

HEALTH SERVICES COMMITTEE
WESTMOUNT HEALTH FACILITY

WEDNESDAY, NOVEMBER 25, 2009
MUNICIPAL BUILDING BOARD ROOM
9:30AM

1. Request resolution to adopt Corporate Compliance Program Page 1
2. Request resolution to except auditing services Pages 2-4
3. Request resolution to transfer out of code funds Pages 5-7
4. Request new contract with Ruffo, Tabora, Mainello, & McKay, PC "Fair Credit Reporting Act". This policy relates to identity theft. Page 8
5. Staffing report Page 9
6. Overtime Page 10&11
7. Authorization to attend meeting Page 12

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: November 25, 2009

- (a) Purpose of Request: Authorizing the adoption and electronic certification of a Compliance program for Westmount Health Facility.

- (b) Details: Authorizing the adoption and electronic executing of a Compliance program for Westmount Health Facility consisting of (1) the compliance manual (2) the compliance protocols; and (3) appropriate policies and procedures affecting any risk areas in Facility's operations.

- (c) Previous Resolution Number:

Compelling reasons to reject the lowest bidder (Toski, Schaefer & Co., P.C.):

Familiarity/Time

Bringing a new Auditor on board takes time and a little money. They will require photocopies of anything relating to contracts (co-generation), CON's, past Medicare/Medicaid cost reports, past rate sheets, appeals and any type of DOH correspondence or memo's with reference to the facility. New Auditor's fully acquaint themselves with everything prior to and during the audit. This takes a substantial amount of time on the part of the Controller.

McCarthy & Conlon, LLP is already familiar with our facility procedures/practices and co-generation project. McCarthy & Conlon, LLP completed and filed the co-generation CON and rate appeal for the Facility. In addition, Mr. McCarthy was instrumental with the Saratoga County Maplewood Manor co-generation rate appeal and provided an operational study/impacted analysis for the County. Mr. McCarthy has a close relationship with the Medicaid Inspector General and often discusses how Medicaid and co-generation will impact both Counties.

Compliance/Continuity

Westmount Health has experienced a few set backs and changes this past year. The Facility was notified of a Physician Billing issue causing the Facility to be out of Compliance. The Facility is working with David Ruffo and Mike McCarthy to rectify the billing issue. Mr. McCarthy (contracted by Ruffo) is currently reviewing billing information dating back to 2006 and has become very accustomed with our billing practices. Auditor continuity will save time with year end internal billing audits.

Proximity/Accessibility

Toski, Schaefer & Co., is located in Williamsville, NY - \$12,900.00 \$13,100.00 \$13,300.00 .

McCarthy & Conlon-maintains-an-office-in close proximity to the County with easy accessibility to the nursing home. - \$15,000.00 \$15,000.00 \$15,000.00

Request

Westmount Health Facility requests to accept the McCarthy & Conlon, LLP bid for one year at \$15,000.00.

Henkel, Betsy

From: Ronald C. Toski, CPA [rtoski@toskischaefer.com]
Sent: Tuesday, November 17, 2009 3:42 PM
To: Henkel, Betsy
Subject: RE: Co-generation reference request

Dear Ms. Henkle,

Sorry for the delay in responding to your request regarding a reference with respect to previous work with facilities having co-generation facilities. Just to clarify our previous communication, the healthcare principal in our firm worked in the long-term care sector of the industry as the CFO of a large, non-profit nursing home that investigated the feasibility of developing a co-generation facility around 2002/2003. The facility due to other circumstances opted not to pursue the project. The nursing facility who has been our client since 2001 has over the past 8 years significantly changed management and administrative personnel, however, the current Chief Financial Officer, Peter Eimer can speak to our firm's knowledge in the audit and reimbursement arena.

We would also like to point out, since you mentioned that your facility filed an appeal with New York State for the capital and/or operating costs associated with the project that we have significant experience in nursing home rate appeals, cost report preparation and reimbursement services, as well as CON development, regulatory matters and operational cost maintenance and reduction strategies. Additionally, as we mentioned in our prior correspondence, our knowledge of Medicaid and Medicare has enabled us to be contracted by both the NYS Office of the Medicaid Inspector General and the Centers for Medicare & Medicaid Services (CMS) for provider capital and rate audits.

Some examples of our work include the following:

1. The successful appeal of \$1.5 million in capital costs for our clients in 2009.
2. Financial and regulatory advisor to the only successfully defended Berger Commission case in New York State.
3. Successful re-basing appeals for three nursing home chains that increased facility reimbursement and were approved by NYS DOH within 12 months which is considerably shorter than the typical 18 months or more usually experienced by nursing homes in New York State.
4. Our growing client base of public nursing homes which attests to our knowledge of the unique issues facing public facilities.

We encourage you to contact our references below.

Peter Eimer, Chief Financial Officer
 Brothers of Mercy Nursing Home

John Zirbel, Director
 NYS Office of the Medicaid Inspector General

W. Richard Zacher, President & CEO
 Legacy Health Care

Sheree Cross, Administrator

3

Laura Groeters, Finance Director
Marshall Beckman, Deputy County Executive
Golden Hill Health Care Facility

Kelley Okosky
Fulton County Nursing Home

Thanks,

Ron

Ronald C. Toski, CPA
Managing Director
Toski, Schaefer & Co., P.C.
555 International Drive
Williamsville, NY 14221
716-634-0700

From: Henkel, Betsy [mailto:HenkelB@co.warren.ny.us]
Sent: Tuesday, November 17, 2009 12:46 PM
To: Ronald C. Toski, CPA
Subject: Co-generation reference request

Dear Mr. Toski,

Please provide me your Co-generation experience so that I may inquire for a reference.

Thank you,

Betsy Henkel
Controller

Westmount Health Facility
42 Gurney Lane
Queensbury, NY 12804

518 761-7664

4

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: November 25, 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.60200.4900 435	Westmount, Nursing – Nurses' Station, Medical Fees, Other Medical Supplies	1,000
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.83500.3000 440	Westmount, Administrative Services, Purchased Fees-Legal/Transcript Fee	500
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.83500.6822 470	Westmount, Administrative Services, Contracted Services	1,480
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.60200.8800 444	Westmount, Nursing – Nurses' Station, Travel, Conference, Workshops, Education	800
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.60100.9101 436	Westmount, Nursing Administration, Other Direct Cost Advertising, Adv Fee	2,000

Please state reason for transfers requested: purchase of additional masks & medical supplies, Ruffo Contract, NYAHSa Contract, Conference.

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

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FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: _____

DATE: November 25, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.73300.500 110	Westmount, Physical Therapy, Aides Orderlies, Assistants, Salaries – Reg	EF.82100.700 120	Westmount, Dietary Services, FSH, HK, LL, Maint, Salaries - OT	10,000
EF.73300.500 110	Westmount, Physical Therapy, Aides Orderlies, Assistants, Salaries – Reg	EF.82100.700 130	Westmount, Dietary Services, FSH, HK, LL, Maint, Salaries – PT	2,000
EF.60100.600 130	Westmount, Nursing Admin, Clerical & Other Adm Wages, Salaries – PT	EF.82100.700 130	Westmount, Dietary Services, FSH, HK, LL, Maint, Salaries – PT	6,000
EF.72600.400 120	Westmount, Activities Program, LPN & Act Dir Wages, Salaries - OT	EF.60200.100 130	Westmount, Nursing – Nurses’ Station, Management & Supervision, Salaries - PT	710
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	EF.60200.100 120	Westmount, Nursing – Nurses’ Station, Management & Supervision, Salaries - OT	15,000
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.60200.300 120	Westmount, Nursing – Nurses’ Station, Registered Nurses Wages, Salaries - OT	5,000
EF.82200.7500 414	Westmount, Plant Operation & Maint, Gas-Natural Contractual Exp	EF.60200.400 120	Westmount, Nursing – Nurses’ Station, LPN & Activities Director, Salaries - OT	10000

Please state reason for transfers requested: Over expended salary expenses

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

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FROM: WESTMOUNT HEALTH FACILITY
Name of Department

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DATE: November 25, 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.60200.1900 810	Westmount, Nursing – Nurses’ Station, Pension and Retirement – Union, Retirement	16,325
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	EF.83110.1900 810	Westmount, Fiscal Services, Pension & Retirement – Union, Retirement	4,900
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	EF.83500.1900 810	Westmount, Administrative Services, Pension & Retirement – Union, Retirement	906
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	EF.82500.1900 810	Westmount, Laundry & Linen, Pension & Retirement – Union, Retirement	811
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	EF.73800.1900 810	Westmount, Social Services, Pension & Retirement – Union, Retirement	450

Please state reason for transfers requested: Over expended salary expenses

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

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: NOVEMBER 25, 2009

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Policy relating to the "Fair Credit Reporting Act" a/k/a Red Flag.
- (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: Upon execution of agreement
- (h) Termination Date of Contract: Upon Completion of agreement
- (i) Payment Provisions:
 - i) lump sum amount \$500.00
 - 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. Completion of Policy
- (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 \$1,611.00.



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	17	1 VACANCY
	CNA P/T	2	1	1 VACANCY
SUBTOTALS		28	25	

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	7	5	5 VERY LIMITED AVAILABILITY OR HAVE SHIFT PREFERENCES
	CNA F/T	12	10	1 MLOA
	CNA PER-DIEM	12	7	4 VERY LIMITED AVAILABILITY OR RARE 1 SUSPENSION
SUBTOTALS		44	32	

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

GRAND TOTALS 84 68

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

November 20, 2009

#4100	Nursing Administration	0.65 Hours - Overtime
#4101	RN Supervisors	49.35 Hours - Overtime
#4102	RN	36.85 Hours - Overtime
#4103	LPN	36.05 Hours - Overtime
#4104	CNA	63.90 Hours - Overtime
#4105	Activities	0.00 Hours - Overtime
#4109	Dietary	43.00 Hours - Overtime
#4110	Maintenance	0.00 Hours - Overtime
#4111	Housekeeping	00.00 Hours - Overtime
#4112	Laundry	0.00 Hours - Overtime
#4114	Fiscal Services	10.50 Hours - Overtime

HOLIDAY

#4101	RN Supervisors	16.00 Hours - Overtime
#4102	RN	24.00 Hours - Overtime
#4103	LPN	56.00 Hours - Overtime
#4104	CNA	222.00 Hours - Overtime
#4109	Dietary	56.00 Hours - Overtime
#4111	Housekeeping	16.00 Hours - Overtime
#4112	Laundry	8.00 Hours - Overtime

Report Dates - 10/12/09 - 11/08/09

OVERTIME
10/12/09 – 11/08/09
2009

#4100	Nursing Administration	0.65 Hours – Overtime
#4101	RN Supervisors	49.35 Hours – Overtime
#4102	RN	36.85 Hours – Overtime
#4103	LPN	36.05 Hours – Overtime
#4104	CNA	63.90 Hours – Overtime
#4105	Activities	0.00 Hours – Overtime
#4109	Dietary	43.00 Hours – Overtime
#4110	Maintenance	0.00 Hours – Overtime
#4111	Housekeeping	0.00 Hours – Overtime
#4112	Laundry	0.00 Hours – Overtime
#4114	Fiscal Services	10.50 Hours – Overtime

2008

#4100	Nursing Administration	1.55 Hours – Overtime
#4101	RN Supervisors	53.90 Hours – Overtime
#4102	RN	20.35 Hours - Overtime
#4103	LPN	77.35 Hours – Overtime
#4104	CNA	72.55 Hours – Overtime
#4105	Activities	0.00 Hours – Overtime
#4109	Dietary	73.05 Hours – Overtime
#4110	Maintenance	0.45 Hours – Overtime
#4111	Housekeeping	0.00 Hours – Overtime
#4112	Laundry	0.00 Hours – Overtime
#4114	Fiscal Services	40.25 Hours – Overtime

(-) or decrease in OT Total = 85.60. (Nursing Admin by .90, RN Supervisor by 4.55, LPN by 41.30, CNA by 8.65, Maint. by .45, & Fiscal by 29.75).

(+) or increase in OT Total = 46.55 – RN by 16.50, & Dietary by 30.05.

PURCHASE ORDER

WESTMOUNT HEALTH FACILITY

N^o 37364

42 Gurney Lane
Queensbury, NY 12804

2316

NYAHSF

ndor
me &
dress

Check # _____

Date Paid _____

DATE	DATE REQUIRED	TERMS	F.O.B.	SHIP VIA	DEPT. OF REQ. NO.	FOR OWN USE	FOR RESALE
11/13/09					Nursing	<input type="checkbox"/>	<input type="checkbox"/>
QUANTITY	DESCRIPTION					PRICE	AMOUNT
	Nurse Executive Cert. Program 12/1-12/3/09						650.00
	Regina Muscatello, RN						
will need to pay by check - they don't accept credit cards							

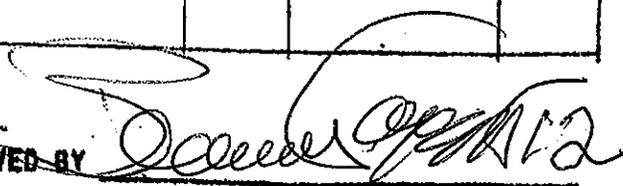
FOR COUNTY USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

P.O. NO. OR ENC. NO.	FUND/ORG.	ACCOUNT	AMT. LIQUIDATED	DEPT.	ARMS	AMOUNT
EF 60200		8800		0205	444	

REC'D BY _____

DATE _____

APPROVED BY _____



IMPORTANT
ON ALL CORRESPONDENCE, INVOICES AND PACKAGES, NOTIFY US IMMEDIATELY IF UNABLE TO SHIP ORDER COMPLETE BY DATE SPECIFIED



DAYS INN BATAVIA
200 OAK STREET
BATAVIA, NY 14020
US

Phone: (585) 343-6000

Fax: (585) 343-5322

Email: info@daysinn-batavia.com

Printed: 11/13/2009 9:21:32 AM

Name: MUSCACELLO, RIGINA
Address: 200
QUEENSBURY, NY 12804 US

Date: Friday, November 13, 2009

Dear MUSCACELLO, RIGINA,

Thank you for choosing the DAYS INN BATAVIA for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 250-346330
Arrival Date: Monday, November 30, 2009
Departure Date: Thursday, December 03, 2009
Number Of Nights: 3
Room Type Requested: NK1, 1 KING NSMK
Rate Plan Requested: RACK - RATE OF THE DAY

Room Rate:

11/30/2009 (Mon) - 12/2/2009 (Wed) \$47.00 + Tax per night.

Special Requests:

Total Estimated Stay Amount: \$141.00 + Tax

We hope that you enjoy your stay at the DAYS INN BATAVIA and look forward to seeing you again.

Thank You,

The Management of DAYS INN BATAVIA

WARREN COUNTY BOARD OF SUPERVISORS

WARREN COUNTY MUNICIPAL CENTER
1340 STATE ROUTE 9
LAKE GEORGE, NEW YORK 12845-9803

Telephone 518-761-6535
Fax 518-761-7652

Frederick H. Monroe, Chairman

Joan Sady, Clerk of the Board

CREDIT CARD AUTHORIZATION

Date: 11/12/09 Appropriation Code: 60200.3800.444 Amount \$ 47.00

~~Barbara Taggart~~
This is to confirm A is authorized to use my credit card for payment of the following

charges while staying at Days Inn Batavia, NY

- Room and room tax charges (tax exempt must have form)
- Local phone calls
- Long distance phone calls
- Restaurant charges
- Laundry charges
- Banquet and meeting room charges

Arrival Date: 11/30/09 Departure Date: 12/3/09

Name on credit card: Joan Sady

Card Number: Ending in: 8646 MasterCard / Visa / Other

Expiration Date: 10/11

Call me at (518) 761-6563 with any questions.

I understand that I am responsible for all charges noted above that are incurred on this account.

CARDHOLDER'S SIGNATURE Joan Sady

CARDHOLDER'S NAME (please print) Joan Sady

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Westnount Health Facility hereby authorizes Regina Muscatello

(Supervisory Committee) (Employee Name)

to attend AANAC nurse executive certification program NYAHSA

(Name of meeting or organization)

at Genesse County Nursing Home 278 Bank Street, Batavia, New York 14020

(Address)

on Dec. 1-3, 2009 Mode of transportation to be used county car

(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

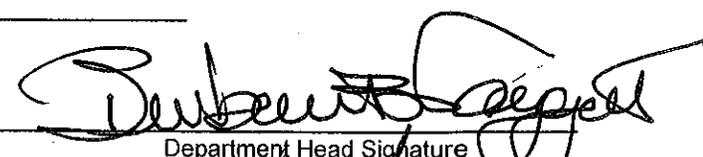
Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

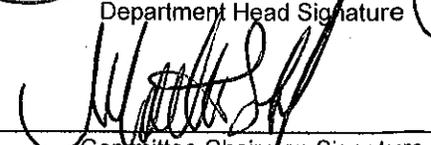
- Room rate \$ 47.00 GSA* Rate \$ 101.00
 - Meal costs - GSA*per diem rate \$ _____
- *www.gsa.gov

Date: 11/09/09



Department Head Signature

Date: 11/25/09



Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

- REQUEST FOR USE OF FLEET VEHICLE**

Filing Instructions: