

HEALTH SERVICES COMMITTEE
WESTMOUNT HEALTH FACILITY

FRIDAY, MAY 28, 2010
WESTMOUNT HEALTH FACILITY DINING ROOM
BRUNCH WILL BE SERVED AT 9:30AM

1. Request resolution to continue annual contract with MM Hayes, Co., Inc. for Kronos payroll software maintenance.
2. Staffing report.
3. Overtime report.
4. Miscellaneous updates.
 - a) RN/LPN Salaries.
 - b) Memorial Day Event (May 29th).
 - c) County attorney discussion of collection issue.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: May 28, 2010

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

- (b) Purpose of Contract: Annual Kronos Payroll Software Maintenance

- (c) Name of Contractor: MM Hayes Company, Inc.

- (d) Address of Contractor: 16 The Sage Estate, Albany, NY 12204

- (e) Contractor's Contact Person and Telephone Number: John Hayes, 518 459-5593

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

- (g) Commencement Date of Contract: July 1, 2010

- (h) Termination Date of Contract: June 30, 2011

- (i) Payment Provisions:
 - i) lump sum amount 2,048.00
 - 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.

- (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 Fiscal/Repair & Maintain Equipment \$11,850.00.

WESTMOUNT CURRENT STAFFING LEVELS; April 23,2010

7am-3pm	Title	Positions	Current Staffing	Employee Status
	RN F/T	4	3	Will be 1 less next week
	RN P/T	1	0	
	LPN F/T	3	3	we are using 4 here to cover RN
	C N A F/T	18	18	1 out on disability,plus 1 will be out on maternity
	C N A P/T	2	2	

SUBTOTALS 28 26

3pm - 11pm	RN F/T	1	1	1works only every other Sunday 7-3,
	RN Relief F/T	1	0	
	RN Per-Diem	8	6	
	LPN F/T	3	2	but 1 is on disability
	LPN Per-diem	7	8	
	C N A F/T	12	10	
C N A Per-diem	8	7		

SUBTOTALS 40 33

11pm-7am	RN F/T	1	1	1 out on disability
	LPN F/T	3	3	
	C N A F/T	8	8	

SUBTOTALS 12 12

Grand Totals 80 71

In Total We are down
 3 RN's
 1LPN
 2 C N A's

Plus we have 3 out on disability,
 1 on Maternity and 1 on Lt.Duty

WESTMOUNT HEALTH FACILITY
Salaries Comparison
as of PE 5/9/10

EXPENSES	YTD ACTUAL THRU	YTD ACTUAL THRU	YTD 10V09	% Change	Annualized 2010	2010 AMENDED	2009 AMENDED
	May 9, 2010	May 10, 2009			Expense	BUDGET	BUDGET
Salaries - Regular	\$1,066,559.64	\$1,062,831.94	\$3,727.70	0.35%	\$2,773,055.06	\$3,102,312.52	\$3,110,073.00
Salaries - Overtime	\$70,644.20	\$51,276.18	\$19,368.02	27.42%	\$183,674.92	\$208,931.62	\$154,946.00
Salaries - Part Time	\$140,426.41	\$120,508.68	\$19,917.73	14.18%	\$365,108.67	\$492,516.32	\$356,342.00
Salaries - Sick Leave	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$5,600.00	\$7,000.00
10 Pay Per out of 26	\$1,277,630.25	\$1,234,616.80	\$43,013.45	3.37%	\$3,321,838.65	\$3,809,360.46	\$3,628,361.00

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Westmount Health Facility hereby authorizes Michelle Hayes

(Supervisory Committee) (Employee Name)

to attend AANAC 3-Day MDS 3.0 Certification Classes

(Name of meeting or organization)

at Carondelet Hospitality Center in Albany

(Address)

on 7/20-7/22/10 Mode of transportation to be used County Vehicle

(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 \$ _____ GSA* Rate \$ _____
- Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

Date: _____

Department Head Signature

Date: _____



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:

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Westmount Health Facility hereby authorizes Renee Bazan
(Supervisory Committee) (Employee Name)

to attend Training For The Interdisciplinary MDS Team
(Name of meeting or organization)

at Hilton Garden Inn, Troy
(Address)

on 08/26/10 Mode of transportation to be used County Vehicle
(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.

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Department Head Signature

Date: _____



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Check one:

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

The Westmount Health Facility _____ hereby authorizes Kelly Bessaw _____
(Supervisory Committee) (Employee Name)

to attend Training For The Interdisciplinary MDS Team _____
(Name of meeting or organization)

at Hilton Garden Inn, Troy _____
(Address)

on 08/26/10 _____ Mode of transportation to be used County Vehicle _____
(Dates) (County Vehicle or Mass Transportation)

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Check one:

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

The Westmount Health Facility hereby authorizes Shanna Beaulieu
(Supervisory Committee) (Employee Name)

to attend Training For The Interdisciplinary MDS Team
(Name of meeting or organization)

at Hilton Garden Inn, Troy
(Address)

on 08/26/10 Mode of transportation to be used County Vehicle
(Dates) (County Vehicle or Mass Transportation)

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

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(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
- Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

Date: _____

Department Head Signature

Date: 5/28/10

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: