

**WESTMOUNT HEALTH FACILITY**  
**HEALTH SERVICES COMMITTEE MEETING**  
**THURSDAY, OCTOBER 6, 2009**

**MEETING AT MUNICIPAL CENTER**

**WESTMOUNT HEALTH FACILITY**

- 1.) SPRINKLER PROJECT BIDS. JEFF TENNYSON, AND JULIE PACYNA  
PRESENT TO DISCUSS PROJECT. PAGE 1
  
- 2.) REQUEST RESOLUTION TO AMEND 2009 NURSING – NURSES’ STATION  
OFFICE EQUIPMENT APPROPRIATIONS BY AMENDING THE INTER-FUND  
TRANSFER REVENUE. TWO (2) COMPUTER WORK STATIONS  
PURCHASED IN THE AMOUNT OF \$1,086.00 USED FOR NORTH/EAST AND  
SOUTH/WEST NURSING STATIONS. PAGE 2  
  
REQUEST RESOLUTION TO RATIFY THE ACTIONS AND APPROVE  
PAYMENT OF SEPTEMBER 18, 2009 EMERGENCY SERVICE CALL WITH  
MAHONEY-NOTIFY PLUS, INC., IN THE AMOUNT OF \$468.75. PAGE 3  
  
REQUEST RESOLUTION TO AMEND COUNTY BUDGET TO INCLUDE  
PAYMENT UP TO \$25,000.00 TO RUFFO, TABORA, MAINELLO & MC KAY,  
P.C.. PAGE 4
  
- 3.) REQUESTED PERSONNEL CHANGES FOR 2010. PAGES 5-13
  
- 4.) REQUEST RESOLUTION TO CONTRACT WITH NURSE AGENCY
  - A. MED STAFF – A DIVISION OF VISITING NURSE  
ASSOCIATION OF ALBANY HOME CARE CORP.
  - B. NURSE CONNECTION STAFFING, INC.
  - C. INTERIM HEALTH CARE

- 5) REQUEST RESOLUTION FOR TRANSFER OF FUNDS AND AMEND COUNTY BUDGET FOR THE PURCHASE OF TWO (2) WANDER GUARDS TO EXPIRE 12/13/09. PAGES 14 & 15
- 6) OVERTIME FACILITY HOURS. FEBRUARY, MARCH AND APRIL 2008 COMPARED TO 2009. PAGES 16-18
- 7) STAFFING LEVELS PAGE 19
- 8) OVERTIME REPORT PAGE 20
- 9) DISCUSSION ITEMS

**Proposal Review**

<b>Proposal Requirements</b>	Clark Patterson Lee	Excel Engineering, PC	New England Engineering	M/E Engineering, PC	Crough Harbour Assoc.	SMRT	Robson Woese, Inc.	North County Engineering
<b>Multidiscipline Experience</b>	Multidiscipline Firm - Civil, Mechanical, Electrical, Architectural	Mechanical & Electrical Experience only - will sub-contract for Civil and Architectural Requirements	Fire Protection Engineers - will sub-contract other disciplines if needed	Mechanical & Electrical Firm	Multidisciplined - Civil, Mechanical, Electrical, Will sub architectural oversight to Peterson Group	Multidiscipline Firm - Civil, Mechanical, Electrical, Architectural	Mechanical & Electrical Firm	Multidiscipline - Civil, Mechanical, Architectural - Electrical not addressed
<b>Brief Overview of Project</b>	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
<b>Similar Projects with min 3 Municipal Entities</b>	Submitted details of projects with 5 courtyes, 6 town/villages and 4 schools, CPL performed variety of design, planning and construction management roles	Submitted project summaries for projects at 5 Health Facilities, Excel's role in the projects	Submitted 40 project summaries where NEE performed as Lead Fire Protection Engineer	Submitted details of 3 highlighted projects - M/E performed study, design and construction phase services on relevant projects	Submitted details of 12 projects - CHA has performed a variety of design, planning and construction management roles on relevant projects.	Submitted details of 8 projects - SMRT has performed a variety of planning, design and construction services roles on relevant projects	Submitted details of 7 relevant projects- RW, Inc. performed studies, fire protection engineering, construction administration and technical consulting on a variety of relevant projects.	Submitted summary of 8 relevant projects - NCE served primarily as sprinkler system designer for these projects.
<b>Proposed Staffing, qualifications &amp; experience</b>	Complete Project Org Chart with personnel quals and resumes for 8 employees	Resumes for 2 Excel employees, no info submitted for proposed sub consultant team members	Resumes for 2 Employees, no info submitted regarding proposed sub	Resumes for 3 Employees	Complete Project Org with personnel quals and resumes for 6 CHA Employees and 1 sub consultant	Complete Project team with personnel quals and resumes for 5 employees	Project team with personnel quals and resumes for 5 employees	Project team of 2 employees - submitted relevant experience and quals
<b>Proposal Forms</b>	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
<b>DPW Review Conclusion</b>	Fully Qualified	Not Multidisciplined, narrow experience	Not Multidisciplined, narrow experience	Not Multidisciplined, narrow but strong project experience	Fully Qualified	Fully Qualified	Not Multidisciplined, but strong project experience	Not Multidisciplined, narrow experience

Lump Sum Fee \$ 5,000 \$ 3,500 \$ 9,500 \$ 7,200 \$ 13,975 \$ 7,000 \$ 5,500 \$ 7,250  
 plus hydrant flow test

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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: OCTOBER 6, 2009**

- (a) Purpose of Amendment: Request to Amend 2009 Nursing - Nurses' Station, Office Equipment Appropriations by Amending the Interfund Transfers Revenue.
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60200.5830 220 \$1,086.00 Westmount, Nursing - Nurses' Station, Office Equipment.
  
- (c) Revenue Code (with title), and Amount: EF.503100 5031 Westmount, Interfund Transfer \$ 1,086.00.

# **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: October 6<sup>th</sup>, 2009**

- (a) Purpose of Request: Ratify the Actions and approve payment of September 18<sup>th</sup>, 2009 emergency service call with Mahoney Notify-Plus, Inc in the amount of \$468.75 dollars.
  
- (b) Details: Ratify the Actions of Resolution No 836 of 2008 to include charges for repairs/replacements, including labor and fuel surcharge as stated in the agreement with Mahoney Notify-Plus Inc. and approve payment of September 18, 2009, service call.
  
- (c) Previous Resolution Number: 836 of 2008
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: EF.82200.6822 470 Westmount, Plant Operations/Contracted Services \$ 19,207.

**Sample: A.8021 470 Planning & Community Development – Contract**

\* as listed in budget and LOGOS

# **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: October 6, 2009**

- (a) Purpose of Amendment: To Amend 2009 Administrative Services, Contracted Services Appropriations by Amending the Unrestricted Fund Balance for purposes of physician billing services provided by Ruffo, Tabora, Mainello & McKay, PC also to include Accounting Services contracted with above related to same for total amount not to exceed \$25,000.00.
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.83500.6822 470 Westmount, Administrative Services, Contracted Services \$25,000.00.
  
- (c) Revenue Code (with title), and Amount: EF.229000 909.00 Westmount, Unrestricted Fund Balance \$25,000.00

# REQUESTED PERSONNEL CHANGES FOR 2010\*

**\*\*\*PLEASE NOTE: ITEM NO. 3 MUST BE COMPLETED\*\*\***

DEPARTMENT: WESTMOUNT HEALTH FACILITY

BUDGET CODE: EF.60200.100 120 SALARY BUDGET CODE: 41.01 EH6020 10 Nursing Sup

1) REQUEST FOR NEW POSITION OR DELETE POSITION:  NEW  DELETE

TITLE: INSERVICE/STAFFING COORDINATOR

SALARY: \$ 52,407 HIRE DATE: GRADE:

REASON FOR REQUEST: Restructuring of Organizational Chart

IS ANY POSITION TO BE DELETED?  YES  NO

IF YES: TITLE: Nursing Supervisor

SALARY: \$ 52,407

GRADE:

IS POSITION REQUESTED TO BE OUTSIDE OF BARGAINING UNIT:  YES  NO

IF YES, REASON:

2) REQUEST FOR RECLASSIFICATION OF POSITION:

EMPLOYEE NUMBER:

CURRENT TITLE:

HIRE DATE:

2009 BASE SALARY: \$

GRADE:

2010 BASE SALARY: \$

GRADE:

PROPOSED TITLE:

2010 BASE SALARY: \$

GRADE:

REASON FOR REQUEST:

3) DATE OF SUPERVISORY COMMITTEE APPROVAL: \_\_\_\_\_

**\*Following any Approval, a New Position Duty Statement OR Job Classification information Must be completed by the department head and submitted to the Personnel Officer for position classification.**

**NOTE:** If request for reclassification of position is approved, the current position (one to be reclassified) will be abolished after the candidate successfully completes examination (if required), or 1/1/10, if examination is not required.

REQUESTED PERSONNEL CHANGES FOR 2010\*

\*\*\*PLEASE NOTE: ITEM NO. 3 MUST BE COMPLETED\*\*\*

DEPARTMENT: WESTMOUNT HEALTH FACILITY

BUDGET CODE: EF.60200.100 130 SALARY BUDGET CODE: 41.01 EH6020 10 NURSING SUP

1) REQUEST FOR NEW POSITION OR DELETE POSITION:  NEW  DELETE

TITLE:

SALARY: \$

HIRE DATE:

GRADE:

REASON FOR REQUEST:

IS ANY POSITION TO BE DELETED?  YES  NO

IF YES: TITLE:

SALARY: \$

GRADE:

IS POSITION REQUESTED TO BE OUTSIDE OF BARGAINING UNIT:  YES  NO

IF YES, REASON:

2) REQUEST FOR RECLASSIFICATION OF POSITION:

EMPLOYEE NUMBER:

CURRENT TITLE: Salaries - Part Time

HIRE DATE:

2009 BASE SALARY: \$

GRADE:

2010 BASE SALARY: \$

GRADE:

PROPOSED TITLE: Salaries - Part Time

2010 BASE SALARY: \$ 25,000.00

GRADE:

REASON FOR REQUEST: Unbudgeted Part - Time and Per diem coverage

3) DATE OF SUPERVISORY COMMITTEE APPROVAL: \_\_\_\_\_

\*Following any Approval, a New Position Duty Statement OR Job Classification information Must be completed by the department head and submitted to the Personnel Officer for position classification.

NOTE: If request for reclassification of position is approved, the current position (one to be reclassified) will be abolished after the candidate successfully completes examination (if required), or 1/1/10, if examination is not required.

REQUESTED PERSONNEL CHANGES FOR 2010\*

\*\*\*PLEASE NOTE: ITEM NO. 3 MUST BE COMPLETED\*\*\*

DEPARTMENT: WESTMOUNT HEALTH FACILITY

BUDGET CODE: EF.60200.500 130 SALARY BUDGET CODE: 41.04 EH6020 10 NURSING AIDES

1) REQUEST FOR NEW POSITION OR DELETE POSITION:  NEW  DELETE

TITLE:

SALARY: \$ HIRE DATE: GRADE:

REASON FOR REQUEST:

IS ANY POSITION TO BE DELETED?  YES  NO

IF YES: TITLE: SALARY: \$ GRADE:

IS POSITION REQUESTED TO BE OUTSIDE OF BARGAINING UNIT:  YES  NO

IF YES, REASON:

2) REQUEST FOR RECLASSIFICATION OF POSITION:

EMPLOYEE NUMBER:

CURRENT TITLE: Salaries - Part Time HIRE DATE:

2009 BASE SALARY: \$ 0 GRADE:

2010 BASE SALARY: \$ 54,325.44 GRADE:

PROPOSED TITLE: Salaries - Part Time

2010 BASE SALARY: \$ 154,325.44 GRADE:

REASON FOR REQUEST: Unbudgeted Part - Time and Per diem coverage (12)

3) DATE OF SUPERVISORY COMMITTEE APPROVAL: \_\_\_\_\_

\*Following any Approval, a New Position Duty Statement OR Job Classification information Must be completed by the department head and submitted to the Personnel Officer for position classification.

NOTE: If request for reclassification of position is approved, the current position (one to be reclassified) will be abolished after the candidate successfully completes examination (if required), or 1/1/10, if examination is not required.

REQUESTED PERSONNEL CHANGES FOR 2010\*

\*\*\*PLEASE NOTE: ITEM NO. 3 MUST BE COMPLETED\*\*\*

DEPARTMENT: WESTMOUNT HEALTH FACILITY

BUDGET CODE: EF.60200.100 120 SALARY BUDGET CODE: 41.01 EH6020 10 NURSING SUP

1) REQUEST FOR NEW POSITION OR DELETE POSITION:  NEW  DELETE

TITLE:

SALARY: \$

HIRE DATE:

GRADE:

REASON FOR REQUEST:

IS ANY POSITION TO BE DELETED?  YES  NO

IF YES: TITLE:

SALARY: \$

GRADE:

IS POSITION REQUESTED TO BE OUTSIDE OF BARGAINING UNIT:  YES  NO

IF YES, REASON:

2) REQUEST FOR RECLASSIFICATION OF POSITION:

EMPLOYEE NUMBER:

CURRENT TITLE: Salaries - Overtime

HIRE DATE:

2009 BASE SALARY: \$ 7,277.00

GRADE:

2010 BASE SALARY: \$ 7,277.00

GRADE:

PROPOSED TITLE: Salaries - Overtime

2010 BASE SALARY: \$ 27,277.00

GRADE:

REASON FOR REQUEST: Reflect upgrades and salarie increases OT and Per diem supervisor shift differential.

3) DATE OF SUPERVISORY COMMITTEE APPROVAL: \_\_\_\_\_

\*Following any Approval, a New Position Duty Statement OR Job Classification information Must be completed by the department head and submitted to the Personnel Officer for position classification.

NOTE: If request for reclassification of position is approved, the current position (one to be reclassified) will be abolished after the candidate successfully completes examination (if required), or 1/1/10, if examination is not required.

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REQUESTED PERSONNEL CHANGES FOR 2010\*

\*\*\*PLEASE NOTE: ITEM NO. 3 MUST BE COMPLETED\*\*\*

DEPARTMENT: WESTMOUNT HEALTH FACILITY

BUDGET CODE: EF.60200.300 130 SALARY BUDGET CODE: 41.02 EH6020 10 NURSING RN

1) REQUEST FOR NEW POSITION OR DELETE POSITION:  NEW  DELETE

TITLE:

SALARY: \$ HIRE DATE: GRADE:

REASON FOR REQUEST:

IS ANY POSITION TO BE DELETED?  YES  NO

IF YES: TITLE: SALARY: \$ GRADE:

IS POSITION REQUESTED TO BE OUTSIDE OF BARGAINING UNIT:  YES  NO

IF YES, REASON:

2) REQUEST FOR RECLASSIFICATION OF POSITION:

EMPLOYEE NUMBER:

CURRENT TITLE: Salaries - Part Time HIRE DATE:

2009 BASE SALARY: \$ 0 GRADE:

2010 BASE SALARY: \$ 16,832.66 GRADE:

PROPOSED TITLE: Salaries - Part Time

2010 BASE SALARY: \$ \$76,832.66 GRADE:

REASON FOR REQUEST: Unbudgeted Part - Time and Per diem coverage (7)

3) DATE OF SUPERVISORY COMMITTEE APPROVAL: \_\_\_\_\_

\*Following any Approval, a New Position Duty Statement OR Job Classification information Must be completed by the department head and submitted to the Personnel Officer for position classification.

NOTE: If request for reclassification of position is approved, the current position (one to be reclassified) will be abolished after the candidate successfully completes examination (if required), or 1/1/10, if examination is not required.

REQUESTED PERSONNEL CHANGES FOR 2010\*

\*\*\*PLEASE NOTE: ITEM NO. 3 MUST BE COMPLETED\*\*\*

DEPARTMENT: WESTMOUNT HEALTH FACILITY

BUDGET CODE: EF.60200.300 120 SALARY BUDGET CODE: 41.02 EH6020 10 NURSING RN

1) REQUEST FOR NEW POSITION OR DELETE POSITION:  NEW  DELETE

TITLE:

SALARY: \$ HIRE DATE: GRADE:

REASON FOR REQUEST:

IS ANY POSITION TO BE DELETED?  YES  NO

IF YES: TITLE: SALARY: \$ GRADE:  
IS POSITION REQUESTED TO BE OUTSIDE OF BARGAINING UNIT:  YES  NO

IF YES, REASON:

2) REQUEST FOR RECLASSIFICATION OF POSITION:

EMPLOYEE NUMBER:

CURRENT TITLE: Salaries - Overtime HIRE DATE:

2009 BASE SALARY: \$ 7,505.00 GRADE:

2010 BASE SALARY: \$ 7,505.00 GRADE:

PROPOSED TITLE: Salaries - Overtime

2010 BASE SALARY: \$ 11,505.00 GRADE:

REASON FOR REQUEST: Reflect upgrades and salarie increases.

3) DATE OF SUPERVISORY COMMITTEE APPROVAL: \_\_\_\_\_

\*Following any Approval, a New Position Duty Statement OR Job Classification information Must be completed by the department head and submitted to the Personnel Officer for position classification.

NOTE: If request for reclassification of position is approved, the current position (one to be reclassified) will be abolished after the candidate successfully completes examination (if required), or 1/1/10, if examination is not required.

REQUESTED PERSONNEL CHANGES FOR 2010\*

\*\*\*PLEASE NOTE: ITEM NO. 3 MUST BE COMPLETED\*\*\*

DEPARTMENT: WESTMOUNT HEALTH FACILITY

BUDGET CODE: EF.60200.400 120 SALARY BUDGET CODE: 41.03 EH6020 10NURSING LPN

1) REQUEST FOR NEW POSITION OR DELETE POSITION:  NEW  DELETE

TITLE:

SALARY: \$ HIRE DATE: GRADE:

REASON FOR REQUEST:

IS ANY POSITION TO BE DELETED?  YES  NO

IF YES: TITLE: SALARY: \$ GRADE:  
IS POSITION REQUESTED TO BE OUTSIDE OF BARGAINING UNIT:  YES  NO

IF YES, REASON:

2) REQUEST FOR RECLASSIFICATION OF POSITION:

EMPLOYEE NUMBER:

CURRENT TITLE: Salaries - Overtime HIRE DATE:

2009 BASE SALARY: \$ 11,371.00 GRADE:

2010 BASE SALARY: \$ 11,370.96 GRADE:

PROPOSED TITLE: Salaries - Overtime

2010 BASE SALARY: \$ 24,370.00 GRADE:

REASON FOR REQUEST: Reflect upgrades and salarie increases.

3) DATE OF SUPERVISORY COMMITTEE APPROVAL: \_\_\_\_\_

\*Following any Approval, a New Position Duty Statement OR Job Classification information Must be completed by the department head and submitted to the Personnel Officer for position classification.

NOTE: If request for reclassification of position is approved, the current position (one to be reclassified) will be abolished after the candidate successfully completes examination (if required), or 1/1/10, if examination is not required.

REQUESTED PERSONNEL CHANGES FOR 2010\*

\*\*\*PLEASE NOTE: ITEM NO. 3 MUST BE COMPLETED\*\*\*

DEPARTMENT: WESTMOUNT HEALTH FACILITY

BUDGET CODE: EF.60200.400 130 SALARY BUDGET CODE: 41.03 EH6020 10NURSING LPN

1) REQUEST FOR NEW POSITION OR DELETE POSITION:  NEW  DELETE

TITLE:

SALARY: \$ HIRE DATE: GRADE:

REASON FOR REQUEST:

IS ANY POSITION TO BE DELETED?  YES  NO

IF YES: TITLE: SALARY: \$ GRADE:

IS POSITION REQUESTED TO BE OUTSIDE OF BARGAINING UNIT:  YES  NO

IF YES, REASON:

2) REQUEST FOR RECLASSIFICATION OF POSITION:

EMPLOYEE NUMBER:

CURRENT TITLE: Salaries - Part Time HIRE DATE:

2009 BASE SALARY: \$ 0 GRADE:

2010 BASE SALARY: \$ 0 GRADE:

PROPOSED TITLE: Salaries - Part Time

2010 BASE SALARY: \$ 83,000.00 GRADE:

REASON FOR REQUEST: Unbudgeted Part - Time and Per diem coverage (6)

3) DATE OF SUPERVISORY COMMITTEE APPROVAL: \_\_\_\_\_

\*Following any Approval, a New Position Duty Statement OR Job Classification information Must be completed by the department head and submitted to the Personnel Officer for position classification.

NOTE: If request for reclassification of position is approved, the current position (one to be reclassified) will be abolished after the candidate successfully completes examination (if required), or 1/1/10, if examination is not required.

REQUESTED PERSONNEL CHANGES FOR 2010\*

\*\*\*PLEASE NOTE: ITEM NO. 3 MUST BE COMPLETED\*\*\*

DEPARTMENT: WESTMOUNT HEALTH FACILITY

BUDGET CODE: EF.60200.500 120 SALARY BUDGET CODE: 41.04 EH6020 10 NURSING AIDES

1) REQUEST FOR NEW POSITION OR DELETE POSITION:  NEW  DELETE

TITLE:

SALARY: \$ HIRE DATE: GRADE:

REASON FOR REQUEST:

IS ANY POSITION TO BE DELETED?  YES  NO

IF YES: TITLE: SALARY: \$ GRADE:  
IS POSITION REQUESTED TO BE OUTSIDE OF BARGAINING UNIT:  YES  NO

IF YES, REASON:

2) REQUEST FOR RECLASSIFICATION OF POSITION:

EMPLOYEE NUMBER:

CURRENT TITLE: Salaries - Overtime

HIRE DATE:

2009 BASE SALARY: \$ 59,634.00

GRADE:

2010 BASE SALARY: \$ 59,634.00

GRADE:

PROPOSED TITLE: Salaries - Overtime

2010 BASE SALARY: \$ 81,634.00

GRADE:

REASON FOR REQUEST: Reflect upgrades and salarie increases.

3) DATE OF SUPERVISORY COMMITTEE APPROVAL: \_\_\_\_\_

\*Following any Approval, a New Position Duty Statement OR Job Classification information Must be completed by the department head and submitted to the Personnel Officer for position classification.

NOTE: If request for reclassification of position is approved, the current position (one to be reclassified) will be abolished after the candidate successfully completes examination (if required), or 1/1/10, if examination is not required.

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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: OCTOBER 6, 2009**

- (a) Purpose of Amendment: Request to Amend 2009 Nursing - Nurses' Station, Other Equipment Appropriations by Amending the Interfund Transfers Revenue.
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60200.5803 260 \$275.00 Westmount, Nursing - Nurses' Station, Other Equipment.
  
- (c) Revenue Code (with title), and Amount: EF.503100 5031 Westmount, Interfund Transfer \$ 275.00.

**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:** October 6, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60200.5802 210	Westmount, Nursing- Nurses' Stations, Furniture Equipment	EF.60200.5803 260	Westmount, Nursing- Nurses' Station, Other Equipment	126.00

**Please state reason for transfers requested: 2 wander guards & bands set to expire 12/31/09**

**CONTINGENT FUND TRANSFER REQUESTS**

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

**Please state reason for transfer request:**

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

**OVERTIME  
FEBRUARY  
2008**

#4100	Nursing Administration	0.00 Hours – Overtime
#4101	RN Supervisors	76.70 Hours – Overtime
#4102	RN	24.80 Hours – Overtime
#4103	LPN	74.55 Hours – Overtime
#4104	CNA	339.15 Hours – Overtime
#4105	Activities	0.00 Hours – Overtime
#4109	Dietary	69.00 Hours – Overtime
#4110	Maintenance	17.90 Hours – Overtime
#4111	Housekeeping	8.00 Hours – Overtime
#4112	Laundry	8.00 Hours – Overtime
#4114	Fiscal Services	20.05 Hours – Overtime

**2009**

#4100	Nursing Administration	0.00 Hours – Overtime
#4101	RN Supervisors	27.75 Hours – Overtime
#4102	RN	18.90 Hours – Overtime
#4103	LPN	68.20 Hours – Overtime
#4104	CNA	333.50 Hours – Overtime
#4105	Activities	0.00 Hours – Overtime
#4109	Dietary	63.95 Hours – Overtime
#4110	Maintenance	12.45 Hours – Overtime
#4111	Housekeeping	16.00 Hours – Overtime
#4112	Laundry	8.00 Hours – Overtime
#4114	Fiscal Services	14.55 Hours – Overtime

(-) or decrease in OT Total = 82.85 (RN Supervisors by 48.95, RN by 5.90, LPN by 6.35, CNA by 5.65, Dietary by 5.05, Maint. by 5.45, & Fiscal by 5.50).

(+) or increase in OT Total = 8.00 (Housekeeping)

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**OVERTIME  
MARCH  
2008**

#4100	Nursing Administration	0.00 Hours – Overtime
#4101	RN Supervisors	37.05 Hours – Overtime
#4102	RN	15.05 Hours – Overtime
#4103	LPN	25.10 Hours – Overtime
#4104	CNA	264.10 Hours – Overtime
#4105	Activities	0.00 Hours – Overtime
#4109	Dietary	24.75 Hours – Overtime
#4110	Maintenance	5.85 Hours – Overtime
#4111	Housekeeping	8.00 Hours – Overtime
#4112	Laundry	0.00 Hours – Overtime
#4114	Fiscal Services	38.45 Hours – Overtime

**2009**

#4100	Nursing Administration	0.00 Hours – Overtime
#4101	RN Supervisors	27.75 Hours – Overtime
#4102	RN	10.65 Hours – Overtime
#4103	LPN	56.60 Hours – Overtime
#4104	CNA	123.75 Hours – Overtime
#4105	Activities	0.00 Hours – Overtime
#4109	Dietary	11.05 Hours – Overtime
#4110	Maintenance	00.00 Hours – Overtime
#4111	Housekeeping	8.00 Hours – Overtime
#4112	Laundry	0.00 Hours – Overtime
#4114	Fiscal Services	21.55 Hours – Overtime

(-) or decrease in OT Total = 190.50 (RN Supervisors by 9.30, RN by 4.40, CNA by 140.35, Dietary by 5.85, & Fiscal by 16.90).

(+) or increase in OT Total = 31.50 (LPN)

**OVERTIME  
APRIL  
2008**

#4100	Nursing Administration	0.00 Hours – Overtime
#4101	RN Supervisors	42.15 Hours – Overtime
#4102	RN	19.55 Hours – Overtime
#4103	LPN	17.60 Hours – Overtime
#4104	CNA	197.45 Hours – Overtime
#4105	Activities	0.00 Hours – Overtime
#4109	Dietary	46.95 Hours – Overtime
#4110	Maintenance	10.55 Hours – Overtime
#4111	Housekeeping	0.00 Hours – Overtime
#4112	Laundry	00.00 Hours – Overtime
#4114	Fiscal Services	38.10 Hours – Overtime

**2009**

#4100	Nursing Administration	0.00 Hours – Overtime
#4101	RN Supervisors	31.85 Hours – Overtime
#4102	RN	9.90 Hours – Overtime
#4103	LPN	25.20 Hours – Overtime
#4104	CNA	94.35 Hours – Overtime
#4105	Activities	0.00 Hours – Overtime
#4109	Dietary	40.00 Hours – Overtime
#4110	Maintenance	2.10 Hours – Overtime
#4111	Housekeeping	0.00 Hours – Overtime
#4112	Laundry	00.00 Hours – Overtime
#4114	Fiscal Services	12.75 Hours – Overtime

**(-) or decrease in OT Total = 163.80 (RN Supervisors by 10.30, RN by 9.65, CNA by 103.10, Dietary by 6.95, Maint. by 8.45, & Fiscal by 25.35).**

**(+) or increase in OT Total – 7.60 (LPN)**

## WESTMOUNT CURRENT STAFFING LEVELS SEPTEMBER 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 VACANCY
	CNA P/T	2	1	1 MLOA
	<b>SUBTOTALS</b>	<b>28</b>	<b>25</b>	

3PM - 11PM	RN F/T	1	1	
	RN Relief F/T	1	1	
	RN PER-DIEM	7	6	6 VERY LIMITED AVAILABILITY; 1 MLOA
	LPN F/T	3	3	
	LPN PER-DIEM	8	8	VERY LIMITED AVAILABILITY
	CNA F/T	12	11	1 VACANCY
CNA PER-DIEM	11	8	VERY LIMITED AVAILABILITY	
<b>SUBTOTALS</b>	<b>43</b>	<b>38</b>		

11PM - 7AM	RN F/T	1	0	1 VACANCY
	LPN F/T	3	3	
	CNA F/T	8	7	1 DISABILITY - RETURN TO WORK 9/17
	<b>SUBTOTALS</b>	<b>12</b>	<b>10</b>	

**GRAND TOTALS      83                      73**

Excel/Y/Off/CurrentStaffingLevels

# 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

October 6, 2009

#4100	Nursing Administration	6.00 Hours - Overtime
#4101	RN Supervisors	118.65 Hours - Overtime
#4102	RN	72.25 Hours - Overtime
#4103	LPN	120.45 Hours - Overtime
#4104	CNA	563.95 Hours - Overtime
#4105	Activities	0.00 Hours - Overtime
#4109	Dietary	281.50 Hours - Overtime
#4110	Maintenance	1.00 Hours - Overtime
#4111	Housekeeping	16.00 Hours - Overtime
#4112	Laundry	8.00 Hours - Overtime
#4114	Fiscal Services	35.95 Hours - Overtime

One Holiday in this ten (10) week period.

OT from holiday only

#4101	16.00
#4102	24.00
#4103	56.00
#4104	208.00
#4109	64.00
#4111	16.00
#4112	8.00

Report Dates - 07/20/09 - 09/27/09