

WESTMOUNT HEALTH FACILITY
HEALTH SERVICES COMMITTEE MEETING
FRIDAY, OCTOBER 23, 2009

MEETING AT MUNICIPAL CENTER
BOARD OF SUPERVISOR'S CONFERENCE ROOM
9:30AM

1.) REQUEST RESOLUTIONS FOR NEW CONTRACTS:

EXCEL ENGINEERING, P.C. HAS BEEN SELECTED BY THE INTERVIEW COMMITTEE TO COMPLETE THE CONCEPTUAL STUDY AND ESTIMATED COST OF THE SPRINKLER PROJECT FOR WESTMOUNT. EXCELL COST \$3,500.00. WATER FLOW TEST NEEDS TO BE COMPLETED. PAGE 1

AUDIO CONFERENCE 10/20/09 IMPLEMENTATION OF 2013 FEDERAL RULE REGARDING SPRINKLERS IN SKILLED NURSING FACILITIES.

ACTION PLAN:

OCTOBER 2009: ISSUE SURVEY AND DAL TO ALL NH PROVIDERS.

DECEMBER 2009: RECEIVE AND COMPILE COMPLETED SURVEYS.

JUNE 2010: NH'S SUBMIT PLAN FOR SPRINKLERS.

JANUARY 2011:NH'S SUBMIT CON FOR SPRINKLERS.

AUGUST 2011: DOH APPROVAL FOR ALL CON'S.

2 YEAR PERIOD: PROJECT IMPLEMENTATION.

AUGUST 2013: ALL NH'S IN COMPLIANCE.

A. PART-TIME PHYSICIAN SERVICES – DR. SPITZER. PAGE 2

B. DIETICIAN SERVICES – LORI GIRARD, CDN. PAGE 3

2.) REQUEST RESOLUTION FOR OUT OF CODE TRANSFERS TO BALANCE YEAR END BUDGET. PAGES 4-6

- 3.) REQUEST RESOULTION FOR SOCIAL WORKER TO COMPLETE NURSING COURSE. PAGES 7 – 9
- 4.) REQUEST RESOULTION TO FILL ADON POSITION. ASSISTANT DIRECTOR OF NURSING TO RETIRE DECEMBER 18TH, 2009. PAGE 10
- 5.) STAFFING LEVELS REPORT. PAGE 11
- 6.) OVERTIME REPORT. PAGES 12 & 13

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: October 23, 2009

- 0412
- (a) Is this a Result of a Bid or Request for Proposal? Yes, Bid No.: WC 82-09
 - (b) Purpose of Contract: Conceptual Study of Sprinkler Project for Westmount Health Facility.
 - (c) Name of Contractor: Excel Engineering, PC
 - (d) Address of Contractor: 29 British American Blvd., Latham, NY 12110
 - (e) Contractor's Contact Person and Telephone Number: Dan Hampson, 518 464-0412
 - (f) Has or will the Contract be provided, if so, please attach: Yes
 - (g) Commencement Date of Contract: Upon Ratification of Contract
 - (h) Termination Date of Contract: Completion of Conceptual Study
 - (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$3,500.00
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Completion of Conceptual Study.
 - (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: H296.9550.280 Capital Project - Westmount Sprinkler System Project \$105,000.00.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: October 23, 2009

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Part-time Physician Services, to work two one-half hours per week.
- (c) Name of Contractor: Dr. S. Richard Spitzer
- (d) Address of Contractor: 55 Sheridan Street, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Dr. S. Richard Spitzer 518 792-7607
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: January 1, 2010
- (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 \$11,250.00
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Monthly \$937.50
- (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.74100.2700 470 Westmount, Medical Staff Service, Physician Fees - Contract \$11,250.00.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: October 23, 2009

- 8690
- (a) Is this a Result of a Bid or Request for Proposal? No
 - (b) Purpose of Contract: Dietician Services
 - (c) Name of Contractor: Lori A. Girard, CDN
 - (d) Address of Contractor: 7 Raymond Avenue, Glens Falls, NY 12801
 - (e) Contractor's Contact Person and Telephone Number: Lori A. Girard 518 792-8690
 - (f) Has or will the Contract be provided, if so, please attach: Yes
 - (g) Commencement Date of Contract: January 1, 2010
 - (h) Termination Date of Contract: Continual Upon 30 days Notice
 - (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount \$32.00
 - iii) total amount not to exceed \$28,288.00
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Monthly
 - (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.82100.2900 437 Westmount, Dietary Services, Consulting Fee's - Contract \$28,288.00.

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 23, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82100.100 140	Westmount, Dietary Services Management & Supervision Salaries – Sick Leave Incentive	EF.60100.600 140	Westmount, Nursing Admin, Clerical & Other Wages Salaries – Sick Leave Incentive	400.00
EF.60200.500 140	Westmount, Nursing – Nurses Station, Aides Orderlies Assistants Salaries – Sick Leave Incentive	EF.60200.100 140	Westmount, Nursing-Nurses Stations', Management & Supervision, Salaries – Sick Leave Incentive	400.00
EF.82200.700 140	Westmount, Plant & Operation Maintenance, FSH HK LL Maint Salaries – Sick Leave Incentive	EF.82400.700 140	Westmount, Housekeeping Services, FSH HK LL Maintenance Salaries – Sick Leave Incentive	400.00
EF.73400.6802 470	Westmount, OT Contracted Services Contractual Expense	EF.82500.700 140	Westmount, Laundry & Linen, Services, FSH HK LL Maintenance Salaries – Sick Leave Incentive	200.00
EF.83500.100 120	Westmount, Administrative Services, Management & Supervision Salaries – Over Time	EF.83500.100 140	Westmount, Administrative Services, Management & Supervision, Salaries - Sick Leave Incentive	285.00
EF.83500.1800 860	Westmount, Administrative Services, Group Health Insurance, Hospitalization	EF.83500.100 140	Westmount, Administrative Services, Management & Supervision, Salaries - Sick Leave Incentive	115.00
EF.83110.5830 220	Westmount, Fiscal Services, Equipment - Office Equipment	EF.83110.100 140	Westmount, Fiscal Services, Management & Supervision, Salaries – Sick Leave Incentive	365.00
EF.73400.6802 470	Westmount, OT Contracted Services Contractual Expense	EF.83110.100 140	Westmount, Fiscal Services, Management & Supervision, Salaries – Sick Leave Incentive	35.00
EF.73400.6802 470	Westmount, OT, Contracted Services Contractual Expense	EF.83110.600 140	Westmount, Fiscal Services, Clerical & Other Adm Wages Salaries – Sick Leave Incentive	400.00

Please state reason for transfers requested: Lack of funds

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

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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: October 23, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.60200.1600 830	Westmount, Nursing – Nurses’ Station, 5,000 Fica, Social Security	
EF.60100.1800 860	Westmount, Nursing Administration, Group Health Insurance, Hospitalization	EF.60200.1600 830	Westmount, Nursing – Nurses’ Station 10,000 Fica, Social Security	
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.60200.1601 831	Westmount, Nursing – Nurses’ Station, 2,500 Medicare Contribution	
EF.82200.1800 860	Westmount, Plant Operation & Maint, Group Health Insurance, Hospitalization	EF.60200.1700 850	Westmount, Nursing – Nurses’ Station 10,000 NYS Unemployment Insurance	
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.60200.2200 855	Westmount, Nursing – Nurses’ Station, 1,500 Disability	
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.82500.1800 860	Westmount, Laundry & Linen Services, 1,200 Group Health Insurance, Hospitalization	
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.83110.1600 830	Westmount, Fiscal Services, Fica Social Security	500
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.83110.1601 831	Westmount, Fiscal Services, Medicare Contribution	110
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.83110.1700 850	Westmount, Fiscal Services, NYS Unemployment Insurance	1,000
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.83110.1800 860	Westmount, Fiscal Services, Group Health Insurance, Hospitalization	400
EF.82500.700 130	Westmount, Laundry & Linen Services FSH HK LL Maintenance Salaries – PT	EF.82500.700.110	Westmount, Laundry & Linen Services 12,759 FSH HK LL Maintenance Salaries – Regular	

Please state reason for transfers requested: over expended expense account

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

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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: October 23, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.72000.3700 439	Westmount, Nursing Central Med Sup Other Fee's Recert, Misc Fee's & Exp.	EF.60100.9101 436	Westmount, Nursing Administration, Other Direct Cost, Advertizing Fees	500.00
EF.72000.3700 439	Westmount, Nursing Central Med Sup Other Fee's Recert, Misc Fee's & Exp.	EF.60200.3700 444	Westmount, Nursing-Nurses' Station, Other Fees, Recert, Travel, Edu, Conferences	500.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.60200.3810 469	Westmount, Nursing-Nurses' Station, Other Payment, Disposal Linens	4,000.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.60200.4900 435	Westmount, Nursing-Nurses' Station, Medical Fee's, Other Medical Sup, Med Fee	6,000.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.60200.5600 410	Westmount, Nursing-Nurses' Station, Employee Wearing Apparel, Supplies	1,500.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.60200.5906 410	Westmount, Nursing-Nurses' Station, Supplies,	2,200.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.60200.7300 421	Westmount, Nursing-Nurses' Station, Equipment Rental	8,200.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.60200.9101 436	Westmount, Nursing-Nurses' Station, Other Direct Costs Advertising, Adv Fees	715.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.72400.6202 470	Westmount, Nursing Radiology, Medical PS Radiology, Contracted	2,000.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.83110.5500 410	Westmount, Fiscal Services Office, Office Supplies, Supplies	200.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.83500.5500 410	Westmount, Administrative Services, Office Supplies, Supplies	2,000.00
EF.72700.4400 435	Westmount, Pharmacy Services, Prescription Drugs, Medical Fees	EF.83110.6300 422	Westmount, Fiscal Services Office, Repair/Maint-Equipment	1,500.00
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	EF.73300.6802 470	Westmount, Physical Therapy, Contracted Services	8,000.00

Please state reason for transfers requested: over expended expense accounts.

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

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RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

1. Employee=s Name: Renee Bazan
2. Position: Social Worker
3. Department: Social Services
4. Course Title: MicroBiology
5. Institution or School: ACC
6. How Course Relates to Current Position: *to obtain a degree in Nursing*
7. Starting Date: *9/8/09*
8. Completion Date: *12/22/09*
9. Cost: *664.65 w/ BOOKS*
10. Employee=s Signature: *R. Bazan/sw* Date: *10/22/09*
11. Supervisor=s Comments (Approval/Denial)

Supervisor=s Signature: _____ Date: _____
12. Department Head=s Comments (Approval/Denial)

Department Head=s Signature: _____ Date: _____
13. Committee=s Recommendation:

Committee Chairman Signature: _____ Date: _____

If approved by Committee, and resolution approving the course is adopted by the Board of Supervisors, candidate may enroll and be eligible for 50% reimbursement for costs as itemized in Item #9. Employee must complete the course with at least a C, its equivalent, or better. Employee then submits a voucher with receipts verifying costs as listed and a copy of their final grade.



Adirondack Community College

www.sunyacc.edu

Accounts Receivable
640 Bay Road
Queensbury, NY 12804
Phone: 518.743.2266

Receipt No.: 41829

Date: 27-JUL-2009 13:39:20

Renee L. Bazan
37 Castleberry Dr
Gansevoort, NY 12831

Cashier: CASHIER: TRAVERJ

Your Student ID: 500110093

CODE	TERM	DESCRIPTION	TRAN DATE	CHARGE	PAYMENT
CHEK	200910	Check Payment	27-JUL-09		\$601.50
TOTALS				\$.00	\$601.50

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FACULTY STUDENT ASSOCIATION

1050 CASH-1 9413 0001 001

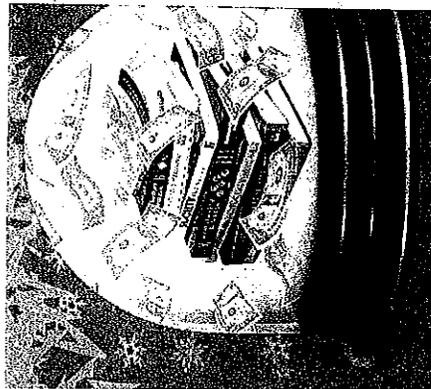
978054720997 NEW		
LARSON/MULTIVARIAB	MDS 1N	168.75
281845000089 NEW		
AHERN/LAB MAN MICR	MDS 1N	25.35
978089582656 NEW		
LEBOFFE/PHOTOGRAPH	MDS 1N	37.70
TOTAL		231.80

63.15

APPROVAL: B47368 SEQ.NUM: 0064
ACCOUNT NUMBER XXXXXXXXXXXX8062 XX/XX
. Visa/Mastercard 231.80

THANK YOU!

9/04/09 12:52 PM



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RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Westmount Health Facility

Title of Position Assistant Dir. of Nursing Base salary \$58,701.00

Budget code and title EF.60100.100.110 Westmount, Nursing Administration, Management + Sup Salaries-Regular

This position is vacated due to: Retirement Resignation Termination Promotion
 Other

Employee No. 1356

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee _____ Date _____

- The Commissioner has no objection to the filling of the vacancy.
- The Commissioner objects to the filling of the vacancy.

Commissioner Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____ Date _____

- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel Committee has no objection to the filling of the vacancy.
- The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

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WESTMOUNT CURRENT STAFFING LEVELS OCTOBER 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	16	2 VACANCIES AS OF 11/1/09
	CNA P/T	2	1	1 VACANCY
SUBTOTALS		28	24	

3PM - 11PM	RN F/T	1	1	
	RN Relief F/T	1	1	
	RN PER-DIEM	8	4	3 VERY LIMITED AVAILABILITY & 1 MLOA
	LPN F/T	3	3	
	LPN PER-DIEM	10	5	5 VERY LIMITED AVAILABILITY OR HAVE SHIFT PREFERENCES
	CNA F/T	12	10	1 VACANCY & 1 MLOA
	CNA PER-DIEM	12	8	VERY LIMITED AVAILABILITY OR RARE
SUBTOTALS		47	32	

11PM - 7AM	RN F/T	1	0	1 VACANCY
	LPN F/T	3	3	
	CNA F/T	8	7	1 MLOA
	SUBTOTALS	12	10	

GRAND TOTALS 87 66

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 16, 2009

#4100	Nursing Administration	0.00 Hours - Overtime
#4101	RN Supervisors	13.55 Hours - Overtime
#4102	RN	7.25 Hours - Overtime
#4103	LPN	14.25 Hours - Overtime
#4104	CNA	25.60 Hours - Overtime
#4105	Activities	0.00 Hours - Overtime
#4109	Dietary	26.00 Hours - Overtime
#4110	Maintenance	0.00 Hours - Overtime
#4111	Housekeeping	0.00 Hours - Overtime
#4112	Laundry	0.00 Hours - Overtime
#4114	Fiscal Services	8.90 Hours - Overtime

Report Dates - 09/28/09 - 10/11/09

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OVERTIME
09/28/08 – 10/11/08
2009

#4100	Nursing Administration	0.00 Hours – Overtime
#4101	RN Supervisors	13.55 Hours – Overtime
#4102	RN	7.25 Hours – Overtime
#4103	LPN	14.25 Hours – Overtime
#4104	CNA	25.60 Hours – Overtime
#4105	Activities	0.00 Hours – Overtime
#4109	Dietary	26.00 Hours – Overtime
#4110	Maintenance	0.00 Hours – Overtime
#4111	Housekeeping	0.00 Hours – Overtime
#4112	Laundry	0.00 Hours – Overtime
#4114	Fiscal Services	8.90 Hours – Overtime

2009

#4100	Nursing Administration	0.55 Hours – Overtime
#4101	RN Supervisors	11.60 Hours – Overtime
#4102	RN	2.95 Hours – Overtime
#4103	LPN	8.80 Hours – Overtime
#4104	CNA	96.50 Hours – Overtime
#4105	Activities	0.00 Hours – Overtime
#4109	Dietary	4.00 Hours – Overtime
#4110	Maintenance	3.25 Hours – Overtime
#4111	Housekeeping	0.00 Hours – Overtime
#4112	Laundry	0.00 Hours – Overtime
#4114	Fiscal Services	10.00 Hours – Overtime

(-) or decrease in OT Total = 75.80. (Nursing Admin by .55, CNA by 70.90, Maint. by 3.25, & Fiscal by 1.10).

(+) or increase in OT Total = 33.70 – RN Supervisors by 1.95, RN by 4.30, LPN by 5.45, & Dietary by 22.00.