

**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 Lloyd F. Cote, Administrator

**HEALTH SERVICES COMMITTEE AGENDA**

Friday, June 28, 2013  
9:30 a.m.

1. Committee meeting called to order by chairman.
2. Motion to approve minutes of prior committee meeting.

**Action Agenda**

1. Request resolution for New Contract with Health Systems Services, LTD. **Page 1**
2. Request resolution for Transfer of funds to cover part time & over time positions. **Page 2**

Staffing report:

Vacancies: Activity Director, per diem LPN's  
Keyboard Specialist

DBL: 1 CNA

Overtime report: **Page 3**

Items for Discussion

Authorization to Attend Meeting or Convention **Page 4**

Hudson Headwater Health Network

# ***RESOLUTION REQUEST FORM NO. 3***

## ***Request for New Contract***

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: June 28th, 2013**

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Provide Enteral, Urological, Ostomy, Tracheostomy and Wound Care Supplies.
- (c) Name of Contractor: Health Systems Services, LTD.
- (d) Address of Contractor: 6867 Williams Road, Niagara Falls, NY 14304
- (e) Contractor's Contact Person and Telephone Number: Steven A. Marra, Territory Manager 518 438-3016.
- (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: 1 year, renew annually provided no increase in fee schedule, 60 days notice prior to expiration of Contract Term.
- (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 payments per Fee Schedule for Part A and/or Non-qualifying Part B Supplies. Qualifying Part B Supplies will be billed directly to appropriate third party.
- (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.82100.5000 445 Dietary Services, Food \$ 210,000.00, EF.60200.4900 435 Nursing-Nurses' Station, Medical Fees Other

# 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:** June 28, 2013

<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 LPN, Salaries – Part Time	EF.60200.100 120	Westmount, Nursing Nurses' Station Management & Supervision, Salaries - OT	30,000.00
EF.60200.400 130	Westmount, Nursing Nurses' Station Registered Nurses, Salaries – Part Time	EF.60200.400 120	Westmount, Nursing Nurses' Station Registered Nurses, Salaries - OT	20,000.00
EF.82100.700 110	Westmount, Dietary Services, FSH HK LL Maintenance - Salaries - Regular	EF.82100.700 130	Westmount, Dietary Services, FSH HK LL Maintenance - Salaries – P/T	50,000.00
EF.83110.600 110	Westmount, Fiscal Services, Clerical & Other Adm Wages Salaries – Regular	EF.83110.600 130	Westmount, Fiscal Services, Clerical & Other Adm Wages Salaries – P/T	120.00

Please state reason for transfers requested: Correct reporting of budgeted part-time & OT positions.

WARREN COUNTY TWO YEAR BUDGET COMPARISON

REVENUE AND EXPENDITURES FOR 2013 AS OF 6/19/2013 3:28:36 PM

EXPENSES	YTD ACTUAL THRU June 2013	YTD ACTUAL THRU June 2012	YTD 13 vs 12	% CHANGE	ANNUALIZED 13 EXPENSE	2013 AMENDED BUDGET	2012 AMENDED BUDGET
Salaries - Regular	\$1,223,858.88	\$1,195,225.76	\$28,633.12	2.40%	\$2,892,758.13	\$3,153,737.00	\$3,146,871.00
Salaries - Overtime	\$139,823.95	\$133,592.02	\$6,231.93	4.66%	\$330,493.06	\$164,214.00	\$184,148.00
Salaries - Part Time	\$184,881.18	\$204,271.04	(\$19,389.86)	-9.49%	\$436,992.00	\$481,895.00	\$449,420.00
<b>TOTALS</b>	<b>\$1,548,564.01</b>	<b>\$1,533,088.82</b>	<b>\$15,475.19</b>	<b>1.01%</b>	<b>\$3,660,243.19</b>	<b>\$3,799,846.00</b>	<b>\$3,780,439.00</b>

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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 Patricia Hawley  
\_\_\_\_\_  
(Supervisory Committee) (Employee Name)

to attend NYHIMA Annual Conference - Conference fee is \$275.00  
\_\_\_\_\_  
(Name of meeting or organization)

at The Conference & Event Center, 101 Old Falls Street, Niagara Falls, NY  
\_\_\_\_\_  
(Address)

on 6/9-6/12/13 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 \$ 139.00 per night GSA\* Rate \$ 103.00
- Meal costs - GSA\* per diem rate \$ 51.00

\*[www.gsa.gov](http://www.gsa.gov)

Date: 5/6/13

  
\_\_\_\_\_  
Department Head Signature

Date: 5/8/2013

  
\_\_\_\_\_  
Committee Chairman Signature

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

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Please check to request a fleet vehicle.

- REQUEST FOR USE OF FLEET VEHICLE**

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Filing Instructions: