

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, MARCH 23, 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 to fill vacant position of Activities Director due to retirement. **Page 1**
Date of retirement is August 18, 2012.
Base Salary: \$ 31,289.00 Current Salary: \$ 40,383.00 (Grade 9)
2. Request resolution to fill vacant position of MDS Coordinator. **Page 2**
Current Salary: \$ 48,701.00 salary range comparisons from other Nursing
Facilities are between \$40,000.00 - \$50,000.00.
3. Request resolution to rescind resolution with Saratoga Podiatry Associates. **Page 3**
Communication and interest in a consultant contract failed to come to fruition by
this vendor.
4. Request resolution for approval to amend budget adjustments for .2, .4, .7 and .8 as **Page 4**
in-code transfers. Request needed to amend all budget adjustments for: .2 (equipment),
.4 (contractual), .7 (interest indebtedness), and .8 (employee benefits) as in-code
transfers. Westmount is required by the Department of Health to hold many
sub-departments for health care cost reporting reasons.
5. Request resolution to transfer funds. **Page 5**
 - A. Clerk position going from management to clerical.
 - B. Twenty-hour clerk assisted in completing job duties of
the vacant Health Facility Clerk position.
 - C. Part time laundry worker's salary moved to full time laundry
and linen regular salary.
 - D. Administration overtime included in budget to be moved to fiscal.
 - E. Use of Nurse Agencies contracted services from part time salaries (RNs).
 - F. Use of Nurse Agencies contracted services from part time salaries (LPNs).
 - G. Use of Nurse Agencies contracted services from part time salaries (CNAs).

- 6. Request resolution for a new contract with Royal Care Pharmacy Services related to monthly pharmacist consultant services.

Current fee:

\$ 5.50 per resident clinical chart x 80 residents = \$ 450.00 per month

Requested increase in fee:

\$ 6.10 per resident clinical chart x 80 residents = \$ 488.00 per month

Increase of \$ 48.00 per month.

- 7. Request resolution for new contract with P&NP Computer Services, Inc. The facility has contracted with this provider for annual maintenance of software Support services since 1993.

2011 contracted rate: \$ 7,153.50

2012 contracted rate: \$ 7,443.75

Annual difference of \$ 290.25 4% increase

The following software is covered by this agreement:

- 1. RMS/FMS package
- 2. Claim Scrubber 997 Reader Add-on
- 3. Resident observations
- 4. Clinician notes
- 5. Accident and Incident reporting
- 6. Infection tracking

Payment of the maintenance fee will provide for:

- 1. Software updates provided by the vendor for the software purchased. P&NP will provide regulatory updates to currently existing forms within the state or federal mandated time frame.
- 2. Telephone or email assistance in implementing the software updates provided by the vendor is available.
- 3. Free phone support of a reasonable duration, including voice, as well as data transmissions.
- 4. The vendor warrants that any and all data submitted by the facility to the vendor for any purpose including testing, accuracy analysis, etc will be held in strict confidence.

Monthly Business

Staffing report:

<u>Vacancies:</u>	1 RN 1 RN MDS Coordinator 2 CNAs
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<u>Medical Leave:</u>	1 CNA 1 RN
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Overtime report:

Items for Discussion

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

Payroll Dept. No. 4105

Title of Position Leisure Time Activity Director

Annual Salary \$31,289.00

Grade 9

Budget code and title EF.72600.100 110

Union

Non-Union

This position is vacated due to: Retirement Resignation Termination Promotion Other

Employee No. 1668

Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal % State 53% Other %

Impact to Budget:

Personnel Officer has approved this form when initialed. *ph*

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee _____ Date _____

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

The Administrator objects to the filling of the vacancy.

Administrator Signature *[Signature]*

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date 3/23/12

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

The committee objects to the filling of the vacancy.

Ranking Committee Member Signature *[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. 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 Payroll Dept. No. 4100
 Title of Position MDS Coordinator Annual Salary ~~\$40,704.00~~ Grade
 Budget code and title EF.60100.100 110 Union Non-Union

Salary range of \$40,000 - \$50,000; to be determined based upon qualifications

This position is vacated due to: Retirement Resignation Termination Promotion Other

Employee No. 11740

Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal % State 53% Other %

Impact to Budget:

Personnel Officer has approved this form when initialed. *[Signature]*

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee _____ Date _____

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

Administrator Signature *[Signature]*

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date 3/23/12

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

Ranking Committee Member Signature *[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. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: March 12, 2012

- (a) Purpose of Contract Change: Rescind agreement with Saratoga Podiatry Associates
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: Resolution No. 75 of 2012
- (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 Jacobs, DPM 518 587-7611
- (f) Commencement Date of Extension:
- (g) Termination Date of Extension:
- (h) Payment Provisions: i) lump sum amount
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.
- (i) 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. 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: March 23, 2012

- (a) Purpose of Request: Request approval to Amend budget adjustments for .2, .4, .7 and .8 as Incode Transfers.

- (b) Details: Request approval to Amend all budget adjustments for .2 (equipment), .4 (Contractuals), .7 Interest - Indebtedness, and .8 (Employee Benefits) as Incode transfers. Westmount is required by DOH to hold many Sub-departments for Health Care Cost Reporting reasons.

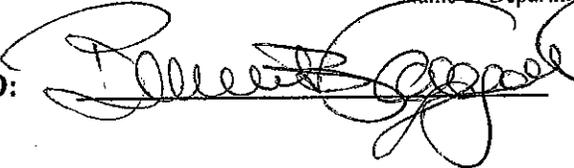
- (c) Previous Resolution Number:

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: March 23, 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60100.100 130	Westmount, Nursing-Nurses' Station Management & Supervision Salaries – Part-time	EF.60100.600 130	Westmount, Nursing-Nurses' Stat Clerical & Other Admin Wages Salaries – Part-time	\$11,000.00
EF.60100.100 130	Westmount, Nursing-Nurses' Station Management & Supervision Salaries – Part-time	EF.60100.600 120	Westmount, Nursing-Nurses' Station Clerical & Other Admin Wages Salaries – Over-time	\$448.00
EF.82500.700 130	Westmount, Laundry & Linen Services FSH, LL – Salaries Part-time	EF.82500.700 110	Westmount, Laundry & Linen Serv FSH, LL – Salaries – Regular	\$ 13,667
EF.83500.100 120	Westmount, Administration Services Management & Supervision Salaries – Over-time	EF.83110.600 120	Westmount, Fiscal Services Clerical & Other Admin Wages Salaries – Over-time	\$257.00
EF.60200.300 130	Westmount, Nursing-Nurses' Station RN's Salaries – Part-time	EF.60200.6801 470	Westmount, Nursing-Nurses' Stat Contracted Services	\$7,358.00
EF.60200.400 130	Westmount, Nursing-Nurses' Station LPN's Salaries – Part-time	EF.60200.6801 470	Westmount, Nursing-Nurses' Stat Contracted Services	\$4,675.00
EF.60200.500 130	Westmount, Nursing-Nurses' Station Aides Salaries – Part-time	EF.60200.6801 470	Westmount, Nursing-Nurses' Stat Contracted Services	\$4,431.00

Please state reason for transfers requested: Correct reporting of budgeted part-time positions,
Fund transfer for Agency Fees .

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RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: March 23, 2012

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Authorizing agreement with Royal Care Pharmacy Services to provide pharmacy consulting services.
- (c) Name of Contractor: Royal Care Pharmacy Services
- (d) Address of Contractor: 100 Saratoga Village Blvd, Suite 47/48 PO Box 2469
Malta, NY 12020-8469
- (e) Contractor's Contact Person and Telephone Number: Scott Nokes, General
Manager, 518 899-2002 ext 28378
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: April 1, 2012
- (h) Termination Date of Contract: Continual upon 30 days notice
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount 6.10 per chart (Resident) per Month
 - 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.72700.2900 437 Westmount, Pharmacy
Services, Consulting Fees \$5,760.00

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: February 24, 2012

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Annual Software Support Agreement
- (c) Name of Contractor: PNP Computer Services, Inc.
- (d) Address of Contractor: 66 North Main Street, Brockport, NY 14420-1649
- (e) Contractor's Contact Person and Telephone Number: Curt Hamlin 585 637-3240
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: April 1, 2012
- (h) Termination Date of Contract: March 31, 2013
- (i) Payment Provisions:
 - i) lump sum amount 7,443.75
 - 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. Completion of signed agreement
- (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: BF.83110.6300 422 Westmount, Fiscal Services Office, Repair & Maintain PS DA Equipment \$12,323.00.

WARREN COUNTY TWO YEAR BUDGET COMPARISON
 REVENUE AND EXPENDITURES FOR 2012 AS OF 3/15/2012 3:53:14 PM

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EXPENSES	YTD ACTUAL THRU	YTD ACTUAL	YTD 12 vs 11	% CHANGE	ANNUALIZED 12	2012 AMENDED	2011 AMENDED
	February 2012	THRU February 2011			EXPENSES	BUDGET	BUDGET
Salaries - Regular	\$452,390.03	\$463,307.16	(\$10,917.13)	-2.41%	\$2,868,813.28	\$3,133,204.00	\$2,994,512.00
Salaries - Overtime	\$55,997.67	\$57,839.84	(\$1,842.17)	-3.29%	\$355,106.98	\$183,700.00	\$311,939.00
Salaries - Part Time	\$72,561.00	\$84,072.01	(\$11,511.01)	-15.86%	\$460,142.68	\$479,999.00	\$560,647.00
	\$580,948.70	\$605,219.01	(\$24,270.31)	-4.18%	\$3,684,062.94	\$3,796,903.00	\$3,867,099.00