

HEALTH, HUMAN & SOCIAL SERVICES COMMITTEE
COUNTRYSIDE ADULT HOME

AGENDA

MAY 30, 2019

Committee Members: Frasier, McDevitt, Braymer, Leggett, Loeb, Driscoll, Hyde, Magowan, and Sokol.

- I. Committee Meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee Meeting
- III. Action Agenda
 1. Notice of Intent to Fill the Vacant Position of Institutional Aide #2, Grade 3, Annual Base Salary \$28,026 due to promotion effective June 1st, 2019
Rationale: This position is mandated and reimbursed.
 2. Request Authorization for Amy McByrne to submit membership Application to the Empire State Association of Assisted Living, at an estimated cost of \$1,344 for a 1-year period. (This fee is adult home pricing @ \$28 per bed x our maximum occupancy of 48)
Rationale: The ESAAL membership is a resource for regulatory and compliance issues. Training that is required by DOH is offered at a discounted rate with membership.
 3. Request Correction to Resolution No. 151 of 2019 which authorized a renewal agreement for Registered Dietician Services. The correct total amount for 2019 is \$42 per hour with a 2 year service agreement versus \$ 40 per hour and a 1 year agreement.
Rationale: Rate increase is included in the Budget for 2019 for this service.
 4. Request to renew service agreement with B-Lann Equipment for semi-annual inspection of the fire suppression system at an approximate cost to not exceed \$1500.00 annually
Rational: Inspection of the system is mandated by The Department of Health every six months.

5. Request To renew agreement with Mahoney Alarms. Agreement is one year term at a total amount to not to exceed \$1150.00 for the inspection of the system. Any additional maintenance that is required would be at prevailing rate. Those rates are Monday thru Friday 8am-4:40pm at \$123.00 per man hour and \$184.50 per man hour after hours, weekends and holidays.
Rational: Department of Health mandates that the fire alarm system be inspected every six months.

IV. Referrals/Pending Items

None

V. Information for Discussion/Review

- Census Update (Admissions & Discharges)
- Overtime Report

VI. Privilege of the Floor to discuss any additional items to come before the Committee

VII. Motion to Adjourn

Summary of Attachments

1. Notice of Intent to Fill Institutional Aide #2
2. Request ESAAL membership \$1,344 (one year)
3. Request correction to total amount re: Resolution No. 151 of 2019
4. Request to renew B-Lann Service Agreement
5. Request to renew Mahoney Alarms Service Agreement
6. Census Report
7. Overtime Report

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: COUNTRYSIDE ADULT HOME Payroll Dept. No: 42.00
Title of Position: Institutional Aide #2- Part Time Base Salary of Position: 28,026 Grade: 3
Filling at Step # (If Known): _____
Budget code and title: Salaries-PT A6030 130 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: Jamie Smith/10216 Date of Vacancy: 5/13/19
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____% State 50% Other _____%

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other Labor
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. 7/23/19 5/14/19
Human Resources Director has approved this form when initialed. AS 5/14/19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

- The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature] Date 5/14/19

BUDGET OFFICER COMPLETES THIS SECTION

- The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature Frank E Thomas Date 5/17/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Edna A Francis Date 5/30/19

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: 05/30/2019

- (a) Purpose of Request:
Request authorization to submit ESAAL Membership Application, it would be a one year membership and the annual dues would be \$1,344
- (b) Details:
DOH regulations are complex, ESAAL is an excellent resource for interpretation as well as answering questions. The program helps with compliance issues and gives insight into working on plans of correction.
The program offers training that meets the 60 credits that is a requirement for DOH at discounted pricing for members
- (c) Previous Resolution Number:
N/A
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:
A.6030 427- Membership for ESAAL

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

* as listed in budget and LOGOS



Empire State Association of Assisted Living

Care • Community • Connections • Every Day

Joanne Collins
Confidential Secretary to the Commissioner of Social Services
Warren County Department of Social Services
Human Services Building
1340 State Route 9
Lake George, NY 12845

March 4, 2019

Dear Joanne:

I invite your Adult Home, **Countryside Adult Home**, to become a member of ESAAL!

As the largest Assisted Living Association with more than 295 Adult Home, Enriched Housing, Assisted Living Residence and Assisted Living Program licensed provider members, we specialize in bringing providers together with a strong collective voice to facilitate change in the industry. Our Executive Director has more than 30 years' experience helping assisting operators and senior management like you succeed with assisted living operations in New York State.

We have found that some providers in the assisted living provider network in NY have faced significant challenges in their attempt to achieve and maintain regulatory compliance, and some have even faced civil penalties/fines by the Department of Health because of patterns of noncompliance. Part of their challenge is due to the layered and somewhat confusing assisted living regulatory structure and a lack of understanding of the Department of Health's expectations for this level of care. ESAAL can help.

Why Administrators & Operators Choose Membership with ESAAL

- **NYS Department of Health regulations are complex – to say the least. ESAAL is an exceptional resource for all your regulatory and interpretation questions.** Just pick up the phone – we're here for you.
- Surveyors in your residence? Compliance issues? We'll react quickly to your needs.
- One-on-one training, dedicated Case management and regulatory training and regional meetings are offered throughout the year.
- Have your staff keep their required CEUs up to date with our continuing education programs. Our annual conference counts for about 26+ CEU's and others throughout the year. (Case Management, Regulatory Training etc)
- Help navigating the Health Commerce System (HCS)
- We provide sample policies, emergency preparedness plans & assistance with Plans of Correction.
- **Dues is structured at \$28/AH/EH bed. Countryside adult Home annual dues would be \$1,344.**

We are happy to consult with you to discuss your assisted living operations questions or challenges that you and/or your staff may have, as well as the many other benefits that ESAAL brings to members. Give us a call and let us help you keep your operation running smoothly!

Regards,

Karen Thornton
Director of Member Services

Enclosure: ESAAL membership packet

Cc: Amy McByrne, Director, Countryside Adult Home

Empire State Association of Assisted Living
646 Plank Road, Suite 207, Clifton Park, NY 12065
P: 518-371-2573 • F: 518-371-3774 • W: www.esaal.org

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: 05/30/19

- (a) Purpose of Request: Request to Amend Resolution No. 151 of 2019, which Authorized the continuation of the contract with Jennifer Linehan, Registered Dietician. The correct term commences March 2, 2019 and terminates March 1, 2021 (2-year contract) and the corrected total amount is \$42 per hour.
- (b) Details: Inadvertently the previous agreement was signed. However that agreement didn't reflect the increase in the hourly rate or the new 2 year term.
- (c) Previous Resolution Number: No. 151 of 2019
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:
- (e) **A.6030 470 Dietician - Contract**

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

* as listed in budget and LOGOS

Warren County Board of Supervisors

RESOLUTION NO. 151 OF 2019

RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, MCDEVITT, BRAYMER, LEGGETT, LOEB, DRISCOLL, HYDE, MAGOWAN AND SOKOL

AUTHORIZING AGREEMENT WITH JENNIFER LINEHAN, REGISTERED DIETICIAN, FOR DIETARY CONSULTANT SERVICES AT COUNTRYSIDE ADULT HOME

RESOLVED, that Warren County enter into an agreement with Jennifer Linehan, Registered Dietician, for Dietary Consultant Services at Countryside Adult Home, for a term commencing March 2, 2019 and terminating March 1, 2020, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement in a form approved by the County Attorney, with the source of funding to be Budget Code A.6030 470 Countryside Adult Home, Contract, and for the amount set forth below:

<u>NAME/ADDRESS</u>	<u>RATE/NUMBER OF HOURS</u>	<u>ANNUAL TOTAL AMOUNT NOT TO EXCEED</u>
Jennifer Linehan, R.D. 196 Circular Street Saratoga Springs, NY 12866	\$40/hour - maximum of 8 hours average per month	\$3,840.00

THIS AGREEMENT (hereinafter referred to as the "Agreement"), made by and between the COUNTY OF WARREN, a municipal corporation and political subdivision established under the Laws of the State of New York, having its principal offices and place of business located at the Warren County Municipal Center with a mailing address of 1340 State Route 9, Lake George, New York 12845, (the "County"), and

JENNIFER LINEHAN, REGISTERED DIETITIAN, residing at 196 Circular St., Saratoga Springs, New York 12866, (the "Dietary Consultant").

WITNESSETH, that the parties hereto mutually agree as follows:

1. The County hereby employs and the Dietary Consultant hereby accepts employment as a private practitioner as Dietary Consultant at the Countryside Adult Home in Warrensburg, New York for a term commencing March 2, 2019 and terminating March 1, 2021, at a maximum of eight (8) hours average per month, for a rate of Forty Two Dollars (\$42.00) per hour, for a total contract amount not to exceed Three Thousand Eight Hundred Forty Dollars (\$4,032) annually.

2. The Dietary Consultant shall comply with all of the provisions of Schedule "A" annexed hereto and made a part hereof.

3. It is understood that the Dietary Consultant is qualified to provide these services in New York State and agrees to maintain all necessary licenses or registrations during the term of this agreement. Upon request, the Dietary Consultant agrees to provide the County with copies of professional licenses, registrations and verification of qualifications.

4. It is mutually agreed that these services shall be available to all patients, without regard to race, creed, color, national origin or sex.

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: 05/20/19

- (a) Purpose of Request: **Request Authorization to renew service agreement with B-Lann Equipment., to provide semi-annual inspection of the Kitchen Knight II fire suppression system at an approximate cost of \$700.00 per inspection. Not to exceed \$1500.00 annually. Term would be commencing on January 1st 2019 and terminating on December 31st 2020**
- (b) Details: **Mandated by The Department of Health**
- (c) Previous Resolution Number: **No. 382 of 2016**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A.6030 470-Contracts**

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

*** as listed in budget and LOGOS**

Warren County Board of Supervisors

RESOLUTION NO. 382 OF 2016

Resolution introduced by Supervisors Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, MacDonald and Braymer

AUTHORIZING AGREEMENT WITH B-LANN EQUIPMENT FOR SEMI-ANNUAL INSPECTION OF KITCHEN KNIGHT II FIRE SUPPRESSION SYSTEM AT COUNTRYSIDE ADULT HOME

WHEREAS, the Director of Countryside Adult Home has requested an agreement with B-Lann Equipment for the semi-annual inspection of the Kitchen Knight II fire suppression system at Countryside Adult Home for an amount of Six Hundred Sixty-Eight Dollars and Forty Cents (\$668.40) per inspection, not to exceed Two Thousand Dollars (\$2,000) annually, for a term commencing on January 1, 2016 and terminating on December 31, 2018, and terminating upon thirty (30) days written notice, and

WHEREAS, should any additional repairs become necessary beyond the inspection services outlined above, the services will be billed according to the current prevailing wage schedule, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement with B-Lann Equipment, 2288 5th Avenue, Troy, New York 12180 for an amount not to exceed Six Hundred Sixty-Eight Dollars and Forty Cents (\$668.40) per inspection of said system, not to exceed Two Thousand Dollars (\$2,000) annually, for a term commencing on January 1, 2016 and terminating on December 31, 2018 and terminating upon thirty (30) days written notice in a form approved by the County Attorney, and be it further

RESOLVED, that should any additional repairs become necessary beyond the inspection services outlined above, the services will be billed according to the current prevailing wage schedule, and be it further

RESOLVED, that the funds shall be expended from Budget Code A.6030 413 Countryside Adult Home - Repair & Maint.-Bldg/Property.

SERVICE PROVIDER AGREEMENT

THIS AGREEMENT, by and between the COUNTY OF WARREN ("County"), a municipal corporation of the State of New York, having a principal place of business located at the Warren County Municipal Center, 1340 State Route 9, Lake George, New York 12845, and B-LANN EQUIPMENT CO., INC. ("Provider"), located at 2288 5th Avenue, Troy, New York, 12180.

1. The County and the Provider agree that the Provider shall perform semi-annual inspections of the Kitchen Knight II fire suppression system at the Countryside Adult Home as specified in the Schedule A attached hereto.

2. In consideration of the services to be provided by the Provider, the County shall pay the Provider according to the terms and subject to the conditions set forth in Schedule A attached. The County shall not be liable to the Provider for any additional work or other services and/or expenses unless otherwise agreed to in writing by the County. The County shall make payments within thirty (30) days after each time the services have been completed and an invoice has been received.

3. Relationship of the parties:

a. The relationship of the Provider to the County, individually, arising out of this Agreement shall be that of an independent contractor. The Provider, in accordance with its status as independent contractor, covenants and agrees that it will conduct itself in a manner consistent with such status, that neither Provider, nor any member thereof, or person, firm, company, agency, association, corporation, or organization engaged by Provider as expert, consultant, independent contractor, specialist, trainee, employee, servant or agent will hold himself out as, or claim to be, an officer or employee of the County by reason hereof, and that it will not by reason hereof, make any claim, demand or application for any right or privilege applicable to an officer or employee of the County including, but not limited to, workers' compensation coverage, disability coverage, unemployment insurance benefits, social security coverage, or retirement membership or credit.

b. All personnel of the Provider shall be within the employ of Provider, which alone shall be responsible for their work, direction and compensation. Nothing in this Agreement shall impose any liability or duty on the County on account of any acts, omissions, liabilities or obligations of the Provider or any person, firm, company, agency, association, corporation, or organization engaged by Provider as expert, consultant, independent contractor, specialist, trainee, employee, servant or agent, or for taxes of any nature, including, but not limited to, unemployment insurance, disability coverage, and workers' compensation, and Provider hereby agrees to indemnify and hold individually harmless the County against any such liabilities.

4. The Provider represents that it has complied with all federal, state and local laws regarding any applicable licenses that may be required to carry out the work to be performed under this Agreement.

5. The Provider shall indemnify, defend and hold the County harmless from and against any claim, liability, loss or damage, including reasonable attorney's fees, arising by reason of the death or bodily injury of persons, injury to property or other loss or damage resulting or arising, without limitation, from Provider's providing the services or products described in Schedule A of this Agreement.

6. The Provider shall carry General Liability coverage in the amounts of at least \$1,000,000 per occurrence and \$2,000,000 aggregate, and an Umbrella policy of at least \$1,000,000 with respect to the Provider and any of its employees or agents. The Provider shall name the County, its Board, officers and employees as an additional insured on a primary, non-contributory basis to the Provider's General Liability policy. The Provider is also required to carry Workers' Compensation, Disability Insurance and Automobile Liability (\$1,000,000 limit). All coverage must be issued by an insurance company authorized to do business in New York State and maintaining an A.M. Best rating of A- or better.

7. Provider shall furnish to the County Certificate(s) of Insurance evidencing coverage and extensions stipulated in paragraph number 6 before service from Provider begins. The failure of the Provider to provide such Certificate of Insurance shall not be deemed a waiver by the County of Provider's obligation to provide same insurance coverage. In addition and in the event of any defect in any Certificate of Insurance, regardless of when such defect may be discovered, the acceptance by the County of any such Certificate of Insurance shall not be deemed a satisfaction of the requirement that Provider provide insurance coverage as noted anywhere in this Agreement.

8. This Agreement shall be for a period of three years commencing on January 1, 2016 and terminating on December 31, 2018 unless amended by mutual agreement of the parties or until terminated by either party with or without cause. The failure of either party to exercise any of its rights under this Agreement for a breach thereof shall not be deemed to be a waiver of such rights or a waiver of any subsequent breach.

9. Any notice given in connection with this Agreement shall be given in writing and shall be delivered either by hand to the party or by mail or overnight delivery to the party's address stated above, with a copy (which will not be considered notice) to:

Office of the County Attorney
Warren County Municipal Center
1340 State Route 9
Lake George, New York 12845

10. In the event that any schedule or attachment to this Agreement shall conflict with the various numbered clauses or provisions of this Agreement, the terms of such clauses or provisions contained in this Agreement shall be controlling, as to the intended and actual agreement of the parties.

11. This is the entire Agreement of the parties and cannot be changed or modified except by mutual written agreement. If any part of this Agreement shall be held unenforceable, the rest of this Agreement will nevertheless remain in full force and effect. This Agreement may be executed in any number of counterparts. This Agreement may not be assigned, in whole or in part, by the Provider without prior approval by the County in writing. Any dispute under this Agreement or related to this Agreement shall be decided in accordance with the laws of the State of New York.

IN WITNESS WHEREOF, this Agreement has been executed by the duly authorized officers of the respective parties.

Approved as to Form:

Mary Elmer Fair
Assistant Warren County Attorney

COUNTY OF WARREN

By Kevin B. Geraghty
KEVIN B. GERAGHTY, CHAIRMAN
Board of Supervisors

Date 9/21/16

B-LANN EQUIPMENT CO., INC.

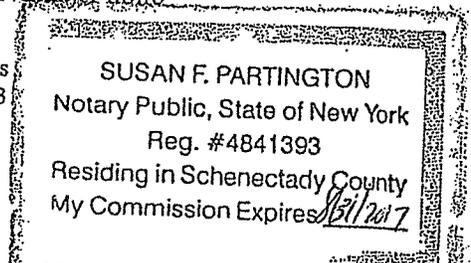
By Nicholas F. Flannery
Title President

Date: 9/29/16

STATE OF NEW YORK)
 Albany) ss.:
COUNTY OF WARREN)

On the 29 day of September, in the year 2016, before me, the undersigned, a Notary Public in and for said state, personally appeared Nicholas F. Flannery, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or person upon behalf of which the individual(s) acted, executed the instrument.

Susan F. Partington
Notary Public



SCHEDULE "A"
B-LANN EQUIPMENT

2288 5th Ave, Troy, NY 12180 – Phone: 518.274.7888 – Fax: 518.274.4954 www.blannequipment.com

3 YEAR INSPECTION AND SERVICE AGREEMENT

Customer name: Country Side Adult Home
Address: 353 Schroon River Road
Phone: 518-623-3451
Fax:

Contact Name: Deanna Park
City: Warrensburg **State:** NY **Zip:** 12885
E-Mail: parkd@warrencountyny.gov

For the service period beginning January 1, 2016 to December 31, 2018 the Customer authorizes **B-Lann Equipment Company Inc.**, to perform inspection, testing and/or maintenance of the equipment described below:

KK II Restaurant System(s) located: Kitchen – Country Side Adult Home

_____ Extinguisher units located:

_____ Sprinkler System(s) located:

_____ Other: (Emergency/Exit Lights etc.)

(Circle One): **Monthly** (Semi-Annually) in June and December **Annually** **Other**

1. **B-Lann Equipment Co., Inc.**, agrees to complete the inspection and/or maintenance of the agreed upon services to comply with recommendations published by the manufacturer, pertinent NFPA standards, local codes and/or the recommendations of the Authority Having Jurisdiction.
2. Subcontractors, which may be utilized by **B-Lann Equipment Co., Inc.** for certain auxiliary services, will be billed through us at an additional cost.
3. Any repairs or additional testing required by AHJ will be charged at current labor rate; customer approval will be required in advance.
4. Emergency service will be provided within 6 hours of being notified of equipment actuation - 24 hours/7 days a week.
5. The early termination of this agreement will be 50 percent of the remaining Contract amount.
6. For the above services, the customer agrees to pay **B-Lann Equipment Co., Inc.** the contract plus the cost of parts as needed; net 30 days on approved accounts.
7. Total service cost* of Inspections for 2016 - \$668.40 / 2017 - \$668.40 / 2018 - \$668.40
Note: Pricing includes links and system cartridge. Pricing does not include sales tax (if applicable).
- 7.a) After hour and emergency services including repairs and upgrades during normal business hours will be at current labor rate.
8. Parts costs are subject to manufacturers pricing and can change without notice.
(*Covers normal services only; excludes emergency service, recharge, replacement or repairs)
9. Contract Renewal: This agreement shall be for an initial period of 3 years. If Customer elects to cancel this agreement, written notice shall be required within no less than thirty (30) days from end of contract date; subject to early termination fee.

Customer: Country Side Adult Home

PO # _____

Purchasing Agent _____

Date: _____

B-Lann Authorized Rep. Colleen Houiga, Owner

Date: 8/11/16

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE: 5/30/19

- (a) Purpose of Contract Change:
Request to renew the contract with Mahoney Notify-Plus, Inc., to provide semi-annual testing, monitoring & Inspection of fire & security alarms including the "K" rated extinguisher; for the term commencing August 1, 2019 and terminating July 31, 2020, for a total amount not to exceed \$1,150.00.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:
Resolution No. 238 of 2018
- (c) Name of Contractor:
Mahoney Notify-Plus, Inc.
- (d) Address of Contractor: PO Box 767 - 15 Cooper St, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number:
518-793-7788
- (f) Commencement Date of Extension: August 1, 2019
- (g) Termination Date of Extension: July 31, 2020
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed \$1,150.00 annual
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

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

P.O. Box 767 - 15 Cooper St.
Glens Falls, NY 12801
518/793-7788
Fax 518/793-0602
www.mahoneyalarms.com



Lake Placid, NY 12946
518/523-1600
Fax 518/793-0602

Plattsburgh, NY 12901
518/566-9147
Fax 518/793-0602

May 7, 2019

Mr. Edward Corcoran
Director
Countryside Adult Home
353 Schroom River Road
Warrensburg, NY 12885

Effective **August 1, 2019** Fire alarm system inspections will be conducted **Semi-Annually** with 100% device inspection as per NFPA 72 each semi-annual period and will include the following devices when applicable for the period **August 1, 2019 thru July 31, 2020:**

CONTROL PANEL
ANNUNCIATOR PANEL
SMOKE & HEAT DETECTORS
MANUAL PULL STATIONS
HORN STROBE UNITS
POWER SUPPLY/BATTERIES
SIREN/BELLS
PANIC/HOLDUP
TRANSMISSION TO AUTHORITIES
SPRINKLER MONITORING DEVICES
KITCHEN K TYPE FIRE EXTINGUISHER visual

This quotation is based on Countryside Adult Home providing experienced personnel to assist with the inspection. The inspection will include the kitchen "K" type fire extinguisher visual inspection. In the event the "K" extinguisher requires a six year inspection or recharge Countryside Adult Home will be invoiced at an additional fee .

This inspection contract will be billed at a rate of \$1,150.00 PER YEAR. Technical service shall be invoiced at the prevailing wage rate of \$123.00 per man hour between the hours of 8:00am and 4:30pm, Monday thru Friday. After hours, weekends and holiday service will be provided at the prevailing wage rate of \$184.50 per man hour.

Travel charges and services provided which do not fall within the prevailing wage rates will be invoiced at \$80.00 per man hour, portal to portal between the hours of 8:00am and 4:30pm, Monday thru Friday. After hours, weekends and holiday non prevail wage services will be provided at the rate of \$120.00 per man hour, portal to portal

Fire alarm monitoring fees are invoiced at a rate of \$85.50 per quarter; \$342.00 per year.

Charges for additional work over and above the semi-annual inspection will be in accordance with the labor rates as specified above plus any material which is necessary.

This Inspection Agreement is also subject to the following conditions:

- A. All agreements are made contingent upon strikes, fires accidents or causes beyond our control.
- B. This proposal shall be valid if acceptance is made within 30 days from the date written and upon our receipt of your Purchase Order.
- C. It is further agreed that this contract shall be in effect for a minimum period of one year.
- D. Mahoney Notify-Plus Inc. shall be deemed the exclusive authorized service company and will not be responsible for any repairs or tampering made by third parties.
- E. Mahoney Notify-Plus Inc., will not be held responsible for any damages that occur to the system as a result of fires, strikes, floods, lightning or other acts of God.

The undersigned parties have read and understand the terms referred to in this contract and are in complete agreement with same.

AGREED & UNDERSTOOD: COUNTRYSIDE ADULT HOME

Accepted by: _____
Date: _____

AGREED AND UNDERSTOOD: MAHONEY NOTIFY-PLUS INC.

Accepted by Ken Mahoney
Date: 5/2/18

THE FOLLOWING PERSON(S) HAVE THE AUTHORIZATION TO ALLOW ACCESS TO THE ABOVE PROPERTY AND ARE AUTHORIZED TO APPROVE SERVICES RELATED TO THE AFOREMENTIONED ALARM SYSTEM.

_____ CONTACT NUMBER: _____

**COUNTRYSIDE ADULT HOME
CENSUS REPORT
2019**

MONTH	1ST DAY OF MONTH	ADMISSIONS	DISCHARGES	LAST DAY OF MONTH
JANUARY	32	2	1	33
FEBRUARY	33	2	0	35
MARCH	35	0	0	35
APRIL	35	1	1	35
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

Countryside Adult Home - Overtime Report - Comparison 2018/2019

Week End	2018	2019	Reason
01/06/19	118.20	105.80	Holiday
01/20/19	33.00	69.20	Vacations
02/03/19	4.30	127.30	3 staff taking bereavement, weather(shoveling,snow blowing plowing)
02/17/19	112.80	14.20	Bereavement,Retirement
03/03/19	10.80	89.00	staff shortage (2 retirements), holiday
03/17/19	8.00	10.80	staff shortage (Lack of Kitchen staff due to promotion)
03/31/19	12.00	40.70	illness
04/14/19	12.00	6.00	kitchen staff shortage (Lack of staff due to promotion)
04/28/19	3.00	40.00	kitchen staff shortage (Lack of staff due to promotion), Vacation
05/12/19	8.00	5.00	Late Appointments
YTD	322.10	508.00	
05/26/19	3.00		
06/09/19	85.00		
06/23/19	5.80		
07/07/19	82.00		
07/21/19	20.20		
08/04/19	14.70		
08/18/19	8.50		
09/01/19	39.00		
09/15/19	111.00		
09/29/19	21.00		
10/13/19	90.00		
10/27/19	9.00		
11/10/19	90.00		
11/24/19	200.50		
12/08/19	14.00		
12/22/19	18.80		
12/31/19	105.80		