

Countryside COMMITTEE

February 24, 2011

Action Agenda

1. **Request:** Permission to Pursue Adult Day Care Services.
 - a. Cost - \$0 at this time due to reallocation of staff assignments. In the future, if we have a number of participants, we would ask to reinstate the full time Activity Director position to run the program.**Rationale:** Promote facility, increase census, brings in revenue.

2. **Request:** Permission to enter into a contract with Fire Control Systems for inspection of the facility sprinkler system.
 - a. Cost - \$200.00 per inspection.**Rationale:** DOH requires that we have the sprinkler system inspected at least annually, or sooner based on local code. The sprinkler system has not been inspected in at least 3 years.

3. **Request:** Permission to attend ESAAL's 32nd Annual Conference & Trade Show
 - a. Sunday, May 15th – Wednesday, May 18th @ The Sagamore
 - b. Cost - \$769.00 (\$699.00 if registered by March 11th).**Rationale:** DOH requires that I complete 60 credit hours within a two year period. This conference is worth 26 credit hours.

4. **Request:** Permission to Advertise at the 2011 Adirondack Region Walk to End Alzheimer's on May 15th.
 - a. Cost – Silver Sponsor, \$250.00 and includes
 1. Company name inside of Walk Brochures
 2. Company name on Walk T-Shirts
 3. Company name posted at site on day of Walk
 4. Opportunity to include promotional item in goody bags.**Rationale:** Promote facility.

5. **Request:** Permission to Advertise in the Glens Falls Hospital "Patient Information Guide"
 - a. Cost – Inside Quarter Page, \$982.00**Rationale:** Promote facility. This guide is given to all hospital patients, at every visit.

Old business/Pending Items

- 1) Committee tabled discussion on request for a resolution to pursue a Social Adult Day Care Waiver from the State pending further statistical details regarding the demand for such services in Warren County. (04.23.10)
- 2) Mr. Dusek to research the invoices from Technical Building Services, as well as maintaining glycol relative to the boilers.
- 3) Director of Countryside Adult Home to meet with the County Attorney to discuss laundry issues at Countryside and determine whether it is feasible to obtain laundry services as opposed to using Westmount. (01.28.11)

Topics for Discussion

1. Overtime – 87.6 hours for the past 2 pay cycles (including a holiday), ↓83.9 hours overall from last year's figures.
2. Current Census: 41 Residents
 - b. 16 Men, 25 Women
 - c. Average Age: 71.5
3. Monthly Statistics:
 - a. Referrals: (5) One looking for day care only, one requires a higher level of care, one has active Medicaid in another county, and we are waiting to hear back from the other two.
 - b. Admissions/Discharges: (0) admission, (0) discharge
4. VA Aid & Attendance Applications
 - a. No Updates

STATISTICS FOR LOCAL ADULT DAY CARE PROGRAMS

Facility Name	Model Type	Rate	Hours of Operation	Transportation	# Part	Average # of Part	Staffing Levels	Costs	Benefits
Holbrook's (1987) Granville, NY 12832	Social	\$6/hr	M-F, 8-4	0.60¢/mile	12	3-4	1 Aide 1 Dir	Never Full, Have not sat down to look at actual cost to operate.	Waiting List for Long Term Placement in Adult Home
Adirondack Tri County(1995) 251 Ski Bowl Road North Creek, NY 12 PH#251-2447	Medical	\$93.23/ day	M-F, 7-3PM	\$43.11/ Round Trip	10	8	1 Dir 2 CNA	Have not sat down to look at actual cost to operate.	Promotes facility, Waiting List of Long Term Placement
Fort Hudson 319 Broadway Fort Edward, NY 12828 PH#747-2811	Medical & Social	\$45/day	M-F, 8-4	\$10/each way	21	21	3 Aides 1 Direct	Never Full, Have not sat down to look at actual cost to operate.	Waiting List for Long Term Placement in Adult Home
Lena's Adult Day Services 230 Bluebird Road So Glens Falls, NY 12803 PH#792-7797	Social	\$10/hr \$50/Day	M-F, F & Sat Even	No	20	2	1 Aide	They are not making a profit yet. Business is slow, possibly due to the economy.	Rewarding to help people.
Pleasant Valley (1993) 4573 State Route 40 Argyle, NY 12809 PH# 638-8274	Medical	Medicaid Rate	M-F, 8-3PM	Medicaid Rate	24	20	5 CNA 1 LPN 1 Dir 4 Trans	Break Even, Difficult to Keep Census Above 90%	Beneficial Service for Seniors Several Registrants go to Nursing Home from Day Program
Dean Family Home 94 Mountain Road Gansevoort, NY 12831 PH#793-9712	No Response								
The Terrace (2001) 71 Longview Drive Queensbury, NY 12804 PH#832-7864	Social	\$6/hr	M-F, 8-6PM	No	6	1-2			Beneficial Service for Seniors

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes Deanna Park

(Supervisory Committee)

(Employee Name)

to attend ESAAL 32ND Annual Conference and Trade Show

(Name of meeting or organization)

at The Sagamore Resort, Lake George, NY

(Address)

on May 15th - 18th, 2011. Mode of transportation to be used Own Vehicle

(Dates)

(County Vehicle or Mass Transportation)

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

I will provide my own transportation at no cost to Warren County. The only cost the county will incur is the cost of the seminar \$769.00 (\$699.00 if registered by 3/11/11).

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: 2/22/2011

Department Head Signature

Date: 2/24/11

William Cook

Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

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: COUNTRYSIDE ADULT HOME

DATE: 02/22/2011

- (a) Purpose of Request: PROVIDE ADULT DAY CARE SERVICES AT COUNTRYSIDE ADULT HOME

- (b) Details: We would like to apply to the NYS Department of Health to provide adult day care services at Countryside Adult Home. Based on information gathered from survey's and facility records, there is a need for adult day care services in this area. Having an adult day care at Countryside Adult Home would generate revenue, promote the facility, and increase the census. Basic NYS DOH requirements to run an adult day care are: 1) Staffing - with a program size of 1-6 participants, we would need no additional staffing at this time, 2) 1 recliner or bed per participant , 2) provide meals - we would need to provide breakfast or a morning snack, and lunch, 3) charts for each participant, and 4) a full time activity program.

- (c) Previous Resolution Number:

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE:

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

- (b) Purpose of Contract: PROVIDE INSPECTION OF THE SPRINKLER SYSTEM

- (c) Name of Contractor: FIRE CONTROL SYSTEMS

- (d) Address of Contractor: REYNOLDS ROAD, FORT EDWARD, NY 12828

- (e) Contractor's Contact Person and Telephone Number: RICK BOUCHER
PH#(518)747-2567

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

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

- (h) Termination Date of Contract: FEBRUARY 28, 2012

- (i) Payment Provisions:
 - i) lump sum amount \$200.00/Per Inspection (not to exceed 4 inspections a year)
 - ii) hourly rate amount \$95.00/hr 7AM-4PM, M-F;
\$142.50/hr all other times
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. PER INSPECTION/SERVICE CALL

- (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: A.6030.470 Countryside Adult Home CONTRACTS

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: COUNTRYSIDE ADULT HOME

DATE: 02/22/2011

(a) Purpose of Request: ADVERTISE AT THE 2011 ADIRONDACK REGION WALK TO END ALZHEIMER'S ON MAY 15TH.

(b) Details: THE COST OF A SILVER MEMBERSHIP IS \$250.00 AND INCLUDES: 1) COMPANY NAME INSIDE OF WALK BROCHURES, 2) COMPANY NAME ON WALK T-SHIRTS, 3) COMPANY NAME POSTED AT SITE ON DAY OF WALK, AND 4) OPPORTUNITY TO INCLUDE PROMOTIONAL ITEM IN GOODY BAGS. ADVERTISING AT THIS EVENT WOULD PROMOTE THE FACILITY, INCREASE OUR CENSUS, AND INFORM THE PUBLIC THAT COUNTRYSIDE ADULT HOME AND WARREN COUNTY CARE ABOUT THE AGING POPULATION OF WARREN COUNTY.

(c) Previous Resolution Number:

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: COUNTRYSIDE ADULT HOME

DATE: 02/22/2011

- (a) Purpose of Request: ADVERTISE IN THE GLENS FALLS HOSPITAL PATIENT GUIDE

- (b) Details: THE COST OF AN INSIDE QUARTER PAGE IS \$982.00/YEAR. WE COULD DESIGN OUR OWN AD OR HAVE MEMBERS OF THE GLENS FALLS HOSPITAL TEAM DESIGN THE AD. THE PATIENT GUIDE IS GIVEN TO EVERY PERSON THAT IS ADMITTED TO GLENS FALLS HOSPITAL. PATIENTS AND/OR CAREGIVERS LOOK AT THIS GUIDE WHEN MAKING DECISIONS AS TO WHICH FACILITY THEY WISH TO GO TO. THIS WOULD BE AN OPPORTUNITY TO LET RESIDENTS KNOW ABOUT OUR FACILITY AND THE SERVICES WE PROVIDE.

- (c) Previous Resolution Number: