

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

FRIDAY, JANUARY 27, 2012
at 9:30 a.m.

HEALTH SERVICES 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 with Saratoga Podiatry Associates and Dr. Fred Jacobs. **Page 1**
2. Request resolution to create a new part time clerk position in Social Services by deleting an unfilled part-time CNA position. Source of reimbursement: 48% **Page 2**
3. Request resolution for the transfer of funds related to the new position. **Page 3**
4. Request resolution for the elimination of a Housekeeping position. This position was abolished during the budget process and was never eliminated prior to 2012. **Page 4**
5. Request resolution for a new contract with Adirondack Technical Services from March 1, 2012 to March 1, 2015. **Page 5**

Purpose of the contract: To provide service to the refrigeration units.

Payment provisions: On-call basis, at a rate of \$85.00 per hour during normal business hours 8:00 a.m. – 4:30 p.m. Monday-Friday and the rate of \$127.50 per hour for overtime hours (nights, weekends and Holiday) plus materials.

The company has provided the facility excellent service since March 1, 2009. The cost per hour is an increase of \$10.00 per hour. Overtime hours/nights, weekends and holidays will increase by \$15.00 per hour.

6. Sprinkler Project update - A meeting is scheduled with Northeast Fire Protection, Inc., DPW and Westmount today to discuss the construction phase of the project. The Scheduled construction start date is February 1, 2012

ontinued on next page:

7. Request committee approval to attend the annual convention of the New York Chapter of the American College of Healthcare Administrators. This is a 3 night conference for educational credits for license. Cost - \$681.00
8. Annual Survey update – December 14, 2011 – December 20, 2011

Page 6

Monthly Business

Staffing report:

Vacancies: 1 RN
 1 RN -- anticipated vacancy 2/15/12
 1 LPN
 5 CNAs

Medical Leave: 1 CNA on light duty
 1 CNA on medical leave
 1 CNA on maternity leave
 1 LPN on light duty

One anticipated resignation LPN, not tendered yet.
One resignation anticipated for a CNA during March.

Overtime report:

Page 7

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALT FACILITY

DATE: January 27, 2012

- (a) Is this a Result of a Bid or Request for Proposal? no
- (b) Purpose of Contract: Podiatry Services for Residents, Doctor will bill Medicare B
-
- (c) Name of Contractor: Saratoga Podiatry Associates
- (d) Address of Contractor: 7 Well Street, Saratoga Springs, NY 12866
- (e) Contractor's Contact Person and Telephone Number: Dr. Fred I. Jacobs, DPM,
518 587-7611
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: Upon execution of agreement
- (h) Termination Date of Contract: 30 days notice
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount N/A
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, (with title), Object Code (with title), and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount:

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Westmount Health Facility

DATE: January 27, 2012

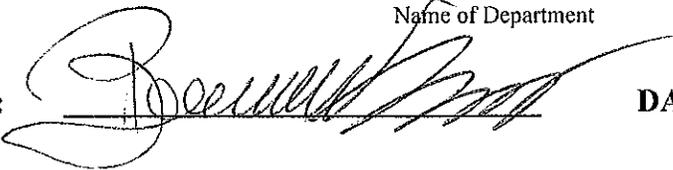
- (a) Title of Requested Position: (Social Services) Clerk Part-Time
 - (b) Annual **Base** Salary (and Grade if Applicable): Grade 2 \$11,449.00
-
- (c) Effective Date for New Position:*
- *Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department=s Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable): Grade 4, CNA/PT #1 \$13,120.00
 - (e) Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount: EF.73800.600 130 Clerk Part-time \$11,449.00 Westmount Health, Social Services, Clerical.
 - (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
 - (g) Is this a mandated position? If so, please explain:
 - (h) Is there expected revenue from this position? If so, please explain:

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:** January 27, 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60200.500 130	Westmount, Nursing – Nurses’ Station CNA-Salaries - Part Time	EF.73800.600 130	Westmount, Social Services, Clerical, Salaries - Part time	\$11,449.00

Please state reason for transfers requested: New Clerical Position

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

3

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: January 27, 2012

~~(a) Purpose of Request: Elimination of Position~~

(b) Details: Amend Salary Schedule and Table of Organization to reflect an elimination of Cleaner # 4, Employee no 9971 position. EF.82400.700 110 \$29,773.00.

(c) Previous Resolution Number:

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: January 27, 2012

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Relating to services on the refrigeration system at Westmount Health Facility.
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- (c) Name of Contractor: Adirondack Technical Services, Inc.
- (d) Address of Contractor: 4697 Route 9N, Corinth, NY 12822
- (e) Contractor's Contact Person and Telephone Number: Darrick Baker, Owner 518 893-7193
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: March 1, 2012
- (h) Termination Date of Contract: March 1, 2015
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount \$85.00/hr (8am-4pm) 127.50/hr over-time hours (nights, weekends, holidays) plus material.
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, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: EF.82100.6101 413 Westmount, Dietary Service, Repair & Maint PS DA Bldg/Property - Repair & Maint - Bldg/Property \$2,000.00.

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Taggart, Barbara

From: Mellon, Maura
Sent: Thursday, January 19, 2012 12:32 PM
To: Taggart, Barbara
Subject: Authorization to Attend Meeting or Convention - Schedule A Revised

Barbara: The total for your conference is \$681.00

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

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

The Westmount Health Facility hereby authorizes Barbara Taggart
(Supervisory Committee) (Employee Name)

to attend 43rd Annual Convention of the NY Chapter of the American College of Health Care Administrators
(Name of meeting or organization)

at The Villa Roma Resort, 356 Villa Roma Road, Callicoon, NY
(Address)

on 3/18/12-3/21/12 Mode of transportation to be used County Vehicle
(Dates) (County Vehicle or Mass Transportation)

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

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 \$ 150.00 GSA* Rate \$ 161.00

Meal costs - GSA*per diem rate \$

*www.gsa.gov

Date: 1/19/12

Department Head Signature

Date: 1/19/12

Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

- 1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

6

ADMINISTRATOR REGISTRATION

NEW YORK CHAPTER OF THE AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS 43rd ANNUAL CONVENTION

Villa Roma Resort & Conference Center, Callicoon, New York, March 18 - March 21, 2012

IMPORTANT:

1. This program has been submitted to the NY Chapter of ACHCA for 16.5 continuing education hours. These credits are accepted by NYS Board of Examiners.
2. ACHCA Cancellation Policy: Full refund on cancellations postmarked no later than February 1st. There will be a \$50 administrative fee charged after that date. No refund after February, 15, 2012.
3. Program reservations should be made directly with NYC ACHCA 875 Jerusalem Ave., Uniondale, NY 11553 (see form).
4. \$25 of non-member registration fee may be applied to College membership if the application is mailed within 60 days of this Convention.
5. Complete Convention registration form; make check payable to New York Chapter/ACHCA/ mail to New York Chapter, ACHCA, c/o Anthony Restaino, 875 Jerusalem Ave., Uniondale, NY 11553

REGISTRATION FEE INCLUDES:

- Socials
- Educational programs and all literature and educational materials
- Entrance to exhibit hall
- Entertainment
- Coffee breaks
- ACHCA welcoming gifts
- Convention Journal
- Completing Your Professional Development Plan for Certification

For further information please contact LARRY I. SLATKY (516) 572-1403

CONVENTION REGISTRATION FORM

43rd Annual Convention of the New York Chapter of the American College of Health Care Administrators

If you wish to enroll additional participants, please attach separate paper with the same type of information requested on this form. ALL REGISTRATIONS MUST BE PREPAID.

PLEASE PRINT

Name (A) Barbara Taggart
 Title Administrator
 E-mail taggart.b@warrencountyny.gov
 Name (B) _____
 Title _____
 E-mail _____
 Spouse/Guest _____
 Facility Westmont Health Facility
 Address 42 Courney Lane
 City Cornwall NY
 State/Zip NY 12804
 Phone (518) 761-6540
 License No./State (A) _____
 License No./State (B) _____

ADVANCE CONVENTION REGISTRATION

Member Fee (A)** (\$195.00 ea.)	\$ 195.00
Member Fee (B)** (\$195.00 ea.)	\$ _____
Non-Member Fee (\$250.00 ea.)	\$ _____
Spouse/Guest/Student*** (\$70.00 ea.)	\$ _____
Total Remittance	\$ 195.00

** If your administrator is a member of ACHCA/NYSHPA
 *** Student of long term care (ad. L.)
 **** Spouse with no license
ON SITE REGISTRATION FEE
 Member \$250.00 Non-Member \$300.00

Is this your first Convention? Yes No Are you a new member (2011-2012 Year)? Yes No

Registration confirmed _____
 Make checks payable to:
 New York Chapter of the American
 College of Health Care Administrators
 Return to: Anthony Restaino
 ACHCANYC
 875 Jerusalem Ave., Uniondale, NY 11553

VILLA ROMA RESORT & CONFERENCE CENTER REGISTRATION FOR THE NEW YORK CHAPTER OF THE AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATOR CONVENTION

Villa Roma Resort & Conference Center, Callicoon, NY
 Telephone (800) 727-8455
 Sunday, March 18 through Wednesday, March 21, 2012

Room Category	Group Rates (per person) double occupancy	Single Per-Day Supplement
2 Bedroom Suite	\$150.00	\$50.00
1 Bedroom Suite	\$130.00	\$20.00
Deluxe	\$100.00	\$20.00

The above DAILY rates are quoted Full American Meal Plan (three meals daily, beginning with dinner of the day of arrival and concluding with lunch on the day of departure), not, non-commissionable, plus applicable tax. One night stay \$10.00 additional. Triple occupancy is charged at 80% of the group rate. Check-in times: Rooms will be available by 4:00 P.M. - early arrivals will be welcome to use the hotel's facilities prior to checking in.
 Gratuities: A gratuity of \$12.00 per person, per day will be added to your bill to cover dining room waiters, busboys, and chambermaids.
 Payment/Taxes: You may pay your bill by check, cash, or credit card. Rates are subject to 8% state and local sales taxes plus 2.5% occupancy tax. If you are tax-exempt, please give the front desk a signed NYS Tax Exemption certificate when you check in.

HOTEL REGISTRATION FORM

Please cut along dotted line and mail this application to:
 Villa Roma Resort & Conference Center - ACHCA/NYC

Name (please print) Barbara Taggart
 Company Name (mandatory) Westmont Health Facility
 Address 42 Courney Lane City Cornwall
 State NY Zip 12804 Tel: (518) 761-6540
 Date of Arrival 3/18/12 Date of Departure 3/21/12
 I will be accompanied by my spouse/guest (Name) na
 Children na Sharing Room (Name) na

Accommodations desired (check one)
 2 Br 1 Br Deluxe REGULAR DINING
 GLATT KOSHER (\$60.00 per day additional charge)
 Deposit: Please return reservation form with a \$100 deposit per person. Rooms will be assigned on a first-come, first-served basis. Requests received after February 1 are subject to availability.
 Please make checks payable to the Villa Roma Resort & Conference Center and mail to: Villa Roma Resort & Conference Center, 350 Villa Roma Road, Callicoon, NY 12723. The hotel will acknowledge reservations. Deposits will be refunded if the hotel is notified one week prior to arrival. NO TELEPHONE RESERVATIONS PLEASE.

WARREN COUNTY TWO YEAR BUDGET COMPARISON

REVENUE AND EXPENDITURES FOR 2012 AS OF 1/24/2012 3:18:09 PM

EXPENSES	YTD ACTUAL		YTD ACTUAL		2012 AMENDED BUDGET	2011 AMENDED BUDGET
	THRU Jan 15 2012	THRU Jan 16 2011	THRU Jan 16 2011	THRU Jan 16 2011		
Salaries - Regular	\$120,394.16	\$127,066.68	(\$6,672.52)	-5.54%	\$2,845,679.71	\$3,133,204.00
Salaries - Overtime	\$14,923.49	\$14,233.89	\$689.60	4.62%	\$352,736.98	\$183,700.00
Salaries - Part Time	\$15,660.22	\$23,884.54	(\$8,224.32)	-52.52%	\$370,150.60	\$479,999.00
TOTALS	\$150,977.87	\$165,185.11	(\$14,207.24)	-9.41%	\$3,568,567.29	\$3,796,903.00

7

TASKS FOR PLAN OF CORRECTION

<u>TASK</u>	<u>COMPLETION STATUS</u>	<u>END DATE</u>
Write Plan of Correction/Submit	100%	January 13, 2012
F156 DNR		
Review P&P for DNR/Molst/CC. Revise policies as necessary.	Complete	Complete
Revise Comfort Care policy	60%	February 7, 2012
Review DNR/Molst status all charts	60%	February 7, 2012
Inservice changes with RNs and IDT	Complete	Complete
Design, print and implement audits.	Complete	Complete
Assign audit responsibility.	Complete	Complete
Perform auditing	Ongoing	Ongoing through 2012
Review audits for trends/errors	Pending	Ongoing thru 2012
		60% complete
Deficiency due to one resident's chart having conflicting information regarding DNR Status. Corrected immediately. System reviewed and corrected		

<u>TASK</u>	<u>COMPLETION STATUS</u>	<u>END DATE</u>
F157 Reporting Changes		
Review P&P for Glucose Monitoring and revise per physician recommendation	90%	February 7, 2012
Review records of resident identified	Complete	Complete
Review records for past month of all residents with FSBG above stated parameters. Inform physician of any s/he wasn't informed of	Complete	Complete
Counsel staff responsible	Complete	Complete
Inservices regarding FSBS and notification of physicians	Complete	Complete
Devise audits, print and distribute.	Complete	Complete
Assign responsibility for audits	Complete	Complete
Perform auditing	Ongoing	Ongoing through 2012
Review completed audits for errors/trends	Pending	Ongoing through 2012
		90% Complete
Medical Record and Supervisor's Report did not reflect physician notification for elevated blood sugars. Policy for notification revised at physician recommendation.		

<u>TASK</u>	<u>COMPLETION STATUS</u>	<u>END DATE</u>
F221 Restraints	Complete	Complete
Review records of all residents with devices; correct any omissions or errors	80%	February 7, 2012
Counsel staff	Complete	Counsel
Revise P&P to include sign-off by all members of the IDT	In Progress	February 7, 2012
Inservicing	In Progress	February 7, 2012
Devise audits, print and distribute.	Complete	Complete
Assign responsibility for audits	Complete	Complete
Perform auditing	Ongoing	Ongoing through 2012
Review completed audits for errors/trends	Pending	Ongoing through 2012
		80% Complete
Resident with self-release seat belt did not release seat belt when surveyor requested, therefore surveyor deemed seat belt "restraint". Resident subsequently demonstrated to the surveyor x2 that she could undo it. Surveyor stated, "Sorry, we only ask once". Documentation as a restraint completed.		
F226 Employee Records		
Corrections for identified records	Complete	Complete
Review all employee records back to Feb 2011	75%	February 7, 2012
Revise P&P to include double checks	Complete	Complete
Devise audits, print and distribute.	Complete	Complete
Assign responsibility for audits	Complete	Complete
Perform auditing	Ongoing	Ongoing through 2012
Review completed audits for errors/trends	Ongoing	Ongoing through 2012
		75% Complete
Documentation of checks for licensure not present in employee folder. Checks had been completed but printouts had apparently been discarded due to confusion as to who is responsible for personnel files. Records have been corrected.		

<u>TASK</u>	<u>COMPLETION STATUS</u>	<u>END DATE</u>
F241 Privacy and Dignity		
Observations periods for indicators of dignity or privacy issues	100%	Complete
Counsel staff involved	Complete	Complete
Inservicing	Continuing	February 7, 2012
Devise audits, print and distribute.	Complete	Complete
Assign responsibility for audits	Complete	Complete
Perform auditing	Ongoing	Ongoing through 2012
Review completed audits for errors/trends	Pending	Ongoing through 2012
		Documentation 100%
		Inservices ongoing
Staff failed to knock on door before entering room, left resident exposed with door open (not visible from hallway). Another resident request to be toileted was time responded to in a timely manner.		
F279 Care Planning		
Care Plan revisions for identified residents	Complete	Complete
Review of all medical records and 24 hour report for indicators of behaviors and/or suicidal ideation	50%	February 7, 2012
Develop or revise care plan for any residents identified with behaviors	50%	February 7, 2012
Revise current I&A for behaviors, print, distribute and inservice this form	Complete	Complete
Revise the 24 hour Supervisor's Report to include areas to capture reports of behaviors	Complete	Complete
Devise audits, print and distribute.	Complete	Complete
Assign responsibility for audits	Complete	Complete
Perform audits	Ongoing	Ongoing through 2012
Review completed audits for errors/trends	Pending	Ongoing through 2012
		50% Complete
F279 and F323 based on same issue: Behaviors that may put the resident at risk not addressed via the Care Plan. Wandering resident entered another resident's room and was struck with a reacher by the room's occupant. Resident suffered bruising and a laceration that required sutures.		

<u>TASK</u>	<u>LEVEL G</u>	<u>COMPLETION STATUS</u>	<u>END DATE</u>
F323 Accidents			
Referral to and response to recommendations of psychologist for identified resident		Complete	Complete
Review of all medical records to identify behaviors or risk taking episodes		50%	February 7, 2012
Revise entire Policy and Procedure, including documentation tools, for Behavior and Interventions		85%	February 7, 2012
Assess all residents for need or desire for door gate, chime or barrier		90%	February 7, 2012
Assign a staff member to the front door from 12-8 pm 7 days a week		Complete	Complete
Inservicing re P&P, identifying behaviors, communicating findings and interventions		80%	February 7, 2012
Devise audits, print and distribute.		Complete	Complete
Assign responsibility for audits		Complete	Complete
Review completed audits for errors/trends		Pending	Ongoing through 2012
			Documentation 75% Complete
			Inservicing Ongoing
See comments for F279 above. Both deficiencies based on the same findings.			
F329 Unnecessary Medication			
Review medical records of all residents and insure that a "try first" intervention is included in the plan of care and MAR		30%	February 7, 2012
Revise Behavior P&P as noted above. Include medication administration directives within the plan.		85%	February 7, 2012
Inservice changes with licensed staff		80%	February 7, 2012
Devise audits, print and distribute.		Complete	Complete
Assign responsibility for audits		Complete	Complete
Perform audits		Pending	Ongoing through 2012
Review completed audits for errors/trends		Pending	Ongoing through 2012
Residents medicated for "behavior" (agitation/anxiety) without prior attempts to reduce behavior without medication. Inadequate documentation of effect of medication or description of behavior.			65% Complete

TASK	COMPLETION STATUS	END DATE
F441 Infection Control		
Counsel/reeducate staff identified by SOD	Complete	Complete
Observation periods by RNs to identify other potential IC issues	Complete and ongoing	Complete
Inservicing	Pending	February 7, 2012
Devise audits, print and distribute.	Complete	Complete
Assign responsibility for audits	Complete	Complete
Perform audits	Pending	Ongoing through 2012
Review completed audits for errors/trends		Ongoing through 2012
50% Complete		
Infractions of basic IC procedures. Catheter handling, dressing change and failure to use personal protective equipment.		

Plan of Correction in Response to Statement of Deficiencies
New York State Annual Survey
CMS Survey
December 20, 2011

Inservice Programs and Meetings completed or scheduled:

January 9, 2012

**QA Meeting for Department Heads and Governing Body
Representative**

LeadingAge Consultant, Carla Barbieri-Ryan

1.5 hours



January 11, 2012

**RN Meeting: Nurse Managers, Clinical Coordinator
MDS Coordinator and Inservice Coordinator**

Susan Bartholomew, DON

Discussion regarding SOD and Planning Tasks and Distribution

3 hours



January 19th, 4pm

RN Meeting, Mandatory All RNs

Plan of Correction Actions

Susan Bartholomew, DON

1.5 hours



January 19th and 20th

1:30, 2:30, 3:30, 10:30, 11:15

January 21st

1:30, 2:30, 3:30

Resident's Dignity and Privacy

13 half hour sessions by Amy Allen, Inservice Coordinator



January 25th, 2012

2:00 and 3:15 pm

Directed Inservice

Re: F323 Resident Accidents

(videotaped for future presentations)

Videotape presentations at 10:30 and 11:15 pm

Carla Barbieri-Ryan, LeadingAge Consultant

2 "live" sessions and 2 scheduled video sessions in addition to video presentations by 3-11 and 11-7 supervisors

All staff must attend by Feb 7



Infection Control for All Nursing Staff

January 30th, 2012

1:30, 2:30, 3:30, 10:30, 11:15

January 31st

1:30, 2:30, 3:30, 10:30, 11:15

10 30 minute sessions presented by

Amy Allen, Inservice Coordinator



LPN Meeting, Mandatory

January 26, 2012

2pm

Plan of Correction

Changes in Policy and Procedure