

SOCIAL SERVICES COMMITTEE
COUNTRYSIDE ADULT HOME
AGENDA
8/24/16

Committee Members: Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, MacDonald,
Braymer

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda/New Business
 1. **Request to:** Renew contract with Hudson Headwaters Health Network for Clinician Services in the amount of \$14,136.26 from 1/1/17-12/31/17 and \$14,560.35 from 1/1/18-12/31/18. This is a 3% increase each year.
Rationale: This allows us to ensure that residents are seen by the physician in a timely manner and helps us meet DOH regulations relating to such.
 2. **Request to:** Renew contract with Orkin for pest control services in the amount of \$91.85/month.
Rationale: This will allow us to meet DOH regulations pertaining to environmental services.
 3. **Request to:** Enter into contract with B-Lann Equipment for semi-annual inspections of the kitchen's fire suppression unit, in the amount of \$668.40/inspection. This is a three year contract.
Rationale: This will allow us to meet NYS regulations pertaining to kitchen equipment.
 4. **Request to:** Renew contract with Warrensburg Laundry & Dry Cleaning, Inc. for laundry services in the amount of 0.84/lb. This is the result of an RFP.
Rationale: This will allow us to ensure resident and facility laundry is clean and laundered.
 5. **Request to:** Approve additional funding for the new boiler installation in the amount of \$5,990.00 due to piping issues.
Rationale: The original plan was to use the existing piping for the new boiler, however, when a representative from the company came to the building, he stated that the existing piping system would not work. It would also be less efficient to use the existing piping due to how it circulates in the boiler room.
 6. **Request to:** Transfer \$6,000.00 from the contingency fund for the purchase of additional piping and installation of such for the new boiler.
Rationale: Please see above.
- IV. Referral/Pending Items
- V. Information for Discussion/Review
 1. Overtime Report for 2016
- VI. Privilege of the Floor to discuss any additional items to come before the Committee
- VI. Motion to adjourn

Attachments

Overtime Report for 2016

(List attachments by number relating to the above cited regular items)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE: 8/24/16

- (a) Is this a Result of a Bid or Request for Proposal? **NO**
- (b) Purpose of Contract: **PROVIDE CLINICIAN SERVICES FOR RESIDENTS OF COUNTRYSIDE ADULT HOME.**
- (c) Name of Contractor: **HUDSON HEADWATERS HEALTH NETWORK**
- (d) Address of Contractor: **9 CAREY ROAD, QUEENSBURY, NY 12804**
- (e) Contractor's Contact Person and Telephone Number: **ANDREA CALCAVECHIA, PH#(518)761-0300, EXT. 31557**
- (f) Has or will the Contract be provided, if so, please attach: **WILL BE**
- (g) Commencement Date of Contract: **JANUARY 1, 2017**
- (h) Termination Date of Contract: **DECEMBER 31, 2018**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$14,136.26 YR1;**
\$14,560.35 YR 2
 - 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, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount: **A.6030.437 CONSULTING FEES****

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: COUNTRYSIDE ADULT HOME

DATE: 8/24/16

- (a) Is this a Result of a Bid or Request for Proposal? **NO**
- (b) Purpose of Contract: **PROVIDE PEST CONTROL SERVICES AT COUNTRYSIDE ADULT HOME.**
- (c) Name of Contractor: **ORKIN**
- (d) Address of Contractor: **537 QUEENSBURY AVE, QUEENSBURY, NY 12804**
- (e) Contractor's Contact Person and Telephone Number: **DONNA, PH#(800)842-2847**
- (f) Has or will the Contract be provided, if so, please attach: **ATTACHED**
- (g) Commencement Date of Contract: **MAY 1, 2016**
- (h) Termination Date of Contract: **N/A**
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed **\$1,200/ANNUALLY**
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)
\$91.85/MONTHLY
- (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: **A.6030.413 REPAIR/MAINTENANCE TO BUILDING**

**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: COUNTRYSIDE ADULT HOME

DATE: 8/24/16

- (a) Is this a Result of a Bid or Request for Proposal? **NO**
- (b) Purpose of Contract: **PROVIDE SEMI-ANNUAL INSPECTIONS OF THE KITCHEN FIRE SUPPRESSION UNIT AT COUNTRYSIDE ADULT HOME, AS WELL AS PREVAILING WAGES FOR ANY ADDITIONAL REPAIRS.**
- (c) Name of Contractor: **B-LANN EQUIPMENT**
- (d) Address of Contractor: **2288 5TH AVE, TROY, NY 12180**
- (e) Contractor's Contact Person and Telephone Number: **COLLEEN, PH#(518)274-7888**
- (f) Has or will the Contract be provided, if so, please attach: **ATTACHED**
- (g) Commencement Date of Contract: **JUNE 1, 2016**
- (h) Termination Date of Contract: **MAY 31, 2019**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$2,000/ANNUALLY**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)
\$668.40/INSPECTION
- (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: **A.6030.413 REPAIR/MAINTENANCE TO BUILDING****

**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: COUNTRYSIDE ADULT HOME

DATE: 8/24/16

- (a) Is this a Result of a Bid or Request for Proposal? **YES**
- (b) Purpose of Contract: **PROVIDE LAUNDRY SERVICES AT COUNTRYSIDE ADULT HOME**
- (c) Name of Contractor: **WARRENSBURG LAUNDRY & DRY CLEANING, INC.**
- (d) Address of Contractor: **11 RICHARDS AVE, WARRENSBURG, NY 12885**
- (e) Contractor's Contact Person and Telephone Number: **DAVID MINEO, PH#(518)668-2924**
- (f) Has or will the Contract be provided, if so, please attach: **WILL BE**
- (g) Commencement Date of Contract: **SEPTEMBER 1, 2016**
- (h) Termination Date of Contract: **AUGUST 31, 2017**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount **0.84/LB**
 - iii) total amount not to exceed **\$35,000/ANNUALLY**
 - 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, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, 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**

*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: COUNTRYSIDE ADULT HOME

DATE: 8/22/2016

(a) Purpose of Request:

**AUTHORIZATION TO PAY MADDEN MECHANICAL AN ADDITIONAL
\$5,990.00 FOR PIPING TO THE NEW BOILER.**

(b) Details:

**A REPRESENTATIVE FOR THE BOILER MANUFACTURER STATED THAT
THE EXISTING PIPING COULD NOT BE USED FOR THE NEW BOILER.**

(c) Previous Resolution Number:

(d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

A6030.413 REPAIR/MAINTENANCE TO BUILDING

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

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: AMANDA ALLEN, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

SIGNED:

DATE: 8/24/16

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|------------------|--------------|----------------|--------------|---------------|
|------------------|--------------|----------------|--------------|---------------|

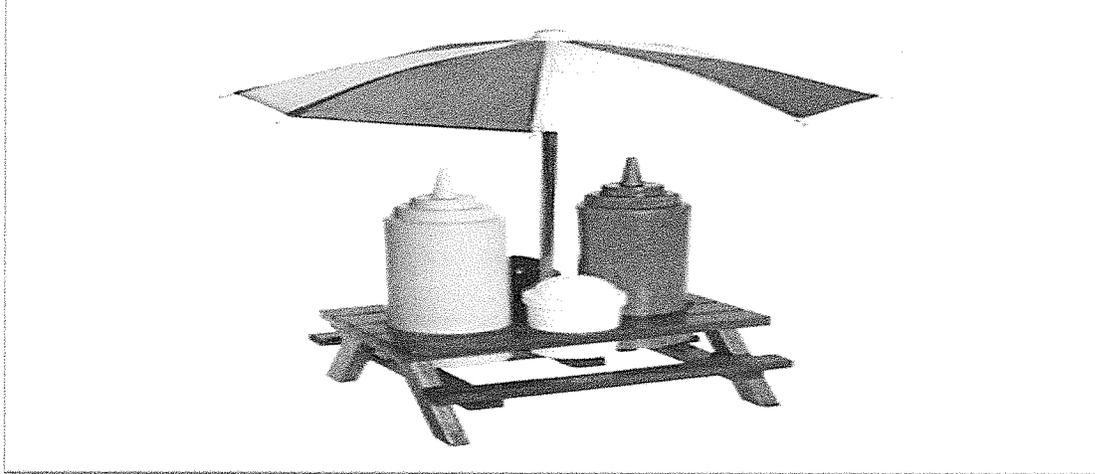
Please state reason for transfers requested:

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 | A.6030.260 | OTHER EQUIPMENT | \$6,000.00 |

Please state reason for transfer request: NEW PIPING AND INSTALLATION OF SUCH, FOR THE BOILER REPLACEMENT DUE TO UNFORESEEN CIRCUMSTANCES ON THE ORIGINAL PROJECT.

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



Family Picnic @ Countryside Adult Home

You are invited to attend. Please inform any other family members or friends that may want to attend as well. Bring a favorite dessert to share with others. We will once again be doing a 50/50 to raise money for our activity fund. Hope to see you there!

353 Schroon River Rd.

Sunday, September 11th from noon until
4:00

COUNTRYSIDE ADULT HOME



HISTORY

In 1824, NYS passed law, "establishing County Poorhouses," in each County in New York. Initially, these "poorhouses" were established to care for the poor or indigent population of New York. In 1830, Warren County established its' Poorhouse, which was located next to the Schroon River, across the street from our current location.

Over the years, there has been a transition from "poorhouses," to adult homes, serving the frail and elderly population of each County.

This building was constructed during the year of 1979, and all residents were moved to the new home in 1980.

Prior to 2005, Countryside Adult Home was called the Warren County Residential Hall. Many people still refer to us as the "Almshouse," County "Poorhouse," as well as the "Residential Hall."

Since 1973 alone, Countryside has served over 530 residents of Warren County. We recently lost one of our residents who called Countryside her home for 16 years. Another one of our residents will be here for 20 years in September.

REGULATORY AGENCIES

Before 2005, the regulatory agency responsible for overseeing this facility was the NYS Department of Social Services. Now, we are regulated by both the NYS Department of Social Services and the Department of Health. We are also required to adhere to NYS Building & Codes, Fire Prevention, Department of Environmental Conservation, etc. The Department of Health dictates how we run the facility, and survey the facility at least once a year.

Since 2010, the facility has had five full inspections from the DOH. We received no citations during two of those five inspections. This is a testament to the dedication of the staff here at Countryside.

PLACEMENT REQUIREMENTS

In order for an individual to be considered for placement, they must meet all DOH admission and retention standards, as well as Public Home requirements:

1. Is at least 16 years of age;
2. Does not engage in alcohol or drug use;
3. Is not in need of continual medical or nursing care or supervision;
4. Does not suffer from a serious and persistent mental disability;
5. Does not require health or mental health services that are not available or cannot be safely provided by local agencies or outside providers;
6. Has not caused or is unlikely to cause a danger to themselves or others;
7. Does not repeatedly behave in a manner that directly impairs their well-being or the well-being of others;
8. Does not have a medical condition which is unstable and/or requires continual skilled observation;
9. Complies with their prescribed medical treatment plan;
10. Independent with ambulation;
11. Independent with transfers;
12. Continent of bowel and bladder, and/or can manage their incontinence;
13. Is not a wandering risk;
14. Does not suffer from a communicable disease or health condition;
15. Is independent with all medical equipment, such as, but not limited to: (Oxygen, Nebulizer, Diabetic testing & injection of insulin, wheel chairs, C-Pap machines, Bi-Pap machines, foley catheters, etc.)

Residents come in for various reasons: they may need 24 supervision, assistance with medical issues, medications, making sure they have three meals a day, and some are here for the socialization aspect. Regardless of the reason, all residents must be agreeable to coming. Once they are here, they are free to come and go as they please, or to leave the facility for good if they choose.

SERVICES PROVIDED

Each resident is provided with a semi-private room, and the facility supplies a bed, mattress, night stand, lamp, dresser, chair, and closet. Each side of the room, as well as all bathrooms and shower rooms, has a call bell which the residents can use to ring for assistance.

Meals are prepared three times a day for the residents and served in our spacious dining room. We also have an afternoon and evening snack in the Activity Room.

Staff ensure that residents receive their medications, and take care of refilling medications, etc.

Countryside provides transportation to all medical appointments for our residents, to ensure adequate medical care and treatment. Dr. Smead with HHHN comes to the facility every Thursday morning to see the residents that need to be seen. Either Dr. Smead or a physician from HHHN is readily available to assist staff with any resident concerns. We also have a dietician per DOH regulations who oversees the residents' nutritional needs, and a psychologist, that come directly to the facility.

Laundry services are provided per DOH regulations. Resident's laundry is either sent out to Warrensburg Laundromat or they can do it here at the facility. Along with laundry services, we also provide bed linens, towels, etc.

We have a diverse activity program, with large group, small group and individual programs. Various groups come into the facility for entertainment purposes, such as church services, the school, musical entertainment, visits with pets, etc. We also take the residents out in the community for shopping, concerts, play at school, apple picking, balloon festival, etc.

FACILITY IMPROVEMENTS

Over the past five years, we have painted/renovated all areas of the facility. We are working on continuing the replacement of the closets in the resident bedrooms, as well as new furniture for the Front Lobby.

The facility has two boilers which heat the building. We have replaced the burner assembly on the Peerless boiler, and are meeting with Madden Mechanical next week to finalize the replacement of the Triad boiler before the heating season begins this year.

We currently have three hot water heaters, two of which have been replaced in the last two years.

The condenser unit in the walk-in-cooler was just replaced, as well as one of the two condenser units in the walk-in-freezer. We will plan on replacing the second unit in the walk-in-freezer for the 2017 budget year.

COST TO TAXPAYERS

Overall, the cost to each tax payer ranges from \$5-\$10 a year, depending on the facility budget.

We appreciate you taking the time to come up and see us. I am available if you have any further questions. PH#(518)623-3451 or email: parkd@warrencountyny.us