

HEALTH SERVICES COMMITTEE
WESTMOUNT HEALTH FACILITY

FRIDAY, JULY 24, 2009
MUNICIPAL BUILDING BOARD ROOM
9:30AM

1. Request resolution to amend the Unrestricted Fund Balance for payment of Civil Money Penalty resulting from May 14th, 2009 Survey - \$31,298.00 – Pages 1-3.
2. Request resolution to amend the Inter-fund Transfers Revenue for bed alarms and a fan. Total transfer - \$290.00 Page 4.
3. Request resolution for payment for Blood Work Services provided by Glens Falls Hospital. March 5th – July 8th, 2009
Request resolution to rescind agreement with Hudson Headwater Health Network for Laboratory and Phlebotomy Services. - Pages 5-6.
4. Request resolution to amend 2009 Activities Program, Disability Appropriations by Amending the Interfund Transfers Revenue. Pages 7.
5. Request resolution to transfer funds out of code to purchase a Weed Trimmer, wheelchair, general ledger correction, & 10 chair pad alarms. Page 8.
6. Staffing Levels - Page 9.
7. Overtime Report. – Page 10-11

Discussion: 1. Picture honoring Veterans. Page 12.

2. Siemens cost savings to Westmount.

3. Ruffo, Tobora, Mainello & McKay P.C. – Federal and State statutory and regulatory provisions do not permit a nursing home to condition admission upon an agreement by a prospective resident to authorize the home to manage his or her finances.

4. Sprinkler System Project.

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: July 24, 2009

- (a) Purpose of Amendment: To Amend 2009 Fiscal Services Office, Misc Fees & Expense - Licenses Other Payments/Contributions Appropriations by Amending the Unrestricted Fund Balance for payment of Civil Money Penalty resulting from May 14, 2009 Survey.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.83110.8303 469 Westmount, Fiscal Services Office, Misc Fees & Expense - Licenses Other Payments/Contribution \$31,298.00.

- (c) Revenue Code (with title), and Amount: EF.229000 909.00 Westmount, Unrestricted Fund Balance \$31,298.00

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Jacob K. Javits Federal Building, Room 37-130
26 Federal Plaza
New York, New York 10278-0063



Northeast Consortium/ Division of Survey & Certification

July 8, 2009

CMS Certification Number (CCN): 33-5549

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

Re: Determination of Compliance

Survey Date: May 14, 2009

Date of 1st Revisit: May 26, 2009

Date of 2nd Revisit: July 2, 2009

Dear Ms. Taggart:

On May 14, 2009, a survey was conducted at your facility by the New York State Department of Health (NYSDOH) to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare/Medicaid programs. This survey found that your facility was not in substantial compliance with participation requirements and conditions in your facility constituted immediate jeopardy to resident health and/or safety. Substandard quality of care was identified.

As a result of the survey findings, the NYSDOH notified you that it would recommend to the Centers for Medicare & Medicaid Services (CMS) that a denial of payment for new admissions, a civil money penalty, and termination be imposed.

A revisit conducted on May 26, 2009 determined that the immediate jeopardy to resident health and safety was removed however, deficiencies remained.

A revisit conducted July 2, 2009 found that your facility achieved substantial compliance with program requirements as of June 17, 2009.

In a letter dated June 12, 2009, your facility has requested that CMS reconsider its imposition of a civil money penalty (CMP) in the amount of \$5,050.00 per day for each day that immediate jeopardy to resident health and safety existed. Your facility's request for the reconsideration is due to financial hardship. Based on the information you provided regarding your facility's ownership and operations, we have determined that the CMP originally imposed is revised as follows:

2

We have imposed a Civil Money Penalty (CMP) in the amount of \$4,050.00 per day for 11 days of immediate jeopardy (May 13, 2009 through May 23, 2009) for a total of \$44,550.00.

We then lowered the CMP to accrue at \$150.00 per day for 24 days of continued noncompliance (May 24, 2009 through June 16, 2009) for a total of \$3,600.00.

The total amount of the CMP is \$48,150.00. - 35% ~~\$~~ 31,298.00

We are in receipt of the letter dated June 24, 2009 by which your facility waives its right to a hearing. Therefore, the \$48,150.00 civil money penalty imposed on your facility will receive a 35 % reduction. Please note that payment of the CMP is not due at this time. A letter notifying you where to send the payment will be sent to you under separate cover.

The denial of payment for new admissions that was imposed on your facility effective May 20, 2009 is lifted effective June 17, 2009.

Your Medicare provider agreement will not be terminated as substantial compliance was achieved prior to November 14, 2009.

If you have any questions, please call Sherice Fleet (212) 616-2467.

Sincerely,



Steven Blaum
Branch Manager
Certification and Enforcement
Division of Survey and Certification

cc: Valerie Deetz (NYSDOH - Division of Residential Services)
Beth Dichter (NYSDOH - Bureau of Professional Credentialing)
New York State Office of Medicaid Management
National Government Services

3

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: JULY 24, 2009

- (a) Purpose of Amendment: Request to Amend 2009 Nurses' Station, Other Equipment, and Laundry and Linen Service, Other Equipment Appropriations by Amending the Interfund Transfers Revenue for bed pad alarms and a fan.

- (b) Appropriation Code (with title), Object Code (with title) and Amount:
EF.60200.5803 260 \$250.00 Westmount, Nurses' Station, Other Equipment and
EF.82500.5803 260 \$40.00 Westmount, Laundry and Linen, Other Equipment.

- (c) Revenue Code (with title), and Amount: EF.503100 5031 Westmount, Interfund Transfer \$ 290.00

4

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: July 24, 2009

- (a) Purpose of Request: Request approval of payment for Bloodwork Services provided by Glens Falls Hospital Lab in the amount of \$ 465.00.

- (b) Details: Glens Falls Hospital provided Lab/Bloodwork Services after HHHN rescinded contract with Westmount Health Facility.

- (c) Previous Resolution Number:

- (d) Where are the funds (if required)? List Budget Code, Object Code, full Title* and amount: EF.72100.6201 470 Westmount, Nursing - Laboratory Services Contractual Expense \$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: JULY 24, 2009

- (a) Purpose of Request: Rescinding agreement with Hudson Headwater Health Network for Laboratory and Phlebotomy Services.

- (b) Details: Request that agreement with HHHN be rescinded for Laboratory and Phlebotomy Services at Westmount Health Facility.

- (c) Previous Resolution Number: Resolution No 823 of 2007

6

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: JULY 24, 2009

- (a) Purpose of Amendment: Request to Amend 2009 Activities Program, Disability Appropriations by Amending the Interfund Transfers Revenue.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.72600.2200 855 \$995.00 Westmount, Activities Program, Disability.

- (c) Revenue Code (with title), and Amount: EF.503100 5031 Westmount, Interfund Transfer \$ 995.00

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: July 24, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82200.5906 410	Westmount, Plant Operation & Maint. Supplies	EF.82200.5804 270	Westmount, Plant Operation & Maintenance, Lawn & Landscaping	70.00
EF.73300.5906 410	Westmount, Physical Therapy, Supplies	EF.73300.5803 260	Westmount, Physical Therapy, Other Equipment	325.00
EF.60200.100 130	Westmount, Nursing-Nurses' Station Management & Supervisors P/T	EF.60200.300 130	Westmount, Nursing-Nurses' Station Registered Nurses P/T	64,557.54
EF.60200.5802 210	Westmount, Nursing-Nurses' Station Furniture/Furnishing	EF.60200.5803 260	Westmount, Nursing-Nurses' Other Equipment	630.00

Please state reason for transfers requested:

Purchase of Weed Trimmer, wheelchair, g/l correction, 10 Chair pad alarms

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

8

WESTMOUNT CURRENT STAFFING LEVELS JULY 22, 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	18	
	CNA P/T	2	2	
SUBTOTALS		28	28	

3PM - 11PM	RN F/T	1	1	
	RN Relief F/T	1	1	
	RN PER-DIEM	7	6	6 VERY LIMITED AVAILABILITY
	LPN F/T	3	3	
	LPN PER-DIEM	6	6	VARY LIMITED AVAILABILITY
	CNA F/T	12	9	1 COMPENSATION; 1 MLOA; 1 VACANCY
	CNA PER-DIEM	9	8	VERY LIMITED AVAILABILITY; 1MLOA
SUBTOTALS		39	34	

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

GRAND TOTALS 79 73

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

OT 06/22/09 - 06/28/09

NURSING	55.10	Charting, Coverage, MLOA, Sick, Vacation.
DIETARY	36.45	All Vacations, MLOA.
FISCAL	2.50	Physician Billing.

OT 06/29/09 - 07/05/09

NURSING	Total=313.00	Holiday=282.50	Reg.=30.50
ACTIVITIES	Total= 3.00	Holiday= 3.00	
DIETARY	Total= 50.50	Holiday= 48.00	Reg.= 2.50
HOUSEKEEPING	Total= 16.00	Holiday= 16.00	
FISCAL	Total= 2.75	Physician Billing	Reg.= 2.75

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

July 22, 2009

#4100	Nursing Administration	4.30 Hours - Overtime
#4101	RN Supervisors	40.65 Hours - Overtime
#4102	RN	18.10 Hours - Overtime
#4103	LPN	39.60 Hours - Overtime
#4104	CNA	80.60 Hours - Overtime
#4105	Activities	0.00 Hours - Overtime
#4109	Dietary	67.25 Hours - Overtime
#4110	Maintenance	00.00 Hours - Overtime
#4111	Housekeeping	8.00 Hours - Overtime
#4112	Laundry	00.00 Hours - Overtime
#4114	Fiscal Services	11.50 Hours - Overtime

Report Dates - 06/27/09 - 07/19/09

Honoring veterans



COURTESY PHOTO

Westmount Health Facility honored their veterans with a special Memorial Day service May 23. The ceremony included Queensbury VFW Post No. 6196, Glens Falls American Legion Post No. 233, Glens Falls VFW Post No. 2475 and Queensbury American Legion Post No. 1796. Pictured, from front row left, are supervisor David Strainer; Veronica DuFrane, president of the resident council; Sen. Elizabeth Little, R-Queensbury; Barbara Taggart, Westmount administrator; Hal Payne, commissioner of fiscal and administrative service. Back row, from left are director of veteran services William McGarr; supervisor Lawrence 'Red' Pitkin; supervisor Joseph Sheehan; Denise DiResta, deputy director of veteran services and supervisor Dan Stec.