

**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, October 25, 2013  
9:30 a.m.

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

**Agenda**

- |   |            |
|---|------------|
| 1. Resolution Request – Rescind Existing Contract with Diane Van Dusen, MSW | Page 1     |
| 2. Resolution Request – New Contract with Edmund McCann, MSW                | Page 2     |
| 3. Resolution Request – Miscellaneous to Amend Table of Organization        | Pages 3-4  |
| 4. Resolution Request – Create New Position                                 | Pages 5-8  |
| 5. Resolution Request – Amend County Budget                                 | Pages 9-10 |
| 6. Resolution Request – Transfer of Funds                                   | Page 11    |

Staffing report:

Vacancies: LPN per diem position

DBL: 2 F/T Aides  
1 P/T Aide

Overtime report:

Page 12

Items for Discussion

## ***RESOLUTION REQUEST FORM NO. 4***

### ***Request for Extending, Rescinding or Amending Existing Contract***

**DEPARTMENT NAME:** WESTMOUNT HEALTH FACILITY

**DATE:** October 25, 2013

- (a) Purpose of Contract Change: Rescind Existing Contract
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 354 of 2012
- (c) Name of Contractor: Diane Van Dusen, LMSW
- (d) Address of Contractor: 5 Tree Place, Clifton Park, NY 12065
- (e) Contractor's Contact Person and Telephone Number:  
Diane Van Dusen, 518 878-3172
- (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, Object Code, Full Title\* and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:

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

\*as listed in budget and LOGOS

# **RESOLUTION REQUEST FORM NO. 3**

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

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: October 25, 2013**

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Social Worker Consulting Services
- (c) Name of Contractor: Edmund McCann, MSW
- (d) Address of Contractor: 9 Charl Lane, Troy, NY 12180
- 1276 (e) Contractor's Contact Person and Telephone Number: Edmund McCann 518 279-
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: December 1, 2013
- (h) Termination Date of Contract: 12/31/14 with one year extention
- (i) Payment Provisions: i) lump sum amount  
ii) hourly rate amount \$60.00/hr 7 hour per Qtr  
iii) total amount not to exceed \$1,680.00/year  
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Quarterly
- (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: \$540.00 EF.73800.2900 437 Westmount, Social Services, Consulting Fees.

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

# **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 25, 2013**

- (a) Purpose of Request: Amend Table of Organization
  
- (b) Details: Amend Activities Supervisor Position from Full Time to Part Time (24 hours/week) Grade 13, \$34,554.00 effective October 7, 2013.
  
- (c) Previous Resolution Number: N?A
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: \$ 5,000.00 EF.72600.100 130, Westmount, Activities Program, Management and Supervision, Salaries - Part Time.

**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 25, 2013**

- (a) Purpose of Request: Amend Table of Organization
  
- (b) Details: Amend Activities Part Time Positions from 24 to 32 hours/week Grade 3, \$24,215.00 effective October 7, 2013.
  
- (c) Previous Resolution Number: N?A
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: \$ 24,983.00 EF.72600.400 130, Westmount, Activities Program, Activities, Salaries - Part Time.

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

\* as listed in budget and LOGOS

# ***RESOLUTION REQUEST FORM NO. 11***

## ***Request to Create New Position***

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: October 25, 2013**

- (a) Title of Requested Position: Admission Screener
- (b) Annual **Base** Salary (and Grade if Applicable): \$46,072.00 out of unit F/T
- (c) Effective Date for New Position:\* 11/1/13  
\*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): Clinical Coordinator \$53,207.00 out of unit F/T
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount: EF.60200.100 110 Westmount, Nursing - Nurses'-Station, Management & Supervision, Salaries - Regular
- (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. 11***

## ***Request to Create New Position***

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: October 25, 2013**

- (a) Title of Requested Position: Building Superintendent
- (b) Annual **Base** Salary (and Grade if Applicable): \$58,195.00 Out of Unit F/T
- (c) Effective Date for New Position:\* December 1, 2013, Executive Housekeeper tentative retirement date of 11/30/13.  
\*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): Executive Housekeeper. - \$45,077 Out of Unit F/T split between Housekeeping/Laundry. Senior Building Maint Mechanic - \$48,195.00 CSEA F/T
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount: EF.82200.100 110 Westmount, Plant Operations & Maintenance, Maint & Supervision, Salaries - Regular \$58,195.00.
- (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. 11***

## ***Request to Create New Position***

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: October 25, 2013**

- (a) Title of Requested Position: Laundry Worker/P#4
- (b) Annual **Base** Salary (and Grade if Applicable): \$12,090.00 Grade 02-00 less than half
- (c) Effective Date for New Position:\* December 1, 2013, Executive Housekeeper tentative retirement date of 11/30/13.  
\*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): Executive Housekeeper. - \$45,077 Out of Unit F/T split between Housekeeping/Laundry.
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount: EF.82500.700 130 Westmount, Laundry Services, LL, Salaries - Part Time \$12,090.00.
- (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. 11***

## ***Request to Create New Position***

**DEPARTMENT NAME:** WESTMOUNT HEALTH FACILITY

**DATE:** October 25, 2013

- (a) Title of Requested Position: CNA/PT#45,CNA/PT#46, CNA/PT#47, CNA/PT#48, CNA/PT#49, CNA/PT#50, CNA/PT#51, CNA/PT#51, CNA/PT#52, CNA/PT#53, CNA/PT#54, CNA/PT#55, CNA/PT#56, CNA/PT#57, CNA/PT#58, CNA/PT#59. Not to exceed 48 hours per pay period.
- (b) Annual Base Salary (and Grade if Applicable): \$25,344.00 Grade 04-00
- (c) Effective Date for New Position:\* November 1, 2013,  
\*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): CNA#2,CNA#5, CNA#21, CNA#28, CNA#31, CNA#34 Full Time Grade 04 \$25,344.00.
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount: EF.60200.500.130 Westmount, Nursing Nurses's Station, CNA, Salaries Part time \$154,325.00.
- (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. 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: October 25, 2013**

(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 - \$25,800.00

EF.73400.6802 470 Occupational Therapy, Contracted Serv, Contract-\$32,000.00

EF.73500.6802 470 Speech Therapy, Contracted Services, Contract - \$10,000.00

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

EF.302008 3020 Private Pay Therapy Revenue \$47,800.00

EF.302003 3026 Medicaid Therapy Revenue \$20,000.00

# ***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: October 25, 2013**

(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 - \$40,700.00  
EF.72700.4400 435 Pharmacy, Prescription Drugs, Medical Fees - \$16,300.00

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

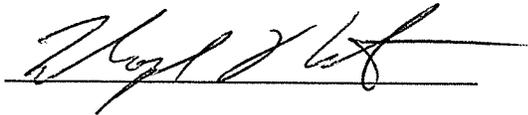
EF.302001 3022 Medicare Part A Care Revenue, Medicare Revenue \$57,000.00

**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 25, 2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60200.300 110	Westmount, Nursing Nurses' Station RN, Salaries – Regular	EF.60200.300 120	Westmount, Nursing Nurses' Station RN, Salaries – Over Time	6,000.00
EF.72600.100 110	Westmount, Activities Program, Management & Supervision, Salaries – Regular	EF.72600.100 130	Westmount, Activities Program, Management & Supervisor, Salaries – Part Time	5,000.00

**Please state reason for transfers requested: Budget adjustments.**

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

WARREN COUNTY TWO YEAR BUDGET COMPARISON  
REVENUE AND EXPENDITURES FOR 2013 AS OF 10/23/2013 10:19:28 AM

EXPENSES	YTD ACTUAL THRU October 2013	YTD ACTUAL THRU October 2012	YTD 13 vs 12	% CHANGE	Annualized 13 Expenses	2013 AMENDED BUDGET	2012 AMENDED BUDGET
Salaries - Regular	\$2,207,571.12	\$2,143,441.59	\$64,129.53	2.90%	\$2,869,842.46	\$3,041,765.00	\$2,813,060.00
Salaries - Overtime	\$243,457.56	\$233,628.03	\$9,829.53	4.04%	\$316,494.83	\$278,249.00	\$328,255.00
Salaries - Part Time	\$425,795.79	\$392,573.43	\$33,222.36	7.80%	\$553,534.53	\$485,032.00	\$505,327.00
	\$2,876,824.47	\$2,769,643.05	\$107,181.42	3.73%	\$3,739,871.81	\$3,805,046.00	\$3,646,642.00

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