- (3) 75# Dryers
- (1) Roll Ironer

2009/2010/2011 CALENDAR YEARS

- 1- Check out electrical systems.
- 2- Adjust drive belts and drive mechanisms.
- 3- Oil and lubricate proper fittings.
- 4- Adjust gas burners and clean dryers and dryer vents.
- 5- Any parts required to be billed separately.
- 6- The above price includes labor for PM maintenance & trip charge to and from your facility.
- 7- Any service requested between visits or to repair broken down equipment will be billed at prevailing rates (\$70.00 per hr.) trip charge on requested service is \$80.00 per trip.
- 8 - No emergency or overtime rate applies.

We will schedule your first visit upon receipt of payment.

We agree to the above program and would request our first visit on _____.

STATEWIDE MACHINERY

WESTMONT H/C

DATE

DATE

TO VALIDATE THIS MAINTENANCE PROGRAM, PLEASE SIGN, DATE AND RETURN WITH PAYMENT.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: February 27, 2009

- (a) Is this a Result of a Bid or Request for Proposal? Yes
- (b) Purpose of Contract: Refrigeration Services
- (c) Name of Contractor: Adirondack Technical Services
- (d) Address of Contractor: 4697 Route 9N, Corinth, NY 12822
- (e) Contractor's Contact Person and Telephone Number: Darrick Baker 893-7193
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: 03/01/2009
- (h) Termination Date of Contract: 03/01/2011
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount \$75.00 per hour during normal business hours 8:00am-4:00pm Mon - Fri. Overtime (Nights, Weekends, and Holidays) will be charged time and a half \$112.50 per hour.
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Invoice for service completed.
- (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:

Adirondack
TECHNICAL SERVICES
 HEATING * AIR CONDITIONING * REFRIGERATION * INC
 SALES * SERVICE * INSTALLATION

Friday, February 27, 2009

Adirondack Technical Services Heating, Air Conditioning, and Refrigeration, Inc.
 4697 Route 9N
 Corinth, NY 12822
 518-893-7193

Westmount Health Facility
 42 Gurney Lane
 Queensbury NY 12804
 518-761-6540

Dear Barbara Taggart:

We are pleased to present you with a small overview detailing our services. Thank you for taking the time to consider our company for all your heating, air conditioning, and refrigeration needs.

Sale and Service Include:

- | | |
|-------------------------------|--------------------------|
| Automatic Stand-by Generators | Roof Top HVAC Units |
| Ice Machines | Furnaces |
| Reach-in Coolers / Freezers | Boilers |
| Walk-in Coolers / Freezers | Hot Water Tanks |
| Cold Wall Units | Central Air Conditioning |

Our top priority is fast, efficient call response to minimize down time of equipment. A reliable, licensed, and insured technician will respect your employee's and patients while working in and around the facility. We provide quality customer service while maintaining safety first.

Three year contract from signed date that Adirondack Technical Services, Inc. will respond 24/7, 365 days a year to calls in all Warren County buildings. Work performed during normal business hours (8:00AM to 4:30PM Monday thru Friday) will be charged \$75.00 per hour. Overtime (Nights, Weekends, and Holidays) will be charged time and a half \$112.50 per hour. Calls will be billed time plus materials.

Thank you for your trust in Adirondack Technical Services, Inc.

Darrick Baker President Date Warren County Date

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 27, 2009

- (a) Purpose of Request: Authorizing waiver of hiring freeze policy, regarding vacant CNA's, LPN's, and RN positions.

- (b) Details: Westmount shall be allowed to hire for current vacant positions stated above to maintain staffing levels.

- (c) Previous Resolution Number: 58 of 2003.