

HEALTH SERVICES COMMITTEE
WESTMOUNT HEALTH FACILITY

WEDNESDAY, JUNE 3, 2009
MUNICIPAL BUILDING BOARD ROOM

1. McCarthy & Conlon, LLP – Financial Report
2. Request resolution new contracts:
 - MM Hayes Company, Inc. (Kronos Model 460 time keeper Terminal)
 - Dr. Daniel Kana, DDS. (Dental Services)
 - B Lann Equipment Co. (Inspection of Fire Suppression System)
 - Ruffo, Tubora, Mainello, & McKay (to Amend Admission Agreement to accept assignment of income at time of admission)
3. Request resolution to rescind contract agreement with Sanders fire & Safety
4. Request resolution to transfer funds out of code. Purchase one cell phone for maintenance supervisor. Purchase one camera printer for resident photo's in charts, alarms. Transfer of budgeted funds to part-time positions – per Treasurer's Office.
5. Ratify and Extend agreement with NYAHSa
6. Appropriate the fund Balance to pay per diem employees not budgeted for remainder of 2009.
7. Increase dietary meal expenditures. See letter to family members.
8. Close Capital Project for Electronic medical records \$37,500.00 refund balance to source
9. Staffing levels.
10. Overtime Report.
11. Executive Session

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: May 22, 2009

- (a) Is this a Result of a Bid or Request for Proposal? No

- (b) Purpose of Contract: Annual Kronos Payroll Software Maintenance

- (c) Name of Contractor: MM Hayes Company, Inc.

- (d) Address of Contractor: 16 The Sage Estate, Albany, NY 12204

- (e) Contractor's Contact Person and Telephone Number: John Hayes, 518 459-5593

- (f) Has or will the Contract be provided, if so, please attach: Yes

- (g) Commencement Date of Contract: July 1, 2009

- (h) Termination Date of Contract: June 30, 2010

- (i) Payment Provisions:
 - i) lump sum amount 1,979.00
 - 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.

- (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.83110.6300 422 Fiscal/Repair & Maintain Equipment \$1,979.00.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: MAY 22, 2009

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Dental Services
- (c) Name of Contractor: Dr. Daniel Kana, DDS
- (d) Address of Contractor: Northeast Mobile Dental Service, 30 Pinkerton Street, Derry, New Hampshire 03038
- (e) Contractor's Contact Person and Telephone Number: Dr. Daniel Kana, DDS 603 493-6998
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: July 1, 2009
- (h) Termination Date of Contract: Continual Upon 30 days Notice
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed 20,500.00
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Monthly \$1,708.33
- (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.72900.2700 470 Westmount, Dental, Physician Fee's - Contract \$20,500.00.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: June 3, 2009

- (a) Is this a Result of a Bid or Request for Proposal? No

- (b) Purpose of Contract: Inspection of 3 Gallon Pyro Chem System (fire Suppression) in Dietary Kitchen, two yearly inspections approximately 2 hours per inspection.

- (c) Name of Contractor: B-Lann Equipment Co., Inc.

- (d) Address of Contractor: 2288 fifth Avenue, PO Box 997, Troy, NY 12180

- (e) Contractor's Contact Person and Telephone Number: Jo Ann R. Houck (518) 274-7888 ext 104

- (f) Has or will the Contract be provided, if so, please attach:

- (g) Commencement Date of Contract: Upon execution of agreement

- (h) Termination Date of Contract: Upon 30 days written notice

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount 75.90/Hr
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Twice yearly

- (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.82100.6802 470 - Westmount, Dietary service, Contracted Services - Contract \$ 305.00

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: MAY 22, 2009

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Revision of Admission Agreement
- (c) Name of Contractor: Ruffo Tabora Mainello & McKay, PC
- (d) Address of Contractor: 300 Great Oaks Boulevard, Suite 311, Albany, NY 12203
- (e) Contractor's Contact Person and Telephone Number: David Ruffo 518 218-2088
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: June 1, 2009
- (h) Termination Date of Contract: Upon Completion of Revision
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount \$175.00 per hour
 - iii) total amount not to exceed \$1,575.00
 - 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.83500.3000 440 Westmount, Administrative Services, Legal Service, Purchased Fees-Legal/Transcript - Fees \$3,000.00

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: JUNE 3, 2009

- (a) Purpose of Request: Rescinding agreement with Sanders Fire & Safety

- (b) Details: Request that agreement with Sanders Fire & Safety be rescinded for semi-annual inspection of kitchen hood fire suppression system at Westmount Health Facility.

- (c) Previous Resolution Number: Resolution No 201 of 2009

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: May 22, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.83500.5906 410	Westmount, Administrative Services, Supplies	EF.83500.5830 220	Westmount, Administrative Services, Office Equipment	22.50
EF.60200.5803 260	Westmount, Nursing-Nurses' Station Other Equipment	EF.72600.5803 260	Westmount, Activities Program, Other Equipment	61.00
EF.83500.810 418	Westmount, Administrative Services General Insurance – Insurance General Liability	EF.60200.5803 260	Westmount, Nurses' Stations Other Equipment	752.00

Please state reason for transfers requested: One cell phone for Maintenance Supervisor, Camera Printer for Resident photo's in charts, Chair pad & Bed Alarms.

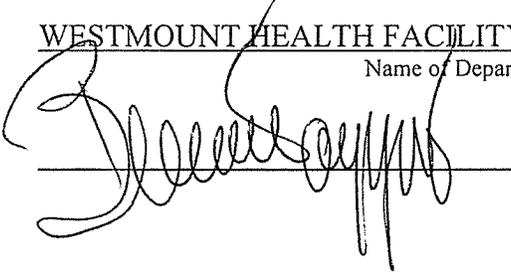
Please file original request with Clerk of the Board and retain copy for your records.

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: May 22, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82100.700 110	Westmount, Dietary Services, FSH HK LL Maintenance - Salaries - Regular	EF.82100.700 130	Westmount, Dietary Services, FSH HK LL Maintenance - Salaries - P/T	21,479.00
EF.72600.400 110	Westmount, Activities Program, LPN & Act Director Wages - Salaries - Regular	EF.72600.400 130	Westmount, Activities Program, LPN & Act Director Wages - Salaries - P/T	28,563.00
EF.74100.800 110	Westmount, Medical Staff, Physician Salaries - Regular	EF.74100.800 130	Westmount, Medical Staff, Physician Salaries - P/T	17,229.00

Please state reason for transfers requested: **Correct reporting of budgeted part-time positions.**

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

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: June 3, 2009

- (a) Purpose of Request: Ratify and Extend actions of Westmount Health Facility Administrator executing Consulting Agreement with NYAHSa.

- (b) Details: To Ratify and Extend as necessary up to 16 hours at 185.00/hr the actions of Westmount Health Facility Administrator, Barbara Taggart executing Consulting Agreement with NYAHSa due to the DOH Immediate Jeopardy determination on May 14th, 2009.

- (c) Previous Resolution Number:

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: EF.83500.6822 470 Westmount, Administrative Services, Contracted Services \$ 10,360.00.

* as listed in budget and LOGOS

Westmount P/T Employees 1/1/09-4/26/09

		Total:	Regular:	Overtime:	DBL:
11477	Allen, Jamie	5,133.24	5,133.24	0.00	
11271	Blackmer, Crystal	4,249.00	3,755.91	493.09	
11370	Blair, Russell	771.04	771.04	0.00	
11453	Bonner, Jean	0.00	0.00	0.00	
11570	Breault, Sarah	3,434.83	3,267.12	167.71	
11533	Brynes, Hope	12,214.79	10,445.34	1,769.45	
11082	Clausen, Janice	975.40	956.71	18.69	
11569	Coffman, Johnnah	188.30	188.30	0.00	
10324	Devlin, Kathryn	9,954.23	8,818.44	1,135.79	
11272	Dorrough, Sandy	712.05	570.82	141.23	
11466	Fuller, Lorraine	919.13	836.06	83.07	
11180	Gendron, Darlene	5,032.10	4,999.26	32.84	
10789	Gipe, Jennifer	1,818.00	1,492.70	325.30	
11447	Groom, Stephen	6,848.56	6,441.55	407.01	
11555	Haines, Beth	3,848.35	3,682.80	165.55	
10327	LaFreniere, Lorraine	983.81	983.81	0.00	
11478	LaVergne, Donna	10,707.60	9,126.26	1,581.34	
11305	Millington, Jeanne	664.38	664.38	0.00	
11389	Morehouse, Brenda	3,567.38	3,326.40	240.98	
11534	Mueller, Marsiny	6,826.62	6,515.92	310.70	
10545	Mulready, Tina	9,891.77	9,079.52	812.25	
8834	Murphy, Regina	83.51	83.51	0.00	
11364	Olsen, Celine	4,402.16	4,291.81	110.35	
10848	Rafferty, Starr	649.07	649.07	0.00	
11383	Ross, Amanda	2,121.74	1,810.14	311.60	
11397	Rowland, Paige	4,469.94	4,146.16	323.78	
9996	Russell, Geraldine	1,575.66	1,452.08	123.58	
11567	Shaffer, Brittany	2,383.26	2,242.03	141.23	
11581	Smith, Sheena	929.77	929.77	0.00	
11532	Stehlin, Karen	0.00	0.00	0.00	
7246	Taylor, Pearl	3,553.42	3,534.82	18.60	
11417	Utz, Donna	4,041.37	1,826.01	0.00	2,215.36
7702	Villajuan, Bernardo	5,963.85	5,963.85	0.00	
11562	Winslow, Bradley	0.00	0.00	0.00	
9789	Woodard, Mary Anne	7,375.86	6,570.57	805.29	
		126,290.19	114,555.40	9,519.43	2,215.36

Budgeted → 26,837.21

UnBudgeted 87,718.19

x 3

\$ 263,154.57

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: WESTMOUNT HEALTH FACILITY

DATE: MAY 22, 2009

- (a) Purpose of Amendment: To Amend 2009 Nursing Supervisor Appropriations by Amending the Unrestricted Fund Balance.

- (b) Appropriation Code (with title), Object Code (with title) and Amount:
EF.60200.100 130 Westmount, Nursing - Nurses' Stations - Management & Supervisors - Salaries - P/T \$46,793.04.

- (c) Revenue Code (with title), and Amount: EF.229000 909.00 Westmount, Unrestricted Fund Balance \$46,793.04

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: WESTMOUNT HEALTH FACILITY

DATE: MAY 22, 2009

- (a) Purpose of Amendment: To Amend 2009 Nursing Registered Nurses Appropriations by Amending the Unrestricted Fund Balance.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60200.300 130 Westmount, Nursing - Nurses' Stations - Registered Nurses Wages - Salaries - P/T \$49,458.45.

- (c) Revenue Code (with title), and Amount: EF.229000 909.00 Westmount, Unrestricted Fund Balance \$49,458.45

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: WESTMOUNT HEALTH FACILITY

DATE: MAY 22, 2009

- (a) Purpose of Amendment: To Amend 2009 Nursing LPN Appropriations by Amending the Unrestricted Fund Balance.

- (b) Appropriation Code (with title), Object Code (with title) and Amount:
EF.60200.400 130 Westmount, Nursing - Nurses' Stations - LPN & Activities
Director wages - Salaries - P/T \$55,675.17.

- (c) Revenue Code (with title), and Amount: EF.229000 909.00 Westmount,
Unrestricted Fund Balance \$55,675.17

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: WESTMOUNT HEALTH FACILITY

DATE: MAY 22, 2009

- (a) Purpose of Amendment: To Amend 2009 Nursing CNA Appropriations by Amending the Unrestricted Fund Balance.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60200.500 130 Westmount, Nursing - Nurses' Stations, Aides, Orderlies, Assistants - Salaries - P/T \$111,227.91.

- (c) Revenue Code (with title), and Amount: EF.229000 909.00 Westmount, Unrestricted Fund Balance \$111,227.91

WESTMOUNT HEALTH FACILITY

A SKILLED NURSING HOME operated by Warren County 42 GURNEY LANE--QUEENSBURY, NY 12804 - (518) 761-6540
Barbara Taggart, Administrator

TO: FRIENDS AND FAMILY MEMBERS

FROM: BARBARA TAGGART, ADMINISTRATOR

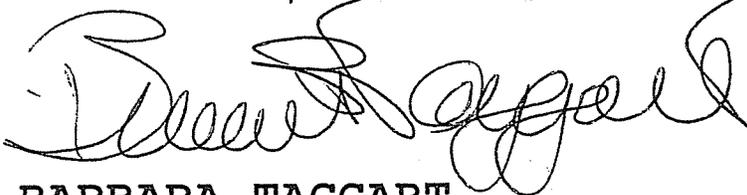
RE: MEAL RATE INCREASE

TO MEET OUR INCREASING DIETARY EXPENDITURES, EFFECTIVE JUNE 1ST, 2009, FAMILY OR GUEST LUNCH MEAL REIMBURSEMENTS WILL INCREASE FROM \$5.00 DOLLARS TO \$7.00 DOLLARS.

HOLIDAY DINNER REIMBURSEMENTS WILL INCREASE FROM \$10.00 DOLLARS TO \$12.00 DOLLARS. (SPRING BANQUET, THANKSGIVING, CHRISTMAS OR EASTER DINNERS)

WESTMOUNT HEALTH FACILITY WILL CONTINUE TO SUPPORT THE POLICY OF ONE COMPLIMENTARY LUNCH MEAL PER WEEK FOR RESIDENT FRIENDS OR FAMILY MEMBERS.

THANK YOU,



BARBARA TAGGART
ADMINISTRATOR

RESOLUTION REQUEST FORM NO. 9

Request to Increase or Decrease or Amend Existing 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: June 3, 2009

- (a) Exact Title and Number of Project*: Electronic Medical Records Documentation
Capital Project H.280.9550 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project?
- (d) Amount of Increase (if applicable):
- (e) Amount of Decrease (if applicable): \$26,977.14
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: To close project and return
balance to source of funding.

WESTMOUNT CURRENT STAFFING LEVELS MAY 2009

		POSITIONS	CURRENT STAFF	EMPLOYEE STATUS
7AM - 3PM	RN F/T	4	4	
	RN P/T	1	0	1 VACANCY
	LPN F/T	3	2	1 MLOA
	CNA F/T	18	17	
	CNA P/T	2	2	
SUBTOTALS		28	25	

3PM - 11PM	RN F/T	1	1	
	RN Relief F/T	1	1	
	RN PER-DIEM	7	6	6 VERY LIMITED AVAILABILITY 1 ON ADMINISTRATIVE LEAVE
	LPN F/T	3	3	
	LPN PER-DIEM	6	5	VERY LIMITED AVAILABILITY/1 MLOA
	CNA F/T	12	10	1 VACANCY & 1 COMPENSATION
	CNA PER-DIEM	8	8	VERY LIMITED AVAILABILITY
SUBTOTALS		38	34	

11PM - 7AM	RN F/T	1	0	VACANCY
	LPN F/T	3	3	
	CNA F/T	8	8	
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

June 1, 2009

#4100	Nursing Administration	16.30 Hours - Overtime
#4101	RN Supervisors	60.20 Hours - Overtime
#4102	RN	37.80 Hours - Overtime
#4103	LPN	39.85 Hours - Overtime
#4104	CNA	118.30 Hours - Overtime
#4105	Activities	0.00 Hours - Overtime
#4109	Dietary	103.05 Hours - Overtime
#4110	Maintenance	2.75 Hours - Overtime
#4111	Housekeeping	0.00 Hours - Overtime
#4112	Laundry	0.00 Hours - Overtime
#4114	Fiscal Services	16.00 Hours - Overtime

Report Dates - 04/13/09 - 05/24/09

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

June 1, 2009

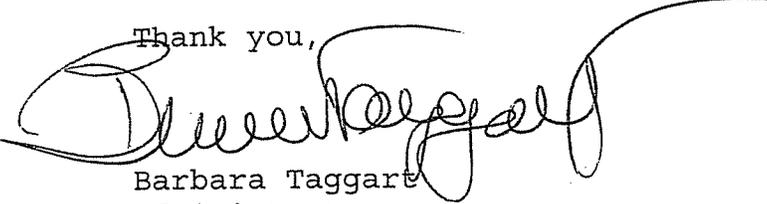
Mr. Ken Tingley
Editor, The Post Star
P.O. Box 2157
Glens Falls, NY 12801

Dear Mr. Tingley,

I would appreciate your efforts in printing this article and picture in the Post Star. This was a special event for Westmount.

Westmount Health Facility honored their veterans with a special Memorial Day Service on Saturday, May 23, 2009 at 10:30AM. The ceremony included the Queensbury VFW Post 6196, Glens Falls American Legion Post 233, Glens Falls VFW Post 2475, and Queensbury American Legion Post 1796. The service concluded with a traditional rifle salute. The photo includes the following: Front row from left Supervisor David Strainer, Veronica DuFrane, President of Resident Council, Senator Elizabeth Little, Barbara Taggart, Westmount Administrator, Hal Payne, Commissioner of Fiscal and Administrative Service. The back row from the left: Director of Veteran Services, William McGarr, Supervisor Lawrence "Red" Pitkin, Supervisor Joseph Sheehan, Denise DiResta, Deputy Director of Veteran Services, and Supervisor Daniel Stec. A picnic lunch was provided following the program.

Thank you,



Barbara Taggart
Administrator

BT/pjp



ts, he was
by one sister,
rotter.
urvivors besides his wife

the Densmore
Funeral Home
Inc., 7 Sher-
man Ave.,
Corinth.



Andrew Brindzak



BRINDZAK

QUEENSBURY
♦ Andrew Brin-
dzak, 90, of
Queensbury,
passed away Fri-
day, April 3, 2009,
at Glens Falls
Hospital, after a
very long battle
with Alzheimer's
Disease.

Born in
Youngstown,
Ohio, on July 28,
1918, he was the
son of the late George and
Helen (Surovachak) Brindzak.

He graduated from Belle
Vernon High School in Belle
Vernon, Pa., Class of 1935.

On Dec. 31, 1941, Andrew
married Shirley Soucek in his
family church in Monessen,
Pa.

Andrew served in the U.S.
Army for nine years and
worked his way through the
ranks before he attended of-
ficer's training. As first lieu-
tenant and second lieutenant,
he was an instructor at Fort
Sill, Okla. Then, as captain,
he served in military govern-
ment in Japan as a procure-
ment officer.

Some of Andrew's major
interests were his solo work in
various church choirs and golf.
He also loved square danc-
ing, as well as being a square-
dance caller. He also worked in
the Fraternal Unions and was
a very active fraternalist most
of his life. He was devoted to
his family and will be sorely
missed.

Besides his parents, one
sister, Helen Githens, and one
brother, George Brindzak, have
predeceased Andrew.

He is survived by his lov-
ing wife of 67 years, Shir-
ley Brindzak of Queensbury;
his daughter, Shirley Salerno
and her husband, James, of
Queensbury; two grand-
daughters, Lauren Trippodo
and her husband, Capt. Dom-
inic Trippodo, of Clarksville,
Tenn., and Valerie Pebler and
her husband, Charles, of Glens

Falls; two great-
granddaughters,
Jillian Pebler and
Natalie Pebler
also of Glens Falls;
one sister, Marga-
ret Kelly of Ros-
coe, Penn.; one
nephew, Kenneth
Githens; three
nieces: Nancy
Ihnat, Susan
Kelly, and Patti Jo
Christopher; sev-
eral great nieces

and great nephews; and sev-
eral dear friends.

Friends may call upon the
family Thursday, April 9,
from 10 to 11 a.m. at Maynard
D. Baker Funeral Home, 11 La-
fayette St., Queensbury.

A Memorial service will fol-
low the calling hour at 11 a.m.,
at the funeral home, with the
Rev. Jerry Mabb, of Hudson
Falls, officiating.

Burial will follow at Gerald
B. H. Solomon Saratoga Na-
tional Cemetery, Duell Road,
Schuylerville.

Andrew's family wishes to
extend a sincere thank you to
the doctors and staff at West-
mount Health Facility for their
care during his lengthy illness.
Their kindness, skill, and re-
spect will always be appreci-
ated and remembered. Special
thanks to Kelly Bessaw, RN,
Marie Baertschi, RN, Angela
Watkins, LPN, Debbie McKin-
ney, LPN, Barbara Lange, RN,
Beverly Hall, LPN, all of the
11p.m. to 7 a.m. nursing staff,
Renee Bazan, MSW, and all of
the direct care staff.

Donations may be made in
loving memory of Andrew to
the Alzheimer's Association,
71 Glenwood Ave., Queens-
bury, NY 12804.

Condolences may be mailed
to Maynard D. Baker Fu-
neral Home, 11 Lafayette St.,
Queensbury,
NY 12804,
or e-mailed
through www.
bakerfuneral
home.com.



esour,
Weaver of
predeceased
ervices or call-
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at Glens Falls
ark St., Glens
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t., Glens Falls,
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ments are
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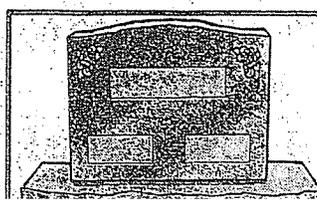
SO
LLS ♦
Valen-
call to-
7 p.m.
Funeral
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ll be cel-
pril 6, at
Church,
with Glens
ow in St.
with Glens

ART
NGS ♦ A
Edward
at 2p.m.
the ALM
Saratoga

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E. High
2020.

NER
Friends
may call
1. at the



- Monuments
- Markers
- Corner Markers
- Lettering
- Cleaning
- Foundations

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: JUNE 3, 2009

- (a) Purpose of Request: Increase of Meal and Special Function Meal Reimbursement.

- (b) Details: Amending Resolution 137 of 2003 to include increase of Meal Reimbursement from \$4.00 to \$7.00 per Meal and to include increase of Special Function Meal Reimbursement from \$8.00 to \$12.00 per Meal also to include one free Regular Meal per Resident per week for family or friends of Residents'.

- (c) Previous Resolution Number: 137 of 2003

McCarthy & Conlon, LLP
Certified Public Accountants
P.O. Box 4646
Queensbury, NY 12804

Michael J. McCarthy CPA
Lynn M. Conlon, CPA

Telephone (518) 792 - 6668
Fax (518) 792 - 2226

April 16, 2009

To the Board of Supervisors of the
County of Warren, New York

We have audited the financial statements of the Westmount Health Facility, for the years ended December 31, 2008 and 2007, and have issued our report thereon dated April 15, 2009. Professional standards require that we provide you with the following information related to our audits.

Our Responsibility under U.S. Generally Accepted Auditing Standards

As stated in our engagement letter, our responsibility, as described by professional standards, is to express opinions about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. In accordance with the terms of our engagement letter, we will advise management about the appropriateness of accounting policies and their application. The significant accounting policies used by Westmount Health Facility is described in Note 1 to the financial statements. During 2008, the Facility (and the County) adopted Governmental Accounting Standards Board Statement 45, "Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions". The application of existing policies was not changed during 2008. We noted no transactions entered into by the nursing facilities during the year for which there is a lack of authoritative guidance or consensus. There are no significant transactions that have been recognized in the financial statements in a different period than when the transaction occurred.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

Management's estimates of due to/from third party payors, allowance for uncollectible patient accounts receivable, depreciation expense, accrued compensated absences and postemployment health benefits are based on each facility's historical experience and/or projections of cost. We evaluated the key factors and assumptions used to develop these estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

Difficulties Encountered in Performing the Audit

We encountered no difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, misstatements detected as a result of audit procedures and corrected by management, some of which were material, are attached to this letter as "Schedule A".

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated April 15, 2009.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the governmental unit's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the governmental unit's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not condition to our retention.

Other Comments and Recommendations

Laundry Services

Based upon 2008 costs and statistics, it appears that Westmount is charging less than the cost per load for laundry processed for Countryside Adult Home ("Countryside"). This appears to be due, in part, to the fact that all laundry costs, including salaries and benefits, were not factored into the original charge calculation. In addition, the Laundry Department at Westmount is not weighing the laundry. Instead, they are using an estimate of 50 pounds per load of laundry. Medicaid and Medicare regulations require that laundry be weighed dry and clean. This is because different types of materials have different moisture absorption properties, so weighing dirty, wet laundry would yield distorted statistics.

We suggested that during 2009, the Laundry Department weigh all laundry dry and clean, as required, and we understand that this is now being done. An accurate weight record can then be utilized to develop a true cost per pound of laundry, which can then be used to revise the charges to Countryside to reflect Westmount's true cost of processing the laundry. This has significant Medicaid reimbursement ramifications, since the cost of doing laundry for Countryside is a non-reimbursable cost for Westmount. Therefore, it must be eliminated from reimbursable costs before the Medicaid rate is calculated. If Westmount is charging less than its actual cost to process this laundry, then it is incurring a real loss; and, in essence, subsidizing Countryside's laundry cost.

Guest Meal Charges

Westmount is currently charging \$5.00 per meal for guests to eat with residents. Based upon 2008 costs and statistics, it appears that Westmount's cost is around \$7.00 per meal. Again, the cost of guest meals is a non-reimbursable cost for Westmount. Therefore, the charge for the meal should be at least equal to the cost. We suggest that the charge be increased to \$7.00 per meal; and that the cost per meal be monitored to allow for future charge adjustments on an annual basis.

Resident Withdrawals

When reviewing controls over resident funds, we found that requests for withdrawals of resident's funds usually only require the signature of one employee. If a resident cannot sign, or can only mark the signature line with an "X", then a second employee signature is required as a witness. We suggest that this second employee signature be required for all withdrawals. This will provide an added level of security that will help to minimize the risk of improper or unauthorized withdrawals.

Medicaid Pending Residents

Frequently, residents are admitted to the Facility with their Medicaid status unknown, usually with an application for Medicaid pending approval from the County Social Services Department. As with most nursing facilities in New York State, Westmount has been experiencing significant delays in receiving Medicaid approval. Once received, it is usually retroactive to a particular date, and an amount is specified as the resident's responsibility. Unfortunately, that amount is based upon the facts that existed at the time of application. By the time that the Medicaid approval is received, the available funds have been spent by the resident and/or his or her family. This results in significant write-offs of amounts billed for care. To minimize this exposure, many nursing facilities have revised their admission agreement to require assignment of income to the facility at the time of admission. The income payments (i.e. – social security, pensions, etc.) would then be received by the facility on behalf of the resident. Once the Medicaid determination is received, these funds are used to offset the determined resident responsibility. If the facility has been overpaid, the resident can either receive a refund, or have the excess applied to future billings. If the facility has been underpaid, the resident is billed for the difference. This amount is also frequently uncollectible and must be written off. However, the amount of the write off would be less due to the assignment of income. We suggest that the County consider implementing such a policy at Westmount.

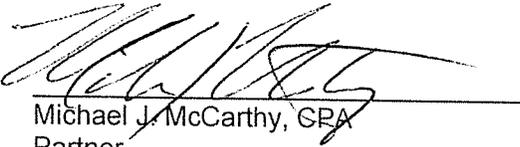
Medicaid Reimbursement

Due to the fiscal crisis on a national and state level, we are in an unprecedented period of extreme fluctuation in and unpredictability of Medicaid reimbursement. We do know that the IGT has been continued for another year; and that the State has made significant changes to the Medicaid methodology for the State fiscal year that began on April 1, 2009. However, as the fiscal crisis continues, it would not be surprising to see future significant changes, perhaps even significant amendments to the existing budget. It is imperative that the County and nursing facility administration stay alert to all changes, as there will likely be further fiscal impact on the nursing facility operations.

This information is intended solely for the use of the Warren County Board of Supervisors and management of Westmount Health Facility, and is not intended to be and should not be used by anyone other than these specified parties.

Sincerely,

McCarthy & Conlon, LLP



Michael J. McCarthy, CPA
Partner

Westmount Health Facility

Schedule A

Significant 2008 audit adjustments were as follows:

	Adjustment Amount	Income Effect Increase (Decrease)
* To adjust OPEB obligation for retiree health insurance.	\$ 1,160,399	\$ (1,160,399)
* To remove cost of retiree health insurance actually paid for 2008.	\$ 187,269	\$ 187,269
* To adjust allowance for bad debts.	\$ 5,370	\$ (5,370)
* To record amount due to Medicaid for trend factor reduction.	\$ 18,463	\$ (18,463)
* To write off costs of abandoned project (Adult Day Care).	\$ 15,919	\$ (15,919)