

HEALTH SERVICES COMMITTEE
WESTMOUNT HEALTH FACILITY

FRIDAY, APRIL 23, 2010
MUNICIPAL BUILDING BOARD ROOM
9:30AM

1. Request resolution to charge off nine accounts. Pages 1-4.
2. Request resolution to amend salary budget. Page 5.
3. Request resolution for out of code transfers. Page 6.
4. Staffing report. Page 7.
5. Overtime report. Page 8.
6. Miscellaneous updates.
 - a) Royal Care Pharmacy
 - b) ACC Nursing Contact

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: April 23, 2010

- (a) Purpose of Request: To charge-off accounts listed in the attached Trial Balance.

 - (b) Details: A total of \$116,052.88 dollars requested to be charged-off as recommended by the Warren County Attorney's office.

 - (c) Previous Resolution Number:
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Trial Balance for Sub-Accounts Receivable Ledgers
as of Thursday, December 31, 2009

Name	Med Rec #	Medicaid	Medicare	Private Pay	N.A.M.I.	T.P.H.I.	Total
	894	(\$14.72)	\$0.00	\$0.00	\$0.00	\$0.00	(\$14.72)
	974	\$8,413.04	\$0.00	\$0.00	\$1,252.00	\$0.00	\$9,665.04
	972	\$9,547.04	\$2,545.97	\$0.00	\$0.00	\$0.00	\$12,093.01
	805	\$5,241.57	\$0.00	\$0.00	\$0.00	\$0.00	\$5,241.57
	944	\$6,384.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,384.24
	963	\$1,027.32	\$0.00	\$0.00	\$0.00	\$0.00	\$1,027.32
	954	\$4,693.54	\$0.00	\$0.00	\$0.00	\$0.00	\$4,693.54
	861	\$5,539.24	\$0.00	\$0.00	\$0.00	\$0.00	\$5,539.24
	918	(\$88.58)	\$0.00	\$0.00	\$0.00	\$0.00	(\$88.58)
	602	\$5,615.64	\$0.00	\$0.00	\$0.00	\$0.00	\$5,615.64
	771	\$5,679.30	\$0.00	\$0.00	\$0.00	\$0.00	\$5,679.30
	946	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	970	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	887	\$2,167.64	\$0.00	\$0.00	\$0.00	\$0.00	\$2,167.64
	869	\$0.00	\$0.00	\$5,439.00	\$0.00	\$0.00	\$5,439.00
	815	\$5,995.24	\$0.00	\$0.00	\$0.00	\$0.00	\$5,995.24
	795	\$0.00	\$0.00	\$0.00	\$120.32	\$0.00	\$120.32
	812	\$5,273.40	\$0.00	\$0.00	\$0.00	\$0.00	\$5,273.40
	857	\$5,456.76	\$0.00	\$0.00	\$0.00	\$0.00	\$5,456.76
	962	\$6,736.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,736.24
	950	\$0.00	\$0.00	\$46,110.00	\$0.00	\$0.00	\$46,110.00
	942	\$5,567.14	\$0.00	\$0.00	\$0.00	\$0.00	\$5,567.14
	905	\$6,736.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,736.24
	921	\$5,301.36	\$0.00	\$0.00	\$137.88	\$0.00	\$5,439.24
	765	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	914	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	953	\$6,736.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,736.24
	794	\$5,850.24	\$0.00	\$0.00	\$0.00	\$0.00	\$5,850.24
	662	\$4,586.05	\$0.00	\$0.00	\$0.00	\$0.00	\$4,586.05
	778	\$4,770.24	\$0.00	\$0.00	\$1,966.00	\$0.00	\$6,736.24
	740	\$6,098.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,098.24
	667	\$0.00	\$0.00	\$0.00	\$21,334.47	\$0.00	\$21,334.47
	908	\$6,697.68	\$0.00	\$0.00	\$0.00	\$0.00	\$6,697.68
	845	\$6,736.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,736.24
	870	\$4,796.35	\$0.00	\$0.00	\$0.00	\$0.00	\$4,796.35
	958	\$0.00	\$0.00	\$52,799.60	\$0.00	\$0.00	\$52,799.60
	909	\$4,719.30	\$0.00	\$1,000.00	\$23,699.46	\$0.00	\$29,418.76
	831	\$5,312.24	\$0.00	\$0.00	\$0.00	\$0.00	\$5,312.24
	897	(\$166.05)	\$0.00	\$0.00	\$1,041.90	\$0.00	\$875.85
	844	\$5,637.24	\$0.00	\$0.00	\$0.00	\$0.00	\$5,637.24
	665	\$5,949.24	\$0.00	\$0.00	\$0.00	\$0.00	\$5,949.24
	10534	\$6,130.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,130.24
	920	\$1,239.84	\$0.00	\$0.00	\$0.00	\$0.00	\$1,239.84
	956	\$2,196.60	\$0.00	\$0.00	\$0.00	\$0.00	\$2,196.60
	960	\$6,736.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,736.24

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Trial Balance for Sub-Accounts Receivable Ledgers
as of Thursday, December 31, 2009

Name	Med Rec #	Medicaid	Medicare	Private Pay	N.A.M.I.	T.P.H.I.	Total
	722	\$5,484.75	\$0.00	\$0.00	\$0.00	\$0.00	\$5,484.75
	975	\$1,391.56	\$0.00	\$0.00	\$219.28	\$0.00	\$1,610.84
	934	\$6,001.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,001.24
	945	\$3,683.57	\$0.00	\$0.00	\$11,211.04	\$0.00	\$14,894.61
	973	\$5,837.24	\$0.00	\$0.00	\$0.00	\$0.00	\$5,837.24
	933	\$5,265.41	\$0.00	\$0.00	\$1,480.43	\$0.00	\$6,745.84
	971	\$0.00	\$0.00	\$1,060.00	\$0.00	\$0.00	\$1,060.00
	802	\$4,655.79	\$0.00	\$0.00	\$2,682.70	\$0.00	\$7,338.49
	823	\$0.00	\$0.00	\$0.00	<u>\$1,868.30</u>	\$0.00	\$1,868.30
DK	748	\$6,121.51	\$0.00	\$0.00	\$0.00	\$0.00	\$6,121.51
PK	744	\$0.00	\$0.00	<u>\$31,270.40</u>	\$0.00	\$0.00	\$31,270.40
	927	\$4,343.14	\$0.00	\$0.00	\$0.00	\$0.00	\$4,343.14
	803	\$5,319.24	\$0.00	\$0.00	\$0.00	\$0.00	\$5,319.24
	839	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	764	\$6,111.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,111.24
	966	\$4,777.74	\$0.00	\$0.00	\$0.00	\$0.00	\$4,777.74
	867	\$5,879.24	\$0.00	\$0.00	\$0.00	\$0.00	\$5,879.24
	704	\$5,453.17	\$0.00	\$0.00	\$0.00	\$0.00	\$5,453.17
	926	\$6,165.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,165.24
	935	\$6,100.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,100.24
	804	\$6,194.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,194.24
RM	919	\$0.00	\$0.00	\$0.00	<u>\$1,856.34</u>	\$0.00	\$1,856.34
	827	\$5,747.24	\$0.00	\$0.00	\$0.00	\$0.00	\$5,747.24
	770	\$7,823.24	\$0.00	\$0.00	\$0.00	\$0.00	\$7,823.24
	788	\$6,270.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,270.24
	701	\$4,821.08	\$0.00	\$0.00	\$0.00	\$0.00	\$4,821.08
	965	\$0.00	\$0.00	\$8,215.00	\$0.00	\$0.00	\$8,215.00
	976	\$0.00	\$800.58	\$0.00	\$0.00	\$0.00	\$800.58
RP	917	\$0.00	\$0.00	\$0.00	<u>\$655.72</u>	\$0.00	\$655.72
	875	\$6,736.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,736.24
	904	\$1,406.80	\$0.00	\$0.00	<u>\$415.08</u>	\$0.00	\$1,821.88
	879	\$5,761.97	\$0.00	\$0.00	\$0.00	\$0.00	\$5,761.97
	916	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	817	\$5,619.24	\$0.00	\$0.00	\$0.00	\$0.00	\$5,619.24
	900	\$5,343.74	\$0.00	\$0.00	\$0.00	\$0.00	\$5,343.74
	939	\$15,435.01	\$0.00	\$0.00	\$0.00	\$0.00	\$15,435.01
	910	\$4,388.95	\$0.00	\$0.00	\$4,694.58	\$0.00	\$9,083.53
	948	\$6,017.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,017.24
	907	\$5,524.78	\$0.00	\$0.00	\$0.00	\$0.00	\$5,524.78
	664	\$5,748.33	\$0.00	\$0.00	\$0.00	\$0.00	\$5,748.33
	955	\$6,736.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,736.24
	930	\$17,280.98	\$0.00	\$0.00	\$0.00	\$0.00	\$17,280.98
	937	\$6,672.74	\$0.00	\$0.00	\$0.00	\$0.00	\$6,672.74
LS	834	\$0.00	\$0.00	<u>\$73,121.84</u>	\$0.00	\$0.00	\$73,121.84
BS629		\$0.00	\$0.00	\$0.00	<u>\$3,598.00</u>	\$0.00	\$3,598.00

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Trial Balance for Sub-Accounts Receivable Ledgers
as of Thursday, December 31, 2009

Name	Med Rec #	Medicaid	Medicare	Private Pay	N.A.M.I.	T.P.H.I.	Total	
KT	940	\$0.00	\$0.00	\$0.00	\$800.00	\$0.00	\$800.00	
	852	\$5,913.21	\$0.00	\$0.00	\$136.06	\$0.00	\$6,049.27	
	967	\$4,322.86	\$2,001.45	\$0.00	\$0.00	\$0.00	\$6,324.31	
	718	\$6,061.24	\$0.00	\$0.00	\$0.00	\$0.00	\$6,061.24	
	651	\$5,855.74	\$0.00	\$0.00	\$0.00	\$0.00	\$5,855.74	
	710	\$5,943.24	\$0.00	\$0.00	\$0.00	\$0.00	\$5,943.24	
	969	\$0.00	\$0.00	\$100.45	\$0.00	\$0.00	\$100.45	
	VV	598	\$0.00	\$0.00	\$0.00	\$1,840.38	\$0.00	\$1,840.38
		951	\$587.04	\$0.00	\$3,710.00	\$0.00	\$0.00	\$4,297.04
		838	\$5,557.94	\$0.00	\$0.00	\$0.00	\$0.00	\$5,557.94
968		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
840		(\$3,411.69)	\$0.00	\$0.00	\$1,154.53	\$0.00	(\$2,257.16)	
922		\$0.00	\$0.00	\$16,165.00	\$0.00	\$0.00	\$16,165.00	
878		\$5,711.24	\$0.00	\$0.00	\$0.00	\$0.00	\$5,711.24	
		\$421,957.26	\$5,348.00	\$238,991.29	\$82,164.47	\$0.00	\$748,461.02	

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: April 23, 2010

(a) Purpose of Amendment: To Amend 2010 various Nursing over time & per diem Salaries Appropriations by Amending the Unrestricted Fund Balance.

(b) Appropriation Code (with title), Object Code (with title) and Amount:
EF.60200.100.120 Nurses Stations', Mgmt & Supervisors Salaries - OT \$ 12,727.74
EF.60200.300.120 Nurses Stations', RN Wages Salaries - OT \$ 21,150.50
EF.60200.300.130 Nurses Stations', RN Wages Salaries - PT \$ 34,389.00
EF.60200.400.120 Nurses Stations', LPN Wages Salaries - OT \$ 12,437.04
EF.60200.400.130 Nurses Stations', LPN Wages Salaries - PT \$ 55,333.32
EF.60200.500.120 Nurses Stations', Aides Wages Salaries - OT \$ 8,163.44

(c) Revenue Code (with title), and Amount: EF.229000 909.00 Westmount, Unrestricted Fund Balance \$144,201.04

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: April 23, 2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.73300.6802 470	Westmount, Physical Therapy, Contracted Service	EF.60100.8500 427	Westmount, Nursing Administration, Dues Nursing Home Association	120.00
EF.73300.6802 470	Westmount, Physical Therapy, Contracted Service	EF.60100.8900 426	Westmount, Nursing Administration, Books Periodic Subscription	224.00
EF.73300.6802 470	Westmount, Physical Therapy, Contracted Service	EF.60100.8800 444	Westmount, Nursing Administration, Travel, Conferences, Workshops	1,100.00
EF.82100.6300 422	Westmount, Dietary Services, Repair & Maintain PS DA Equipment	EF.82100.5803 260	Westmount, Dietary Services, Other Equipment	300.00
EF.83500.700 130	Westmount, Laundry & Linen Serv. FSH HK LL Maint – Salaries P/T	EF.83500.700 110	Westmount, Laundry & Linen Serv., FSH HK LL Maint – Salaries Regular	13,204.88
EF.60100.100 110	Westmount, Nursing Adm, Mgm & Supervision – Salaries regular	EF.60100.600 120	Westmount, Nursing Adm, Mgm & Supervision – Salaries OT	1,875.40

Please state reason for transfers requested:

Nursing Home Dues, MDS 3 Manual, Resident Observation Training for DON & MDS Coordinator, MDS Certification, Dietary Commercial Toaster, laundry salary transfer part-time to full-time per treasurers; overtime coverage relating to Nursing policy & procedure updates due to survey.

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

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WESTMOUNT CURRENT STAFFING LEVELS; April 23, 2010

7am-3pm	Title	Positions	Current Staffing	Employee Status
	RN F/T	4	3	
	RN P/T	1	0	
	LPN F/T	3	3	
	C N A F/T	18	18	
	C N A P/T	2	2	1 out on disability

SUBTOTALS		28	27
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3pm - 11pm	RN F/T	1	1
	RN Relief F/T	1	1
	RN Per-Diem	8	3
	LPN F/T	3	2
	LPN Per-diem	7	5
	C N A F/T	12	10
	C N A Per-diem	8	7

SUBTOTALS		40	28
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11pm-7am	RN F/T	1	1
	LPN F/T	3	3
	C N A F/T	8	8

SUBTOTALS		12	12
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Grand Totals 80 67

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WESTMOUNT HEALTH FACILITY
 Salaries Comparison
 as of PE 4/1/10

EXPENSES	YTD ACTUAL THRU April 11th, 2010	YTD ACTUAL THRU April 12th, 2009	YTD 10v09	% Change	Annualized 2010 Expenses	2010 AMENDED BUDGET	2009 AMENDED BUDGET
Salaries - Regular	\$830,394.86	\$931,422.88	(\$101,028.02)	-12.17%	\$2,698,783.30	\$3,090,983.52	\$3,110,073.00
Salaries - Overtime	\$60,725.15	\$46,475.80	\$14,249.35	23.47%	\$197,356.74	\$152,575.62	\$154,946.00
Salaries - Part Time	\$118,161.05	\$0.00	\$118,161.05	100.00%	\$384,023.41	\$415,998.32	\$356,342.00
Salaries - Sick Leave	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$5,600.00	\$7,000.00
8 Pay Periods out of 26	\$1,009,281.06	\$977,898.68	\$31,382.38	3.11%	\$3,280,163.45	\$3,665,157.46	\$3,628,361.00

Salaries - Part Time
 included in 4/26/09 PR