

HEALTH SERVICES COMMITTEE
WESTMOUNT HEALTH FACILITY

FRIDAY, JUNE 26, 2009
MUNICIPAL BUILDING BOARD ROOM
9:30AM

1. Siemens Building Technologies, Inc.
Energy Performance Contract.
 - ❖ Year four (4) Performance Assurance Report
 - ❖ Client Acceptance of Annual Guaranteed Savings Report - Pages 1-2
2. Request resolution to appropriate the Fund Balance to pay per diem employees not budgeted for remainder of 2009. Pages 3-8
3. Request resolution to transfer funds. Fiscal Department Payroll, billing, year end reports and account payable key data entry. Page 9
4. Request resolution to establish a Capital Project Appropriation of Unrestricted Fund Balance. Installation of Internal Sprinkler System mandated by (CMS) Center of Medicare and Medicaid Services. All Nursing homes are required to be fully in compliance with this mandate by August 13, 2013. Page 10
5. Overtime Report. Page 11
6. Discussion – Increase in Beautician charges.

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 26, 2009

- (a) Purpose of Request: Year 4 Performance Assurance Report Acceptance Affidavit.

- (b) Details: Signature of document titled, "Client Acceptance of Annual Guaranteed Savings Report" regarding Siemens Building Technologies, Inc. energy performance contract.

- (c) Previous Resolution Number: Resolution No. 519 of 2008

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**Client Acceptance of Annual Guaranteed Savings Report
Warren County: Westmount Health Facility**

Relative to the energy performance contract Performance Assurance Report for Year 4 presented by Siemens Building Technologies, Inc. on June 26, 2009, I acknowledge that I am an authorized representative of Warren County: Westmount Health Facility, and that I find the Realized Annual Savings results to be acceptable as presented.

Realized Annual Savings for Year 4 of the Agreement amount to \$306,842. This is in excess of the Guaranteed Savings amount of \$195,391 by \$111,451.

Authorized Client Signature

Authorized Individual's Name (Printed)

Title

Warren County: Westmount Health Facility
Client Name

This affidavit was executed on the _____ day of _____, 2009
at _____, New York.

Sworn to before me this _____ day of _____, 2009

NOTARY PUBLIC

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 Dorough, 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 Urtz, Donna	4,041.37	1,826.01	0.00	2,215.36
7702 Villajuan, Bernardo	5,963.85	5,963.85	0.00	0.00
11562 Winslow, Bradley	0.00	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	Salaries	RN Super	RN II	LPN	Aides
5,133.24					
	771.04				3,755.91
			10,445.34		3,267.12
			956.71		188.30
	8,818.44				570.82
			4,999.26		836.06
			1,492.70		
6,441.55					3,682.80
	983.81				9,126.26
			664.38		
3,326.40					6,515.92
			9,079.52		
	83.51				
	4,291.81				
			649.07		
					1,810.14
4,146.16					1,452.08
					2,242.03
					929.77
	0.00				
	3,534.82				
	1,826.01				
	5,963.85				
30,372.03					
	6,570.57				
	21,519.18				
	649.07				
	27,637.91				
	34,377.21				
	84,183.37				
	X 3	X 3	X 3	X 3	X 3
Annualized	64,557.54	1,947.21	82,913.73	103,131.63	252,550.11

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WESTMOUNT CURRENT STAFFING LEVELS JUNE 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	2	
SUBTOTALS		28	26	

3PM - 11PM	RN F/T	1	1	
	RN Relief F/T	1	1	
	RN PER-DIEM	6	6	6 VERY LIMITED AVAILABILITY
	LPN F/T	3	3	
	LPN PER-DIEM	6	6	VERY LIMITED AVAILABILITY
	CNA F/T	12	10	1 VACANCY & 1 COMPENSATION
	CNA PER-DIEM	9	8	VERY LIMITED AVAILABILITY/1 MLOA
SUBTOTALS		38	35	

11PM - 7AM	RN F/T	1	0	VACANCY
	LPN F/T	3	3	
	CNA F/T	8	8	
	SUBTOTALS	12	11	

GRAND TOTALS 78 72

P/T Per Diem 24

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: June 26, 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 \$64,557.54.

- (c) Revenue Code (with title), and Amount: EF.229000 909.00 Westmount, Unrestricted Fund Balance \$64,557.54

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: June 26, 2009

- (a) Purpose of Amendment: To Amend 2009 Nursing Registered Nurses II 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 \$1,947.21.

- (c) Revenue Code (with title), and Amount: EF.229000 909.00 Westmount, Unrestricted Fund Balance \$1,947.21.

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: June 26, 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 \$82,913.73.

- (c) Revenue Code (with title), and Amount: EF.229000 909.00 Westmount, Unrestricted Fund Balance \$82,913.73

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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: June 26, 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 \$103,131.63.

- (c) Revenue Code (with title), and Amount: EF.229000 909.00 Westmount, Unrestricted Fund Balance \$103,131.63

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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: June 26, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.83110.8302 469	Westmount, Fiscal Service Office , Pymnt/Contribution NYS Assessment	EF.83100.600 120	Westmount, Fiscal Service Office, Clerical & Other Amin Wages - Salaries OT	3,500.00
EF.72100.6201 470	Westmount, Nursing – Lab Services Medical PS Lab – Contract	EF.60100.600 120	Westmount, Nursing Admin, Clerical Other Admin Wages – Salaries OT	700.00

Please state reason for transfers requested: Cover Salary OT

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

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: JUNE 26, 2009

- (a) Exact Title **and** Number of Project (**must be obtained from Treasurer's Office**): Westmount Sprinkler System Project H296.9550 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project? No
- (d) Amount of Project: \$100,000.00
- (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 Internal Sprinkler System for Westmount Health Facility Mandated by (CMS) Center for Medicare and Medicaid Services. All Nursing Homes are required to be fully in compliance with this mandate by August 13, 2013.

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 24, 2009

#4100	Nursing Administration	25.70 Hours - Overtime
#4101	RN Supervisors	55.05 Hours - Overtime
#4102	RN	37.20 Hours - Overtime
#4103	LPN	92.75 Hours - Overtime
#4104	CNA	317.20 Hours - Overtime
#4105	Activities	0.00 Hours - Overtime
#4109	Dietary	92.15 Hours - Overtime
#4110	Maintenance	10.55 Hours - Overtime
#4111	Housekeeping	24.00 Hours - Overtime
#4112	Laundry	8.00 Hours - Overtime
#4114	Fiscal Services	11.50 Hours - Overtime

Report Dates - 05/25/09 - 06/21/09

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 26, 2009

- (a) Exact Title and Number of Project*: Westmount Sprinkler System Project
H296.9550 280
- (b) Is this a Capital Project? Yes
- (c) Is this a Capital Reserve Project?
- (d) Amount of Increase (if applicable): \$100,000.00
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
Unrestricted Fund Balance EF.229000 909.00
- (g) Changes in Funding (if Amendment):
- (h) Purpose of Increase or Decrease or Amendment: To cover cost of determining
total project cost for RFP and CON submission.

Warren County Board of Supervisors

RESOLUTION NO. 233 OF 2009

Resolution introduced by Supervisors Stec, Belden, O'Connor, Bentley, Tessier, Taylor, VanNess, Kenny and Merlino

**ESTABLISHING CAPITAL PROJECT NO. H296.9550 280 WESTMOUNT
SPRINKLER SYSTEM PROJECT; AUTHORIZING TRANSFER OF
FUNDS AND AMENDING WARREN COUNTY BUDGET FOR 2009
- WESTMOUNT HEALTH FACILITY**

RESOLVED, that the Warren County Board of Supervisors does hereby establish Capital Project No. H296.9550 280 Westmount Sprinkler System Project as follows:

1. Capital Project No. H296.9550 280 Westmount Sprinkler System Project is hereby established.
2. The estimated cost of such Capital Project is the amount of Five Thousand Dollars (\$5,000).
3. The proposed method of financing such Capital Project consists of the following:
 - a. Funding in the amount of Five Thousand Dollars (\$5,000) shall be transferred from Budget Code EF.229000 909.00 Westmount Unrestricted Fund Balance; and be it further

RESOLVED, that the Warren County Treasurer be, and hereby is, authorized and directed to transfer funds in the amount of Five Thousand Dollars (\$5,000) from Budget Code EF.229000 909.00 Westmount Unrestricted Fund Balance into Capital Project No. H296.9550 280 Westmount Sprinkler System Project, and be it further

RESOLVED, that the Warren County Budget for 2009 is hereby amended accordingly.