

**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 Friday, September 28, 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
Leslie Kennedy, Aide to Legislator John M. Kennedy, Jr.
Craig Freas, Budget Review Office/SC Legislature
Kevin Carey, Administrator of John J. Foley Skilled Nursing Facility
Michael Pitcher, Aide to Presiding Officer Lindsay
Nanci Dallaire, John J. Foley Skilled Nursing Facility
Ray Bingham
Michael Finland/AME Executive Vice President
Lee Snead
Joan Travan/AME First Vice President

MINUTES TAKEN BY:

Lucia Braaten, Court Reporter

(*THE MEETING WAS CALLED TO ORDER AT 10:14 A.M. *)

DR. TOMARKEN:

Good morning, and sorry for the delay. We'll open the meeting to the public portion. Mr. Bingham?

MR. BINGHAM:

Good morning, Ladies and Gentlemen. Before I get into this speech, I'd like to say thanks to Kate for coming to and reassuring our residents of the status. It made a significant difference. You know. Since the 14th of this month, residents has been at edge, because I interact with the residents on a daily basis, right? And I can tell you, since Kate came, just for that one day, coming into the next day, even this morning, you could see the difference, that they think that they'll still have a home, right, and I thank you very much for coming by.

My opinion of this sale is that it's going to be one of -- history will show that this is going to be one of the most significant mistake the Suffolk County Legislature have made as far as selling this place. I remember the first five years of this place. Ellen Prowl (phonetic) was at the helm. That place was running at capacity, it was running good, right. The minute she start asking questions about payroll, people who have been on the payroll that are not working in the building, and stuff like that, she shipped her right out, right?

I remember Judge Wheeler (phonetic), he came in about five years after we opened, and he came in with MS, right, and he explained to me his life, and stuff like that. I realized it doesn't take the person who is really down, because he came in with MS, right, doesn't take the person that's down for this place to accept him, right? Doc was the same thing, Doc Verchelli (phonetic), right, one of the most significant cops Suffolk County have had, right, Jerry Grunt (phonetic). I remember speaking to him for the longest -- at length just to find out exactly what make a person of his status wind up into a place like where we have, right?

And when you go through the whole entire scenario of life itself, right, Mr. Bellone might still be young right now, but when you get to be a certain age, you realize what life is all about, right? And the Legislature, I thought they would have used better judgment than the judgment that they cast the votes with, right, because, like I said, time will tell, right. We need a place like that for Suffolk County, right?

Number one, my department, I said it before, we have made significant cut, significant contribution towards the budget, right? Mr. Carey's up there, right? He stepped in, and the minute he stepped in, he corrected one of the biggest problem we had in our department, the department head. Without going into stats, that person needed to be removed, right, because when you're spending the County's money, 1500, 1600 dollars a shot just for meet -- to have a so-called meeting, right, paying people overtime, right, to do all this stuff in a sense, that is not -- Mr. Carey is doing the same thing, having the same meeting, right, that's why I have to praise him.

And I still think right now, as it stands, if this thing doesn't go through, he would be the best person to put at the helm. And with the workers we have there right now, I know we can make this thing work, because I've been going out in the field on my own on my days off, right. I've been to Nassau County, I've been to Queens, I've been to every one of the nursing homes. I have my little fliers that I made up. I put them in every single supermarket I can find, trying to get that place back to standard, because when we had 50 people in day-care, right -- the reason why I know so much about this place, like I said before, I interact every single day. I can take those

wagon -- Kate seen me with that wagon this past week here, right? When I walk down the hallway with that wagon, I can tell you exactly how many people is missing from that wagon, or how many people is not here, right? So I know firsthand what we go through each day, right? I can tell you each and every resident in that place, their diet, I can tell if they're feeling well, if they're not feeling well, right? These are the things you learn from a place like this right here, right?

I made it public before, I'm a diabetic that takes insulin four times a day, right? So I might just be one step away from a place like that, right? I know, and I'd love to have a place like that. I made this public also before, if I pass tomorrow morning, I'd like to be cremated and my ashes spread at John J. Foley. That's my love affair with John J. Foley. Thanks, Ladies and Gentlemen.

DR. TOMARKEN:

Thank you. Next speaker is Nanci Dallaire.

MS. DALLAIRE:

Good morning. Thank you for this time. I would like to state my disappointment with the decision to sell J.J. Foley. I believe the County is making a few devastating decisions that will hurt this County and abandon the good citizens of Yaphank.

It's been discouraging that for the past five years we have not been able to find any form of assistance from any form of our government. I believe that our Legislators had the power to preserve this institution and correct the serious errors made by the previous County Executive. Unfortunately, this was not the case. Despite many appeals, all I have learned is that there are too many departments of our government who cannot help us. I thought we were heading towards smaller government, but all that I see is less government services.

The decision to sell our safe haven has just made a scary, uncertain future for many that much more scary and insecure. And, for the record, I heard some Legislators mention that attempts were made to improve John J. Foley; what more could we do? Well, I cannot argue that this committee was formed, Blue Ribbon Task Force created, analysis made, studies done, and surveys performed, but I must disagree that the implementation of those recommendations, suggestions or systems were ever initiated. Even the best plans will fail if you are not acting upon them.

It has been said many times, and I will be determined to discover exactly why John J. Foley was set up to fail, and why the citizens of Suffolk must suffer and sacrifice this historic health care facility, because the heartache is that this tragedy could have been avoided.

DR. TOMARKEN:

Thank you. Next speaker, Michael Finland.

MR. FINLAND:

Good morning, everyone. My name is Michael Finland, and I am Suffolk County AME's Executive Vice President, and I'm also an Administrator for the Suffolk County Police Department.

Before I begin, I, too, just want to extend a special thank you to Legislators Browning and Kennedy for all of their hard work in helping us address matters pertaining to the nursing facility.

With regard to the Foley facility, I want to share with you my concerns and misgivings that I have on this subject. Prior to the Legislator vote to sell, there did not seem to be an aggressive push regarding new admissions. It has been brought to my attention that since the decision was made to sell the facility, there have now been new admissions. I'm curious as to why there has been an empty floor at the site, a floor which very well could have been revenue generating.

The public perception on Foley is that it's not a money-maker and we should wash our hands of it. There should have been a more concerted effort previously in order to facilitate the appropriate number of residents, thus, enabling this nursing home to see some kind of profit margin.

I'm also curious about what protocol mechanisms are in place for the residents there now. There is a relatively young population that inhabits the Foley Facility. Are we making appropriate provisions for all of the patients? What about those who have limited financial capabilities, are we looking out for their best interests?

I'm also concerned about the current AME workforce that is in place there. Since the vote was cast and ten Legislators voted to sell, things are pretty much in a state of flux. These individuals have families, mortgages, car payments, and other expenses that they have to address.

I have previously spoken to the Legislature, and I have advocated and spoken on behalf of the employees. Each of them are exceptional individuals. They're stellar individuals and they've done an amazing job working at this site. I remain positive that the lines of communication will be open between the County Executive's Office and Suffolk County AME as we work in tandem in addressing this situation. I thank you for your time.

DR. TOMARKEN:

Thank you. Next speaker, Joan Travan.

MS. TRAVAN:

Hi. Joan Travan, First Vice President of AME. Good morning. I have a few questions that we need answered.

On Sunday, September 23rd, in the early morning, before the next shift came in, a certain John Breslin arrived at Foley and said he was working for the County and Sherman and was there fore an appraisal. To my knowledge, you can't work for both.

Number two, Tricia from Foley was sent out to the hospital to get admissions on Monday, September 24th. Why can they do this for the Shermans, but not do this for the County and Foley? Nothing has been going on since January 1st. They have been averaging one admit per day since Monday.

Number three question: Why are there eight people working on all floors to replace the fire wall when only two floors were scheduled to be completed, and the rest was the project scheduled to be completed and done over the next three years? This is like a gift to the Shermans with taxpayer dollars. It's really ridiculous. And only two floors were required -- required immediate upgrades.

Number four is that 30-day notices, and this is really horrible, have been sent out for discharge to patients and families. And another thing is that families who are distant relatives are being sent notices for payment. Why aren't they following up with Medicaid? This has been a big problem with the failure of Foley, a very big problem. There are millions and millions of dollars that should have been applied for and never -- and never was.

This facility was set up to fail. It's a bad deal, it stinks. They have violated at least 15 laws with this process, and it should be stopped. Thank you.

DR. TOMARKEN:

Thank you. Are there any other individuals who would like to speak?

LEG. BROWNING:

Yeah, I'd like to clarify. I know, Mr. Bingham, I was at the nursing home the other day, and I'd like

to clarify and make sure everyone knows what I was doing there and why I was there.

As you know, John J. Foley is in my district. The residents and many of the employees are my constituents. I have received calls of concern from family members and residents just worried about whether they should leave. And it's very clear in the contract with the sale that none of the residents are going to have to leave. And I wanted to make sure, so I delivered a letter for every resident and/or family member to let them know that that's what the contract says, and that no one should be forcing them out of their home, because that's what it is, it's their home.

Basically, the letter just tells them that based on what the contract says, that they will be accommodated, that they do not have to leave, that every resident has a right to stay, and just to let them know that whether it's a privately owned nursing home or a publicly owned nursing home, they are my constituents and I will continue to represent them, and I will continue to be a presence, as I have been to other nursing homes in my district, to go pop in and visit the residents. And I know that the other -- another nursing home in my district has been very welcoming and allowed me to come in to visit constituents who live there also.

But I do have quite a few questions; I think Ms. Travan hit on them. I'm sitting here looking at a letter from one of my constituents. He's not just a constituent since he's been in the nursing home, he's been my constituent, having been a former Shirley resident. And I'm very disturbed to see that there's a 30-day notice -- or 90-day notice to him that now he has to move out of the nursing home. So that is something that, clearly, we can't disclose his name and his personal information, but, again, I'm curious. Was there no Medicaid applications done for him? You know, and, obviously, I'll be following up with him to find out why all of a sudden now he has to leave. It's my understanding that the address that has been given to him, he will not be accepted back at that address. He can't go back to that address.

So I will follow up with him, with the ombudsman, and find out why now residents are getting letters and telling them that they have to move when the contract says they don't.

Mr. Breslin showing up at the nursing home to do an appraisal, I believe we were told by the County Executive's Office we didn't need to have that second appraisal. And I'm curious, now after the sale contract and after the vote, why is he there?

The fire wall, I noticed quite a few workers in there working on the fire wall. I think Ms. Travan said exactly everything that we need to get an answer to. Why is it more seems to be done than there should be?

I was also advised that there was some other visitors to the nursing home, I believe it was Brookhaven Hospital, looking to possibly do dialysis or hospice. Legislator Kennedy and I put in the legislation to do an RFP for public/private partnership, and this was something that we mentioned in our RFP, was hospice, you know, dialysis, so everything that we have talked about.

And, you know, we're two branches of government, and one branch, obviously, was very anxious to get this nursing home up and running and running effectively and efficiently and to save it, but it seems like the other branch made no effort and had no desire to do what was right.

So I have a lot of questions. I'd like to know why Brookhaven was there, who called them, and if, in fact, Brookhaven has a serious interest in doing dialysis or hospice. Why weren't we doing this with them instead of sitting on our laurels and doing nothing?

And again, recruitment; all of a sudden people are being called in and they're sending people out to recruit to get new residents for the nursing home. Again, you know, let's fill up the beds for Mr.

Sherman to make it a profitable entity for him.

So I just think it's disgraceful, I really do, that, you know, there's just been no effort to do the right thing, and now, all of a sudden with the sale, we want to make it attractive and profitable for a new buyer.

So, like I said, I think -- I don't know if you have all the answers. Clearly, I'm very disturbed about the 90-day notice to a resident. And so I think if we can get all of the answers to all of those questions that Ms. Travan mentioned, and also about Brookhaven Hospital, who called them, I would appreciate all those answers.

MR. CAREY:

I can do Brookhaven right. They called me. Brookhaven Hospice and Dialysis called me. It was -- it's marketing, it's for off-site. They want us to refer to them, Hospice and Hemodialysis, at their center, if we would refer patients to them. And that's -- I gave them the tour and took their cards, and thank you very much. That's what that was for.

LEG. BROWNING:

Good.

DR. TOMARKEN:

I have an additional speaker, Mr. Snead.

MR. SNEAD:

Good morning, Members of the Committee. I hadn't planned to speak, but I wanted to first thank Legislator Browning for sending that note out to the residents. And I agree with you, they certainly are your constituents and you have every right to do that. I'd ask you to do one thing further. The Legislature, as well as the public, was promised by the Bellone Administration that all of the residents in that facility would remain in that facility. They cast this contract as if there was a provision that required it. We all know that the contract doesn't require that. We all know that if Mr. Sherman decides he doesn't want to give certain types of medical treatment, he can eliminate that medical treatment, and those residents who would have qualified for it now can be removed. But what we see happening now is, you know, we have his promise that he's not going to do that. What we have now is the Bellone Administration fulfilling that promise by getting rid of those people ahead of time.

I would ask you, Legislator Browning, I would ask Legislator Kennedy, I would ask every Legislator to send a letter to the County Executive requiring him, demanding of him that he not have a single person leave that facility. For him and his Administration to force out people ahead of time, to make it easier for Mr. Sherman, is reprehensible. It is my understanding, and I have not seen the document, but it is my understanding that one of these people has no family to answer for her. She has no one to say, "I can't go anywhere else, Court, please stop this." She looks only to the County of Suffolk, as represented by this Legislator -- Legislature, apparently not the County Executive. And I ask you in the strongest terms to send that letter to the County Executive now.

We are also very surprised, after hearing all the protestations from the County Executive's people, that there aren't people available to fill the seats in these beds -- to fill these beds, that there aren't people available to go out and seek people to fill these seats in these beds; that now; after the deal has been supposedly approved, they can find time to fill those seats. Again, I do not know the numbers of people who are coming into the facility. I hope that they are, in fact, more than one a day, that would be great. But the fact that that can occur at all belies everything that the Administration has said to the public and has said to your Legislative body, and you need to make that clear to Mr. Bellone that you're now watching him.

I thank you on behalf of AME, and I thank you on behalf of the people of the County of Suffolk who you're watching out in doing that. Thank you very much.

DR. TOMARKEN:

Thank you. Any other speakers? Seeing no other indication of speakers, we'll close the public session and move on to the agenda.

We'll review the minutes of August 24th, 20 12, which were sent out by email. Any additions or corrections?

MR. CAREY:

None.

LEG. BROWNING:

I'll make a motion we accept. I'll make the motion to accept the minutes.

DR. TOMARKEN:

Do I have a second?

MR. CAREY:

Yes.

MS. BRANDEAU:

Yes.

DR. TOMARKEN:

Okay. All in -- Kim Brandeau, second. All in favor? Opposed? Abstentions? The minutes are accepted thank you.

We'll have an update from the Administrator, please.

MR. CAREY:

Our current scenario census as of this morning is 187 residents in-house, with five in the hospital. Adult day-care census is 44. New admissions is two for the month of August. Discharges is three for the month of August. The average monthly is 21. Monday to Friday average is 22.8. Saturday average is 12. Adult day-care is currently doing their chart reviews and preparing for their tri-annual survey.

Staffing: We have 189 total staff as of today, 181 in the nursing home, eight in the adult day-care; eleven workers out, workers comp.

Electronic Medical Records is proceeding. Currently, we are doing data entry, and next week we should start training the nurses to input assignments for the aides for the residents, to assign actual aides to the residents. Following that, we'll do training on the touch pads for the aides, and we should, some time around middle of November to the end of November. If nothing -- no other hurdles, we should be ready to go live at the end of November with the Electronic Medical Records.

They are doing -- proceeding with the firestop insulation and the electric. The plan was for the basement and the first floor. And that's what's going on right now. I believe they are planning on doing the entire building, though, this year, as opposed to just the basement and the first floor. That's it.

MRS. KENNEDY:

Can I ask why we're doing the additional three floors?

MR. CAREY:

The firestop insulation and the electric was our responsibility, so I'm assuming that we're doing it because it is the -- Suffolk County's responsibility, so -- to get it done before the sale goes through.

MRS. KENNEDY:

Okay. Weren't we only required to do the basement and the first floor, and the rest we were planning on doing so we could eventually update to what the new rules are?

MR. CAREY:

New rules?

MR. FREAS:

Are you talking about the buildings? I'm sorry, Mrs. Kennedy. Are you talking about -- we're talking about the fireproofing and the conduiting?

MRS. KENNEDY:

Right, the fireproofing.

MR. FREAS:

I guess that DPW may have advanced the project because the building will not be to code as the nursing home. If we were ongoing in the process and we were retaining the facility, I think that would be one thing, but since we've made the decision to divest the facility, you couldn't make -- it couldn't be a nursing home unless we finished it. The money was already in the Capital -- it was already in the Capital Budget to fix these projects. So DPW may just be going ahead and finishing it before we turn over the building. I don't know -- I don't recall from the sales contract whether that's a condition of sale or not, but it's certainly, I would think, an issue because if --

MRS. KENNEDY:

Well, didn't the State say, "Give us the three years to complete the project"? But why couldn't the Shermans complete their three floors?

MR. FREAS:

I couldn't answer that particular -- I could answer the question on that particular issue. I believe we -- we had budgeted the project over that period of time. That doesn't necessarily mean the State said it was okay for us to do it. They wanted to see progress, I believe, but, I mean, and assuming -- again, assuming we were keeping the building, that would be okay. But, if we're not keeping the building, the building has to be up to current code. That's the thing about a nursing home.

LEG. BROWNING:

I think what the question is, is that it was the basement and the first floor is what we were working on. Just that if we -- couldn't we have done the basement and the first floor, save money? Somebody else is buying it and we can't sell the building as is or -- I mean, would we not be allowed to sell it by the State if we didn't do the entire building, or is this a choice of the Administration? That's what we're trying to figure out.

MRS. KENNEDY:

It says in the contract as is.

LEG. BROWNING:

That's what I thought.

DR. TOMARKEN:

I think that the grant -- in the grant, it was stated, or the proposal was that we would finish all the required State mandates.

MR. FREAS:

In the HEAL 21 application, sir?

DR. TOMARKEN:

In the -- in what we replied back to the State as to what the new -- how the grant would be used.

MR. FREAS:

So since that became the funding stream versus the regular Capital Budget, we were more or less required to complete the work.

LEG. BROWNING:

So it's not Suffolk County dollars, it's a grant that we're using, so there's no expense to Suffolk County and our budget; is that correct?

MR. CAREY:

Yes.

MRS. KENNEDY:

It's still State money, it's taxpayers money.

MR. FREAS:

It's State funds.

LEG. BROWNING:

I guess another question, the EMRs, because I know now we're looking at November. I know that that was something that we had been told in previous meetings that they'd be up and running by August, if I'm not mistaken. What was the delay?

MR. CAREY:

The first delay was the survey was in August, so we stopped; prepared for survey, and then after survey, we always have a plan of correction and we're working on the plan of correction. There was a couple of weeks delay because the I.T. Department was actually moving Rabro Drive out to Great River, so we lost the I.T. the people for a couple of -- for a wee, and now we're start up again. And we also took a couple of weeks to get the -- a webinar set up with ADL, the company. So the combination of setting up a webinar, the I.T. people and annual survey in the middle of it.

LEG. BROWNING:

No. It's just that it's a revenue-generator. It just seems like it would have made sense to -- something that's going to bring us more revenue should be a priority. You know, holding it off and now not seeing it for -- being three, four months late is not so good.

DR. TOMARKEN:

Any further new business?

MRS. KENNEDY:

I just want to ask another question about the admissions. At the high point, I don't think you were there yet, I still think it was Lowell Fine, we had, I think it was, three nurses going out to facilities.

We have one now, starting Monday? As of Monday, we have one that goes out; is that correct?

MR. CAREY:

Correct.

DR. TOMARKEN:

Further discussion, new business?

LEG. BROWNING:

Can we talk about the -- I know that, you know, you have to protect the residents, but can we talk a little bit about do we -- are we going to foresee more letters to residents for discharge or -- I'm hearing -- you know, I have one that was sent to me by my one constituent, and now I'm finding out there's another one. Why are we all of a sudden sending out these letters of discharge?

MR. CAREY:

As far as I'm aware, there's only been three letters. One of them was -- actually, we started months ago. One resident received that same letter months ago, and then was given a second chance and a third chance, and then given a letter again. And that actual resident, we've actually rescinded that -- that one female resident is currently in the house and staying in the house. And there's two other males who received a letter. I can't -- without discussing the residents' personal information on the air, I can't actually do that.

LEG. BROWNING:

Right. But, no, I understand that. I mean, I'll show you the letter. You want to pass this to him? Because it's my understanding that returning back to the address there, that's not a possibility, so -- which means he has nowhere to go. So I would assume that he's Medicaid eligible based on his age. And when it says nonpayment, why isn't there Medicaid payments paying for him?

MR. CAREY:

Once again, I'll be glad to tell you afterwards.

LEG. BROWNING:

Okay.

MR. CAREY:

But, actually, I have to discuss this man's personal finances with you and I can't do it over the air.

LEG. BROWNING:

Okay.

MRS. KENNEDY:

Can I just reframe that a little bit? We -- months ago we talked about getting everyone that's eligible on Medicaid, or getting a guardian if a patient is refusing to do applications for Medicaid. We talked about going to the County Attorney. Did we go to County Attorney on every a patient? Did we go get guardians? Did we apply for Medicaid on all those patients?

MR. CAREY:

We -- yes. All the ones that we were discussing, we've applied for Medicaid, and the County Attorney's Office is working on guardianship.

MRS. KENNEDY:

All right. So it's not done yet.

MR. CAREY:

No, no. It's a very long process.

MRS. KENNEDY:

Ask these two patients, did we apply for Medicaid? The two that are left, did we apply for Medicaid?

MR. CAREY:

Two that are left. The two that --

MRS. KENNEDY:

The two that got letters.

MR. CAREY:

Yes. We have applications in right now, and we're currently working on getting them Medicaid.

MRS. KENNEDY:

So is there another reason we're getting rid of them?

MR. CAREY:

It's actually part of the process to get a 30-day notice. We actually anticipate having their Medicaid.

MRS. KENNEDY:

I don't think -- I've never heard that discharging a patient from a nursing home was part of the process for Medicaid eligibility, but I would check with DSS.

MR. CAREY:

I could explain it to afterwards about his finances.

LEG. BROWNING:

Okay. You know, and that is another issue, because Mr. Sherman, when some of the Legislators and my Aide went to Sherman, they hire an attorney when there's a need to do guardianship, and that is something that the County Attorney's Office and the Administration has no one for a very long time; that there are a number of residents who do not have -- you know, if there's no family member with a power of attorney, they have absolutely no legal rights to that family member. They can become a guardian, and that is the responsibility of the Attorney's Office to do the guardianship. And it just seems there was absolutely no effort, again, or desire, and now, all of a sudden, after the sale, they're going after guardianship. So, it's -- you know, it's just another sign of what's really going on.

MR. PEARSALL:

Kevin, let me ask you a question. Under HIPAA regulations, just who has the right to see patients' records?

MR. CAREY:

Staff members. There's an Admission Department, being admitted, that the resident gives the current staff permission to look at the records and to send them, and that only applies to staff that is actually directly involved in care. Anybody else, the resident has to sign a HIPAA release.

MR. PEARSALL:

So, if another official in the County government had as access to those records and did not have the residents' or patients' authorization, that would be a violation of the HIPAA Act?

MR. CAREY:

Yes.

MR. PEARSALL:

Thank you.

DR. TOMARKEN:

Any further questions, discussion? That's old business. Any new business? Schedule our next meeting, which would be in October.

We've been doing the fourth Friday, roughly.

LEG. BROWNING:

That would be Friday, October 26th, would be the fourth Friday?

DR. TOMARKEN:

That's what I have. Does that meet everybody's --

LEG. BROWNING:

It works for me.

DR. TOMARKEN:

Kevin?

MR. CAREY:

Yeah, it works.

DR. TOMARKEN:

All right. Terry? Terry, are you okay?

MR. PEARSALL:

Yes, it's fine.

DR. TOMARKEN:

Ten o'clock here, October 26th, 2012. Can I get a motion to adjourn?

MS. BRANDEAU:

Motion.

DR. TOMARKEN:

Second?

LEG. BROWNING:

Second.

DR. TOMARKEN:

Second by Legislator Browning. All in favor? Opposed? Abstentions? Thank you. The meeting is adjourned.

(*THE MEETING WAS ADJOURNED AT 10:51 A.M. *)