

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

HEALTH SERVICE COMMITTEE AGENDA

WEDNESDAY DECEMBER 1, 2010
BOS CONFERENCE ROOM

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

Action Agenda

1. Request resolution to re-classify Nursing Supervisor position to Health Information Manager. Page 1
2. Request resolution for s new contract with Hudson Headwaters Health Network to provide physical examination for new employees of Westmount Health Facility for 2011 - 2012. The total sum for each physical not to exceed \$90.00. Page 2
3. Request resolution for new contract with Hudson Headwaters Health Network to provide Medical Director position plus an additional rounding time of up to 2.5hours weekly for a total sum not to exceed twenty-eight thousand dollars for 2011. Page 3
4. Request resolution for new contract with Hudson Headwaters Health Network to provide bi-weekly clinical coverage for a sum not to exceed twenty-nine dollars per hour for 2011 and 2012. Page 4
5. Request resolution for new contract with B&L Control Services, Inc. to supply chemical products to Westmount's cooling towers, water condensers and re-circulators for both cold and hot water systems. Page 5
6. Request resolution authorizing the adoption and submission of the annual electronic certification of the compliance program for Westmount Health Facility. Page 6
7. Request resolution for out of code transfers. Page 7

8. Request resolution to approve the donation of a 26" HD television with cabinet valued at \$200.00 given by Mr. Nick Caimano. Page 8

Monthly Business

1. Staffing Report. Page 9
2. Overtime Report. Page 10

FOR DISCUSSION

1. Social Worker position.
2. Revenue anticipation note (in anticipation of the upper payment limit funds)
3. December 17th Board Meeting Proclamation for Dr. Richard Spitzer.

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: December 1, 2010

- (a) Title of Requested Position: Health Information Manager
- (b) Annual **Base** Salary (and Grade if Applicable): \$42,082.00
- (c) Effective Date for New Position:* December 10, 2010
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department=s Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable): Westmount. Nursing, Nurses' Station. Registered Nurses. Salaries -Regular \$42,082.00, RN 11
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount: EF.60200.300 110 Westmount. Nursing, Nurses' Station. Registered Nurses. Salaries - \$42,082.00
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.) Yes
- (g) Is this a mandated position? If so, please explain: No
- (h) Is there expected revenue from this position? If so, please explain: No

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: December 1, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To provide Employee Physicals.
- (c) Name of Contractor: Hudson Headwaters Health Network
- (d) Address of Contractor: PO Box 357, One Broad Street, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Dr. Daniel C. Larson
518 761-0300
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: January 1, 2011
- (h) Termination Date of Contract: December 31, 2012, & one year extension
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount \$90.00 per employee
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. monthly
- (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.60100.2700 435 Nursing Administration, Physician Fee's, Medical Fees \$90.00.EF.60200.2700 435 Nursing- Nurses' Station, Physician Fee's, Medical Fees \$480.00 EF.72600.2700 435 Activities, Physician Fee's, Medical Fees \$80.00.EF821000.2700 435.

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RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: December 1, 2010

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

- (b) Purpose of Contract: To provide Part-time Physician Coverage (2.5 hours weekly) & Medical Directorship.

- (c) Name of Contractor: Hudson Headwaters Health Network

- (d) Address of Contractor: PO Box 357, One Broad Street, Glens Falls, NY 12801

- (e) Contractor's Contact Person and Telephone Number: Dr. Daniel C. Larson
518 761-0300

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

- (g) Commencement Date of Contract: January 1, 2011

- (h) Termination Date of Contract: December 31, 2011 & one year extension not to exceed \$30,000.

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$28,000.00
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. monthly

- (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.60200.2700 470 Nursing- Nurses' Station, Physician Fee's, Contracted Service \$35,356.00.

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RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: December 1, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To provide Bi-weekly clinician night call coverage.
- (c) Name of Contractor: Hudson Headwaters Health Network
- (d) Address of Contractor: PO Box 357, One Broad Street, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Dr. Daniel C. Larson
518 761-0300
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: January 1, 2011
- (h) Termination Date of Contract: December 31, 2012, & one year extension
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount \$29.00 per night
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. monthly
- (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.60200.2700 470 Nursing- Nurses' Station, Physician Fee's, Contracted Service \$35,356.00.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: December 1, 2010

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

- (b) Purpose of Contract: To supply chemical products to Westmount Health Facility's evaporative coolers, water condensers and recirculators for both cold and hot water systems.

- (c) Name of Contractor: B& L Control Services Inc.

- (d) Address of Contractor: PO Box 399 Sartoga Springs, NY 12866

- (e) Contractor's Contact Person and Telephone Number: Kimberly A. Thomas, 518 273-0500

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

- (g) Commencement Date of Contract: January 1, 2011

- (h) Termination Date of Contract: December 31, 2012

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$2,690.00/year
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. yearly

- (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.82200.6822 470 Plant Operation and Maintenance, Contracted Service \$20,300.00.

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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 Facility

DATE: December 1, 2010

- (a) Purpose of Request: Authorizing the adoption and electronic certification of a Compliance program for Westmount Health Facility.

- (b) Details: Authorizing the adoption and electronic executing of a Compliance program for Westmount Health Facility consisting of (1) the compliance manual (2) the compliance protocols; and (3) appropriate written policies and procedures affecting any risk areas in Facility's operations.

- (c) Previous Resolution Number: 858 of 2009

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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: December 1, 2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82500.1800 860	Westmount, Laundry & Linen Serv, Group Health Ins, Hosp	EF.82500.700 120	Westmount, Laundry & Linen Serv, FSH, HK, LL Salaries - OT	500.00
EF.73300.1800 860	Westmount, Physical Therapy, Group Health Ins., Hosp	EF.73300.500 120	Westmount, Physical Therapy, Aides, Orderlies, Salaries - OT	10.00

**Please state reason for transfers requested: over expended expense accounts.
Please file original request with Clerk of the Board and retain copy for your records.**

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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 FACILITY

DATE: December 1, 2010

- (a) Purpose of Request: Approve the donation of a 26" HD television to Westmount Health Facility

- (b) Details: Approve the donation of a 26" HD television with cabinet valued at \$200.00 dollars gifted by Nick Caimano.

- (c) Previous Resolution Number:

NURSING STAFFING
DECEMBER 1, 2010

<u>SHIFTS</u>	<u>TITLE</u>	<u>POSITIONS</u>	<u>CURRENT STAFF</u>
7-3	RN FT	4	3 (1 OPEN)
	RN PT	1	1
	LPN	4	4
	CNA	17	16
	SUPERVISOR		1
	RPN II		2
3P-11P	RN FT	2	2
	LPN FT	2	1 (1 OPEN)
	CNA FT	13	13 4 OPEN 10 FT (1 ML)
11P-7A	RN FT	1	1
	LPN FT	3	2 (1 LPN Disability)
	CNA FT	11	10
4 GPN P/D			

WARREN COUNTY TWO YEAR BUDGET COMPARISON

As of November 7, 2010

EXPENSES	YTD ACTUAL THRU November 7, 2010	YTD ACTUAL THRU November 8, 2009	YTD 10V09	% CHANGE	ANNUALIZED 2010 EXPENSE	2010 AMENDED BUDGET	2009 AMENDED BUDGET
Salaries - Regular	\$2,536,630.92	\$2,545,866.22	(\$9,235.30)	-0.36%	\$2,867,496.37	\$3,089,902.52	\$3,110,073.00
Salaries - Overtime	\$218,796.39	\$131,369.40	\$87,426.99	39.96%	\$247,335.10	\$218,387.62	\$154,946.00
Salaries - Part Time	\$408,670.06	\$295,306.48	\$113,363.57	27.74%	\$461,974.93	\$504,926.32	\$356,342.00
Salaries - Sick Leave	\$0.00	\$0.00	\$0.00			\$5,600.00	\$7,000.00
23 Pay Periods Out of 26	\$3,164,097.36	\$2,972,542.10	\$191,555.26	6.05%	\$3,576,806.40	\$3,818,816.46	\$3,628,361.00

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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 Facility

DATE: December 1, 2010

- (a) Purpose of Request: Authorizing a temporary Social Worker Consult Contract.

- (b) Details: Authorizing a temporary part time Social Worker Consult Contract for up to 24 hours a week at a rate not to exceed \$24.00 dollars an hour. This temporary position is effective upon approval and is subject to termination upon training a full time person or not to exceed 90 days.

- (c) Previous Resolution Number: