

SOCIAL SERVICES COMMITTEE AGENDA
Countryside Adult Home [September 2013]

Action Agenda

- 1) **Request:** Permission to renew contract with Catherine Keating for Dietician Services, in the amount of \$40.00/hr, not to exceed \$3,840/yr.
Rationale: DOH requires that the facility have a registered Dietician on staff to provide consulting services to the residents. It is a zero increase from the last contract.

- 2) **Request:** Permission to transfer \$30,000 from budget line 434(Allowances) to budget line 130(Part Time Salaries).
Rationale: We will need this money to cover the Part Time and Per Diem salaries until the end of the year. We have had several lengthy medical leaves this year, resulting in the need for more monies in this budget code, as well as several new hires who require 80hrs of training.

Old Business/Pending Items

Topics for Discussion

1. Overtime – 95 hours for the past two pay cycles (including Labor Day), ↑17.5 hours overall from last year's figures.
2. Current Census: 40 Residents
 - a. 15 Men, 25 Women
3. Monthly Statistics:
 - a. Referrals: (5), (1) currently at rehab, (1) looking for end of October, (2) waiting on paperwork, (1) admitted
 - b. Admissions/Discharges: (3) admission, (1) discharges [respite stay]

Countryside Adult Home - Overtime Report

Week Ending	2013 OT Hours	2012 OT Hours	2011 OT Hours	2010 OT Hours	Includes Holiday	Net Difference from 2011	Difference to Date from 2011	1st Shift Hours [OT]	2nd Shift Hours [OT]	3rd Shift Hours [OT]
01/13/13	97.5	75.5	91.5	101.7	New Years	↑22	↑22	1370[55.5]	251.5[25]	268[17]
01/27/13	87	4.5	12.5	10.9	Martin Luther King	↑82.5	↑104.5	1370.5[45]	261.4[19.5]	275[22.5]
02/10/13	6	81.4	84.6	126.5		↓75.4	↑29.1	1281[5]	220[1]	258
02/24/13	113.2	0	3	27.8	Presidents Day	↑113.2	↑142.3	1362[61.5]	268.5[25.7]	274[26]
03/10/13	15.5	80.5	89	169.1		↓65	↑77.3	1358	274[7.5]	271[8]
03/24/13	0	0	8	4.5		0	↑77.3	1336	288	264
04/07/13	14.15	12.5	7	34.3		↑1.65	↑78.95	1328[14.15]	344	248
04/21/13	0	0	0.9	11.5		0	↑78.95	1416	331.5	288
05/05/13	8	14	13	23		↓6	↑72.95	1336[8]	320	272
05/19/13	4	16	10.4	9.5		↓12	↑60.95	1275.5[1]	315.5[3]	274
06/02/13	82	5.5	0.4	13	Memorial Day	↑76.5	↑137.45	1312[41]	269.5[23]	263[18]
06/16/13	4	97	95	118.3		↓72.5	↑64.95	1272[1]	328[3]	248
06/30/13	3	0	3.5	55		↑3	↑67.95	1303.5	302.2[3]	258.8
07/14/13	81.5	8.5	9.5	95.5	Independence Day	↑73	↑132.45	1254[40.5]	326[23]	273[18]
07/28/13	8	93	114	56		↓85	↑47.45	1323.6	345	266[8]
08/11/13	2	29.4	8	4.9		↓27.4	↑20.05	1280.5[2]	384.5	261
08/25/13	3.5	8	12.5	13.5		↓4.5	↑16	1277	344.5[3.5]	258
09/08/13	86.5	0	41.9	39.5	Labor Day	↑86.5	↑102.5	1349.5[49]	357[19.5]	302[18]
09/22/13	8.5	93.5	114.3	102.5		↓85	↑17.5	1341	311.5[.5]	282[8]
10/06/13		0	0	10.5						
10/20/13		8	0	22	Columbus Day					
11/03/13		80.5	89.9	89.5						
11/17/13		26	23.5	15	Veteran's Day					
12/01/13		93	88.2	122	Thanksgiving					
12/15/13		107	101	129.8						
12/29/13		2	0	70.3	Christmas					
TOTAL	624.35	1035.3	1121.1	1605						

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE: 9/27/2013

- (a) Purpose of Contract Change: RENEW CONTRACT
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 30 of 2011
- (c) Name of Contractor: CATHERINE KEATING
- (d) Address of Contractor: 17 CASTLEBERRY DRIVE, GANSEVOORT, NY 12831
- (e) Contractor's Contact Person and Telephone Number: CATHERINE KEATING, PH#(518)584-8958
- (f) Commencement Date of Extension: JANUARY 1, 2014
- (g) Termination Date of Extension: DECEMBER 31, 2016
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount \$40.00
 - iii) total amount not to exceed \$3,840.00
 - 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: A.6030.470 CONTRACTS

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

Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

SIGNED:

DATE: 9/25/2013

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6030.434	ALLOWANCES	A.6030.130	PART TIME SALARIES	\$30,000.00

Please state reason for transfers requested: REQUEST TO TRANSFER FUNDS FROM ALLOWANCES TO PART TIME SALARIES TO COVER THE COST OF PER DIEM AND PART TIME SALARIES FOR THE REMAINDER OF THE YEAR.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			