

HEALTH SERVICES COMMITTEE
WESTMOUNT HEALTH FACILITY

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

1. Request resolution for new contract with PNP Computer Services, Inc. This contract is for Annual Software Service Agreement. Page 1 & 2.
2. Westmount Health Facility Mission Statement. Page 3.
3. Request resolution to contract with Mike McCarthy for preparation of Limited Review Certificate of Need. This is required prior to sprinkler construction for the Department of Health. Wayne LaMothe and staff of the Planning Department volunteered to submit a grant application to NYS for the sprinkler upgrade for Westmount. This grant will be submitted by the end of April. Page 4.
4. Staffing report. Page 5
5. Overtime report. Page 6.
6. Following a Survey by the Department of Health, Westmount is bringing in a consultant to assist us on revamping clinical processes for laboratory services. Improving this practice is part of the philosophy of Westmount to provide the highest quality of care to our residents.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: March 26, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Annual Software Support Agreement
- (c) Name of Contractor: PNP Computer Services, Inc.
- (d) Address of Contractor: 66 North Main Street, Brockport, NY 14420-1649
- (e) Contractor's Contact Person and Telephone Number: Curt Hamlin 585 637-3240
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: April 1, 2010
- (h) Termination Date of Contract: March 31, 2010
- (i) Payment Provisions:
 - i) lump sum amount 7,153.50
 - 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 signed agreement
- (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.83110.6300 422 Westmount, Fiscal Services Office, Repair & Maintain PS DA Equipment \$11,850.00.



Invoice 20100059

Invoice Date 03/18/10

P & NP Computer Services, Inc.
 66 North Main Street
 Brockport, NY 14420-1649 USA

Telephone: 585/637-3240

Bill To:

Westmount Health Facility
 42 Gurney Lane
 Queensbury, NY 12804

Ship To:

Westmount Health Facility
 42 Gurney Lane
 Queensbury, NY 12804

Customer	Ship Via	F.O.B.		Terms									
225	Delivered	Origin		Net 30 Days									
Purchase Order Number		Salesperson	Order Date	Our Order Number									
2010 Annual Support		CURT	03/18/10										
Quantity Ordered	Quantity Shipped	Item Number	Unit of Measure	Unit Price		Extended Price							
	Back Ordered			Item Description	Discount %		Tax						
1		1 ANNUAL_SUPPORT	ANNUAL	35590.00000		5338.50							
		0 RMS/FMS Package		85.000	N								
1		1 ANNUAL_SUPPORT	ANNUAL	1000.00000		150.00							
		0 Claim Scrubber/997 Reader Add-on		85.000	N								
1		1 ANNUAL_SUPPORT	ANNUAL	7500.00000		1125.00							
		0 Resident Observations		85.000	N								
3		3 ANNUAL_SUPPORT	ANNUAL	1200.00000		540.00							
		0 Clinician Notes, Accident/Incident and Infection Tracking		85.000	N								
Net due on 04/17/10 <table style="float: right; margin-top: 20px;"> <tr> <td>Nontaxable Subtotal</td> <td style="text-align: right;">7153.50</td> </tr> <tr> <td>Taxable Subtotal</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Tax (7.000%)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Total Invoice</td> <td style="text-align: right;">7153.50</td> </tr> </table>						Nontaxable Subtotal	7153.50	Taxable Subtotal	0.00	Tax (7.000%)	0.00	Total Invoice	7153.50
Nontaxable Subtotal	7153.50												
Taxable Subtotal	0.00												
Tax (7.000%)	0.00												
Total Invoice	7153.50												

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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 by maintaining personal values in matters of religion, culture, race, or ethnic origin, sexuality and sexual orientation, political affiliation, and marital status. Our goal is to guarantee standards of excellence in our care practices by ensuring quality care is delivered by dedicated and highly trained staff.

Individual rights to independence are emphasized with compassion, warmth and friendliness in a holistic environment.

Our residents are treated as if they are our mothers and fathers with respect and dignity. We provide privacy and flexibility to empower them in making informed choices.

Westmount Health Facility is dedicated and committed to a high ethical standard in compliance with all applicable Federal and State regulations.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: March 26, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No

- (b) Purpose of Contract: Completion of Certificate of Need Limited Review required by DOH regarding Sprinkler project at Westmount Health Facility.

- (c) Name of Contractor: McCarthy & Conlon, LLP

- (d) Address of Contractor: 150 Warren Street, Glens Falls, NY 12801

- (e) Contractor's Contact Person and Telephone Number: Michael McCarthy 518 792-6668

- (f) Has or will the Contract be provided, if so, please attach:

- (g) Commencement Date of Contract: Execution of Agreement

- (h) Termination Date of Contract: Completion of CON, Limited Review

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$300.00
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Upon completion of CON

- (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: Westmount, Fiscal Services, Contracted Services - Auditing EF.83110.3100 470 \$14,500.00

WESTMOUNT CURRENT STAFFING LEVELS; MARCH 26, 2010

7am-3pm	Title	Positions	Current Staffing	Employee Status
	RN F/T	4	4	
	RN P/T	1	0	
	LPN F/T	3	3	
	C N A F/T	18	18	1 out on disability
	C N A P/T	2	2	
	SUBTOTALS	28	27	
3pm - 11pm	RN F/T	1	1	
	RN Relief F/T	1	1	
	RN Per-Diem	8	5	2 very limited availability
	LPN F/T	3	3	
	LPN Per-diem	7	6	4 with limited availability
	C N A F/T	12	12	
	C N A Per-diem	8	8	4 with limited availability
	SUBTOTALS	40	36	
11pm-7am	RN F/T	1	1	
	LPN F/T	3	3	
	C N A F/T	8	8	
	SUBTOTALS	12	12	
	Grand Totals	80	75	

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OVERTIME
02/15/10 – 03/14/10
2010

#4100	Nursing Administration	2.55 Hours – Overtime
#4101	RN Supervisors	49.55 Hours – Overtime
#4102	RN	27.95 Hours – Overtime
#4103	LPN	76.85 Hours – Overtime
#4104	CNA	86.55 Hours – Overtime
#4105	Activities	0.00 Hours – Overtime
#4109	Dietary	67.95 Hours – Overtime
#4110	Maintenance	10.75 Hours – Overtime
#4111	Housekeeping	08.00 Hours – Overtime
#4112	Laundry	00.00 Hours – Overtime
#4114	Fiscal Services	14.10 Hours – Overtime

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#4100	Nursing Administration	0.00 Hours – Overtime
#4101	RN Supervisors	4.05 Hours – Overtime
#4102	RN	12.25 Hours - Overtime
#4103	LPN	60.45 Hours – Overtime
#4104	CNA	65.65 Hours – Overtime
#4105	Activities	00.00 Hours – Overtime
#4109	Dietary	59.00 Hours – Overtime
#4110	Maintenance	6.45 Hours – Overtime
#4111	Housekeeping	08.00 Hours – Overtime
#4112	Laundry	00.00 Hours – Overtime
#4114	Fiscal Services	22.35 Hours – Overtime

(+) or increase in OT Total = 101.65 – Admin by 2.55, RN Sup by 45.50, RN by 15.70, LPN by 16.40, CNA by 20.90, Dietary by 8.95, Maintenance by 4.30, & Fiscal by 8.25.