

# **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

**August 27, 2010**  
**at 9:30 a.m.**

## **HEALTH SERVICE COMMITTEE AGENDA**

1. Committee meeting called to order by Chairman.
2. Motion to approve minutes of prior committee meeting.

## **ACTION AGENDA**

1. Resolution request to amend existing contract with Hudson Headwaters Health Network to include Medical Directorship beginning October 1, 2010 through December 31, 2010 at a rate of \$ 500.00 per month. Page 1
2. Resolution request to rescind existing contract with Dr. Spitzer as Medical Director for Westmount Health Facility. Page 2
3. Resolution request to reclassify Nursing Supervisor title to Westmount In-service/Staffing Coordinator. Page 3
4. Request resolution for out of code transfers. Page 4

## **MONTHLY BUSINESS**

1. Staffing report. Page 5
2. Overtime report. Page 6

## ***RESOLUTION REQUEST FORM NO. 4***

### ***Request for Extending, Rescinding or Amending Existing Contract***

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: August 27, 2010**

- (a) Purpose of Contract Change: Amend Existing Contract with HHHN to include Medical Directorship beginning October 1, 2010 through December 31, 2010 at a rate of \$500.00 per month.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 835 of 2008
- (c) Name of Contractor: Hudson Headwaters Health Network
- (d) Address of Contractor: 9 Carey Road, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: 518 761-0300 Dr. Daniel C. Larson, MD
- (f) Commencement Date of Extension: October 1, 2010
- (g) Termination Date of Extension: December 31, 2010
- (h) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed \$1,500.00 year
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Monthly - \$500.00
- (i) 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.60200.2700 470 Westmount, Nursing - Nurses' Station, Physician fee's, Contracted Services \$33,578.00.

## ***RESOLUTION REQUEST FORM NO. 4***

### ***Request for Extending, Rescinding or Amending Existing Contract***

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: August 27, 2010**

- (a) Purpose of Contract Change: Rescind Existing Contract with Dr. Spitzer as Medical Director for Westmount Health Facility.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 833 of 2008
- (c) Name of Contractor: Dr. S. Richard Spitzer
- (d) Address of Contractor: 55 Sheridan Street, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: 518 792-7607
- (f) Commencement Date of Extension: Rescind effective September 31, 2010
- (g) Termination Date of Extension:
- (h) Payment Provisions:
  - i) lump sum amount
  - 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.
- (i) 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.60200.2700 470 Westmount, Nursing - Nurses' Station, Physician fee's, Contracted Services \$33,600.00.

# **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: August 27, 2010**

- (a) Purpose of Request: Reclass title approved with 2010 County Budget.
  
- (b) Details: Reclass Nursing Supervisor title to Westmount Inservice/Staffing Coordinator, Employee number 10656 at same salary (52,407.16) effective 01/01/2010.
  
- (c) Previous Resolution Number:
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: EF.60200.100 110 Westmount.Nursing - Nurses' Stations.Management and Supervision \$ 292,651.58.

**Sample: A.8021 470 Planning & Community Development – Contract**

\* as listed in budget and LOGOS

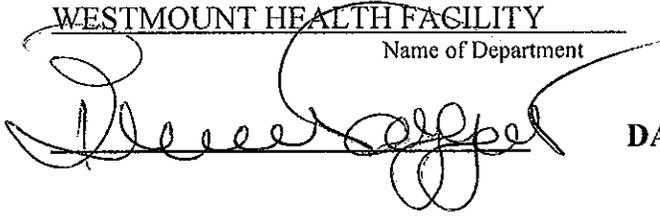
# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: WESTMOUNT HEALTH FACILITY  
Name of Department

SIGNED:



DATE: August 27, 2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	EF.72600.400 120	Westmount, Activities Program, LPN & Activities Wages – Salaries -OT	\$45.00
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	EF.82100.700 120	Westmount, Dietary Services, Food Service Handlers Wages – Salaries -OT	\$5,000.00
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	EF.82100.200 120	Westmount, Dietary Services, Cook & Social Worker Wages – Salaries -OT	\$4,000.00
EF.82400.5906 410	Westmount, Housekeeping Services, Supplies	EF.82400.5803 260	Westmount, Housekeeping Services, Other Equipment	\$120.00
EF.82100.5906 410	Westmount, Dietary Services, Supplies	EF.82100.5803 260	Westmount, Dietary Services, Other Equipment	\$180.00
EF..82200.7500 414	Westmount, Plant Operations & Maint. Natural Gas	EF.60200.9101 436	Westmount, Nurses' Station, Other Direct Costs - Advertizing	\$2,000.00

Please state reason for transfers requested: Activities & Dietary FSH & Cook OT due to holiday & coverage.  
Housekeeping – six 14 quart trash cans.  
Dietary – six 27 quart trash cans.  
Employment advertizing, Health Fac Clerk, DON, LPN RN

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

## 8/24 NURSING STAFFING

<u>SHIFTS</u>	<u>TITLE</u>	<u>POSITIONS</u>	<u>CURRENT STAFF</u>
7AM-3PM	RN F/T	4	3 (1 OPEN)
	RN P/T	1	1
	LPN F/T	4	4
	CNA P/D	2	1 (1 MATERNITY)
	CNA F/T	17	15 (1 OPEN)
3PM-11PM	RN F/T	1	1
	RN RELIEF	1	1
	RN P/D		1
	LPN F/T	3	1 (2 F/T)
	CNA F/T	13	10 (1 F/T CNA CURRENTLY ON)
	CNA P/D		2
11PM-7PM	RN F/T	1	1
	RN P/D		2
	LPN F/T	3	2 (1 LPN DISABILITY POSSIBLE RETURN FOR 9/3)
	LPN P/D	2	0
	CNA F/T	11	10 (1 MEDICAL LEAVE)
	7 GPN P/D		

5

**WESTMOUNT HEALTH FACILITY TWO YEAR BUDGET COMPARISON**  
**SALARY EXPENDITURES FOR 2010 AS OF 8/20/2010 11:25:39 AM**

9

EXPENSES	YTD ACTUAL THRU	YTD ACTUAL THRU	YTD 10V09	% Change	Annualized 2010	2010 AMENDED	2009 AMENDED
	August 15, 2010	August 16, 2009			Expense	BUDGET	BUDGET
Salaries - Regular	\$1,892,692.60	\$1,859,013.56	\$33,679.04	1.78%	\$2,894,706.77	\$3,102,312.52	\$3,110,073.00
Salaries - Overtime	\$142,576.85	\$97,549.85	\$45,027.00	31.58%	\$218,058.75	\$208,931.62	\$154,946.00
Salaries - Part Time	\$254,535.87	\$220,093.05	\$34,442.82	13.53%	\$389,290.21	\$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
17 Pay Periods Out of 26	\$2,289,805.32	\$2,176,656.46	\$113,148.86	4.94%	\$3,502,055.73	\$3,809,360.46	\$3,628,361.00

# **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: August 27, 2010**

- (a) Purpose of Request: Authorizing settlement of Civil Penalties relating to the May 14, 2009, Department of Health violation for an amount not to exceed \$8,000.00.
  
- (b) Details: Authorizing settlement of Civil Penalties relating to the May 14, 2009, Department of Health violation for an amount not to exceed \$8,000.00.
  
- (c) Previous Resolution Number:
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: EF.83110.8303 469 Westmount, Fiscal Services Office, Misc Fees & Expenses - Licenses - Other Payments/Contributions \$ 8,000.00.

**Sample: A.8021 470 Planning & Community Development – Contract**

\* as listed in budget and LOGOS