

**HEALTH SERVICES COMMITTEE**  
**WESTMOUNT HEALTH FACILITY**

**FRIDAY, FEBRUARY 26, 2010**  
**MUNICIPAL BUILDING BOARD ROOM**  
**9:30AM**

1. Edward Costigan from Excel Engineering P.C. to present summary of conceptual study of the feasibility to install fire protection systems. Page 1-3
2. Westmount Mission Statement. Page 4
3. Royal Care Pharmacy Contract. Page 5
4. Nurse agency contract – update. Page 6
5. Out of Code Budget Transfer. Page 7
6. Staffing report. Page 8
7. Overtime report. Page 9
8. Westmount updates.

**Westmount Health Center  
Queensbury, New York**

**Additional Work Information Requested At 2/22/2010 Meeting**

1. Report estimate of Predicted Cost @ 2010': \$391,453
2. Add predicted consulting fee: \$40,000
3. Add weekly on-site observation & job meeting  
( per schedule 7 month period @ 4hr. per week): \$15,000
4. Detached Garage Sprinkler System: \$25,000

**Estimated Total Predicted Budget Cost: \$471,453**

**5% Escalation to 2011': \$495,026**

**5% Escalation to 2012': \$519,777**

**EJC 2/23/2010**

## EXECUTIVE SUMMARY

Providing 100% fire protection sprinkler coverage to the facility encounters many challenges and restraints not found in new construction, or other renovations in existing buildings. The following outlines the major items that this effort will face.

1. Existing conditions and heavy occupation of other utilities that exist within concealed ceiling spaces do not support running concealed piping in most of the areas. This will require surface run piping which may be concealed in a false soffit system for aesthetics.
2. The compliance of areas presently sprinklered will be confirmed and kept in service or modified as needed.
3. Backflow Prevention Devices must be installed on the fire and domestic water services for protection of the public municipal system.
4. Potential areas for freezing shall be addressed with additional heat and/or pipe system freeze protection.
5. Record data of water flow test indicate sufficient flow is available to support this project.
6. Standard and Special areas will necessitate 2 levels of protection. Most areas will be "Wet Sprinklers", minor areas will require "Dry Pipe Sprinklers" where freezing is a concern.
7. Providing coverage to a detached Garage will be considered an option for purposes of this report.
8. Special coverage consideration is identified at fire refuge staging areas, especially where an internal wire glass wall provides separation and protection.
9. A discussion within identifies the issues of working in and around this occupied facility. It will be the Owners decision as to what is ultimately possible, and the contractors' responsibility to respond. Life Safety of occupants, both patients and staff, is priority 1 where temporary barriers and fire protection methods may be employed to support working conditions. This could require the need of a designated "job coordinator" to schedule and supervise daily work operations.



# **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

## **WESTMOUNT HEALTH FACILITY** **MISSION STATEMENT**

It is the mission of Westmount Health Facility to treat each resident with respect through maintaining personal values in matters of religion, culture, race or ethnic origin, sexuality and sexual orientation, political affiliation, and marital status. To deliver standards of excellence in care practices which embrace principles of the highest possible quality of care driven by dedicated staff. To ensure appropriate care services are delivered with compassion, warmth and friendliness in a non-discriminatory way which emphasizes individual right to independence, dignity, privacy and flexibility to make informed choices within a non-discriminatory environment. Westmount Health Facility is dedicated and committed to meeting high ethical standards and compliance with all applicable Federal and State regulations within the operation of the facility.

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WARREN COUNTY  
BID INFORMATION SHEET

DESCRIPTION OF ITEM	BID PRICE	BID PRICE	BID PRICE
<b>BID NO. W-C HI-09</b>  <b>TITLE: SEP - PHARMACEUTICAL SERVICES AT WESTMOUNT HEALTH FACILITY AND COUNTRYSIDE ADULT HOME</b> <b>DATE: JANUARY 21, 2010</b> <b>TIME: 3:00 P.M.</b>	<b>NAME &amp; ADDRESS OF BIDDER</b> ChemRX Attn: Peter Ranney 1657 Sunset Ave. Yonkers, NY 10502 Pk: 315-217-6905 Fax: 315-292-1532	<b>NAME &amp; ADDRESS OF BIDDER</b> Emergency Associates of Great Falls Inc. d/b/a Royal Lane Pharmacy Services Attn: Regina Robinson 100 Saratoga Village Blvd. Suite 16-19 Keating, NY 12008 Ph: 899-2802 Fax: 888-972-6668	<b>NAME &amp; ADDRESS OF BIDDER</b> Confounding Care PC of New York, LLC Attn: Anthony Pottier 84 Patrick Lane Kongsbushville, NY 12613 Tel: 845-485-5164 4316 Fax: 888-502-5642
<b>PROPOSAL # WESTMOUNT HEALTH FACILITY:</b> Daily (30) Day Supply Punch Card Packs	BID PRICE 28% Discount - No Fee 80% Discount - No Fee	BID PRICE FDBB/FAC 6.25% NON CMS Generic: AWP - 40% CMS Generic (ED) 25%	BID PRICE AWP - 16% AWP - 45%
<b>PRICE FOR BRAND NAME DRUGS</b>	No Bid	N/A	No Bid
<b>PRICE FOR GENERIC DRUGS</b>	No Bid	N/A	No Bid
<b>PRICE PER HOUR FOR CONSULTANT NURSING SERVICES:</b>	\$28.00/hour	\$40.00/hour	\$35.00/hour
<b>PRICE PER EACH INTERIM MEDICATION REORDER REVIEW:</b>	No Bid	\$10.00/cash	No Bid
<b>EARLY PAYMENT DISCOUNT %, IF AVAILABLE</b>	No Bid	2% Prompt pay - 30 Days	1%
<b>TERMS:</b>	Net 90 Days	31 Days	if paid within 30 Days
<b>BID AWARDED TO:</b>	TOTAL:		
<b>JOSE A. BACERA, PURCHASING AGENT</b>	TOTAL:		

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# Warren County Board of Supervisors

RESOLUTION NO. \_\_\_ OF 2010

Resolution introduced by Supervisors Sokol, Thomas, Champagne, Taylor, Pitkin, Loeb and McDevitt

## AUTHORIZING AGREEMENT WITH VISITING NURSE ASSOCIATION OF ALBANY HOME CARE CORPORATION TO PROVIDE NURSING SERVICES TO WESTMOUNT HEALTH FACILITY IN THE EVENT OF AN EMERGENCY - WESTMOUNT HEALTH FACILITY

WHEREAS, in accordance with regulatory requirements, the Westmount Health Facility has established an emergency staffing plan which sets forth protocols for maintaining minimum staffing requirements at all times at the Facility, including provisions for emergency staffing coverage in the event

that employee staffing cannot meet facility nursing coverage needs ( such as an H1N1 outbreak among staff),

and *The definition of emergency does not include financial situations which may be generated within control of the County.*

WHEREAS, in order to address potential emergency staffing situations and comply with the terms of the Facility's emergency staffing plan, the Administrator is requesting that the County enter into an agreement with the Visiting Nurse Association of Albany Home Care Corporation to provide nursing services on an emergency basis, for a term commencing March 1, 2010 and terminating upon thirty (30) days written notice by either party, at no cost to the County unless and until an emergency arises and such services are requested and provided, with fees for such services to be as set forth on Schedule "A" attached hereto, now, therefore be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement with the Visiting Nurse Association of Albany Home Care Corporation to provide nursing services in the event there is an emergency at Westmount Health Facility for a term commencing March 1, 2010 and terminating upon thirty (30) days written notice by either party, at no cost to the County unless and until an emergency arises and such services are requested and provided, with fees for such services to be as set forth on Schedule "A" attached hereto, in a form approved by the County Attorney.

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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:** February 26, 2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60100.100 110	Westmount, Nursing Administration, Management & Super Salaries - Regular	EF.60100.100 130	Westmount, Nursing Administration, Management & Super Salaries - Part time	17,500.00
EF.73300.6802.470	Westmount, Physical Therapy, Contracted Services	EF.60100.600 120	Westmount, Nursing Administration, Management & Super Salaries - OT	500.00
EF.73300.6802.470	Westmount, Physical Therapy, Contracted Services	EF.60100.9101 426	Westmount, Nursing Administration, Other Direct Cost, Advertizing Fees	600.00
EF.74100.800 110	Westmount, Medical Staff Services, Physician, Salaries - Regular	EF.74100.800 130	Westmount, Medical Staff Services Physician, Salaries - Part time	17,228.90
EF.82100.700 120	Westmount, Dietary Services, FSH Salaries - OT	EF.82100.200 120	Westmount, Dietary Services, Cooks, Salaries - OT	2,000.00

**Please state reason for transfers requested:** adjustment of budgeted salaries over time, cover additional advertizing.

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

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## WESTMOUNT CURRENT STAFFING LEVELS FEBRUARY 23, 2010

		POSITIONS	CURRENT STAFF	EMPLOYEE STATUS
7AM - 3PM	RN F/T	4	3	
	RN P/T	1	0	1 VACANCY
	LPN F/T	3	3	1 FLOA
	CNA F/T	18	18	1 STILL ON 3-11 COMING 7-3 NEXT WK.
	CNA P/T	2	2	
<b>SUBTOTALS</b>		<b>28</b>	<b>26</b>	

3PM - 11PM	RN F/T	1	1	
	RN Relief F/T	1	1	
	RN PER-DIEM	8	8	4 VERY LIMITED OR SHIFT PREFERENCES
	LPN F/T	3	3	
	LPN PER-DIEM	7	6	5 VERY LIMITED AVAILABILITY OR HAVE SHIFT PREFERENCES
	CNA F/T	12	12	2 STILL ON ORIENTATION
	CNA PER-DIEM	8	12	4 VERY LIMITED AVAILABILITY OR RARE
<b>SUBTOTALS</b>		<b>44</b>	<b>35</b>	

11PM - 7AM	RN F/T	1	1	ON ORIENTATION
	LPN F/T	3	3	
	CNA F/T	8	8	
<b>SUBTOTALS</b>		<b>12</b>	<b>11</b>	

**GRAND TOTALS            84            72**

**OVERTIME**  
**01/18/10 – 02/14/10**  
**2010**

#4100	Nursing Administration	8.90 Hours – Overtime
#4101	RN Supervisors	97.05 Hours – Overtime
#4102	RN	46.60 Hours – Overtime
#4103	LPN	139.20 Hours – Overtime
#4104	CNA	363.55 Hours – Overtime
#4105	Activities	0.00 Hours – Overtime
#4109	Dietary	114.50 Hours – Overtime
#4110	Maintenance	0.00 Hours – Overtime
#4111	Housekeeping	16.00 Hours – Overtime
#4112	Laundry	8.00 Hours – Overtime
#4114	Fiscal Services	40.00 Hours – Overtime

**2009**

#4100	Nursing Administration	0.00 Hours – Overtime
#4101	RN Supervisors	29.20 Hours – Overtime
#4102	RN	4.55 Hours - Overtime
#4103	LPN	67.50 Hours – Overtime
#4104	CNA	304.55 Hours – Overtime
#4105	Activities	0.00 Hours – Overtime
#4109	Dietary	58.00 Hours – Overtime
#4110	Maintenance	10.85 Hours – Overtime
#4111	Housekeeping	16.00 Hours – Overtime
#4112	Laundry	8.00 Hours – Overtime
#4114	Fiscal Services	16.05 Hours – Overtime

**(-) or decrease in OT Total = 10.85 (Maintenance)**

**(+) or increase in OT Total = 270.95 – Admin by 8.90, RN Sup by 67.85, RN by 42.05, LPN by 71.70, Dietary by 56.50, & Fiscal by 23.95.**

# ***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: February 26, 2010**

- (a) Purpose of Request: Authorize agreement with Visiting Nurse Association
  
- (b) Details: Authorize agreement with Visiting Nursing Association pending approval by the County Attorney with regard to emergency clarification.
  
- (c) Previous Resolution Number:

Presented at 1/22/10 meeting

## **RESOLUTION REQUEST FORM NO. 3**

### ***Request for New Contract***

**DEPARTMENT NAME:** Westmount Health Facility

**DATE:** January 22, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Nursing Coverage in event of emergency
- (c) Name of Contractor: Visiting Nurse Association of Albany Home Care Corporation
- (d) Address of Contractor: 150 Broadway, Suite 310, Menands, NY 12204
- (e) Contractor's Contact Person and Telephone Number: Kenneth J. Mouney,  
Director
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: 3/1/2010
- (h) Termination Date of Contract: Upon 30 days notice
- (i) Payment Provisions: i) lump sum amount  
ii) hourly rate amount Per Fee Schedule  
iii) total amount not to exceed  
iv) how will payments be made (i.e. monthly, quarterly,  
upon completion of the project, etc.
- (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.60200.6801 470 Westmount, Nursing-Nurses' Station, Contracted Services. \$1,000.00

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# **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 FACILTY**

**DATE: February 26, 2010**

- (a) Purpose of Request: Rejecting bids for Pharmacy Contracts
  
- (b) Details: Rejecting bids for Pharmacy Contracts and authorizing rebidding of contracts to include more specifications.
  
- (c) Previous Resolution Number: