

# 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, April 25, 2014  
10:30 a.m.

1. Committee Meeting called to order by Chairman.
2. Motion to approve minutes of prior Committee Meeting.

#### Agenda

1. Resolution Request – New Contract – To Provide Annual Software Support – MDS, Medicare, Medicaid and Private Pay Submission. Page 1-2
2. Resolution Request – New Contract – Provide Temporary Professional Services Page 3
3. Resolution Request - Create New Position Page 4
4. Resolution Request – New Contract – Lab Services Page 5
5. Resolution Request – Transfer of Funds Page 6

#### Staffing report:

#### Vacancies:

1- RN Nurse Manager 1st Shift  
8- P/T LPN – 1<sup>st</sup> & 2<sup>nd</sup> Shift  
8 - P/T CNA - 1<sup>st</sup> & 2<sup>nd</sup> Shift

#### Overtime report:

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Items for Discussion: Managed Long Term Care

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

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

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: April 25, 2014**

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Annual Software Support Agreement
- (c) Name of Contractor: PNP Computer Services, Inc.
- (d) Address of Contractor: 66 North Main Street, Brockport, NY 14420-1649
- (e) Contractor's Contact Person and Telephone Number: Curt Hamlin 585 637-3240
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: April 1, 2014
- (h) Termination Date of Contract: March 31, 2015
- (i) Payment Provisions:
  - i) lump sum amount 5,880.00
  - 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. Completion of signed agreement
- (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.83110.6300 422 Westmount, Fiscal Services Office, Repair & Maintain PS DA Equipment \$7,000.00.

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

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

**DEPARTMENT NAME:** Westmount Health Facility

**DATE:** April 25, 2014

- (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: Attentive Care of Albany, Inc.
- (d) Address of Contractor: 5 Computer Drive West, Albany, NY 12205-1617
- (e) Contractor's Contact Person and Telephone Number: Tina Webber, Vice President, 518 438-6180.
- (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 \$45,634.00.

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

# *RESOLUTION REQUEST FORM NO. 11*

## *Request to Create New Position*

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: April 25, 2014**

- (a) Title of Requested Position: Health Facility Key Board Specialist
- (b) Annual **Base** Salary (and Grade if Applicable): Grade 5, \$26,897.00
- (c) Effective Date for New Position:\* June 1<sup>st</sup>, 2014  
\*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):  
EF.83110.600 110 Westmount/Fiscal Services Office, Clerical & Other Wages, Salaries- Regular - \$24,954.00, Key Board Specialist, Grade 3.
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount: EF.83110.600 110 Westmount/Fiscal Services Office, Clerical & Other Wages, Salaries - Regular \$101,574.00
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title?  
(This is necessary **BEFORE** bringing the request to committees.) Yes
- (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. 3***

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

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: April 25, 2014**

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Lab Services
- (c) Name of Contractor: Glens Falls Hospital Lab
- (d) Address of Contractor: 100 Park Street, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Noel Harding, 518 926-3820
- (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: Continual - 30 days notice
- (i) Payment Provisions: i) lump sum amount Fee Schedule for Medicare A Services  
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.72100.2700 435 Westmount, Nursing Lab Services, Medical Fees \$3,000.00.

# 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: April 25, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.73800.200 110	Westmount, Social Services, Social Worker Wages, Salaries - Regular	EF.83110.600 110	Westmount, Fiscal Services Office, Clerical & Other Wages, Salaries – Regular	2,300.00
EF.73800.200 110	Westmount, Social Services, Social Worker Wages, Salaries - Regular	EF.83110.600 120	Westmount, Fiscal Services Office, Clerical & Other Wages, Salaries – Over time	4,000.00
EF.73800.200 110	Westmount, Social Services, Social Worker Wages, Salaries – Regular	EF.73800.200 130	Westmount, Social Services, Social Worker Wages, Salaries – Part Time	15,000.00
EF.73800.200 110	Westmount, Social Services, Social Worker Wages, Salaries - Regular	EF.82400.700 120	Westmount, Housekeeping Serv, Housekeeping, Salaries – Over time	3,000.00
EF.73800.200 110	Westmount, Social Services, Social Worker Wages, Salaries - Regular	EF.82500.700 120	Westmount, Laundry & Linen Serv, L&L, Salaries – Over time	1,500.00
EF.60200.400 850	Westmount, Nursing-Nurses' Station, LPN, Unemployment	EF.60200.400 120	Westmount, Nursing-Nurses' Station LPN, Salaries – Over time	30,000.00

Please state reason for transfers requested: position re-class, over time budgets

WARREN COUNTY TWO YEAR BUDGET COMPARISON

REVENUE AND EXPENDITURES FOR 2014 AS OF 4/22/2014 2:38:26 PM

EXPENSES	YTD ACTUAL THRU April 2014	YTD ACTUAL THRU April 2013	YTD 14 vs 13	% Change	Annualized 14 Expense	2014 AMENDED BUDGET	2013 AMENDED BUDGET
Salaries - Regular	\$737,776.56	\$771,111.84	(\$33,335.28)	(\$0.05)	\$2,740,313.15	\$3,020,304.00	\$3,035,885.00
Salaries - Overtime	\$102,688.49	\$91,402.44	\$11,286.05	\$0.11	\$381,414.42	\$158,810.00	\$336,093.00
Salaries - Part Time	\$173,841.78	\$108,096.91	\$65,744.87	\$0.38	\$645,698.09	\$851,306.00	\$581,097.00
TOTAL	\$1,014,306.83	\$970,611.19	\$43,695.64	\$0.04	\$3,767,425.66	\$4,030,420.00	\$3,953,075.00