

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

FRIDAY JUNE 24, 2011
BOS CONFERENCE ROOM
9:30AM

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

Action Agenda

1. Request resolution for a new contract with Glens Falls Hospital Therapy Services. Page 1

Purpose of contract: Therapy Services - Physical Therapy, Occupational Therapy, and Speech Therapy.

	2011	2012/2013
PT/OT	\$52.00	\$57.00
ST	\$62.00	\$67.00

2. Request resolution to fill vacant position: Dietary Department. Page 2

Title of position : Food Service Helper. Position is vacated due to resignation. Employee is going to another department within the County.

3. Request resolution for transfer of funds: Page 3

Reason for transfer requested: To purchase 4 air mattresses at \$830.00 each. Total \$3,320.00.

4. Request resolution to charge off uncollected NAMI funds for resident number 10968. Page 4

Purpose of request: Acceptance of settlement received June 9th, 2011 in the amount of \$16,500.00 per resolution 276 of 2011. A total of \$11,071.40 is requested to be charged off as recommended by the Warren County Attorney's Office.

Monthly Business

1. Staffing Report.

Vacant Positions

1 - LPN - 7-3
4 - CNA - 7-3
2 - CNA - 3-11
1 - CNA - 11-7

Medical Leave

2 LPN
1 CNA
1 Dietary

Continued monthly coverage for sick, holiday/vacation, and personal time requests by employees.

2. Overtime Report. Page 5

DISCUSSION

Facility Annual Disaster Drill - June 23rd, 2011

Facility Family Picnic - July 19, 2011 from 5:00PM to 6:30PM

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALT FACILITY

DATE: JUNE 24, 2011

- (a) Is this a Result of a Bid or Request for Proposal? RFP
- (b) Purpose of Contract: Rehab/Therapy Services
- (c) Name of Contractor: Glens Falls Hospital
- (d) Address of Contractor: 100 Park Street
- (e) Contractor's Contact Person and Telephone Number: Sharon Luckenbaugh, 518
926-2001
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: August 1, 2011
- (h) Termination Date of Contract: 2 years
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount PT-57/hr, OT-57/hr, ST-67/hr
 - 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: 73300.6802 470 Westmount, Physical Therapy Services, Contracted \$75,000.00, EF.73400.6802 470 Westmount, Occupational Therapy Services, Contracted \$ 42,000.00, EF.73500.6802 470 Westmount, Speech Therapy Services, Contracted \$5,200.00.

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Westmount Health Facility - Dietary Services Payroll Dept. No.
Title of Position Food Service Helper Annual Salary \$23,706 Grade
Budget code and title EF82100.700 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 11447
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal % State % Other %
Impact to Budget:

Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Health Services - Westmount Date June 24, 2011

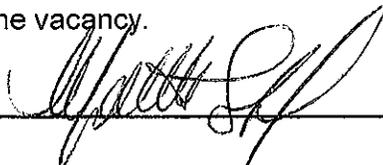
- The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature  _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services - Westmount Date June 24, 2011

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.

Ranking Committee Member Signature  _____

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel/Human Resources Committee has no objection to the filling of the vacancy.
 The Personnel/Human Resources Committee objects to the filling of the vacancy.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 10

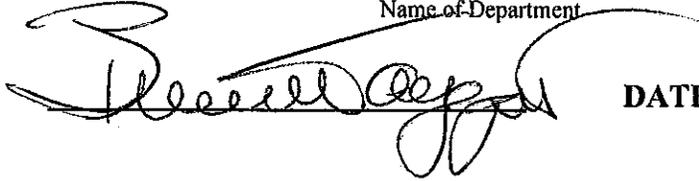
Request for Transfer of Funds

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

FROM: WESTMOUNT HEALTH FACILITY

Name of Department

SIGNED:



DATE: June 24, 2011

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60200.5803 260	Westmount, Nursing – Nurses’ Station Other Equipment	EF.60200.5802 210	Westmount, Nursing-Nurses’ Station Furniture/Furnishings Equipment	\$3,320

Please state reason for transfers requested: Purchase of 4 Air Mattresses @ \$830.00

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

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: June 24, 2011

- (a) Purpose of Request: To charge-off uncollected Nami funds for Resident number 10968.

- (b) Details: A total of \$11,071.40 dollars requested to be charged-off as recommended by the Warren County Attorney's office. Acceptance of Settlement received June 9th, 2011 in the amount of \$16,500.00 dollars per Resolution 276 of 2011.

- (c) Previous Resolution Number:

WARREN COUNTY TWO YEAR BUDGET COMPARISON

As of 6/5/11

EXPENSES	YTD ACTUAL	YTD ACTUAL	YTD 11V10	% CHANGE	ANNUALIZED 2011	2011 AMENDED	2010 AMENDED
	THRU June 2011	THRU June 2010			EXPENSE	BUDGET	BUDGET
Salaries - Regular	\$1,229,088.21	\$1,310,344.34	(\$81,256.13)	(\$0.06)	\$2,905,117.14	\$3,234,642.92	\$3,036,948.52
Salaries - Overtime	\$130,680.99	\$88,665.38	\$42,015.61	\$0.47	\$308,882.29	\$162,119.12	\$264,733.62
Salaries - Part Time	\$232,245.04	\$166,175.44	\$66,069.60	\$0.40	\$548,942.74	\$443,265.42	\$512,044.32
TOTAL	\$1,592,014.24	\$1,565,185.16	\$26,829.08	\$0.02	\$3,762,942.17	\$3,840,027.46	\$3,813,726.46

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**Westmount Health Facility
Family Picnic July 19, 2011
5pm-6:30pm**

Appetizers:

**Assorted Cheese Board
Crudités
Toasted Bread with Pears & Gorgonzola**

Main Meal:

**Rib Eye Steaks with Horseradish Sauce
BBQ Baby Back Ribs**

Side Dishes:

**Loaded Baked Potato Salad
Panzanella Salad
Marinated Tomato, Cucumber and Feta Salad
Carrot Raisin Salad
Assorted Rolls with Butter**

Desserts:

**Red Velvet Cupcakes with Cream Cheese Icing
Vanilla Bean Cupcakes with Salted Caramel Frosting
Gingered Fruit Salad**

Drinks:

**Fresh Squeezed Lemonade
Ice Tea with Lemon
Assorted Sodas & Bottled Water**

Note: Price per guest is \$10

R.S.V.P July 15, 2011 3pm