

**JOHN J. FOLEY SKILLED NURSING FACILITY
OVERSIGHT COMMITTEE**

Verbatim Transcript

A regular meeting of the John J. Foley Skilled Nursing Facility Oversight Committee was held in the Rose Y. Caracappa Auditorium of the William H. Rogers Legislative Building, 725 Veterans Memorial Highway, Smithtown, New York on Tuesday, May 22, 2012.

MEMBERS PRESENT:

Dr. James Tomarken, Chairman, Commissioner of Department of Health
Terry Pearsall, Presiding Officer Lindsay's Representative
Kathleen Reeves, John J. Foley Skilled Nursing Facility Representative
Kim Brandeau, County Executive's Representative

ALSO IN ATTENDANCE:

Legislator Kate M. Browning, Third Legislative District
Legislator John M. Kennedy, Jr., Twelfth Legislative District
Craig Freas, Budget Review Office/SC Legislature
Kevin Carey, Administrator of John J. Foley Skilled Nursing Facility
Michael Pitcher, Aide to Presiding Officer Lindsay
Ingrid Uhlich, Aide to Legislator Spencer
Fred Pollert, Deputy County Executive of Finance
Nanci Dallaire, John J. Foley Skilled Nursing Facility
Chris Destio
Richard Meyer, AME

MINUTES TAKEN BY:

Lucia Braaten, Court Stenographer

MINUTES TRANSCRIBED BY:

Kim Castiglione, Legislative Secretary

(*THE MEETING WAS CALLED TO ORDER AT 10:03 A.M. *)

DR. TOMARKEN:

Good morning. We're going to start our John J. Foley Oversight meeting. Are there any public speakers?

MS. DALLAIRE:

Good morning. Thank you for this opportunity to speak before the committee. I understand the recent incident is top priority, but it's important for the County to keep up with the codes that keep our residents safe. We cannot afford to cut corners where these matters are concerned. We must abide by the State mandates and health regulations; these standards cannot be compromised. Unfortunately, our previous County Executive did not feel that way when it came to dealing with the John J. Foley Skilled Nursing Facility, but these past mistakes cannot be allowed to cost our vital health services today.

At a recent meeting I was alarmed by the number of visits that are made by our public health nurses each year, and I must question where are these patients under their care today to go tomorrow should they require long-term care? We need the services of John J. Foley. These services are not optional and we do have an obligation to make the health care system work for every citizen. Sadly, the reality is that despite our best efforts and with all the precautionary measures, there will still be circumstances that we cannot predict. But the reactions and the responses can be recognized, acknowledged and improved. It is in these crisis that we must pull together and push forward through the obstacles and challenges that will not only affect this health facility, but Suffolk County as a whole.

So a couple of things I wanted to touch on from last month's meeting, was Mr. Carey had reported that he worked with seven different agencies on different levels in addition to scheduling 22 per diem workers. To me this seems to be a lot of information to process and keep straight. It is efficient? Are we saving? I believe that the residents benefit -- do not benefit from a high turnover of caregivers.

This month at John J. Foley we celebrated staff appreciation. We honored -- we had the honor of recognizing many County employees who have been serving the residents at John J. Foley for 10, 15, 25 and 30 years of service. That's commitment, and it brings comfort to the residents and their families. Although the many agency workers may be good people and hard workers, they're not committed as County employees are. They do not invest the same and they are not held to the same standards. They're not compelled to follow the same rules or held accountable with the same actions. But I know this is a subject for our union. My objective is to restore John J. Foley to the not-for-profit institution Suffolk County deserves.

DR. TOMARKEN:

Thank you. Any other speakers? All right. And seeing none, then we'll close the public section. And we'll start with the review of the minutes that were circulated by computer. Again, they're too long to print out. Any additions or corrections?

MR. CAREY:

No.

DR. TOMARKEN:

Can I have a motion to approve?

MS. BRANDEAU:

Motion.

MR. PEARSALL:

Second.

DR. TOMARKEN:

All in favor? Opposed? Abstentions? Okay. The minutes of April 25th, 2012 are approved. We'll move on to our update from Mr. Carey.

MR. CAREY:

Okay. Adult day-care, the census is currently 49; new admissions for last month is one; discharges were three; the average monthly is 22; the Monday to Friday average is 24; Saturday average is 12.25.

In the nursing home, current census is 198, with ten in the hospital. Staffing: Currently have 197 nursing home staff, eight day-care employees, one information technology employee, 205 total employees, plus 21 per diem employees, and 64 agency employees. We have 14 employees out on medical and Workers Comp and suspension, two employees on light duty. Currently still working with an RN Supervisor as the Director of Nursing, an RN as the Assistant Director of Nursing. Social work: I've just recently hired another Social Worker through the agency. I now have a Director of Social Work through the agency, and one Social Worker agency, and one Assistant Social Worker, who is a County employee. Food service: I still have the Food Service Supervisor as the Acting Directing of Food Service.

On total staffing, the numbers went down. Two Nurses Aides are no longer with us, and two Custodial Worker II's have resigned and moved on to other jobs. That's it for the staffing.

Recent events, of course, this was on the Channel 12 News. Thursday at approximately 3:40 in the afternoon we had a resident on oxygen in bed on the second floor, Two North, attempting to light what appears to be marijuana in bed, igniting the bed. Employees -- the alarm went off, the Aides checked on him, called a code red. The two Nursing Aid and the LPN removed him from the bed and saved his life. Staff responded, attempted to extinguish the bed, which was engulfed in flames, ended up sealing the room. I was on the scene. We evacuated the floor, that wing of the building, moved it into the dining room, awaited the fire department. The fire department finished extinguishing the fire in the bed.

The resident was injured, second degree burns on face and hands. He was removed to Brookhaven at first, and then Brookhaven transferred him over to Stony Brook on Saturday for the Burn Unit. That resident is scheduled actually to come back this afternoon, so the resident's doing okay. The room is still closed and we're still waiting on an arson report from the fire department.

Oh, as a plan of correction, we are questioning every staff member in the building to see if they had any knowledge of this resident or any resident smoking pot. This resident is listed as a non-smoker. He's been with us for four years with no indication of smoking. We've had no reports from staff members leading up to this as a preemptive. We're very aggressive with our regular smokers. Any time there's any indication that they might have lighting material or smoking material in their room, to search their room, put them on daily room searches. This one we had no indication leading up to it.

We've searched every room in the building as a precaution. We are -- let me get my list out. We sent one of the nurses over to the hospital to question the resident as to where he got the pot from. He refused to answer us. We're attempting to contact the visitors that were listed in the visitor's

log for the last two months to question them about where the resident might have received the pot from. We are questioning all the residents in the building and re-instructing all the residents in the building for safety reasons that they are not allowed to have smoking material or lighting material in their room. We're sending letters out to all family members and letters out to all residents also. We're scheduling a Resident Council meeting this week to also inform the residents. We had a QA meeting this week on smoking. We're having the Fire Marshal come once a day to do a walk through the building. That's about it. If anybody has any questions about the smoking incident.

DR. TOMARKEN:

You mentioned that the State Fire Sanitarian type person came?

MR. CAREY:

Yes.

DR. TOMARKEN:

What was his eval --

MR. CAREY:

Friday the Sanitarian from the New York State Department of Health came to review our response to the fire. His part of the investigation from the New York State Department of Health was strictly the fire, the building and our response. He thought we acted perfect as far as the code red, the -- trying to extinguish the bed, sealing the room, evacuating the resident, treating him and getting him to the hospital. Our, actually, fire plan worked perfectly. Today we do have a New York State Department of Health Investigator in our building investigating the actual resident himself and --

DR. TOMARKEN:

What floor was this on?

MR. CAREY:

This was Two North. Other old business: Veterans. We have -- we have seven veterans in-house. According to my Chief Financial Officer, we do not get any extra stipend for veterans in-house because we don't actually have a written contract with the vets.

LEG. KENNEDY:

I'm not sure I understand what that means, Kevin. In other words, with the Veterans Administration, John J. Foley has a contract that reflects receipt of aid, or do we waive whatever the enhanced reimbursement would be, or do we just not pursue it?

MR. CAREY:

According to my Chief Financial Officer, no, there is no entitlement to extra money, unless we actually had some sort of written contract with the vets to take residents, to take vets. We're admitting vets just as regular patients that happen to be vets. If -- it's his understanding, and I can still do more research on it, that, no, unless we have some sort of written contract with the vets for the vets to send us vets, that we would not get extra stipend every month added to our Medicaid rate.

LEG. KENNEDY:

Why don't you ask -- that's Gary, is that Gary Vonatski?

MR. CAREY:

Yeah.

LEG. KENNEDY:

Yeah. Why don't you ask Gary to give me a call and I'll talk with him and see. I mean, if it's a matter of just having to get in writing with the VA, that's something I'd be happy to go ahead and, you know, work on as far as, you know, putting a writing together between the County. But I'll have that conversation with him directly. Just ask him to call my office, if you would, please.

MR. CAREY:

I will.

DR. TOMARKEN:

Is the compensation from the vets better than --

LEG. BROWNING:

It's the aid and attendance, right?

LEG. KENNEDY:

Yeah, yeah.

LEG. BROWNING:

Because I just had an event in my district for -- a veterans event, and one of the things that we had advertised was the aid and attendance for people in the nursing homes. And the information that I was given, it doesn't necessarily mean that you have to be in the veterans home, that it's -- I don't think it goes with the nursing home, I think it's supposed to go with the person, the aid and attendance.

MR. CAREY:

Well, there is something for the residents to receive directly from the vets, but it's not -- we don't get extra payment. That's what I thought the question was, if the nursing home receives extra payment.

LEG. KENNEDY:

That was my understanding, that if there is -- when it comes to eligibility for insurance payment purposes, obviously, if the individual is an employed individual, if he's got on earnings history, Medicare and/or Medicaid will be the first point for billing. But if they're either not there, insufficient, or what have you, then I believe the disability payments that one is entitled to through being a veteran could help to offset the cost for care in the nursing home. But I'll talk to Gary about that.

MR. CAREY:

And I believe -- just a quick review of the fire -- my fire report. Hold on one second. Oh, we have added one extra security guard to the exterior of the building on the 3-to-11. That's it.

DR. TOMARKEN:

Okay. Any questions, discussion? Okay. Building upgrades, Kim? Oh, I'm sorry. EMR, Kevin, and I have an update.

MR. CAREY:

No, that's okay.

DR. TOMARKEN:

Okay.

MR. CAREY:

I was going to say I was waiting for Theresa Saunders.

DR. TOMARKEN:

Theresa says we have the availability of the first two weeks in June to do the webinar.

MR. CAREY:

In that case, yeah. The webinar was the first phase of starting up the EMR again. I'll speak to Theresa Saunders and make sure the first two weeks of June, that we have it scheduled. Once we get the webinar, that's basically the first stage of training our trainers. Once they view the webinar, then we'll start training those six people, we'll start training the CNA's and the nurses in the building.

DR. TOMARKEN:

Okay. Kim, building upgrades?

MS. BRANDEAU:

Yes. At the last meeting Legislator Kennedy inquired about the electrical upgrades and the fireproofing upgrades that are supposed to be done at the nursing home in accordance with our agreement with the State. And we checked with DPW, all the approvals are through. The work is going to be scheduled so that it will be done according to the plan. There were several phases of work that will be done.

The first phase of work is the basement and first floor with the fire stopping, and then there was electrical. The electrical work is scheduled to be done by October 1st, and the fire calking will take -- will probably take until December, according to DPW. They're doing them through requirements contract so that they can move very quickly. They should have be having a P.O. issued in the next couple of days, so everything for that is on track.

DR. TOMARKEN:

The WanderGuard or the new safety system?

MS. BRANDEAU:

Yes. The other question that was asked at the last meeting was regarding the WanderGuard system, and I had sent an e-mail on April 26th saying that everything had been processed and it was out to bid. I spoke to Kathleen Koppenhoefer in Purchasing this morning and she told me that the bid for the WanderGuard system was awarded on -- opened and awarded on May 18th. The total amount is \$39,180.80. The vendor is Total Care, and the contract is currently over in Living Wage waiting to get the approval on the paperwork there. And as soon as that's done, she can issue the P.O., so that's on track as well.

DR. TOMARKEN:

Okay, thank you. Any questions?

LEG. KENNEDY:

Yeah. Can I go back, Doctor, to -- so the building work, basically, it appears that we'll have everything in place in order to be compliant with whatever our licensing requirements are for this year? That was the driver with that, I believe. And then do we know what would be the next step in 2013? I mean, are we having to do two floors a year, or what are they telling us at this point, Kim?

MS. BRANDEAU:

All right. The way that -- there's a three-year plan, and I believe this was -- this was worked out between the Health Department and DPW. I didn't -- I wasn't directly involved in the plan, but

according to the plan, it is a three-year plan. The first year is to do the basement and the first floor for the fire calking and do all the electrical upgrades. Year two is going to be the second and third floor on the fire calking, and then year three is the fourth and fifth floor.

LEG. KENNEDY:

Okay. Are we working out of a Capital Budget?

MS. BRANDEAU:

Yes. This is --

LEG. KENNEDY:

And will we --

MS. BRANDEAU:

Yeah. This is being paid out of -- I believe it's Capital Project 1630, which I think is the building upgrades. But because of the type of work, we can do it with the requirement contracts, which speeds up the work and has the ability to meet the timeframe that was agreed to. I also was in touch with Gil Anderson, the Commissioner of DPW, yesterday and he feels that we could make the timeframes.

LEG. KENNEDY:

Terrific. And then in 2013, do we have a sufficient amount in there in 1630 to address the next two floors?

MS. BRANDEAU:

I'd have to check on that. I think that there is enough money, because the capital money carries over, but I would really need to confirm that. For that particular project, there are other projects that come out of the same capital project.

LEG. KENNEDY:

So it's not unique to John J?

MS. BRANDEAU:

It's a --

LEG. KENNEDY:

Is it something that's Countywide?

MS. BRANDEAU:

Yeah, it's a County-wide -- I'm speaking from the title of it. It's a Countywide project.

LEG. KENNEDY:

Okay. Thank you.

MS. BRANDEAU:

I can follow up with you about the funding for future years.

LEG. KENNEDY:

Thank you.

MR. PEARSALL:

Kim, do with we have to close floors or wings while they're doing the fire calking?

MS. BRANDEAU:

I wouldn't know that. I can check with DPW and send an e-mail on that, if you'd like.

DR. TOMARKEN:

If we did, we have plenty of room, other units that are closed. So we could, you know, do a section or do a wing.

MR. CAREY:

I'm a little familiar with what they plan on doing and they should not have to, or they should be able to do it and still maintain normal operations in the building.

DR. TOMARKEN:

Okay. Any further questions, discussion? Okay. Any old business?

MS. REEVES:

I just want to know --

DR. TOMARKEN:

Can you press --

MS. REEVES:

-- as far as the EMR goes, because --

DR. TOMARKEN:

Kath, can you --

LEG. KENNEDY:

You have to use the mic.

MS. REEVES:

I just have -- I mean, with the EMR, I mean, we are losing money by not using it. And my question is exactly when will it be up and running that we can use it as a facility?

MR. CAREY:

Unfortunately, it's not the -- we're proceeding and we'll get it up and running. There are two other things going on starting next month, one, summer vacations are starting, and two, we're also in the two months leading up to our estimated time annual survey. If it was any other time but these two months, I would devote 100% of our staff time to diving right into the EMR. Since I'm going to have 10 to 15% of the staff out on vacation, and at the same exact time devoting some of the staff supervisors and nursing time to preparation for our annual survey, we're still going to get aggressive with it, but we will not have it up and running until probably August into September that it will be up and fully running.

DR. TOMARKEN:

Further questions? Discussion? Any new business? Okay.

MR. PEARSALL:

Oh, yes. Will we be able to get a financial report for the first quarter in the next meeting?

MR. CAREY:

Yes, I will. It was also brought up at the last Oversight Committee for the Committee to be more informed on the monthly billing. Gary Vonatski in the Fiscal Office will start sending out a monthly

billing report, we call it the sales report. One of the questions was how often do we bill. We bill monthly, and we call it a sales report that's billing on Medicaid days and our insurance days in-house that goes out once a month. He'll have the quarterly in the next meeting, but he'll also monthly start sending to the Oversight Committee our monthly sales billing, which will actually show how much we billed each month. That will be in PDF format going out once a month.

LEG. KENNEDY:

Kevin, I have a question that goes back to when you just started about the staffing overview in the facility. At 21 per diems, that's spread across the RN's, the PN's and the Aides?

MR. CAREY:

Yes.

LEG. KENNEDY:

Okay. As everybody knows, we have an anticipated round of layoffs of nurses effective July 1st. If some of these nurses need to and want to continue to work, do you have the ability to take any of them on in per diem capacity?

MR. CAREY:

I have that -- well, I'll tell you the truth, I haven't looked into that whether I can take them back. I actually know and have spoken to each one of them. I have scheduled one RN, one LPN, one Clerk, and one Social Worker, the head of Social Work is -- was scheduled for layoff July 1st. I've spoken to them all. If I hire them back per diem, I can only use them 17 hours a week. I actually am looking into hiring them back through an agency. They are full-time employees and have families and need a full-time salary, so.

LEG. KENNEDY:

Okay. That's a separate conversation for us to have.

MR. CAREY:

Yeah.

LEG. KENNEDY:

My -- actually I wasn't even thinking of the nurses in the facility that are slated to get whacked, I was thinking of some of the Public Health Nurses, but -- so first we should go to that conversation about employees in the facility. I guess the answer to the question is, is that delta between 21 per diems and 64 agencies, you just need bodies. If it went higher on a per diem and lower on the agency, if you have equally qualified individuals to fill the slots, that's okay with you?

MR. CAREY:

Yes.

LEG. KENNEDY:

Okay, fine.

MR. CAREY:

Yes.

LEG. BROWNING:

I'd like to mention, too, you know, with the transition with the union, I reached out to the new union leadership to tell them that we need to talk about -- obviously, we used to have the union come to our Oversight Committees. I have reached out to them that we need to talk to them before July

1st, and because there's a lot of things that need to happen, a lot of things that need to be done, and, you know, hopefully, they can agree and support what needs to be done. But, as of yet, I did speak with them about a week ago, I believe it was last Tuesday evening here, and I'm still waiting for a response. They have not called back to set up a meeting.

I'm telling them it's critical, that we cannot wait for them to actually take office, but we'd like to have some conversation with them before they actually do to let them know what we believe needs to happen in order to save the nursing home and to have it run more efficiently.

LEG. KENNEDY:

All right. I'll reach out to both Danny and to Cheryl and kind of reiterate that to them as well.

LEG. BROWNING:

Okay. And I spoke actually it was Mike {VanLund} is the one I actually spoke with directly.

LEG. KENNEDY:

Okay.

MR. PEARSALL:

Kevin, do we have any non-paying residents?

MR. CAREY:

We have four -- it's a constantly fluctuating list, but we probably have about 12 residents right now in the house that we're not getting paid on. There's probably about eight of them that we have active Medicaid applications going where we -- going back and forth with Medicaid searching for more information. We have four residents that were at a standstill. I'm actually planning on making an appointment this week with the -- one of our attorneys over in Family Court to proceed the guardianship on.

The four residents we're basically at a standstill, but they're Medicaid application, because of the family failure to cooperate for one reason or another, where Medicaid has asked for documentation, whether it's divorce letters, bank accounts or birth certificates, or something, and we -- since there's no family cooperation, we can't get those families Medicaid. Those ones we need financial guardianship so that we have the power to go get that paperwork to get them Medicaid.

The other eight or nine, it's just an -- it's an ongoing process with Medicaid. They want another piece of paper, they want this. They found some trailer in Florida. They want information on a trailer in Florida and we dig it up to proceed with their Medicaid application.

So it's probably about 12, I think, right now, roughly, that we're not getting paid on. Four of them are at a standstill, and I'm meeting with Holownia -- I don't know how to pronounce his name, but the Family Court attorney over in Central Islip.

MR. PEARSALL:

I had one other question. No, that's it. Oh, yeah. I keep hearing this 17 hours, 19 hours, on per diem people. Could somebody please provide me with written regulations that say that?

DR. TOMARKEN:

Yes. We've asked Labor and they've given us some guidance, so I'll send it over to you.

MR. FREAS:

Terry, we went through this a couple of years ago. It's based actually on an Internal Revenue Service regulation that we can't -- basically, if we're paying -- if they are part-time for more than 17

1/2 hours, we have to offer them benefits. And then since, of course, most of our benefits are not -- you know, there's no employee health contribution, and then we have to offer them pension benefits and everything, and then it blows the cost for the per diems out of the water. It doesn't make it practical at that point.

MR. PEARSALL:

And this applies only to government and not to private?

MR. FREAS:

I don't believe so. I believe it's a little more complicated than that. But it was an issue when we came up, because when we originally were doing per diem pools a couple of years ago, we were kind of going to let everybody work as many hours as they want. Then we found out we couldn't do that, because if we did, then they weren't really per diems, they were employees, so. Kate, you were on the committee when this came up the first time.

LEG. BROWNING:

No, when I was a union rep in my previous job, we had the same issue.

MR. FREAS:

Yeah.

DR. TOMARKEN:

Any further discussion, new business?

MR. FREAS:

Kim, I'm sorry. I heard you talking about 1710 over the loud speaker. My understanding was that the 2012 funds were specifically Capital Project 1710, which is the fireproofing and fire -- fire and safety related improvements to County buildings. My understanding was in the last adopted budget, that we specifically added at least sufficient funds to start the process for either the fireproofing or the electrical conduiting for Foley for the 2012 budget. However, the tables that were provided to Joe Muncey, who wrote up that project this year, indicated that Foley was not one of the subprojects that was going to be executed this year.

Now, my understanding is that the reason that we're doing this at Foley in the first place is because it showed up on a survey and the State defrayed punitive action against us, but that we needed to get it done, especially -- or at least started, especially with another survey looming and the facility still open. And whatever its future disposition is, it is most likely as a nursing home.

MS. BRANDEAU:

I believe you're right, there was a couple of capital projects, 1710 might have been one of them. But when I spoke to DPW, they were looking, they said they had the funding available in 1603, which is a Countywide project that they can use, and they said the money is there and they can use it, and --

MR. FREAS:

If they can use it in -- from 1603, that's -- as long as we get it done. I mean, I don't think we --

MS. BRANDEAU:

Yeah. And they -- yes.

MR. FREAS:

Right. We added it to 1710 on the recommendation of the Department last year, or we sort of figured out where we could stick it, so to speak.

MS. BRANDEAU:

All right. Why don't we -- why don't we discuss this later on and find out exactly what's in each project. I know I did originally ask about that specific project, and they said that if they use 1603, the money was there, they could progress it through the requirement contracts, get it done and everything would be according to the plan that we had agreed to with the State.

DR. TOMARKEN:

I think the number was 1630 we were using before, but I'm not sure which one's correct. Kathleen?

MS. REEVES:

Yes. I don't know the exact numbers for the -- cost-wise for the per diem or the agency, but my presumption is that the agency makes significantly more than the per diems. Is it -- would it be possible to possibly raise what the per diems make to make it more advantageous for them to come and work at John J, and also that at that point be able to eliminate a number of the agency nurses who are making more?

MR. FREAS:

The agencies cost us more. The agency nurses don't necessarily -- they probably make a little more. They don't make that much more than the thing. It's -- we actually have to amend the -- we have to do that by legislation. The first time we did it, I think in 2009, we set a certain rate. We can certainly look into that, you know, depending on if there was a sponsor who was interested in that. Making the per diem pool more -- we have to change the temporary classification and salary plan of the County, and then what we do is we'd say, okay, it's -- you know, the LPN's are 20 -- making \$20 an hour instead of 17, and that might make it more attractive for somebody who's working for an agency to come to us, maybe.

MS. REEVES:

I mean, because the agency's got to be costing more because of paying the nurse and the agency.

MR. FREAS:

Yes, but, you know, the nurse -- the agency pays the nurse, you know --

MS. REEVES:

We're paying the agency. Either way, it's still more.

MR. FREAS:

Right. It costs us more, yes, although they're more readily available, like -- you know. And, you know, there's some costs with just asking in the pool that -- but Kevin and I discussed this after the meeting last time, that that was not -- that's probably a pretty good idea, I think.

LEG. KENNEDY:

Oh, yeah. Why don't you fish out that reso, if you can, and I would sponsor an increase. I mean, let's look at, you know, if they're getting 26 bucks an hour -- I imagine the biggest challenges is what, the RN's? What's your biggest demand on a shift as far as filling, or is it breathing bodies?

MR. CAREY:

(*Laughter*)

LEG. KENNEDY:

We'll look at the whole schedule. I mean, for all categories, RN's, PN's and CNA's.

DR. TOMARKEN:

There's different demands. One is continuity and one is volume in staff, so there's two issues.

MR. FREAS:

Right.

LEG. KENNEDY:

Do we have per diems in the non-direct care disciplines? Do we have social work per diems? Do we have OT per diems? Do we have those types?

MR. CAREY:

No. We have one Clerk per diem. Other than that, it's all Nurse Aides, LPN's and RN's.

LEG. KENNEDY:

Okay. All right. Yeah. We'll take a look at that reso. I'd be happy to sponsor a step up if we can move the equation in the right direction.

LEG. BROWNING:

On another note, you have about six nurses that are on the layoff list?

MR. CAREY:

One RN -- well, now, no. It's one RN, one LPN, one Unit Clerk and one Social Worker II, Director of Social Work. The doctor was on it; the doctor's now off it.

LEG. BROWNING:

Okay. Now, the agency people that we have, the 64 agency people, are they all nurses, CNA's? Because I'm thinking, why wouldn't we want to just keep them people and reduce the number of agency? Why is that such a problem?

MR. CAREY:

Well, it's not. Well, actually, reducing my staff at all is difficult right now. If I have to reduce my staff, then, yes, it should be agency and not the County RN versus an agency RN that's working side by side.

LEG. BROWNING:

Okay. So then I guess that's a conversation we have to have with the County Executive. Okay?

MR. CAREY:

I can't really afford to lose any staff right now.

LEG. BROWNING:

No, No, you can't.

LEG. KENNEDY:

Yeah, but are they --

LEG. BROWNING:

But it just doesn't make sense to keep agency.

LEG. KENNEDY:

Doctor, are they direct layoffs or are they bump-and-retreat?

DR. TOMARKEN:

Those are bump-and-retreat.

MR. CAREY:

Oh, I'm sorry. One LPN is a bump-and-retreat. The RN's a direct layoff, the Clerk and the Social Worker II's is a direct layoff. Just one LPN is a bump-and-retreat. An LPN is coming to the building July 1st.

LEG. KENNEDY:

I didn't think we had any of them in that the --

MR. POLLERT:

Yes. I was under the impression that there were no layoffs in Fund 632, so they would all be bump-and-retreats, which means that somebody is actually in that title. And even part of the Operating Budget, which we have not done, calls for a reduction in staffing levels. But we have not pursued that because we were --

LEG. KENNEDY:

Right.

MR. POLLERT:

-- in discussions with the Legislature. So it would be my understanding that that would probably be a bump-and-retreat, but someone would actually be in that title.

LEG. KENNEDY:

Yeah. But, Fred, when you think about it, I mean, of the four titles that Kevin just articulated, RN's we have in other places, we have in our clinics. PN's, probably the only place that we have them else was -- is in the jail? And they're called Jail Medical Attendants there, they're not even the same title. Unit Clerk, we don't have a Unit Clerk anyplace but in John J. Foley, so he or she couldn't be a bump.

MR. POLLERT:

It would really depend if an individual previously had been in that --

LEG. KENNEDY:

Oh, yeah, if they -- right, right, right, right. Yeah, you're right. If that was their last, that they would come back into, you're right. Okay.

MR. CAREY:

But just as of right know, I only have the one name coming to my building July 1st, an LPN.

MR. POLLERT:

Well, that doesn't necessarily mean that you won't be getting more individuals. You really have to -- you know, it's part of the bump-and-retreat system. There's a group of individuals that will be bumping back. I don't know if the Civil Service Department has informed them what title they are going to and where they are going, but they don't necessarily have to give you advanced type of notice. They are qualified by virtue of the fact that they had previously served in that title.

MR. CAREY:

Okay.

LEG. KENNEDY:

You know what, I --

MR. POLLERT:

We'll check on that.

LEG. KENNEDY:

That's important, but by the same token, I'd like to know who the four names are so I can have a conversation with Alan Schneider. I think I know who the PN is, I don't know who the other three are. And quite frankly, as you pointed out, you can't run the place with less people. We're talking about what category they fall into. So you need to know what's coming in the door on July 1, which is, you know, only a month away. So let me know who the four names are and I'll talk to Schneider.

MR. CAREY:

Okay.

DR. TOMARKEN:

Additional questions, discussion? Other business? Okay. We will --

LEG. BROWNING:

I'd like to say congratulations to Dr. Crowley on the nice Newsday article Mother's Day. That was very nice.

MR. CAREY:

I'll pass that along to her.

DR. TOMARKEN:

Any additional comments, questions, discussions?

MR. POLLERT:

Well, if we're doing congratulations, congratulations on your anniversary, Legislator Kennedy.

LEG. BROWNING:

Oh, yes, Happy Anniversary.

MR. POLLERT:

Just to remind you, it's your anniversary.

LEG. KENNEDY:

Yes, thank you. Thank you very much. As a matter of fact, 36 years. There we go, 36 years.

DR. TOMARKEN:

Any further discussion, questions, comments, congratulatory praises? Okay. We will schedule our next meeting.

LEG. KENNEDY:

Is there any chance we can do a Wednesday or a Friday? The only reason I say that is Tuesday and Thursday morning Leslie can't be here, she's at her other job.

LEG. BROWNING:

Wednesday would be good for me.

DR. TOMARKEN:

Wednesday I have a Board of Health on the 27th. Now, the week before --

LEG. KENNEDY:

Why don't we do it a week before?

LEG. BROWNING:

June 20th.

LEG. KENNEDY:

Is that a Wednesday, Kate?

LEG. BROWNING:

Yes.

LEG. KENNEDY:

Yes. Why don't we do Wednesday, June 20th?

LEG. BROWNING:

Everybody else good?

MR. CAREY:

It works.

DR. TOMARKEN:

All right. I have something else, but I'll be here.

MR. CAREY:

Ten?

LEG. KENNEDY:

Yes.

DR. TOMARKEN:

Ten o'clock in this room, June 20th.

LEG. KENNEDY:

Thank you.

DR. TOMARKEN:

Can I have a motion to adjourn?

LEG. BROWNING:

Motion.

DR. TOMARKEN:

And second?

MR. POLLERT:

Second.

DR. TOMARKEN:

All in favor? Opposed? Abstentions? Thank you. We're adjourned.

(*THE MEETING WAS ADJOURNED AT 10:43 A.M. *)