

HUMAN SERVICES COMMITTEE
COUNTRYSIDE ADULT HOME
AGENDA

June 22nd 2020

Committee Members: Driscoll, Hogan, Bruno, Frasier, Magowan, McDevitt and Shepler

- I. Committee Meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee Meeting
- III. Action Agenda
 1. Request To renew service with Mahoney Alarms at annual cost of \$1,617.00 for regular maintenance and \$1,000.00 not to exceed amount for unplanned repairs.
Rationale: Mandated by Department of Health
 2. Request to fill Cook Position #5 due to resignation
Rationale: Mandated and Reimbursable
- 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. Request to renew to service agreement with Mahoney Alarms
2. Intent to fill
3. Overtime/Census Reports

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

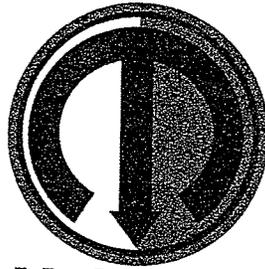
**Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.*

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE: 6/22/2020

- (a) Purpose of Request: **Request to renew service agreement with Mahoney Alarms. The do not exceed amount for regular maintenance would \$1,617.00 and a do not exceed amount of \$1,000 for unplanned repairs. Term would commence on August 1st 2020 and terminate on July 31st 2021.**
- (b) Details: **Mandated by The Department of Health**
- (c) Previous Resolution Number: **No. 406 of 2019**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:
- (e) **A.6030 470 Mahoney Fire Alarm System - Contract**
Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS



Mahoney
Notify-Plus Inc.
Alarms

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

April 29, 2020

Ms. Amy McByrne
Countryside Adult Home
353 Schroon River Road
Warrensburg, NY 12885

Effective **August 1, 2020** 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, 2020 thru July 31, 2021:**

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 **\$1,275.00 PER YEAR**. Technical service shall be invoiced at the prevailing wage rate of **\$140.00 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 **\$210.00 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.**

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: Cook # 5 Full Time Base Salary of Position: \$29333.00 Grade: 4
Filling at Step # (If Known): _____
Budget code and title: Salaries-FT A6030 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: Employee # 13325 Date of Vacancy: 6/6/2020
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 _____
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. PAW 6/11/20
Human Resources Director has approved this form when initialed. AT 6/24/20

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 6/24/20

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 [Signature] Date 7/8/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human 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 [Signature] Date 07/09/20

**COUNTRYSIDE ADULT HOME
CENSUS REPORT
2020**

MONTH	1 ST DAY OF MONTH	ADMISSIONS	DISCHARGES	LAST DAY OF MONTH
JANUARY	35	1	2	34
FEBRUARY	34	2	3	33
MARCH	33	0	2	31
APRIL	31	1	0	32
MAY	32	0	0	32
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

Countryside Adult Home - Overtime Report - Comparison 2019/2020

Week End	2019	2020	Reason
01/05/20	105.80	79.44	Holiday
01/20/19	69.20	15.11	Illness,Storm(plowing,snow blowing,shoveling)
02/03/19	127.30	91.33	Holiday
02/17/19	14.20	36.28	Snowstorm and illness
03/03/19	89.00	78.33	Holiday and snow storm
03/17/19	10.80	4.00	Coerage for call in
03/31/19	40.70	13.87	Snow removal, coverage for staff member having death in family unexpectedly
04/14/19	6.00	8.62	COVID-19, Repair of entrance doors
04/28/19	40.00	12.55	Bereavement, Maintenance Needed to wait for a contractor after kitchen closed
05/12/19	5.00	21.00	Vacation
05/26/19	0.50	4.67	COVID Mandatory Testing
YTD	508.50	365.20	
06/09/19	91.30		
06/23/19	11.50		
07/07/19	103.00		
07/21/19	19.70		
08/04/19	4.27		
08/18/19	11.25		
09/01/19	0.45		
09/15/19	83.65		
09/29/19	8.00		
10/13/19	3.82		
10/27/19	99.20		
11/10/19	8.00		
11/24/19	91.50		
12/08/19	102.95		
12/22/19	27.82		
12/31/19	79.44		
YTD	1762.85		