

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, OCTOBER 26, 2012
10:15 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 Airgas East, Inc. Page 1
Purpose of contract: Rental of oxygen tanks and purchase of oxygen for residents.
Commencement date of contract: November 28, 2012
Termination date of contract: November 27, 2013 with additional two year extension until 2015.
2. Request resolution for a new contract with Nurse Finders, LLC an AMN Healthcare, Inc. company. Page 2
Purpose of contract: Provide temporary professional nursing services in the event of a staffing emergency.
3. Request resolution for a new contract for auditing service with McCarthy and Conlin, LLP. Page 3
Purpose of contract: Auditing services for 2012-2014 for a fee of \$ 13,500.00 per year.
4. Request resolution for a new contract with NYS Catholic Health Plan, Inc. dba Fidelis Care NY. Page 4
Purpose of contract: Standard facility provider agreement.
5. Request resolution for a new contract with Blue Shield of Northeastern NY. Page 5
Purpose of contract: Participating health care provider agreement.
The managed care plans are specifically designed to meet the needs of our elderly population, through coordinated care, including medical, behavioral, pharmaceutical, and social services.

Continued:

Benefits to providers:

Financial

- a. Prompt accurate claims processing.
- b. No co-pays, deductibles or co-insurance to collect.
- c. Single payment source – no secondary billing required.

Operational

- a. Case Management Team to assist Westmount staff with resource management.
- b. Around the clock access to a Nurse Coordinator for information and to facilitate service coordination.

Manage care organizations reimburse skilled nursing facility in accordance with the codes and rates listed below:

- a. Level 1 – skilled care.
- b. Level 2 – skilled care with therapy.
- c. Skilled care with therapy and complex medical.
- d. Custodial care.
- e. Bed hold 95% of Medicaid rate.

Westmount is required by the NYS Department of Health to enroll each resident in a Managed Care Plan by 2014.

6. Request resolution to fill vacant 24 hour, part time union position of Leisure Time Activity Aide #1, grade 3, base salary \$ 14,529.00, current salary \$ 15,539.00. Reason for leaving: Resignation. Total savings from current salary \$ 502.80. **Page 6**
7. Request resolution authorizing the completion of the Sprinkler System – Capital Project H296. **Page 7 - 8**
8. Request resolution to transfer funds: **Page 9 - 10**
 - a. Transferring funds from Nursing Administration Clerical and other Administrative Salaries – sick leave incentive to Nursing Stations, Management and Supervisor Salaries – sick leave incentive in the amount of \$400.00 (Health Information Manager)
 - b. Transferring funds from Dietary Services FSH HK LL Maintenance Salaries – sick leave incentive to Dietary Services Cooks and Social Worker Salaries – sick leave incentive in the amount of \$400.00 (Social Worker/Admissions)
 - c. Transferring funds from Nursing – Nurses Station, Aides, Orderlies, Assistance Salaries – sick leave incentive to Social Services, Cooks and Social Worker Salaries – sick leave incentive in the amount of \$400.00 (Dietary)

Continued:

- d. Transferring funds from Laundry and Linen Services, Laundry and Linen Salaries – sick leave incentive to Administrative Services, Management and Supervisor Salaries – sick leave incentive in the amount of \$400.00
(Administrator)
- e. Transferring funds from Laundry and Linen Services, Laundry and Linen Salaries – sick leave incentive to Fiscal Services, Clerical and Other Administrative Salaries – sick leave incentive in the amount of \$400.00
(Fiscal)
- f. Transferring funds from Nursing Admin-Clerical & Other Admin Wages, Salaries – Regular to Nursing Admin-Clerical & Other Admin Wages, Salaries – Part-time in the amount of \$ 4,000.00
(Unfilled full-time position currently being filled by a part-time position)
- g. Transferring funds from Nursing Admin-Clerical & Other Admin Wages, Salaries – Regular to Nursing Admin-Clerical & Other Admin Wages, Salaries – Over time in the amount of \$ 500.00
(Part time position works over time as well)
- h. Transferring funds from Nursing-Nurses' Station, RN, Salaries-Part Time to Nursing-Nurses' Station Mgmt & Supervision, Salaries – Over time in the amount of \$ 18,000.00
(RN Supervisors working over time)
- i. Transferring funds from Housekeeping Services, FSH HK LL Maint, Salaries – Regular to Nursing-Nurses' Station Mgmt & Supervision, Salaries – Over time in the amount of \$ 10,000.00
(RN Supervisors working over time)
- j. Transferring funds from Dietary Services, FSH, Salaries – Regular to Dietary Services, FSH, Salaries – Part Time in the amount of \$ 9,000.00
(FSH part time covering disability/administrative leave)
- k. Transferring funds from Dietary Services, Cooks, Salaries – Regular to Dietary Services, FSH, Salaries – part time in the amount of \$ 20,000.00
(FSH part time covering disability/administrative leave)
- l. Transferring funds from Housekeeping Services, Mgmt & Supervisor, Salaries – Regular to Laundry & Linen Services, Mgmt & Supervision, Salaries – Regular in the amount of \$ 2,400.00.
(Housekeeping/Laundry Dept. head budget correction)
- m. Transferring funds from Housekeeping Services, FSH HK LL Maint, Salaries – Regular to Housekeeping Services, FSH HK LL Maint, Salaries – Over time in the amount of \$ 1,500.00
(Holiday over time cut from budget because of CSEA contract not approved at this time)
- n. Transferring funds from Housekeeping Services, FSH HK LL Maint, Salaries – Regular to Housekeeping Services, FSH HK LL Maint, Salaries – Part time in the amount of \$ 2,500.00
(Part time housekeeping position to cover remainder of the year)

- o. Transferring funds from Dietary Services, FSH HK LL Maint, Salaries – Sick Leave Incentive to Fiscal Services Office, Clerical & Other Admin Wages Salaries – Over time in the amount of \$ 800.00
 (Fiscal over time increased due to Medicare & Medicaid work duties)
 - p. Transferring funds from Housekeeping Services, FSH HK LL Maint, Salaries – Sick Leave Incentive to Fiscal Services Office, Clerical & Other Admin Wages, Salaries – Over time in the amount of \$ 800.00
 (Fiscal over time increased due to Medicare & Medicaid work duties)
9. Request resolution to appropriate the fund balance in the amount of \$ 75,000.00 **Page 11**
 Purpose: To cover contracted DON fees.
10. Request resolution to appropriate the fund balance in the amount of \$ 170,000.00 **Page 12**
 Purpose: To cover contracted Agency fees for staffing.
11. Request resolution to charge off balance due to Wesmount from deceased resident. **Page 13**

Monthly Business

<u>Staffing report:</u>	<u>Vacant Positions</u>			
	<u>CNA's</u>	<u>RN's</u>	<u>DON</u>	<u>Administrative Leave</u>
	(3) 7 – 3	(1) 7 – 3 Supervisor	(1) DON	(1) 7 – 3 LPN
	(7) 3 – 11	(1) 3 – 11 Supervisor		
	(2) 11 – 7	(1) 7 – 3 Nurse Manager		

In order to keep our staffing levels at our minimum levels, the facility utilizes per diem, mandated staff and agency.

The facility continues to advertise in The Post Star, Saratogian, Times Union and Leading Age.

The facility had a CNA “Open House” on Wednesday, October 10th from 6:00 am to 6:00 pm. On Thursday, October 25th two representatives from Westmount participated in a “Job Fair” at the Glens Falls Civic Center at no charge.

The facility currently takes “walk-in” applicants and conducts interviews on the spot once the application has been completed on the premises.

On September 13th, Administration met with Nurse Agency representatives to review our standards of care, discussed concerns of agency staff and expectations of our agency staff. We also reviewed at this time our orientation packet, our I&A reports and requested consistent agency staff for continuity of care.

On October 12th, Administration met with the union leadership to request change of shift for low seniority employees to maintain continuity of care and consistent staffing in the facility.

Continued:

Overtime report: The facility remains under budget as we progress to the end of the year. **Page 14**

Items for Discussion

1. Committee to authorize a RFP to obtain professional services to assist with the development of a separate RFP for operation and expansion of Westmount Health Facility.
2. Workshop meeting scheduled for December 6, 2012 at 9:00 a.m. at Westmount Health Facility to discuss and review with Siemens Industry, Inc. the terms and conditions of the co-generation project contract. A guided tour will be provided by the Maintenance Director for the purpose of education for current and new supervisors; and to determine if there is flexibility or changes that could be made to save the county money.

Executive Session for the purpose of:

1. Facility matter pertaining to pending litigation.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: October 26, 2012

- (a) Is this a Result of a Bid or Request for Proposal? Bid WC 83-08

- (b) Purpose of Contract: Rental of Oxygen Tanks and Purchase of Oxygen for Residents.

- (c) Name of Contractor: Airgas East, Inc.

- (d) Address of Contractor: PO Box 827049, Philadelphia, PA 19182-7049

- (e) Contractor's Contact Person and Telephone Number: Kenneth W Fox, Asst. Vice President 610-902-6280

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

- (g) Commencement Date of Contract: November 28, 2012

- (h) Termination Date of Contract: November 27, 2013 with additional two year extention until 2015.

- (i) 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. 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.60200.7300 421 Westmount, Nursing-Nurses's Stations, Equipment Rental \$32,500.00.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: October 26, 2012

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Provide Temporary Professional Services
- (c) Name of Contractor: Nursefinders, LLC an AMN Healthcare, Inc. company
- (d) Address of Contractor: 12400 High Bluff Drive, San Diego, CA 92130
- (e) Contractor's Contact Person and Telephone Number: Maisie Hillenbrandt, area Director, 518 458-2778
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: Upon Execution of agreement
- (h) Termination Date of Contract: In accordance with the Agreement
- (i) Payment Provisions:
 - i) lump sum amount fee schedule attached
 - 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: EF.60200.6801.470 Westmount, Nurses' Station, Contracted Services \$124,325.00

Sample: A.1010 470 Legislative Board – Contract \$xx.xx

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RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALT FACILITY

DATE: October, 26 2012

- (a) Is this a Result of a Bid or Request for Proposal? Yes.
- (b) Purpose of Contract: Acceptance of the contract for Auditing Services with McCarthy & Conlon, LLP. Audit years 2012-2014 for a fee of \$13,500.00 per year.
- (c) Name of Contractor: McCarthy & Conlon, LLP
- (d) Address of Contractor: 150 Warren Street, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Michael McCarthy 518 792-6668
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: January 1, 2013
- (h) Termination Date of Contract: December 31, 2013, includes two 1 year extentions.
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed \$13,500.00 per year
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Upon completion of Audit and/or Cost Reports
- (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: Westmount, Fiscal Services, Contracted Services - Auditing EF.83110.3100 470 \$16,500.00

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: October 26, 2012

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Standard Skilled Nursing Facility Prover Agreement
- (c) Name of Contractor: NYS Catholic Health Plan, Inc. d/b/a Fidelis Care NY
- (d) Address of Contractor: 95-25 Queens Boulevard, Rego Park, NY 11374
- (e) Contractor's Contact Person and Telephone Number: David P. Thomas, Senior Vice President & Chief Administrative Officer 718 896-6500
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: Upon Execution of agreement
- (h) Termination Date of Contract: In accordance with the Agreement
- (i) Payment Provisions:
 - i) lump sum amount N/A
 - 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: N/A

Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

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RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: October 26, 2012

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Participating Health Care Provider Agreement
- (c) Name of Contractor: BlueShield of Northeastern New York
- (d) Address of Contractor: PO Box 15013, Albany, NY 12212
- (e) Contractor's Contact Person and Telephone Number: Sharon Scolaro, Senior Ancillary Porvider Relalationship 518-220-4924
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: Upon Execution of agreement
- (h) Termination Date of Contract: In accordance with the Agreement
- (i) Payment Provisions:
 - i) lump sum amount N/A
 - 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: N/A

Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

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 14,529

Title of Position Leisure Time Activity Aide #1

Annual Salary base 14,034.00 & Shift Dif

Grade 03

Budget code and title EF.72600.400 130 Activities Program, LPN & Activities Dir Wages Salaries- Part Tme

Union Non-Union

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

Employee No. 12214

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. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Health Services-Westmount Date Oct. 26, 2012

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

The Administrator objects to the filling of the vacancy.

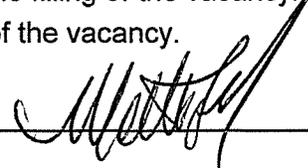
Administrator Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services-Westmount Date Oct. 26, 2012

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 _____

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: October 26, 2012

- (a) Purpose of Request: Authorization to close Sprinkler System Project Capital Project (H296)

- (b) Details: Authorization to close Sprinkler System Project Capital Project (H296)

- (c) Previous Resolution Number:

WARREN COUNTY

CERTIFICATE OF COMPLETION

FIRE PREVENTION & BLDG. CODE ENF.

1340 State Route 9
Lake George, NY 12845
Office (518) 761-6542
Fax (518) 761-6564

PERMIT NO. 2012-0027

Date 9/20/12

This CERTIFIES that the building located at

42 Gurney Lane
(street, road, etc.)

Queensbury
(town or village)

tax map section 288, block 1, and lot 51 conforms

substantially to the approved plans and specifications heretofore filed in

this office with Application for Building Permit dated 1/30/12

pursuant to which Building Permit was issued, and conforms to all of the

requirements of the applicable provisions of the law. The Completion for

which this Certificate is issued is Sprinkler system and

Alarm system Addition / Alteration

This certificate is issued to West Mount Health Facility
(owner, contractor or agent)

of the aforesaid building.

C.O. fee is N/A

Prepaid Cash Check No. _____

Original Permit No. 20120027

Use/Occupancy Classification I2

Type of Construction TIB

Assembly Occupant Load _____

Sprinkler System present Yes No

Is the Sprinkler System Required Yes No

Special Conditions:



CODE ENFORCEMENT OFFICER

For Office Use Only
Town Number 34

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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: October 26, 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60100.600 140 a.	Westmount, Nursing Administration, Clerical & Other Admin, Salaries – Sick Leave Incentive	EF.60200.100 140	Westmount, Nursing-Nurses Stations', Management & Supervision, Salaries – Sick Leave Incentive	400.00
EF.82100.700 140 b.	Westmount, Dietary Services, FSH HK LL Maintenance Salaries – Sick Leave Incentive	EF.82100.200 140	Westmount, Dietary Services, Cooks & Social Worker Salaries – Sick Leave Incentive	400.00
EF.60200.500 140 c.	Westmount, Nursing – Nurses Station, Aides, Orderlies, Assistance, Salaries – Sick Leave Incentive	EF.73800.200 140	Westmount, Social Services, Cooks & Social Worker Wages Salaries – Sick Leave Incentive	400.00
EF.82500.700 140 d.	Westmount, Laundry & Linen Serv. Laundry & Linen Wages Salaries – Sick Leave Incentive	EF.83500.100 140	Westmount, Administrative Services, Management & Supervision, Salaries - Sick Leave Incentive	400.00
EF.82500.700 140 e.	Westmount, Laundry & Linen Serv. Laundry & Linen Wages Salaries – Sick Leave Incentive	EF.83110.600 140	Westmount, Fiscal Services, Clerical & Other Adm Wages Salaries – Sick Leave Incentive	400.00

Please state reason for transfers requested: **Reclassing Sick Leave Incentive funds**

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: October 26, 2012

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60100.600 110 f.	Westmount, Nursing Admin-Clerical & Other Admin Wages, Salaries - Regular	EF.60100.600 130	Westmount, Nursing Admin-Clerical & Other Admin Wages, Salaries – Part-time	4,000.00
EF.60100.600 110 g.	Westmount, Nursing Admin-Clerical & Other Admin Wages, Salaries - Regular	EF.60100.600 120	Westmount, Nursing Admin-Clerical & Other Admin Wages, Salaries – Over time	500.00
EF.60200.300 130 h.	Westmount, Nursing-Nurses' Station, RN, Salaries- Part Time	EF.60200.100 120	Westmount, Nursing-Nurses' Station Mgmt & Supervision, Salaries – Over time	18,000.00
EF.82400.700 110 i.	Westmount, Housekeeping Services, FSH HK LL Maint, Salaries- Reg	EF.60200.100 120	Westmount, Nursing-Nurses' Station Mgmt & Supervision, Salaries – Over time	10,000.00
EF.82100.700 110 j.	Westmount, Dietary Services, FSH, Salaries- Regular	EF.82100.700 130	Westmount, Dietary Services, FSH, Salaries – Part time	9,000.00
EF.82100.200 110 k.	Westmount, Dietary Services, Cooks, Salaries- Regular	EF.82100.700 130	Westmount, Dietary Services, FSH, Salaries – Part time	20,000.00
EF.82400.100 110 l.	Westmount, Housekeeping Services, Mgmt & Supervisor, Salaries- Reg	EF.82500.100 110	Westmount, Laundry & Linen Serv, Mgmt & Supervision, Salaries – Regular	2,400.00
EF.82400.700 110 m.	Westmount, Housekeeping Services, FSH HK LL Maint, Salaries- Reg	EF.82400.700 120	Westmount, Housekeeping Serv, FSH HK LL Maint, Salaries – Over time	1,500.00
EF.82400.700 110 n.	Westmount, Housekeeping Services, FSH HK LL Maint, Salaries- Reg	EF.82400.700 130	Westmount, Housekeeping Serv, FSH HK LL Maint, Salaries – Part time	2,500.00
EF.82100.700 140 o.	Westmount, Dietary Services, FSH HK LL Maint, Salaries- Sick Leave Inc	EF.83110.600 120	Westmount, Fiscal Services Office, Clerical & Other Admin Wages Salaries – Over time	800.00
EF.82400.700 140 p.	Westmount, HouseKeeping Services, FSH HK LL Maint, Salaries- Sick Leave Inc	EF.83110.600 120	Westmount, Fiscal Services Office, Clerical & Other Admin Wages Salaries – Over time	800.00

Please state reason for transfers requested: Open F/T Position in Nursing Adm, Open FT Position in Dietary FSE r/c Supervisor Budget HK to LL, HK OT due Holiday work, Fiscal OT due to increase work duties.

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: October 26, 2012

- (a) Purpose of Request: Appropriate Fund Balance for \$75,000.00

- (b) Details: Appropriate Fund Balance in the amount of \$75,000.00 to cover Interium DON fee's.

- (c) Previous Resolution Number:

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: EF.60100.6801 470 Westmount, Nursing Administration, Contracted Services, Contracted.

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

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: October 26, 2012

- (a) Purpose of Request: Appropriate Fund Balance for \$170,000.00

- (b) Details: Appropriate Fund Balance in the amount of \$170,000.00 to cover Contracted Agency Fees for Staffing.

- (c) Previous Resolution Number:

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: EF.60200.6801 470 Westmount, Nursing - Nurses' Stations, Contracted Services, Contracted.

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

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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: October 26, 2012

- (a) Purpose of Request: To charge-off balance due to Westmount Health Facility from deceased Resident #870.

- (b) Details: A total of \$14,997.09 dollars requested to be charged-off from deceased Resident No 870. A prior settlement of \$20,000.00 dollars (Res 557 of 2012) was received September 26, 2012.

- (c) Previous Resolution Number:

WARREN COUNTY TWO YEAR BUDGET COMPARISON

REVENUE AND EXPENDITURES FOR 2012 AS OF 10/12/2012 11:52:27 AM

EXPENSES	2012		2011		YDT 12 vs 11	% CHANGE	ANNUALIZED		2011 AMENDED	
	YTD ACTUAL THRU October	YTD ACTUAL THRU October	YTD ACTUAL THRU October	YTD ACTUAL THRU October			12 EXPANSE BUDGET	BUDGET	BUDGET	BUDGET
Salaries - Regular	\$2,144,009.29	\$2,184,713.67	(\$40,704.38)	-1.90%	\$2,773,340.34	\$2,932,060.00	\$3,069,882.92			
Salaries - Overtime	\$233,628.03	\$228,494.61	\$5,133.42	2.20%	\$302,204.87	\$220,655.00	\$302,719.12			
Salaries - Part Time	\$392,005.73	\$397,449.20	(\$5,443.47)	-1.39%	\$507,071.17	\$471,147.00	\$506,497.42			
	\$2,769,643.05	\$2,810,657.48	(\$41,014.43)	-1.48%	\$3,582,616.37	\$3,623,862.00	\$3,879,099.46			

J