

**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 Wednesday March 28, 2012.

**MEMBERS PRESENT:**

Dr. James Tomarken, Commissioner of the Health Department  
Kathleen Reeves, John J. Foley Skilled Nursing Facility  
Kim Brandeau, County Executive's Budget Office

**ALSO IN ATTENDANCE:**

Leg. Kate M. Browning, Third Legislative District  
Leg. John M. Kennedy, Jr., Twelfth Legislative District  
Craig Freas, Budget Review Office/SC Legislature  
Kevin Carey, Administrator of John J. Foley Skilled Nursing Facility  
Leslie Kennedy, Aide to Leg. Kennedy  
Nanci Dallaire (Public Portion)  
Rick Brand, Newsday

**Transcript Taken by:**

Diana Flesher, Court Stenographer

**THE MEETING WAS CALLED TO ORDER AT 10:05 AM**

**COMMISSIONER TOMARKEN:**

We are going to start the meeting. We do have a quorum now. First we'll entertain public portion. Miss Nanci Dallaire would like to speak.

**MS. DALLAIRE:**

Thank you for this opportunity. My name is Nanci Dallaire, food service worker at Foley, outspoken supporter of these vital health services. I've always felt slighted by the fact that we have been forced to reduce the expenses at our County facility while they -- while the County has spared no expense for the criminals next door. This disturbs me. I've always believed that the previous administration refused to pursue many avenues that would have improved the operations at John J. Foley, but reading over the minutes of this committee's previous meetings, I can see that to be true.

How could that administration cancel the medical records system that was set up and started, that would have been benefited this County health facility? Who was granted the authority to stop that progress regardless of the facility's future? Canceling a system that would enhance operations and raise revenue? Adding to the marketability of that institution? They canceled that project, yet they allowed the superficial renovations to continue. This to me was another reckless, irresponsible decision that adversely affected Foley.

Not to mention the successful day-care program, which that administration also destroyed, both financially and with the loss of trust from those residents counting on our care. John J. Foley would be reaping the rewards of that system, designed to pay for itself, and we did not even pay for it. It was a grant from the State; a rare gift that was tossed into the basement. That's insulting.

Also, the training team for that system must come from Upstate and be put up in a hotel? There are no qualified Long Islanders to work on that system that's being installed into our local hospitals?

I must also question why John J. Foley is required to contract with an outside pharmacy consultant when they have a deal for the pharmacy system located at our County jails. To me this is outrageous and dysfunctional. Not only were valuable opportunities not pursued for John J. Foley, but I find the actions against this facility to be deliberate and cruel.

I was hoping for change with the new administration. Unfortunately, I cannot see changes for the better. I do believe we can find fair solutions that do not endanger lives and reform has begun, but it will take time for those changes to fix those mistakes and move forward. There must be changes that will improve our services.

The mission of John J. Foley has not changed. Our focus will continue to be the human factor of our residents who rely on us, which seems to be forgotten when talking finances. Our bottom line is for the residents' well-being; not for profit. Thank you.

**LEG. BROWNING:**

Nanci, I know you've asked about the EMR training and people having to come from elsewhere. I think at some point we'll get an answer. We'll be able to answer that, I think, today; am I correct.

**COMMISSIONER TOMARKEN:**

Kevin?

**LEG. BROWNING:**

And the pharmacy issue you brought up, I'd like us to be able to respond to that. And, you know, some people are still here not giving up on you.

**MS. DALLAIRE:**

Thank you.

**MR. CAREY:**

The -- when you say medical records, I assume you were talking about electronic medical records, the EMR? Yeah, we had no choice but to continue with the original contractor. It would have cost double or triple if we started with a brand new contractor this -- our previous year. So, I don't know what made the original decision to go with ADL two-and-a-half years ago, but it would have cost a fortune to switch to brand new from scratch.

**MS. DALLAIRE:**

I just -- I have heard that it is being put into all the hospitals, so that's why --

**MS. FLESHER:**

You have to come up to the lectern.

**LEG. BROWNING:**

Come up to the mic.

**MS. DALLAIRE:**

I have heard that it's being put into all the hospitals so that's why --

**COMMISSIONER TOMARKEN:**

I think we should clarify. There are two separate -- there are actually three separate systems. And Foley system is a separate contract, separate technology, separate system from the health centers. So, they're not linked together at all. We also have --

**MS. DALLAIRE:**

Really. Why would that be?

**COMMISSIONER TOMARKEN:**

Those decisions were made a long time ago, but -- so they're completely separate contracts and separate budget issues and separate technology. And the ongoing training, we're doing much of it in-house now with the IT Department. When I say in-house, that's what I mean.

The pharmacy question that you raised, the pharmacy in the jail is under the control of the Department of Corrections. They do not allow outside -- the use of it by outside facilities. So, we cannot use the -- Foley pharmacy cannot use the jail pharmacy.

**LEG. BROWNING:**

And I know you talk about the prisoners. I agree. However, there's such a thing called State mandates. And sometimes the things that we do at the jail is based on State mandate.

**COMMISSIONER TOMARKEN:**

Okay. We'll move on to the rest of the agenda. Again, the minutes were circulated by e-mail for December, January -- December 2011, January 2012 and February 2012. And they're all too big to print out. So, are there any additions, corrections or amendments to those? Can I have a motion to accept?

**LEG. BROWNING:**

I'll make a motion.

**COMMISSIONER TOMARKEN:**

Legislator Browning. Second?

**MS. BRANDEAU:**

Second.

**COMMISSIONER TOMARKEN:**

Second. And all in favor? Opposed? Abstentions? The minutes are accepted for those three months.

We'll now move on to an update from Mr. Carey.

**MR. CAREY:**

Currently our census is 207 with five residents in the hospital.

The Adult Daycare has 51 registrants in the month of March, three admissions, one discharge; average monthly census is 22.5. The Monday to Friday average is 25 and the average Saturday attendance is 10.

Staffing at John J. As of today, the total staff is 210; 202 in nursing home staff, eight are day-care employees. And plus 23 per diem employees. It's still a challenge operating the Nursing Home with the key positions not being filled permanently, such as the Director of Nursing, RN supervisors and social work.

Furniture. We've gotten -- just recently this week we've gotten our fourth load of furniture donated by the Marriott Courtyard by Mr. Lee Browning. We expect one more load to come in in approximately three weeks, and that should be all the furniture he's donating to us. Approximately half of it we plan on using in-house and the other half we plan on donating to other Suffolk County uses as needed. The fourth floor is filling up quickly, though. So we -- I was going to reach out and offer to other departments in Suffolk County to see who needs it to start moving it.

**LEG. BROWNING:**

Can I jump in? Did you contact DSS? Because I know that they have an area where it's -- they use it for supervised visits with, you know, CPS cases and stuff like that. They have areas where they use furniture, they may need.

**MR. CAREY:**

Yeah, we're in the process of contacting them. I think they hand out vouchers. I think we have to work out how to get the furniture to them, but they're working on that.

**LEG. BROWNING:**

Okay.

**MR. CAREY:**

Lastly, we just recently had a complaint survey approximately two weeks ago from the State. They did tag us on one violation. We're working on a plan of correction right now. And that's it for the update.

**COMMISSIONER TOMARKEN:**

Okay. Any questions, comments?

**LEG. BROWNING:**

Well, right now how many per diems are we using?

**MR. CAREY:**

Twenty-three per diem employees right now.

**LEG. BROWNING:**

And have we -- I mean, have we reduced the number of agency Nurses quite a bit since -- now that we have those per diems? Or how many more per diems could we use?

**MR. CAREY:**

Well, we're currently looking into -- we're slotted for approximately another ten, which we're looking for. Per diems are a constantly coming and going thing, but we're slotted for, I believe, another ten, which we're currently looking to hire.

After that we could use more slotted, but we're working out with personnel the logistics of that. There's some discrepancy as to do we have to budget for the per diem before we -- it's not based on how many hours. In other words, it's understanding that if I want to hire a per diem, I'd have to get that into the budget for all of next year, for 17.5 hours every week for 52 weeks and that has to be put into the budget, even if I only use that per diem a couple hours a week.

**LEG. BROWNING:**

Okay, but -- okay, how do we do it with the agencies? Do we budget for them?

**MR. FREAS:**

No. We budget the gross hours. I don't care whether I need one person or 90 people. I care about how many hours I'm paying at what rate.

So that seems to me the way that you would budget. And I don't understand, because we don't even want to get near -- anywhere near 17.5 hours or we might run into the other issue that we have with per diems where we would then have to offer them benefits, which would then no longer make it cost effective for us to use per diems. So, we want a gross pool of, you know, maybe -- maybe one FTE or two FTE's so, you know, 3600 hours times whatever your -- I know there's two or three different rates within the per diem scale for each of the -- we're still only LPN's and Nursing Aides, correct? We don't have an RN -- do we have --

**MR. CAREY:**

We have RN's.

**MR. FREAS:**

We have an RN?

**MR. CAREY:**

We have five slots for RN's. We have LPN's, we have CNA's and we have one Clerk in the per diem pool.

**MR. FREAS:**

Okay. And we a Clerk, too.

**MR. CAREY:**

One Clerk, yeah.

**MR. FREAS:**

Okay. Is the hourly rate that we're offering competitive enough for you to get people to come in on the temp side?

**MR. CAREY:**

Right now it is.

**MR. FREAS:**

Okay.

**MR. CAREY:**

But in this initial phase of hiring them, we hire them -- sometimes the hours doesn't work out. If they don't accept us and we start using them, maybe that we want them this weekend, we want them next weekend, they start saying, no, no, no, no, no, then that person we would pass over and hire a new one. So the per diem pool is a constantly flowing thing. It's never a permanent thing. And my HR is currently working with personnel to clear up that discrepancy of can we hire more as long as we stay under the hours, or does it have to be budgeting. My HR is trying to track down who is stopping us, who is saying, that no, you can't put another person on.

**MS. BRANDEAU:**

Is that Health Department personnel or County Civil Service?

**MR. CAREY:**

County Civil Service.

**MR. CAREY:**

In other words, if I'm at 15 LPN's and I want to add on a 16th LPN, they're saying, no, not unless you put that into the budget next year for 17.5 hours times 52 weeks.

**MR. FREAS:**

That doesn't make sense. We don't -- I don't think we budget any -- we don't budget any temporary salary like that because we don't really know -- the precedent might be because -- the only thing that would come close to that as far as I know would be the Q Nurses, but they're really permanent temporary staff. I mean, we have the West Nile hotline. We budget them in our temporary salary and we base that on the number of hours as far as I know that we're required, not on -- not on the personnel at a maximum of -- because it's not about the maximum; it's about the number of hours you need on a gross basis to accomplish the task.

**MS. BRANDEAU:**

Have we -- the Committee had originally a couple of years ago recommended creating the per diem pools. It did a resolution to create the per diems. Did we have a number of bodies in there? Maybe that's what they're talking about?

**MR. FREAS:**

I don't believe -- let me look it up. I can actually look now.

**MS. BRANDEAU:**

Do you want to contact Civil Service and find out?

**MR. FREAS:**

Hold on, yeah.

**MR. CAREY:**

I can also have -- I'll have my HR track down exactly who's putting the block on adding a body for the next meeting if you want.

**LEG. BROWNING:**

But as far as -- you said you need ten more. Have you interviewed yet for those ten positions or --

**MR. CAREY:**

Yeah, we're constantly interviewing.

**LEG. BROWNING:**

Oh, okay.

**MS. BRANDEAU:**

Is it just hard to find the people?

**MR. CAREY:**

It's a combination. It's a little hard. Our salary is a little low, but we have gotten applicants. But it's a constant -- it's going to be a constantly flowing thing with something like a per diem person. We'll bring them in, we'll want them to work holidays, we'll want them to work weekends. They'll start off saying yes. And then they're like, no, not this weekend, no, not this weekend. And if they do that three times, we let them go and then we try to get somebody else. And that's just a constantly on going thing with the per diems.

**MS. BRANDEAU:**

Is there a similar problem with hiring agency staff? I've heard that there might be shortages for agency per diem, CNAs; is that accurate?

**MR. CAREY:**

On some shifts it's challenging, but it's not a total shortage, no. It's challenging. On three to eleven we are having a little bit of difficulty with the agency, but we're reaching out to all the agencies. I just recently spoke with the heads of each agency about two weeks ago and they're getting us more bodies. But it's a little challenging, the agencies, especially on the holiday weekends, Sundays, Saturdays; challenging is the right word.

**MS. BRANDEAU:**

From a budgetary perspective, to fill a shift with a per diem versus overtime for an existing employee, what's the difference in that? Is it close or is it more expensive to use overtime?

**MR. CAREY:**

Versus per diem? Yeah, way more expensive, yeah. Twenty dollars an hour versus \$30 an hour.

**MS. BRANDEAU:**

Which is 20? The agency's 20?

**MR. CAREY:**

Yes.

**MR. FREAS:**

The agencies are --

**MR. CAREY:**

The agencies are about \$21 a hour. Our Aides on overtime would be -- it's difficult to peg down because every single person is on a different step. But our Aides on overtime would be somewhere in the vicinity of 28 to \$30 an hour.

**MR. FREAS:**

Neither of the amendments to the temporary classification and salary plan that were passed in 2009 to create the Practical Nurse and Nurse's Aide pools reference a gross hours portion of it. You know, we always left that to the facility because you guys know how many hours you need. And, again, it has to be flexible because you might not -- as you mention, you might not be able to fill them on the temp side but the agency side has them, so it's always been done that way. I know when I think of your personnel requirements, they have -- they have whatever the gross number is in my head. And you'll either fill it through -- you'll fill it in some way through a combination of the overtime, your temp or your 456. That's not -- you're never -- your budget is pretty dynamic in that respect, because of your -- the number of patients obviously change. You're pretty unique in the County in that I guess, but we've always -- and we've always given -- you've always had the

flexibility to move funds between the overtime, permanent, temporary and your fee for service contract line, which is where your Nurses -- your agency Nurses are budgeted for. So, I don't know exactly what Civil Service's problem is with this.

**MR. CAREY:**

I'll find out as far as the per diems exactly which person along the line is putting it, so to speak, putting the brakes on it. We'll backtrack it this month and have an answer next month.

**MR. FREAS:**

They might not understand your particular unique situation.

**MR. CAREY:**

Right. They might be looking at the entire County and going by the entire County rules and not us.

**COMMISSIONER TOMARKEN:**

Kevin, can you update us on the physical plan in terms of renovations and upgrades that we're going to be planning for?

**MR. CAREY:**

They are required by the State from our 2007 Plan of Correction to have the fire stop insulation on the basement and the first floor completed this year, along with upgrading the electrical system to basically separate the emergency electrical supplies on each floor. I am still waiting for DPW. I believe they're waiting for a go ahead from the County Exec's Office to schedule that to start. But we are required to have that done this year. And the following -- the second year, 2013, we're required to have the second and third floor. In 2014 we're required to have the fourth and fifth floor completed with fire stop insulation.

**COMMISSIONER TOMARKEN:**

So this year is --

**MR. CAREY:**

This year is the entire electrical system upgrading in the entire house and the basement and first floor fire stop insulation.

**MR. FREAS:**

We did include funds in the 2012 Capital Budget for at least some of this work to be implemented. I don't know if the -- that particular Capital Project has been laid on the table yet. Give me a moment, I'll take a look and we'll see. I don't believe we've seen it yet.

**LEG. BROWNING:**

Not this year, no.

**MS. BRANDEAU:**

I can inquire with our Capital Budget team and the Budget Office to find out what the status is and what the hold-up is.

**MR. CAREY:**

We are also -- the WanderGuard System currently has bids out and we are accepting bids right now from companies to upgrade our WanderGuard system.

**MR. FREAS:**

Funding for the WanderGuard should also -- I believe it has been included in previous years in your main Capital appropriation, which is 4041, I believe, is the way you buy all your equipment and everything. And because of the savings in -- because we paid for something in the Operating

Budget, I know a year or two ago when the -- there was a problem with the medical gas system, I believe, and we had to fix that on an emergency basis. It wasn't fixed with the capital funds, those funds would be available for the WanderGuard. That was my understanding last year on that one. So you should have capital funds available. Check with Diane Weyer or the Health Department's Capital Budget, but there should be funds available for the WanderGuard and we identified WanderGuard as an issue, I want to say, in the '10 or '11 Capital Budget.

**MR. CAREY:**

I'll check on it.

**COMMISSIONER TOMARKEN:**

Okay. Thank you.

Next item is the budget issues. The budget currently as it stands requires us to downsize to 150 patients and 184 staff. And at some point in the near -- very near future, we'll have to start that process unless we're given another direction. And so that could include anything from closing Admissions to whatever we think and however much time we have to implement that process.

**MR. FREAS:**

Kevin, I'm sorry, I didn't get your current long-term care census is.

**MR. CAREY:**

Two-hundred seven in-house with five in the hospital.

**MR. FREAS:**

Thank you.

**COMMISSIONER TOMARKEN:**

Okay. At the last meeting there was a discussion that there was going to be hopefully a meeting between the Administration and the Legislature. I don't know if that's occurred.

**LEG. BROWNING:**

Not yet.

**COMMISSIONER TOMARKEN:**

Just a reminder that we need to do that as soon as possible to try to get some direction.

**LEG. BROWNING:**

Didn't I believe at one of the previous meetings you said the census would be best at 180; am I correct?

**COMMISSIONER TOMARKEN:**

One eighty-four was the number that we --

**LEG. BROWNING:**

That you would prefer?

**COMMISSIONER TOMARKEN:**

From a financial perspective, right.

**LEG. BROWNING:**

Okay.

**COMMISSIONER TOMARKEN:**

But right now we're mandated by the budget, as I understand it, so that would have to be somehow changed or dealt with.

**LEG. BROWNING:**

Is it mandated by the Budget, Craig? To reduce the census to 150?

**MS. BRANDEAU:**

The omnibus budget note -- the resolution -- the omnibus resolution that changed the budget said downsizing. It didn't mention a number. But the note mentions specific numbers in the index. Because remember we had discussed this not so long ago, Craig?

**MR. FREAS:**

Right. And I felt that the budget probably had sufficient flexibility that you could maintain a staff at about 200, 205 and then, you know, obviously your patient load -- a permanent staff of 200, 205. Because what you're really -- the budgeted staff was 221 for the first six months and then 185 for the second six months. So you'd basically come in at an annual average of 205, 206 -- or, I'm sorry, 203. And if you got to that level, you're probably okay with regards to your staff. You know, if you don't -- if you feel like you can safely take care of 260 patients with that level of permanent staff, you know, that's okay. I don't think we have a requirement other than -- and I don't think we have a requirement to downsize to 150 patients unless we can't do it either safely or budgetarily. And then safety's obviously yours -- Commissioner Tomarken's call.

And we also, because of the flexibility with regards -- that I just mentioned, I think we -- we could -- if we had to, we could probably go back and amend the budget because if our -- our patient population was higher, we would then be getting more Medicaid revenue than we budgeted for. Even though the net cost to the County might stay the same for the year, you're going to end up with more revenue so you can either do one or two things: You can either reduce the -- reduce the transfer or maintain the transfer at the current level, but keep the staffing and the patients higher.

**MS. BRANDEAU:**

I have the note here. I can read the note. That's in the actual resolution that was adopted and I would think that this -- I don't know if this takes precedence over what's in the index --

**MR. FREAS:**

Is it a RESOLVED Clause?

**MS. BRANDEAU:**

In the RESOLVED clause it says "County Executive's Budget Office is authorized and directed to create positions delineated" etcetera, etcetera. It doesn't say anything about downsizing. It says in the note "This resolution increases appropriations in Fund 632" with some details and then it says "to operate the facility for six months at the current staffing level and six months at a reduced staffing and patient level. This resolution anticipates revenues from the formation of a public/private partnership with another care provider who would provide recurring revenue and recurring savings opportunities for the continued operations of a downsized skilled nursing facility."

I know we had discussions -- I had discussions with Dr. Tomarken when he had a number, and I was reading this resolution. And we went back and looked at the index, which I don't have with me. You probably can call it up on line, but the index for --

**MR. FREAS:**

The index would have the note --

**MS. BRANDEAU:**

DBA six and seven says it --

**MR. FREAS:**

-- then in there.

**MS. BRANDEAU:**

No, but it specifies.

**MR. FREAS:**

Is -- the note specifies -- I don't --

**MS. BRANDEAU:**

We can pull it.

**MR. FREAS:**

I don't -- you know, we don't have Counsel in here and -- but I suspect that the -- either the index nor the note that you just read are authoritative in a legal sense that we're not necessarily required to do what the note says. The note is what we anticipate will happen with respect to the Budget. Again, I would defer to Counsel if they got themselves -- if we -- we could -- yeah, let me go see if I can find somebody.

**LEG. BROWNING:**

I can go look.

**MR. FREAS:**

I'll go look.

**LEG. BROWNING:**

Sure, because I was going to ask you another question. Well, while he's gone, I guess, looking at the staffing numbers, even the staffing numbers, you said reducing it to 205. It's currently at 210.

**MR. CAREY:**

(Nodding head in the affirmative)

**LEG. BROWNING:**

And I don't know if he was talking about the -- because it's only 202 for the Skilled Nursing Facility and eight for the Adult Daycare, so my guess is our staffing levels wouldn't need to change from what they are right now; am I correct?

**MS. FLESHER:**

Use the mic, please.

**MR. CAREY:**

Sorry. No, they wouldn't have to change much, but there's --

**LEG. BROWNING:**

So the staff -- what we have currently in staff is what --

**MR. CAREY:**

Right.

**LEG. BROWNING:**

We're good.

**MR. CAREY:**

Yeah, but we have to -- we have to clear up that distinction between John J. Foley staff, Daycare and Adult.

**LEG. BROWNING:**

Yeah. I was -- while you were gone, Craig, I was saying the staffing levels probably wouldn't need to change based on -- if we were to have a -- a 150 census or a 184 census, it really wouldn't have to change. We're pretty much right where we need to be.

**MR. FREAS:**

We're pretty close to -- to what -- what we can probably staff.

**LEG. BROWNING:**

I'm just curious, do we have any retirements coming out of the Nursing Home? No?

**MS. REEVES:**

Not that I know of.

**LEG. BROWNING:**

Okay.

**COMMISSIONER TOMARKEN:**

What about number of patients, Craig, in terms of the Budget?

**MR. FREAS:**

The Budget anticipated, as Kim said, that there would be 150 patients and then there would be 184 staff. But it also reduces revenue -- you know, reduces revenues, moves revenue around in anticipation of the public/private partnership that apparently is not -- or that is -- we're pretty sure it's not going to take place in this fiscal year. However, because of our census is higher for a longer period of time, we would also have some Medicaid revenues that we did not anticipate coming in. The other thing is -- Medicaid and Medicare revenues coming in. The other thing is, I believe we felt that ADC would be taking the brunt of whatever the -- their staff's pretty small and we're also getting ADC revenues that I don't believe we anticipated in the Budget either.

**COMMISSIONER TOMARKEN:**

What we need is an estimate of the number of patients the Budget would allow us to serve going forward --

**MR. FREAS:**

I can -- I can do that and maintain -- we have a couple of pieces so we would basically need a -- an estimate of, you know, it'll take me a bit but I think we can do that.

**COMMISSIONER TOMARKEN:**

Thank you.

**LEG. BROWNING:**

What about the IGT money, when do we get that again? There's another round of IGT?

**MR. FREAS:**

The second piece of the IGT money appears to have shown up in Social Services Medicaid reporting. So, I don't know if you've gotten a letter from the State yet, but we should be getting that other payment sooner rather than later. I would check with New York State if you don't get anything in a week or so, by the end of the week, because it has shown up --

**LEG. BROWNING:**

That's already accounted for in the Budget, right?

**MR. FREAS:**

Yes, yes. We're not getting anything extra, although in the fall -- in the fall we would get notification and we would get notification once this Budget passed of what we might receive in -- at the end of this year and next year depending on how we make the payment. If you'll remember, the reason the payment was split between the -- between 2011-2012 was because of a decision by the Treasurer that the -- that the -- our piece of it, which is they pay us X or we pay X and they give us back two X so we make -- it's the way that the process works. Because I would assume because of some cash flow issues it was decided that we would the payment over two years so that it would reduce our -- our payment out in -- at the end of last year.

**COMMISSIONER TOMARKEN:**

Okay, any further discussion? Okay, well, we'll hope to get some more information from you, Craig and internally look at a, you know, legal opinion about the resolution or the Budget, sorry.

Any old business? Additional new business? Okay.

**MS. REEVES:**

That the staffing is 202, does that -- at the nursing home. Does that include just County employees or does that also include agency?

**MR. CAREY:**

Just County.

**MS. REEVES:**

And how many agencies do we have?

**MR. CAREY:**

I don't have the number with me, but I believe we have a total of 60 agencies on the books and approximately 30 that we use full-time.

**MS. BRANDEAU:**

What do you mean 60 on the books?

**MR. CAREY:**

Thirty that we're using full-time 30 hours a week, and another 30 that we use anywhere from one day a week to two or three days a week coming in.

**COMMISSIONER TOMARKEN:**

Craig, does the Budget allow for us to continue that in the second half of the year?

**MR. FREAS:**

Just a second.

**MR. CAREY:**

If I can just go back a second to our total number of County employees. There are approximately eight positions that need to be filled with SCINs, to be added.

**COMMISSIONER TOMARKEN:**

In addition to the 202?

**MR. CAREY:**

Correct. The cost would be negligible because we're deleting agency people that we have in those positions, but we need permanent key department heads and key positions like an RN Supervisor. We can't maintain running the building on agency; that really needs to be County employees.

**LEG. BROWNING:**

Do we have -- sorry. Well, just out of curiosity, do we have an RN currently employed at John J. Foley who could move up to an RN Supervisor?

**MR. CAREY:**

Yeah, we do have one or two that could move up. Once again, they may just -- if we release the SCIN, we could do that. But we need SCINs released. And then we would -- but if we do it that way, it would mean the same thing. We would just be hire another agency Nurse or hire an RN to backfill where that RN came from.

**LEG. BROWNING:**

Okay.

**MR. CAREY:**

But we do -- we only have one or two that could possibly move up and, boy, we need at least four RN Supervisors right now. We're depending on agency RN Supervisors to basically run the building. And it's a constant -- we hire them, we train them, we spend a month on them. Somebody else offers them a full-time job and they're gone. We hire a new one, we spend a month training them, it's a nonstop cycle with RN Supervisors.

**LEG. BROWNING:**

They cost more money than a County employee doing the job, right?

**MR. CAREY:**

Yes. Well -- but hour by hour the agency costs a lot more. If you then -- if you did the budget and factored in the pension and benefits, then the actual employee would cost more.

**MS. BRANDEAU:**

So for the RN Supervisor, you're saying the agency is more expensive than a County employee hour for hour?

**MR. CAREY:**

Correct, yes.

**MS. BRANDEAU:**

With the benefits included?

**MR. CAREY:**

No.

**MR. FREAS:**

No.

**MS. BRANDEAU:**

If you add the benefits --

**MR. FREAS:**

Right, then it's much more expensive to have a -- yeah. Because the -- the salaries generally, as you know, are relatively low out there, but the benefit package is relatively high. The Health

Department generally uses like a -- close to 60% is their fringe reconciliation rate; in other words, that a typical salary in the Health Department, you know, \$45,000 a year has about \$25,000 worth of benefits, which is pretty substantial. Not all departments have it that high and obviously if you get hired towards, you know, physician salaries, the benefit's not quite that high. But generally speaking that's -- especially the Nursing Home, we have a lot of people who don't make a lot of money and the benefits are really quite good. It's that much.

**MS. BRANDEAU:**

Kevin, you had said 210 full-time employees; 202 in JJF and eight in Adult Daycare.

**MR. CAREY:**

Correct.

**MS. BRANDEAU:**

They're JJF employees but they're just assigned to Adult Daycare.

**MR. CAREY:**

That's correct.

**MS. BRANDEAU:**

Thank you.

**LEG. BROWNING:**

Okay. And is the ratio of Adult Daycare employees to -- the census of the Adult Daycare, is there a State requirement and are we at that, you know, is that the right number?

**MR. CAREY:**

Well, I don't believe there is an actual State requirement for the census as compared to employee. It's just the State requires to maintain certain standards of care. And we are maintaining that with that level, yes.

**LEG. BROWNING:**

Good. But if our census changed in the Adult Daycare, say we got more or we got less, would we need or be able to change the Adult Daycare staffing?

**MR. CAREY:**

The current staffing would handle quite a bit more residents. We could probably add 10 to 20 more residents on and remain with the same exact staffing. The -- it's not an exact science because we're medical daycare. And medical daycare, if all 20 new residents are extremely complex, then we might need more. But, yes, our current staffing of eight could handle quite a bit more residents at no extra cost and a lot more profit.

**LEG. BROWNING:**

There you go. Are we working to try and improve our Adult Daycare and get more?

**MR. CAREY:**

Well, that brings us back to number one, it's operating without a Director. It has a Social Worker as the Acting Director, waiting for a SCIN for that. And, two, it would require the Budget for marketing and advertising, which, I don't -- from what I understand, that's not going to happen in the immediate future, but we'll have to work on it.

**LEG. BROWNING:**

It just seems the Adult Daycare is where we make some money; right? So --

**MR. CAREY:**

The potential is there to make money, yes.

**LEG. BROWNING:**

Yeah. Okay. Need I say more?

**LEG. KENNEDY:**

Hi, folks. How are you? Sorry that I'm late, but right on to point with the Daycare, have you -- are you aware of -- there's a piece of legislation, as a matter of fact, and we're going to be at a meeting on Friday -- as a matter of fact, Kevin, you're invited to that, right? You're coming to the Nursing Home Director's meeting over at the Bonwit?

**MR. CAREY:**

Correct, as did the County, yes.

**LEG. KENNEDY:**

Good, excellent. There is a piece of legislation, it's a modification of, I think, 2801 of Public Health Law, that would allow medical daycare models to absorb and care for social daycare models. Are you familiar with that?

**MR. CAREY:**

I've heard about it, yes.

**LEG. KENNEDY:**

Okay. So we are a medical daycare model?

**MR. CAREY:**

Correct.

**LEG. KENNEDY:**

Okay. But in the -- so then a social daycare model individual presumably would require a lesser degree of medical oversight, but nevertheless has the social need or whatever in order to have some place to go?

**MR. CAREY:**

Correct.

**LEG. KENNEDY:**

Good. So from the Department's perspective, that's a good piece of legislation to advocate for with our State delegation.

**MR. CAREY:**

Yes. Correct, yes.

**LEG. KENNEDY:**

Excellent. All right. I intend to bring that up on Friday to talk about. And I've already reached out to Senator Flanagan and Assemblyman Fitzpatrick. I don't know whether it's been reduced to bill form yet, but I know that the association is promoting this change and hopefully that's something that we will, you know, get some assistance with throughout the course of the year.

From a compliance perspective, the Director for our Daycare Program, is that something that -- in other words, is it just good -- good operation or good business to have a Director, or do we have to have this slot from a, you know, a licensing perspective or what have you?

**MR. CAREY:**

The current Social Worker, who's acting as Director, fulfills our requirement, our regulation requirement as a Director.

**LEG. KENNEDY:**

Okay.

**MR. CAREY:**

Hiring a Director would be beneficial in having somebody who once or twice a week could go out and market and could be aggressively marketing the place.

**LEG. KENNEDY:**

I see.

**MR. CAREY:**

And overseeing it, yes.

**COMMISSIONER TOMARKEN:**

But do you have a requirement to have a Director?

**MR. CAREY:**

We're required to have a Director. And our acting Social Worker fills that requirement, but she's -- she doesn't have the grade and she doesn't have the title, but she fulfills the requirement, yes.

**LEG. KENNEDY:**

Okay. Again, forgive me, there's just one other question, and maybe you've spoken about it already. I assume that we're probably down near the end of the agenda? Okay. MDS, tell me about the MDS again. How are we handling that these days? And are we -- you know, look, I don't know the particulars about MDS but I just keep hearing it's something that's critical and key to us getting the reimbursement that we're supposed to have and having it at the maximum level that we're supposed to have. How are we handling it these days?

**MR. CAREY:**

Right now we have an MDS Coordinator. And then we have each unit has an RN Unit Manager. And the RN Unit Manager's responsibility is to fill -- complete the MDS on the unit and then the MDS Coordinator oversees it. So, each unit manager does their piece of the MDS and then other department heads do their piece of the MDS. The Activities Director, Social Workers, they all fill in their piece of it and then the MDS Coordinator oversees it.

**LEG. KENNEDY:**

So, it's being handled in a timely manner, it's current, and we're billing, I guess, for the maximum that we can get in the way of reimbursement within the way the system is presently?

**MR. CAREY:**

Yeah, we are -- we have had instances of being late, a day or two late, but we're working on it. But for the most part, yes, it's working.

**COMMISSIONER TOMARKEN:**

The whole system -- the whole facility is using MDS?

**MR. CAREY:**

Yeah, we're required to. That was actually regulated by the State that we must do the -- electronically do MDS's and they must be filled out quarterly, and for a new admission or for

any significant change the MDS's must be done.

**LEG. KENNEDY:**

Okay. One other question, then, if you will and, again, I apologize. But electronically, you talk about electronically, where have we come today from where we were last month with moving over to the electronic medical records system?

**MR. CAREY:**

I believe we're waiting for approval from the County Exec's Office for a check to start the Webinar to start training our trainers.

**LEG. KENNEDY:**

How much is -- 14 grand, is that what we're looking for?

**MR. CAREY:**

Yeah, I believe they broke it down to two smaller checks, but we're still waiting for final approval, yes, for the 14 grand to train the trainers.

**LEG. KENNEDY:**

That's your understanding, Doctor?

**COMMISSIONER TOMARKEN:**

Yes. But there's more to it than just the Webinars, but yeah.

**LEG. KENNEDY:**

Well, from my perspective, if I was going to reach out to the County Executive, which there are a couple of other things that I need to talk to their office about contract-wise, what would I ask them about specifically with this? Kim, do you have a sense on it?

**MS. BRANDEAU:**

I could inquire and find out what's going on with it, but I'm not sure -- Kevin, what was the last that you heard?

**MR. CAREY:**

We broke the 14 -- the money down to get it started, would just be a \$1200 check to ADL to get the Webinar started. We would then use the Webinar, the ADL company would train our staff over the internet and that's just to get it started.

**MS. BRANDEAU:**

Were you waiting for a check to be cut? I mean, did you do a voucher already that's been approved and you're just waiting for a check? Or are you waiting for approval on a voucher?

**MR. CAREY:**

We're waiting for approval on a voucher.

**LEG. KENNEDY:**

You're going to talk to Budget, Kim?

**MS. BRANDEAU:**

I'll go right back and find out what's going on. I'll let you know.

**LEG. KENNEDY:**

Excellent. I would appreciate that because, you know -- well, everybody knows. Our sense there is sooner is better than later. Okay. I won't make you go through anything else. I guess

whatever else there is, we'll get caught up on it. Thank you.

**COMMISSIONER TOMARKEN:**

Any additional new business? Okay. We need to set a date for the next meeting.

**SIDE BAR CONVERSATIONS**

**COMMISSIONER TOMARKEN:**

So 10:00, April 25th, here in the Legislature. Thank you.

**LEG. BROWNING:**

You'll send out an e-mail?

**COMMISSIONER TOMARKEN:**

Yes. Motion to adjourn.

**MS. BRANDEAU:**

Motion.

**COMMISSIONER TOMARKEN:**

Legislator Browning, second. Kim Brandeau. All in favor? Opposed? Abstentions? We're adjourned. Thank you.

**THE MEETING CONCLUDED AT 10:53 AM**