

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

WEDNESDAY, AUGUST 24, 2011
at 9:00 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. Request resolution for a new contract. **Page 1**
Purpose of the contract: Wound care.

VOHRA Wound Physicians
Wound care specialists who provide wound care and dermatological services to nursing homes at no cost to the facility. This company will bill Medicare Part B, Medicaid, or the HMO.
2. Request resolution for a new contract. **Page 2**
Purpose of the contract: Construction phase of the new facility sprinkler project installation.
September 8th – sprinkler project committee will be selecting the lowest bidder.
3. Request resolution to charge off uncollected private pay and NAMI funds for resident numbers 10802, 10951 & 10989. Total amount \$ 40,789.42 **Page 3**
 - 1) # 10802 – uncollectible NAMI funds in the amount of \$ 894.92.
 - 2) # 10951 – uncollectible private pay funds in the amount of \$ 4,505.00
 - 3) # 10989 – uncollectible private pay funds in the amount of \$ 35,389.50
4. Request resolution for transfer of funds: (see attached) **Page 4**
 - 1) Purchase of a knox box - \$ 225.00
 - 2) Nurse Agency fees:
\$ 12,717.00
\$ 760.00
\$ 372.00
\$ 7,312.00
\$ 21,161.00
 - 3) RNs Overtime - \$ 6,600.00
 - 4) LPNs Overtime - \$ 37,000.00
 - 5) CNAs Overtime - \$ 65,000.00

Action Agenda Continued:

- 6) Dietary Supervisor Hospitalization - \$ 6,200.00
- 7) Retiree Dietary Supervisor Hospitalization - \$ 5,200.00
- 8) Dietary per diem open positions due to retiree - \$ 15,000.00
- 9) Dietary per diem medical leave, sick, personal, vacation - \$ 15,000.00

- 5. Request resolution for approval to enroll in job related course by employee. **Page 5**
80% of time spent with nursing department on scheduling and attendance issues. Manages three direct report staff. Utilize Westmount Personnel policy and procedures and union contract to ensure fair practices.

Monthly Business

- 1. Staffing report.

Medical Leave: 2 – LPNs
 1 – CNA
 1 – Dietary Food Service Helper

Vacant Positions: 1 – RN (two candidates interviewing/processing applications)
 2 – LPNs (no viable applicants)
 6 – CNAs (four good applicants in process)

- 2. Overtime report **Page 6**

The facility continues to grant seasonal vacations and personal time. Medical leave and existing vacant positions has increased Nurse Agency usage and overtime for per diems and full time staff.

For Discussion

- 1. Quality Indicator Survey
- 2. Elder Justice Act: Reporting reasonable suspicion of crime in Long Term Care facilities.

Executive Session

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME:

DATE:

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Wound Care
- (c) Name of Contractor: VOHRA Wound Physicians
- (d) Address of Contractor: 6301 NW 5th Way Suite 2800 Fort Lauderdale, FL 33309
- (e) Contractor's Contact Person and Telephone Number: Bill Golik 1-954-399-4603
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: Oct. 1st, 2011
- (h) Termination Date of Contract: (30) days advance written notice
- (i) Payment Provisions:
 - i) lump sum amount Not apply, vendor will bill Medicaid and Medicare
 - 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, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, Title, and Amount:

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE:

- (a) Is this a Result of a Bid or Request for Proposal? Yes
- (b) Purpose of Contract: Construction phase of the new facility sprinkler installation.
- (c) Name of Contractor: Lowest bidder to be selected by the sprinkler project committee.
- (d) Address of Contractor: Unkown at this time.
- (e) Contractor's Contact Person and Telephone Number: Unknown at this time.
- (f) Has or will the Contract be provided, if so, please attach: No
- (g) Commencement Date of Contract: To be determined by the sprinkler project committee.
- (h) Termination Date of Contract: Upon completion of the project.
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount Amount to be determined at onset of bid.
 - 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, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, Title, and Amount: H296.9550.280 Capital Project - WesymountSprinkler System Project \$ 105,000.00.

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 24, 2011

- (a) Purpose of Request: To charge-off uncollected Private Pay & Nami funds for Resident numbers 10802, 10951, 10989.

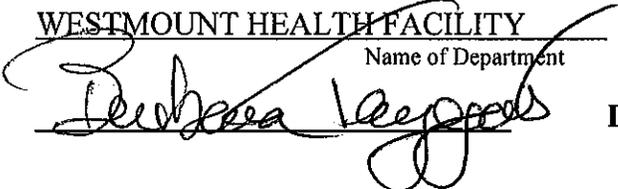
- (b) Details: Request to charge-off uncollectable Nami funds for Resident number 10802 in the amount of \$ 894.92. Request to charge-off uncollectable Private Pay funds for Resident number 10951 in the amount of \$ 4,505.00. Request to charge-off uncollectable Private Pay funds for Resident number 10989 in the amount of \$35,389.50 dollars for a total of \$40,789.42 dollars as recommended by the Warren County Attorney's office.

- (c) Previous Resolution Number:

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 24, 2011

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82200.5906 410	Westmount, Plant Operations & Maintenance, Supplies	EF.8220.5803 260	Westmount, Plant Operations & Maintenance, Other Equipment	\$225.00
EF.82200.7500 414	Westmount, Plant Operations & Maintenance, Natural – Gas	EF.60200.6801 470	Westmount, Nursing-Nurses' Station, Contracted Services	\$12,717.00
EF.60200.300 130	Westmount, Nursing-Nurses' Station, RN Salaries – P/T	EF.60200.6801 470	Westmount, Nursing-Nurses' Station, Contracted Services	\$760.00
EF.60200.500 110	Westmount, Nursing-Nurses' Station, CNA Salaries -Regular	EF.60200.6801 470	Westmount, Nursing-Nurses' Station, Contracted Services	\$372.00
EF.60200.400 110	Westmount, Nursing-Nurses' Station, LPN Salaries - Regular	EF.60200.6801 470	Westmount, Nursing-Nurses' Station, Contracted Services	\$7,312.00
EF.60200.300 130	Westmount, Nursing-Nurses' Station, RN Salaries – P/T	EF.60200.300 120	Westmount, Nursing-Nurses' Station, Salaries – O/T	\$6,600.00
EF.60200.400 110	Westmount, Nursing-Nurses' Station, LPN Salaries – Regular	EF.60200.400 130	Westmount, Nursing-Nurses' Station, Salaries – Part time	\$37,000.00
EF.60200.500 110	Westmount, Nursing-Nurses' Station, Aides Salaries – Regular	EF.60200.500 120	Westmount, Nursing-Nurses' Stations, Salaries – O/T	\$65,000.00
EF.82200.7500 414	Westmount, Plant Operations & Maintenance, Natural - Gas	EF.82100.100.860	Westmount, Dietary Services, Mgmt & Supervision, Hospitalization	\$6,200.00
EF.82200.7500 414	Westmount, Plant Operations & Maintenance, Natural - Gas	EF.82100.100.861	Westmount, Dietary Services, Mgmt & Supervision, Ret Hospitalization	\$5,200.00
EF.82100.700 110	Westmount, Dietary Services, FSH Salaries – Regular	EF.82100.700 130	Westmount, Dietary Services, FSH Salaries – Part Time	\$15,000.00
EF.82200.7500 414	Westmount, Plant Operations & Maintenance, Natural - Gas	EF.82100.700 130	Westmount, Dietary Services, FSH Salaries – Part Time	\$15,000.00

Please state reason for transfers requested: Purchase of a Knox Box, Agency fees, and restructure of Nursing Salaries due to open positions, Dietary – Health for retiree & concurrent Supervisor, dietary per diem – open Positions due to retiree.

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RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

1. Employee=s Name: *Patricia A Hawley*
2. Position: *Health Information Manager* 3. Department: *Nursing*
4. Course Title: *Human Resource Management*
5. Institution or School: *SUNY CANTON*
6. How Course Relates to Current Position: *80% of time spent w/Nrg Dept on scheduling & attendance issues. Manage 3 direct report staff. Utilize Westmount Personnel PIP and Union Contract to ensure fair practice.*
7. Starting Date: *8/22/11* 8. Completion Date: *12/11*
9. Cost: *\$525.00*
10. Employee=s Signature: *Patricia A Hawley* Date: *8/10/11*
11. Supervisor=s Comments (Approval/Denial)
Patricia has constant interaction w staff to ensure adequate number of Nurses & aides per shift. Interaction & management is crucial to appropriate staffing levels keeping budget in mind.
Supervisor=s Signature: *Susan Bartholomew* Date: *8/22/11*
12. Department Head=s Comments (Approval/Denial)
I approve Patricia to take this course as it related to her position as Health Information Manager.
Department Head=s Signature: *[Signature]* Date: *8/22/11*
13. Committee=s Recommendation:
Committee Chairman Signature: *[Signature]* Date: *8/22/11*

If approved by Committee, and resolution approving the course is adopted by the Board of Supervisors, candidate may enroll and be eligible for 50% reimbursement for costs as itemized in Item #9. Employee must complete the course with at least a C, its equivalent, or better. Employee then submits a voucher with receipts verifying costs as listed and a copy of their final grade.

WARREN COUNTY TWO YEAR BUDGET COMPARISON

EXPENSES	YTD ACTUAL THRU August 2011	YTD ACTUAL THRU August 2010	YTD 11v10	% CHANGE	ANNUALIZED 2011 EXPENSE	2011 AMENDED BUDGET	2010 AMENDED BUDGET
Salaries - Regular	\$1,753,540.46	\$1,892,692.60	(\$139,152.14)	-7.35%	2,849,503.25	\$3,231,050.92	\$3,102,312.52
Salaries - Overtime	\$191,315.93	\$142,576.85	\$48,739.08	34.18%	310,888.39	\$162,119.12	\$208,931.62
Salaries - Part Time	\$334,194.26	\$254,535.87	\$79,658.39	31.30%	543,065.67	\$446,857.42	\$492,516.32
	\$2,279,050.65	\$2,289,805.32	(\$10,754.67)	-0.47%	3,703,457.31	\$3,840,027.46	\$3,803,760.46

6

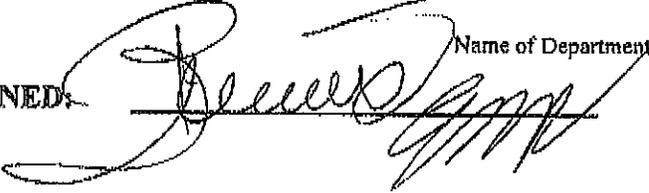
RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: WESTMOUNT HEALTH FACILITY

SIGNED:


Name of Department

DATE: August 24, 2011

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82400.5906 410	Westmount, Housekeeping Services, Supplies	EF.82400.5803 260	Westmount, Housekeeping Services, Other Equipment	\$350.00

Please state reason for transfers requested: Replacement of 5 wash buckets for Housekeeping, 25 years old.

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 Payroll Dept. No. 4109
Title of Position Food Service Helper #3 Annual Salary \$23,706.00 Grade 2
Budget code and title EF.82100.700 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 9104
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. C 9/25

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Westmount Date 8/24/11

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

Administrator Signature [Signature] Committee approved on 8/24

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date 8/24/2011

- 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 _____