

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, MAY 25, 2012
9:30 a.m.
at Westmount Health Facility

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 the transfer of funds. **Page 1**
2. Request resolution for new contracts:
 - A. The Clements Firm for legal and collection services **Page 2**
 - B. Resident Dental Services **Page 3**
 - C. Dian VanDosen, LMSW Consultant **Page 4**
3. Request resolution to rescind existing contract with Patricia Pedone, LMSW. **Page 5**
4. Request resolution for extension of existing contract with Kinney Management Services, LLC for monthly software and website OMIG testing of employees and contractors regarding Federal and State exclusion. **Page 6**
5. Request resolution to amend Table of Organization to transfer Westmount/Nursing Administration Clerk Part Time. **Page 7**
6. Request resolution to amend budget codes to reflect increase in Medicare-A revenue and the expenditures associated with Select Rehabilitation. **Page 8**
7. Request resolution to amend budget codes to reflect increase in Medicare therapy revenue and the expenses associated with Select Rehabilitation. **Page 9**
8. Request resolution for new contract with Interim Health Care Inc. **Page 10**
Purpose of contract: Agency nursing coverage in event of an emergency.

Monthly Business

Staffing report:

<u>Medical Leave:</u>	1 LPN 1 CNA 1 FSH
<u>Administrative Leave:</u>	2 LPNs 1 Dietary
<u>Vacant Positions:</u>	1 LPN

Overtime report:

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Items for Discussion:

1. Sprinkler project

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: May 25, 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60200.300 130	Westmount, Nursing-Nurses' Station RN's Salaries – Part-time	EF.60200.6801 470	Westmount, Nursing-Nurses' Stat Contracted Services	\$14,268.00
EF.60200.400 110	Westmount, Nursing-Nurses' Station LPN's Salaries – Regular	EF.60200.6801 470	Westmount, Nursing-Nurses' Stat Contracted Services	\$8,732.00
EF.60200.500 130	Westmount, Nursing-Nurses' Station Aides Salaries – Part-time	EF.60200.6801 470	Westmount, Nursing-Nurses' Stat Contracted Services	\$20,000.00

Please state reason for transfers requested: Fund transfer for Agency Fees.

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

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: May 25, 2011

- (a) Is this a Result of a Bid or Request for Proposal? Yes
- (b) Purpose of Contract: To provide debt collection and legal services for Westmount Health Facility.
- (c) Name of Contractor: The Clements Firm
- (d) Address of Contractor: 333 Glen St, Suite 202, POB 598, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Thomas G. Clements, 518 745-0978
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: Upon completion of agreement.
- (h) Termination Date of Contract: Renews annually provided no price increase
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed See Exhibit A, Schedule of Disbursements - Legal Fees reimbursement.
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.83500.3000 440 Westmount, Administrative Services, Legal Services, Legal & Transcript Fees \$3,000.00.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: MAY 25, 2012

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

- (b) Purpose of Contract: Dental Services

- (c) Name of Contractor: Dr. Daniel Kana, DDS

- (d) Address of Contractor: Northeast Mobile Dental Service, 30 Pinkerton Street, Derry, New Hampshire 03038

- (e) Contractor's Contact Person and Telephone Number: Dr. Daniel Kana, DDS 603 493-6998

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

- (g) Commencement Date of Contract: July 1, 2012

- (h) Termination Date of Contract: Renew annually provided no increase in cost.

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$22,200.00
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Monthly \$1,850.00

- (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.72900.2700 470 Westmount, Dental, Physician Fee's - Contract \$22,200.00.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: MAY 25, 2012

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Dementia Care Consultant
- (c) Name of Contractor: Diane Van Dusen, LMSW
- (d) Address of Contractor: 5 Pine Tree Place, Clifton Park, NY 12065
- (e) Contractor's Contact Person and Telephone Number: Diane Van Dusen, LMSW, 518 878-3172
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: July 1st, 2012
- (h) Termination Date of Contract: one year, with an annual renewal provided no increase in rate.
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount 60.00/hour no more than 6 hours per month
 - iii) total amount not to exceed \$4,320.00 year
 - 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.73800.2900 437 Westmount, Social Services, Consulting Services, Consulting Fee \$2,160.00

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: May 25, 2012

- (a) Purpose of Contract Change: Rescind agreement with Patricia Pedone, LMSW
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: Resolution No. 864 of 2010
- (c) Name of Contractor: Patricia Pedone, LMSW
- (d) Address of Contractor: 53 Farr Lane, Queensbury, NY 12804
- (e) Contractor's Contact Person and Telephone Number: Patricia Pedone, LMSW
518 793-7175.
- (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. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: May 25, 2012

- (a) Purpose of Contract Change: Monthly Software & Website OMIG testing of Employees & Contractors regarding Federal & State exclusion.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: Resolution No. 361 of 2011
- (c) Name of Contractor: Kinney Management Services LLC
- (d) Address of Contractor: 3 Tallow Wood Drive Ste G, Clifton Park, NY 12065
- (e) Contractor's Contact Person and Telephone Number: Scott E. Steinhardt, 518 371-0176 x116.
- (f) Commencement Date of Extension: June 21, 2012
- (g) Termination Date of Extension: June 20, 2013 with an annual renewal contingent no price increase.
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$650.00
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Annual
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: EF.83110.6800 470 Westmount, Fiscal Services Office, Contracted Service \$ 1,020.00.

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: May 25, 2012

- (a) Purpose of Request: Amend Table of Organization

- (b) Details: Amend Table of Organization to transfer Westmount/Nursing Administration Clerk Part Time position code EF.60100.100 \$11,448.00 to Westmount/Nursing Administration Clerk Part Time position code EF.60100.600 \$11,448.

- (c) Previous Resolution Number:

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: May 25, 2012

(a) Purpose of Amendment: To Amend budget codes to reflect increases in Medicare Part A Revenue and the expenditures associated with.

(b) Appropriation Code, Object Code, Full Title and Amount:

EF.60200.6802.470 Nursing-Nurses' Stations, Contracted Services -	\$150,000.00
EF.72700.4400 435 Pharmacy, Prescription Drugs, Medical Fees -	\$ 60,000.00
EF.72400.6202 470 Nursing - Radiology, Contracted Services -	\$ 4,000.00
EF.72100.6201 470 Nursing – Lab Services, Contracted Services -	\$ 4,000.00

(c) Revenue Code (with title), and Amount:

EF.302001 3022 Medicare Part A Care Revenue, Medicare Revenue \$218,000.00

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RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: May 25, 2012

(a) Purpose of Amendment: To Amend budget codes to reflect increases in Medicare Therapy Revenue and the expenditures associated with.

(b) Appropriation Code, Object Code, Full Title and Amount:

EF.73300.6802.470 Physical Therapy, Contracted Services, Contract - \$20,000.00
EF.73400.6802 470 Occupational Therapy, Contracted Serv, Contract-\$ 4,000.00
EF.73500.6802 470 Speech Therapy, Contracted Services, Contract - \$8,000.00

(c) Revenue Code (with title), and Amount:

EF.302008 3020 Private Pay Therapy Revenue \$23,000.00
EF.302003 3026 Medicaid Therapy Revenue \$9,000.00

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: October 25, 2012

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Nursing Coverage in event of emergency
- (c) Name of Contractor: Interim Health Care.
- (d) Address of Contractor: 99 Ridge Street, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Sharon Bellack 518 452-3655
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: Authorization of Contract
- (h) Termination Date of Contract: Renew annually provided no increase in rates.
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount Per Fee Schedule
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.60200.6801 470 Westmount, Nursing-Nurses' Station, Contracted Services. \$5,544.00

WESTMOUNT HEALTH FACILITY TWO YEAR BUDGET COMPARISON

SALARY EXPENDITURES FOR 2011/2012 AS OF 5/15/2012 10:05:07 AM

EXPENSES	YTD ACTUAL THRU		YTD ACTUAL THRU		YTD 12 vs 11	% CHANGE	ANNUALIZED 12	2012 AMENDED		2011 AMENDED	
	May 6, 2012	May 8, 2012	May 8, 2011	May 8, 2011				BUDGET	BUDGET	BUDGET	BUDGET
Salaries - Regular	\$988,309.63	\$1,019,608.64			(\$31,299.01)	(\$0.03)	\$2,823,740.96	\$3,146,871.00	\$3,234,642.92		
Salaries - Overtime	\$107,509.23	\$104,647.15			\$2,862.08	\$0.03	\$307,169.14	\$184,148.00	\$162,119.12		
Salaries - Part Time	\$162,532.40	\$184,825.33			(\$22,292.93)	(\$0.14)	\$464,378.15	\$437,971.00	\$443,265.42		
TOTAL SALARIES	\$1,258,351.26	\$1,309,081.12			(\$50,729.86)	(\$0.14)	\$3,595,288.24	\$3,768,990.00	\$3,840,027.46		