

**AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, August 27, 2013
12:00 Noon**

12:00 I. Call to Order

12:01 II. Privilege of the Floor – Anyone may address the Board of Health (max. 3 mins.)

12:04 III. Approval of July 9, 2013 Minutes (2 mins.)

12:06 IV. Financial Summary (9 mins.)

12:15 V. Old Business (15 mins.)

Administration

Children with Special Care Needs

Medical Director's Report

County Attorney's Report

Division for Community Health

Environmental Health

12:30 VI. New Business

12:30 ***Environmental Health*** (40 mins.)

Enforcement Action:

1. Resolution #12.17.29 – revised - Hanshaw Village Mobile Home Park, T-Dryden, Violation of Subpart 5-1 and Part 17 of the New York State Sanitary Code (MHP/Water) (5 mins.)

2. Resolution #13.18.15 – Beaconview Mobile Home Park, T-Dryden, Violation of Subpart 5-1 of the New York State Sanitary Code (Water) (5 mins.)

3. Resolution #13.18.10 – J-A-M Mobile Home Park, T-Lansing, Violation of Subpart 5-1 of the New York State Sanitary Code (Water) (10 mins.)

4. Resolution #13.14.11 – John Joseph Inn and Elizabeth Restaurant, T-Lansing, Violation of Subpart 5-1 of the New York State Sanitary Code (Water) (5 mins.)

5. Resolution #13.11.17 – Lao Village, T-Ulysses, Violation of Part 14-2 of the New York State Sanitary Code (Temporary Food Service) (10 mins.)

6. Resolution #13.20.16 – Heidi Pane/Leisure Lane, T-Dryden, Violation of Article VI of the Tompkins County Sanitary Code (Sewage) (5 mins.)

1:10 ***Adjournment***

**Board of Health
July 9, 2013
12:00 Noon
Rice Conference Room**

Present: Will Burbank; Brooke Greenhouse; James Macmillan, MD, President; Patrick McKee; and Janet Morgan, PhD

Staff: Sylvia Allinger, Director of CSCN; Liz Cameron, Director of Environmental Health; Sigrid Connors, Director of Patient Services; Brenda Grinnell Crosby, Public Health Administrator; William Klepack, MD, Medical Director; Jonathan Wood, County Attorney; and Shelley Comisi, Keyboard Specialist

Excused: Amy DiFabio, MD; Michael McLaughlin, Jr.; Patricia Meinhardt, MD; and Frank Kruppa, Public Health Director

Privilege of the Floor: No one was present for Privilege of the Floor.

Dr. Macmillan called the regular meeting of the Board of Health to order at 12:09 p.m.

Approval of June 11, 2013 Minutes: Dr. Morgan moved to approve the minutes of the June 11, 2013 meeting as written; seconded by Mr. Greenhouse; carried unanimously.

Financial Summary: Ms. Grinnell Crosby did not have a report for the month but should have one prepared for August.

Administration Report: Mr. Kruppa was absent from the meeting.

It was noted the Board will be meeting the fourth Tuesday of the month beginning in August; the next meeting to be held August 27th. An updated schedule of meeting dates will be sent to members.

Medical Director's Report: Dr. Klepack invited questions and/or comments regarding his written report that included an article discussing a 5-tier health impact pyramid as a framework for public health action.

Dr. Morgan noted there was no mention of gun violence as a public health issue and thought it was a glaring omission.

Dr. Klepack commented the pyramid is an important hierarchy to begin thinking about public health interventions. Most physicians are involved at the level of providing information to the individual in an attempt to persuade the person to make changes. It is challenging when dealing with strongly rooted cultural behaviors such as the current epidemic of obesity.

Dr. Macmillan referred to the base of the pyramid representing socioeconomic variables. These variables include poverty and education levels which are social determinants of health. Data from developing countries supports the idea that educating

the population will improve economic viability. In the United States, there is a financial burden on students wanting to obtain additional education and/or training. It is important to address the issue and encourage education in a cost-effective way. Another policy issue to consider is how public health can impact behaviors that are not within the traditional purview of public health. There is a need to be thinking “outside the box” while trying to be efficient with financial resources.

Mr. Greenhouse thought the article was fascinating but wondered how the concept could be implemented. Dr. Klepack responded local and state health units can float ideas. If there is public reaction, then it must be determined whether there is political support for regulation. Society must decide what is tolerable in the discussion of individual choice versus regulation.

Dr. Klepack stated the hydrofracking issue is an example of the Board of Health enacting the pyramid’s hierarchy. After reviewing the matter, the Board issued a statement in an effort to assist New York State Department of Health (NYSDOH) prepare its health impact assessment of hydrofracking. Based on that assessment, the New York State Department of Environmental Conservation (NYSDEC) may modify regulations governing the process that will result in the public health risk being eliminated or reduced.

Mr. McKee thought the health impact pyramid promotes a broader view of public health. Unemployment and education are public health issues to be considered. The fact that resources directed at the top of this pyramid have the least impact suggests the need for setting public health policy.

Dr. Macmillan noted traditionally efforts have been directed toward the top of the pyramid. Some of the emphasis is turning away from clinical care delivery; however, access to medical care is not universal. There will be individuals dependent upon someone caring about their needs. Taking a broader view makes sense but empowering the public health sector to have some impact on policy remains a concern.

Division for Community Health Report: Ms. Connors had no additions to her written report.

Children with Special Care Needs Report: Ms. Allinger had nothing to add to her report.

County Attorney’s Report: Mr. Wood stated he had nothing to report.

Environmental Health Report: Ms. Cameron reported the application of endothall for treating hydrilla in Cayuga Inlet is scheduled for July 16th.

Approval of Licensed Home Care Services Agency (LHCSA) policy and procedure revisions: Ms. Connors explained the following three policies provide direction to the LHCSA program.

1. **Admission, Plan of Care and Discharge for Maternal-Child, MOMS Clients:** Covers the admission, plan of care and discharge procedures for clients.
2. **Client Services:** Outlines the kind of services to be provided.
3. **Medical Orders:** Describes the process and timelines for medical orders.

Mr. Greenhouse moved to accept the three policies as written; seconded by Dr. Morgan.

Mr. Greenhouse noted the second sentence of the first policy states clients will not be denied service based on an inability to pay. He asked if there are mechanisms in place to help clients obtain financial assistance. As a part of the billing process, Ms. Connors replied staff refers clients to any programs for which they may be eligible. Although clients will not be denied service, they may be asked to pay according to a sliding-fee scale or payment plan.

Dr. Morgan referred to the first policy “Plan of Care Procedure” that includes a list of assessments and wondered whether it should include goals and implementation interventions. Ms. Connors responded the MOMS program gives specific direction to each of those areas in a separate policy in the MOMS manual. Since there must be separate manuals for the MOMS program and the LHCSA, she is matching the standards of each to avoid creating duplicate policies. For clarity, she could add the specific policies to the “References” section on page two.

Dr. Morgan noticed the need for palliative care appears in blue font under the “Plan of Care Procedure” section in the first policy. To obtain the LHCSA license, Ms. Connors explained the policies went through an internal review followed by a NYSDOH review. New regulations were passed so this requirement was added. The blue font indicates the tracking of edits.

The time requirement in the third policy states medical orders shall be authenticated by an authorized practitioner within 30 days. Ms. Connors added if that medical authorization is not obtained within the timeframe of the insurance company, the claim cannot be submitted. After 90 days, the Health Department cannot bill.

The vote to approve the three policies, as written, carried unanimously.

Adjourn to Executive Session: At 12:30 p.m. Mr. Burbank moved to adjourn to Executive Session for the purpose of discussing a personnel matter related to the 2014 budget; seconded by Mr. McKee; and carried unanimously.

Out of Executive Session: At 1:00 p.m. Mr. Greenhouse moved to adjourn from Executive Session, seconded by Dr. Macmillan, and carried unanimously.

Adjournment: At 1:07 p.m. Dr. Macmillan moved to adjourn the meeting; seconded by Mr. Greenhouse; and carried unanimously.

Dashboard Display thru July 2013

	Expenditures	Revenues
Health Department		
Mandates		
Non-Mandates		
Preschool Special Education		
Plng. & Coord. (Health)		
Women, Infants & Children		
Occupational Hlth.& Sfty.		
Medical Examiner		
Vital Records		
Division For Community Health		
Medical Examiner Program		
Plng. & Coord. Of C.S.N.		
Phys.Handic.Chil.Treatmnt		
Early Intervention (0-3)		
Environmental Health		
Public Health State Aid		

LAST REFRESH: August 16, 2013

EXPENDITURES

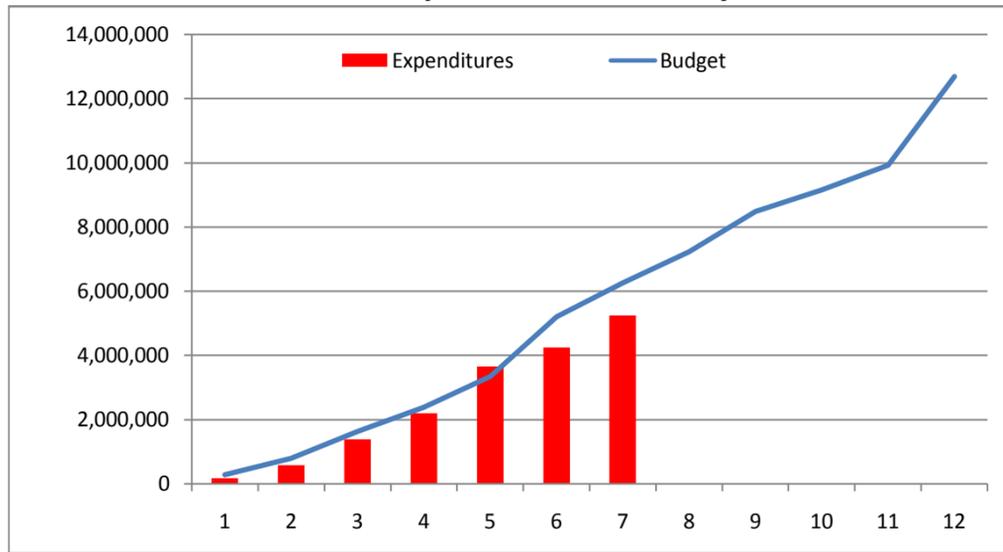
Cumulative to date compared to budget (over budget by more than 15% = Red, between 110% and 115% of budget = Yellow, below 110% of budget = Green)

REVENUES

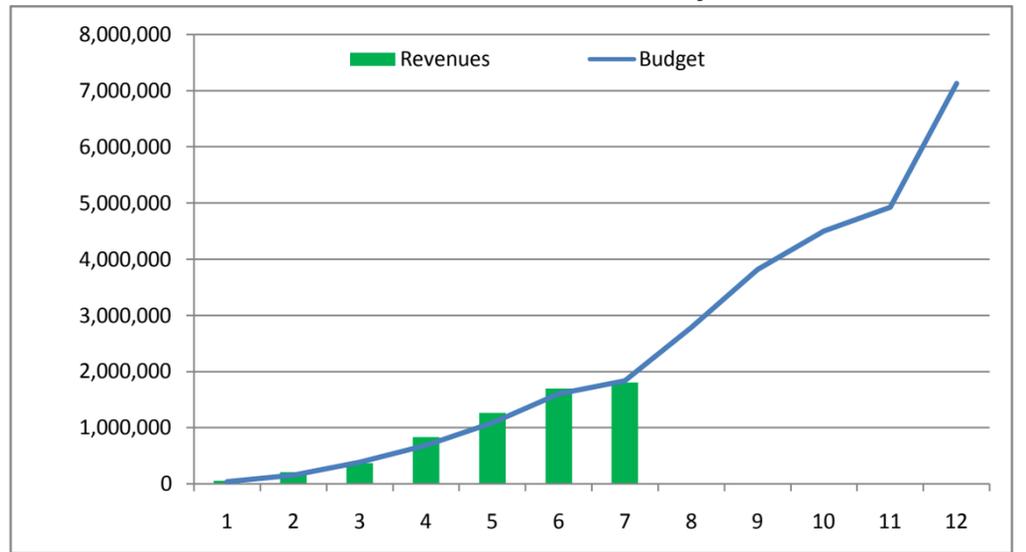
Cumulative to date compared to budget (over = Green, above 90% of budget = Yellow, below 90% of budget = Red)

Tompkins County Health Department

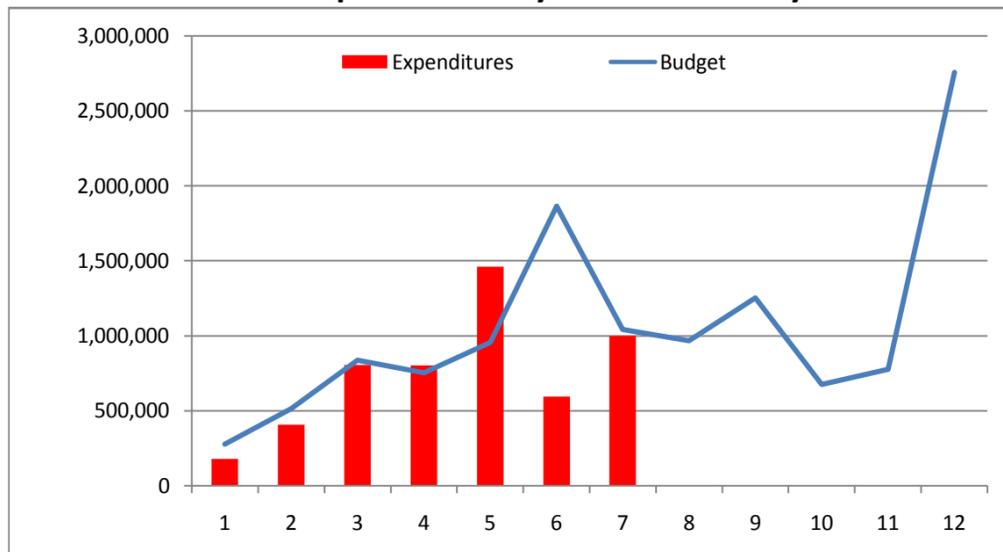
Cumulative Expenditures thru July 2013



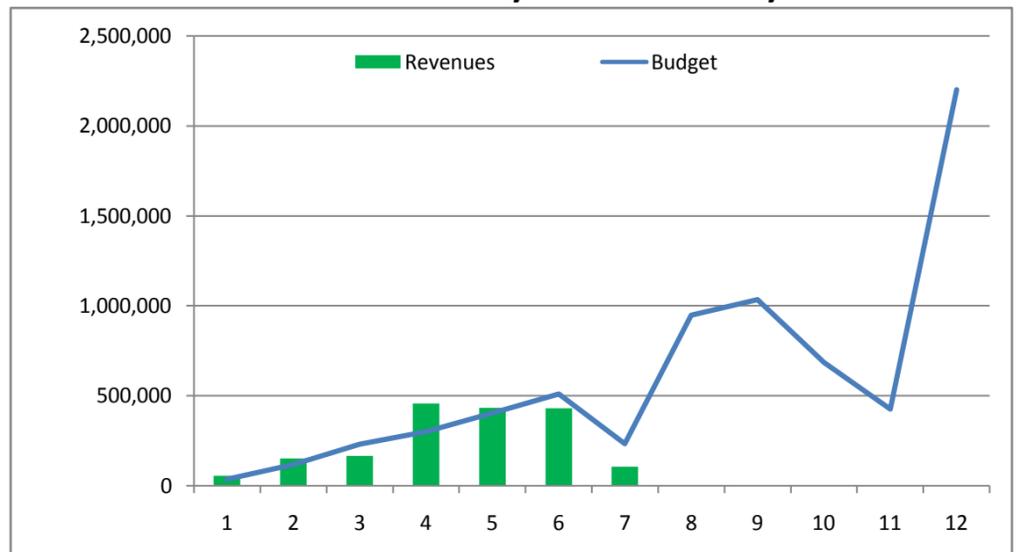
Cumulative Revenues thru July 2013



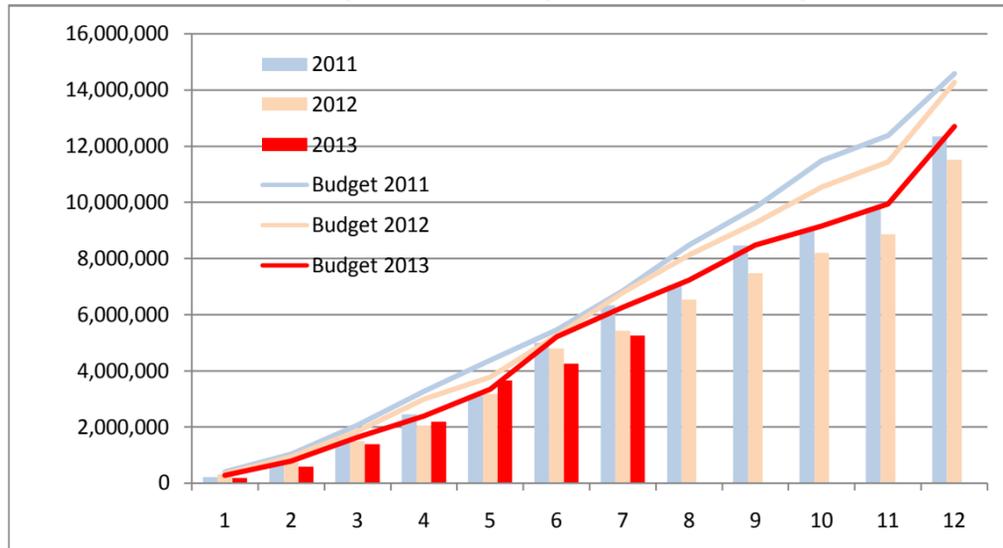
2013 Expenditures by month thru July



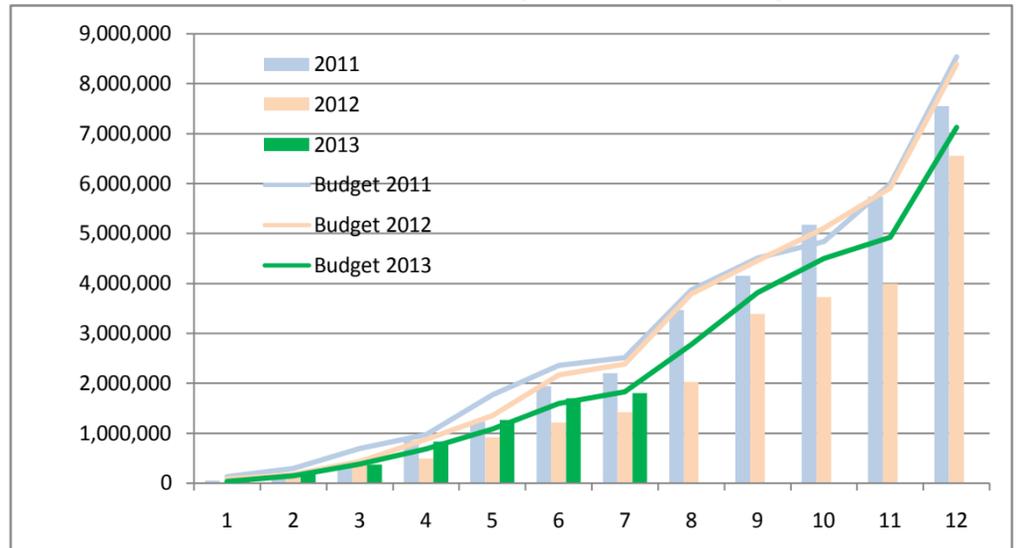
2013 Revenues by month thru July



Cumulative Expenditures by month thru July 2013



Cumulative Revenues by month thru July 2013

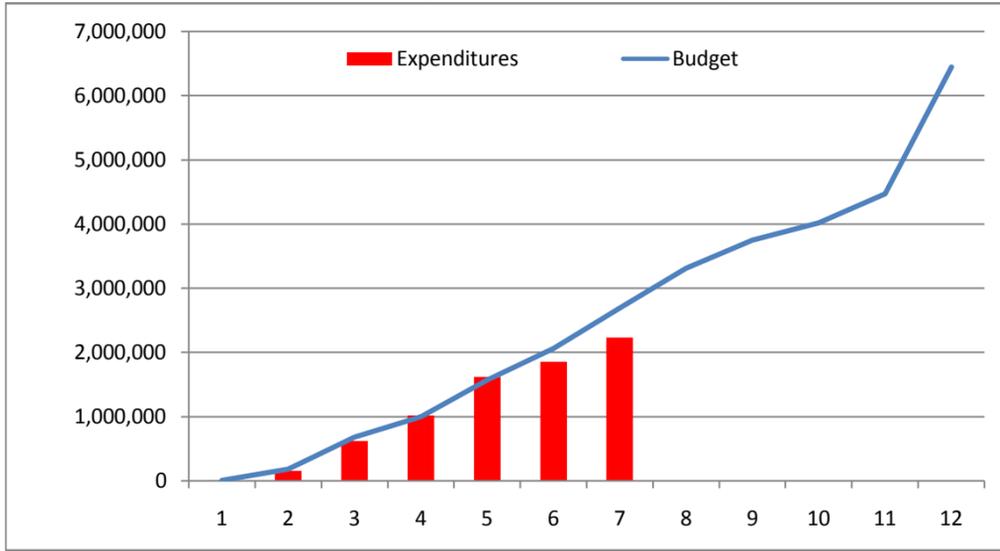


The budget line for each graph is based on the average of the prior two years actuals in a given month as a percent of the total applied to the current years budget.

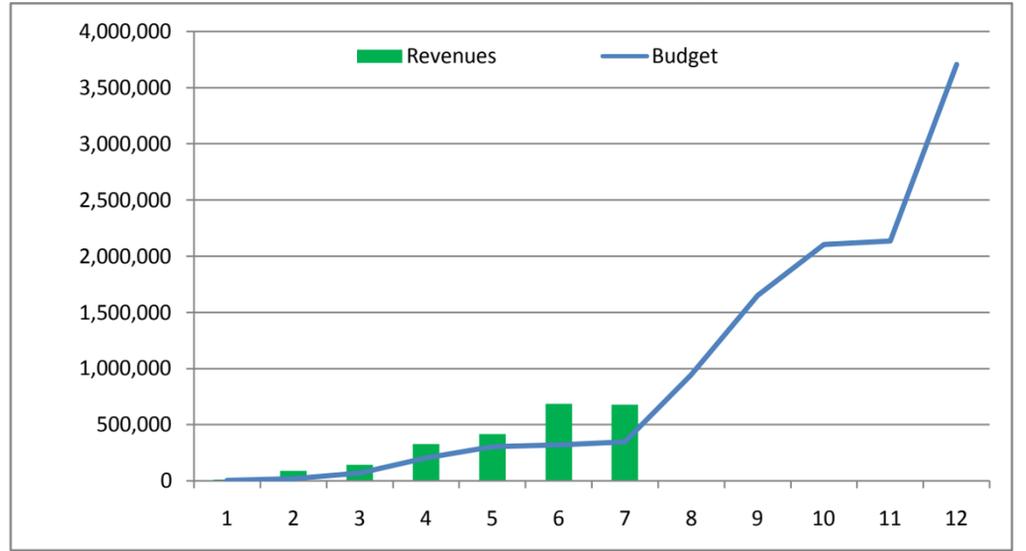
Notes:

Health Department Mandate Accounts

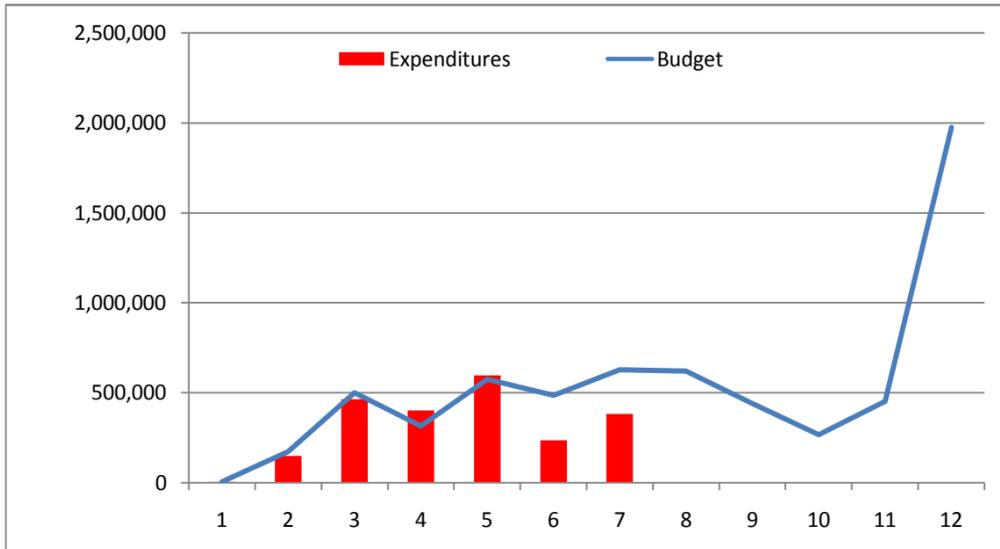
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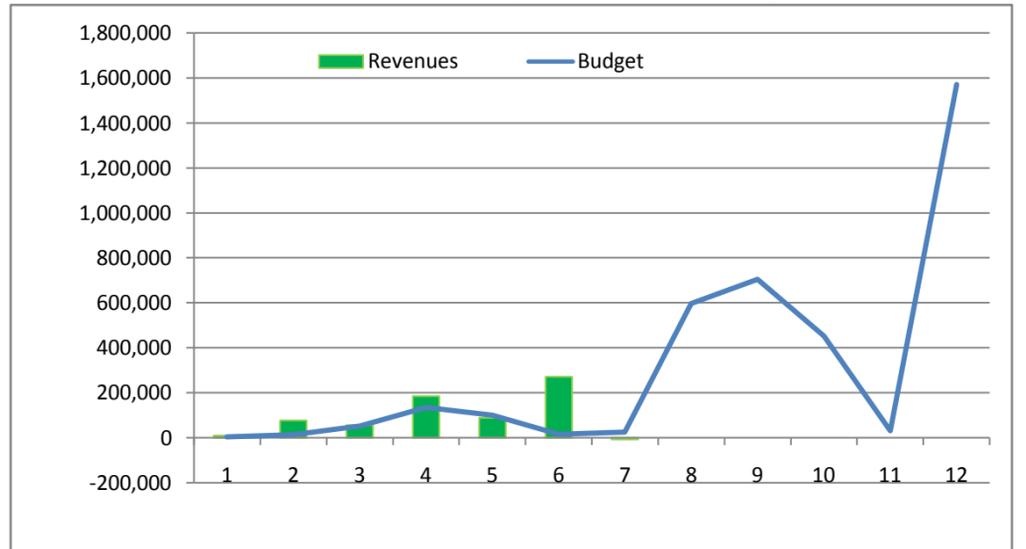
Cumulative Revenues thru July 2013



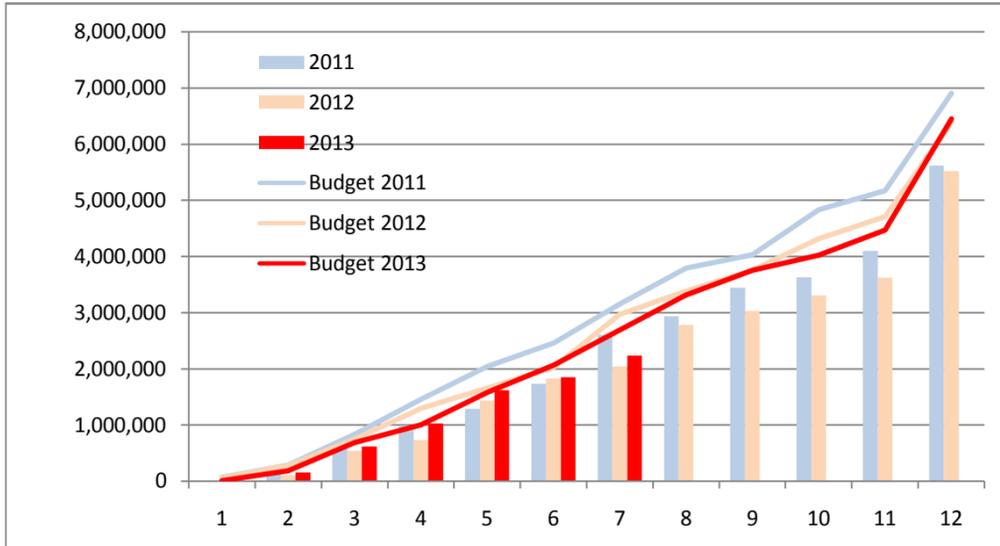
2013 Expenditures by month thru July



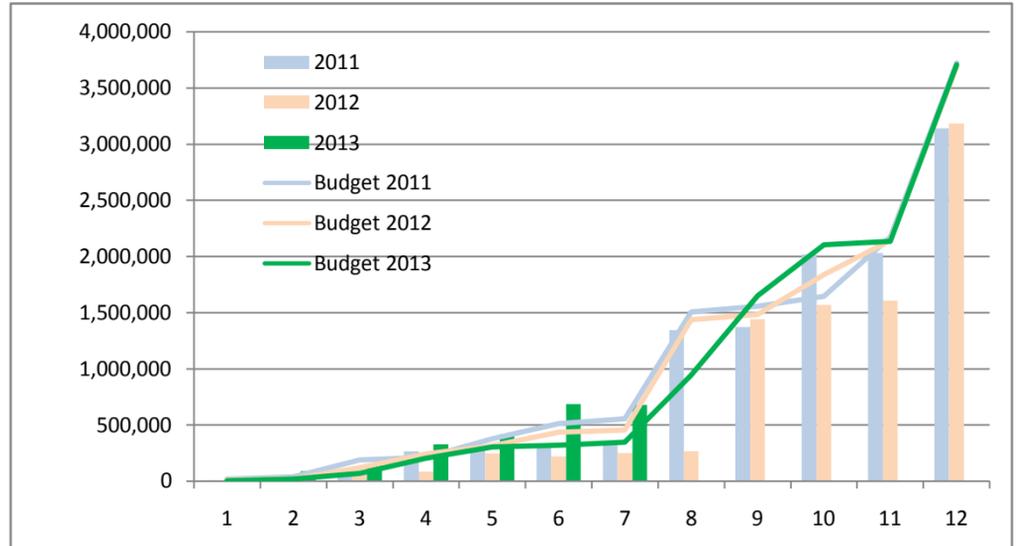
2013 Revenues by month thru July



Cumulative Expenditures by month thru July 2013



Cumulative Revenues by month thru July 2013

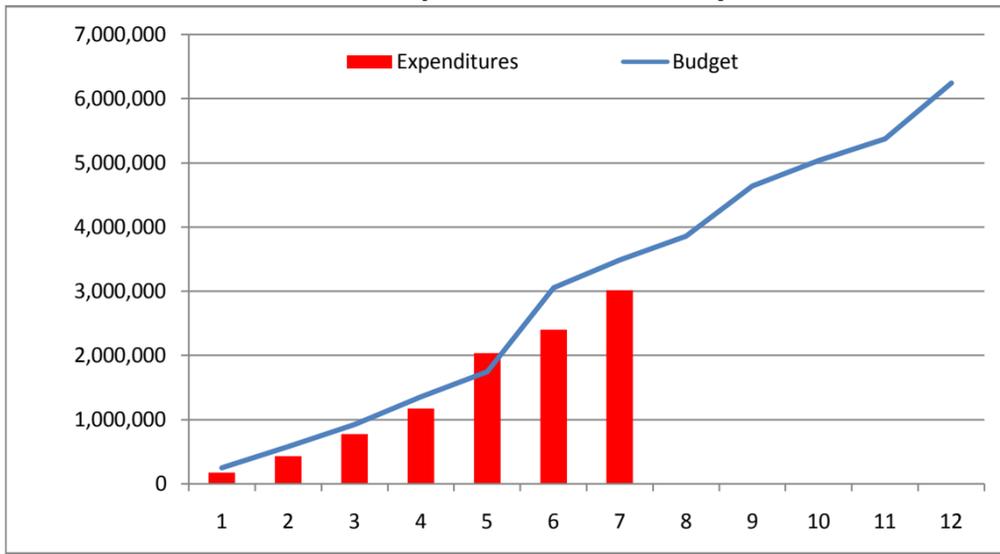


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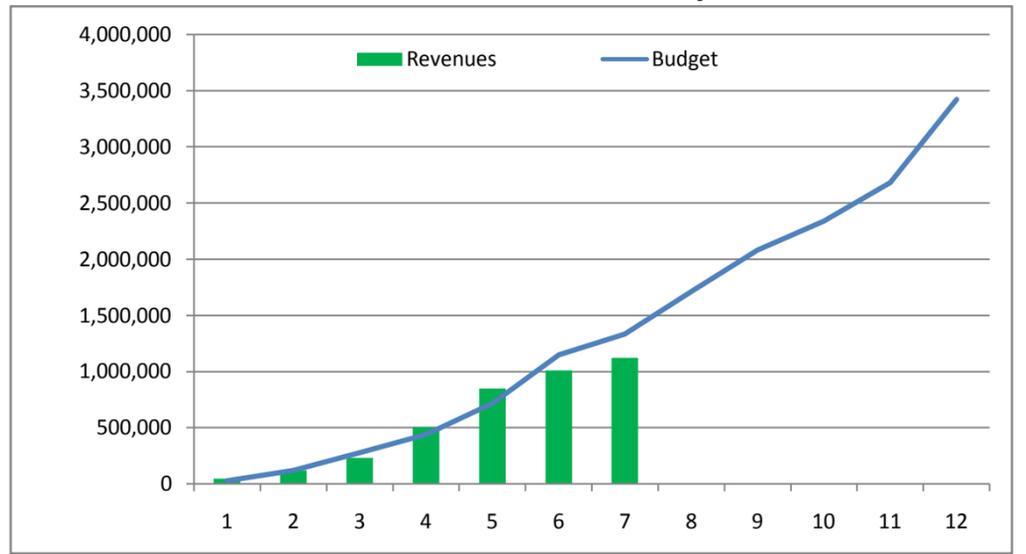
Notes:

Health Department Non-Mandate Accounts

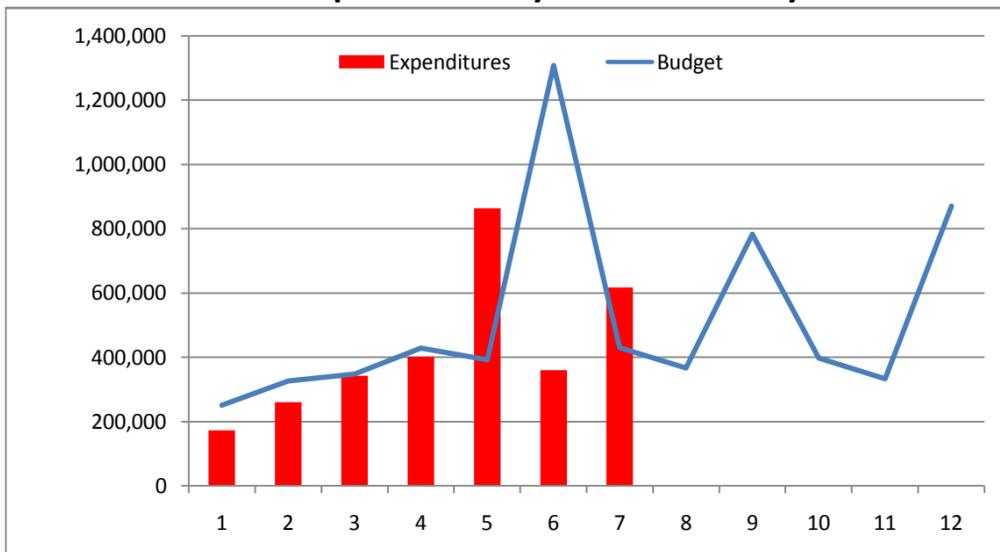
Cumulative Expenditures thru July 2013



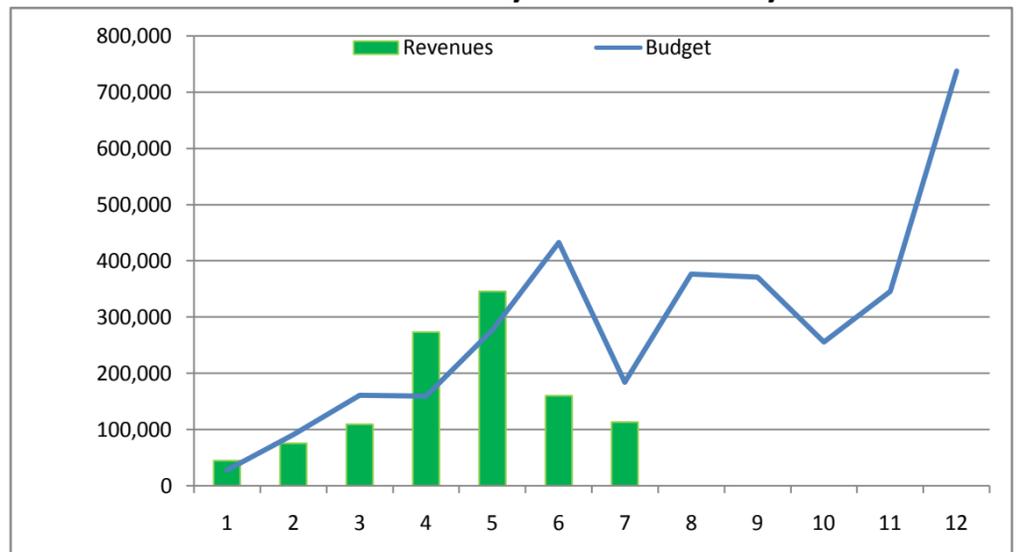
Cumulative Revenues thru July 2013



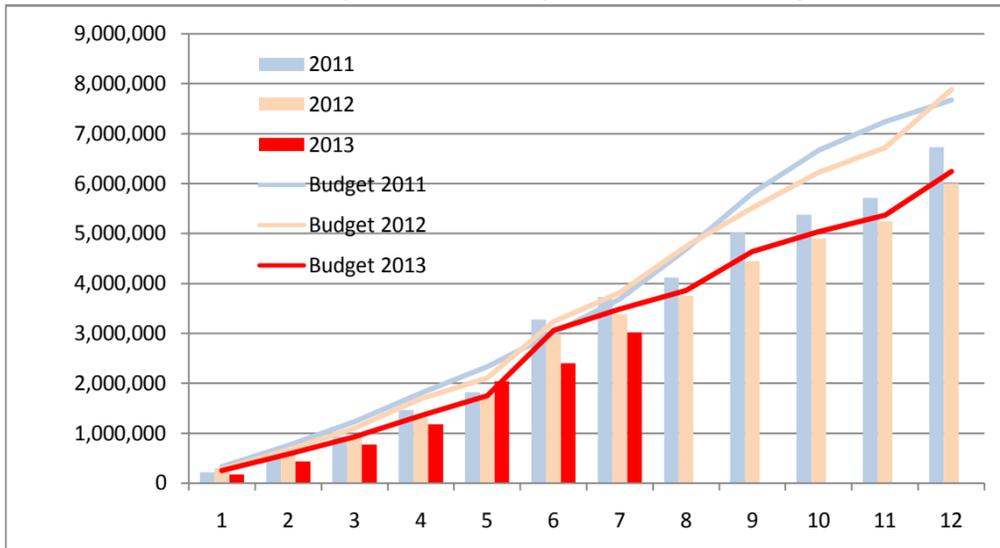
2013 Expenditures by month thru July



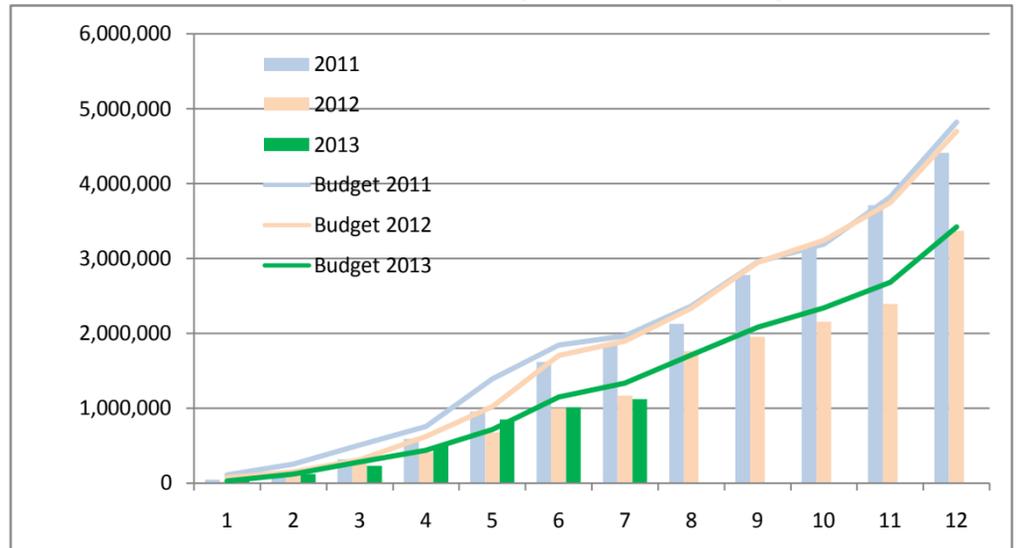
2013 Revenues by month thru July



Cumulative Expenditures by month thru July 2013



Cumulative Revenues by month thru July 2013

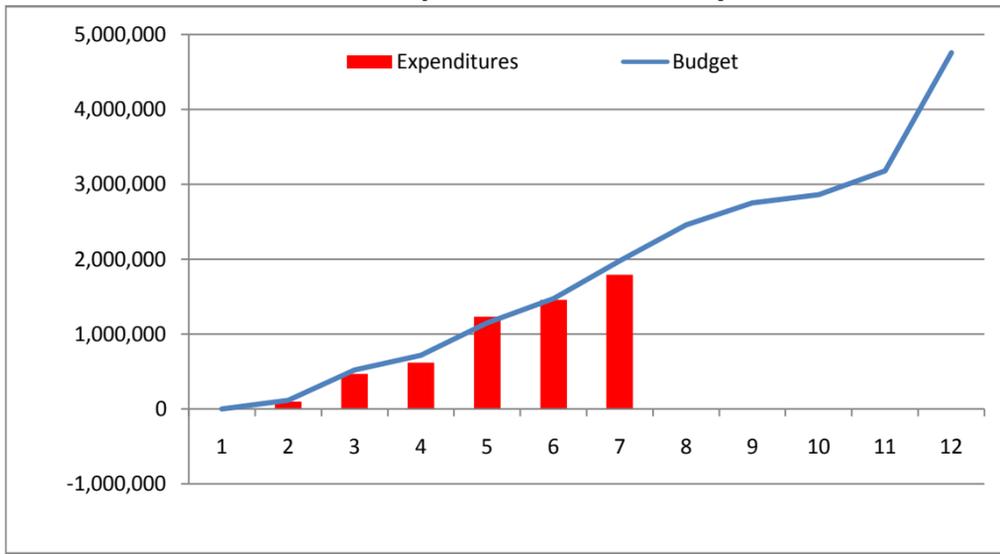


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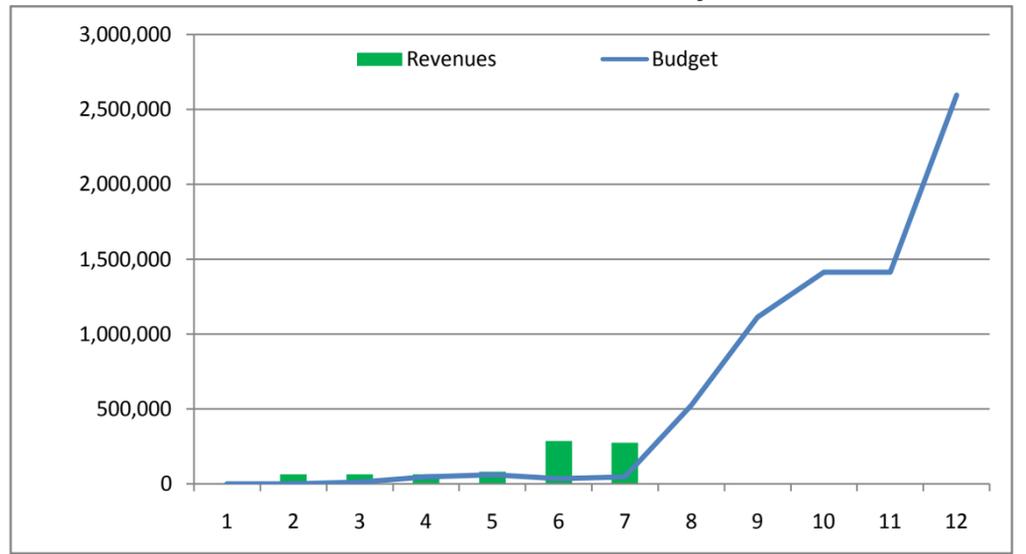
Notes:

Health Department - Preschool Special Education

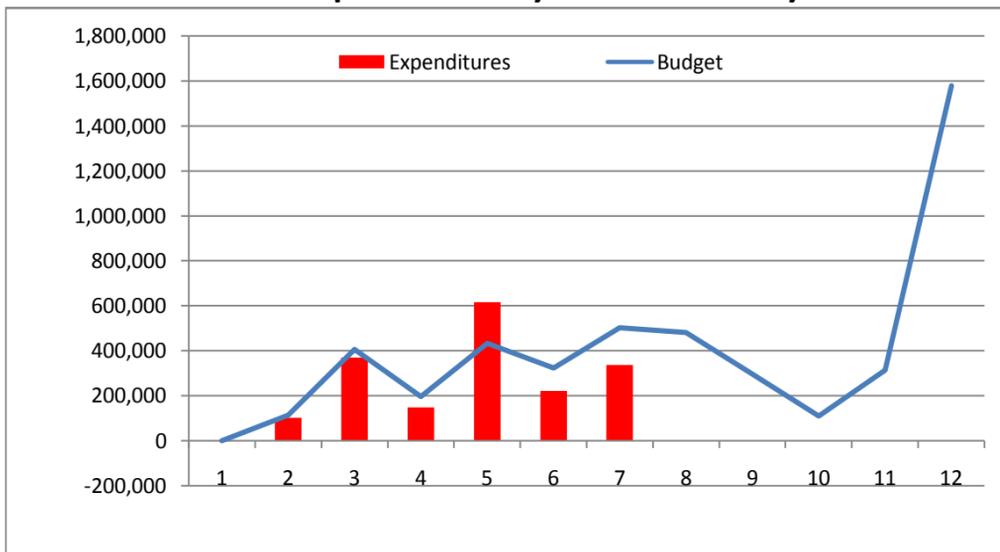
Cumulative Expenditures thru July 2013



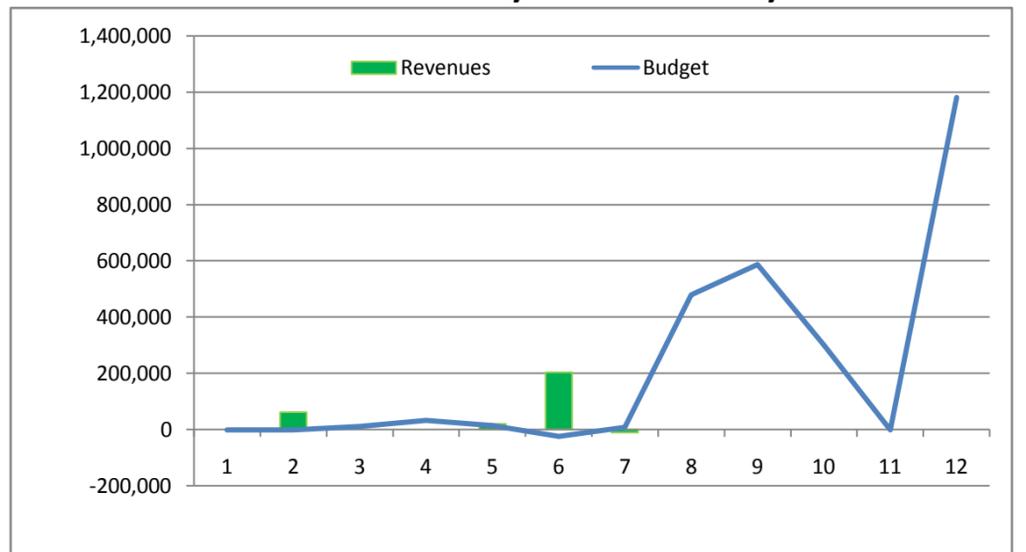
Cumulative Revenues thru July 2013



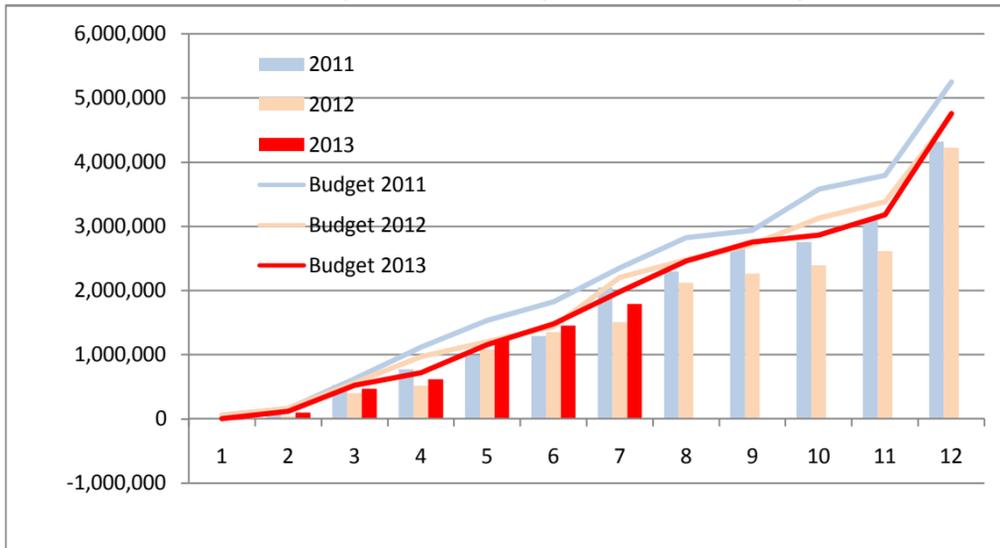
2013 Expenditures by month thru July



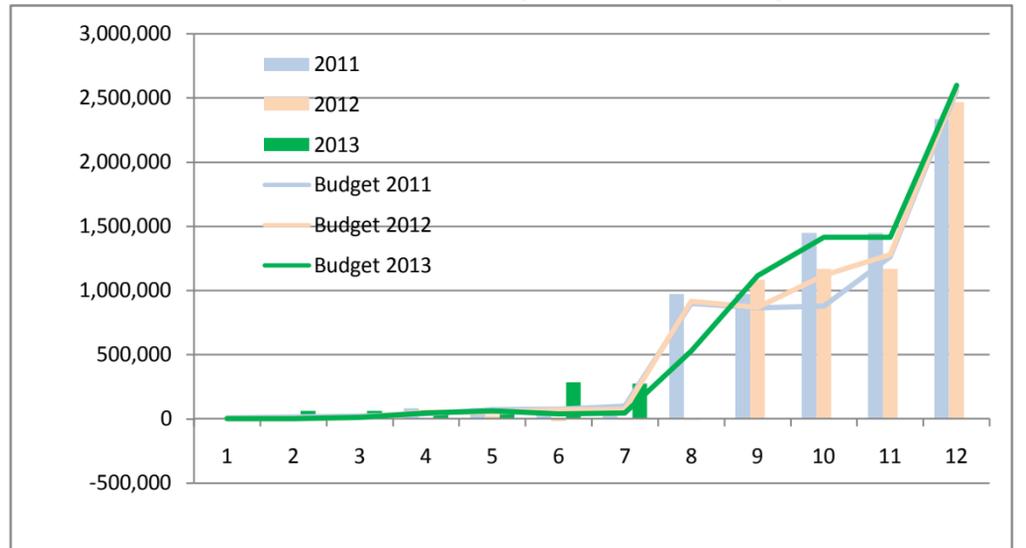
2013 Revenues by month thru July



Cumulative Expenditures by month thru July 2013



Cumulative Revenues by month thru July 2013

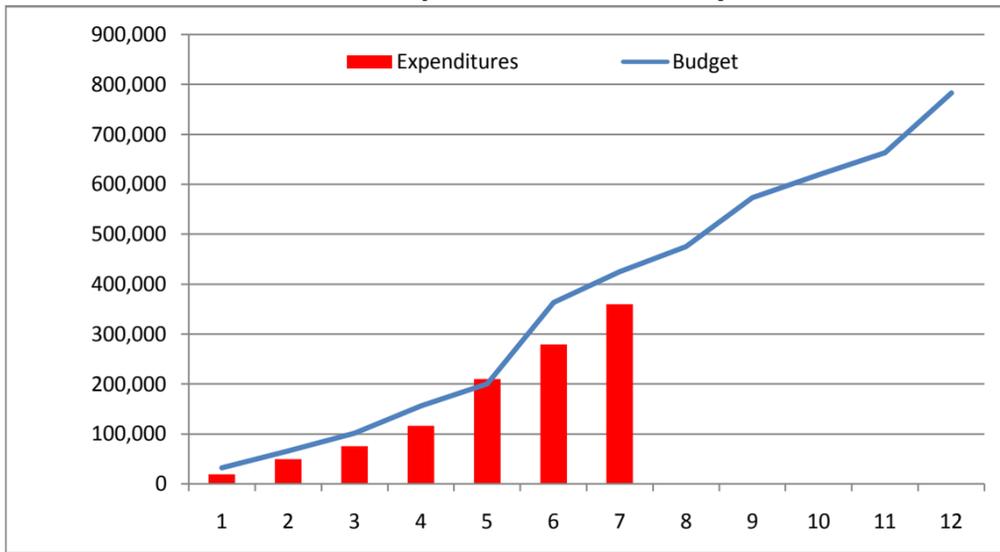


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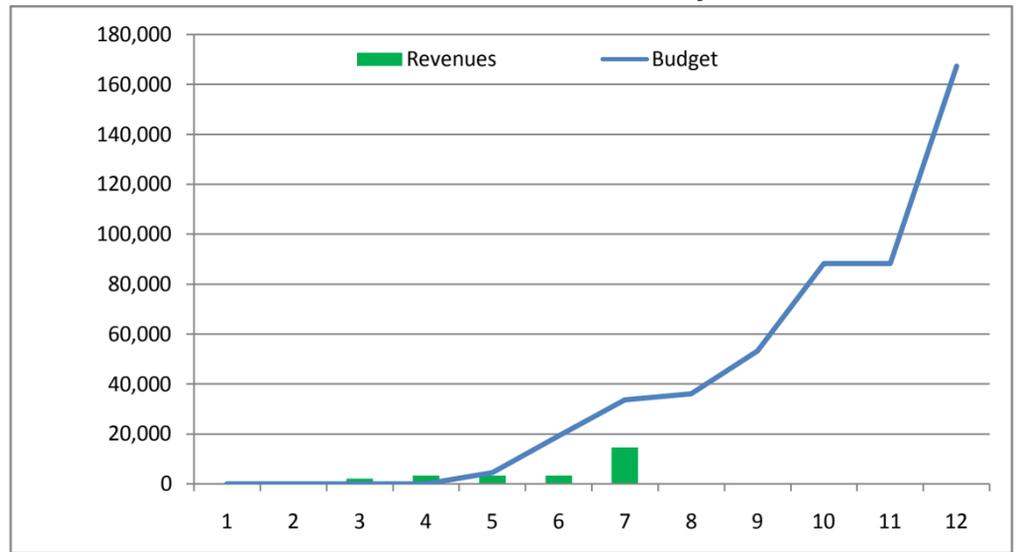
Notes:

Health Department - Planning and Coordination

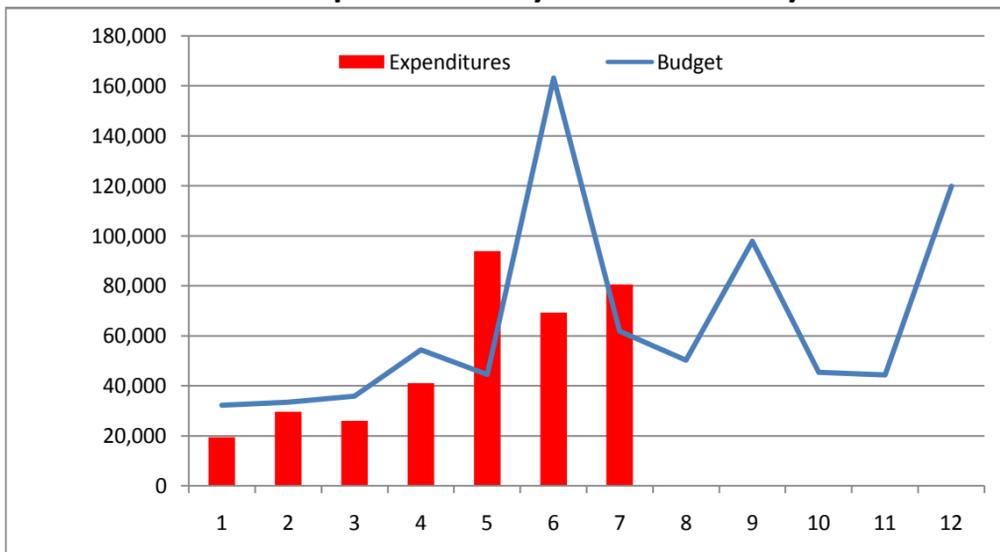
Cumulative Expenditures thru July 2013



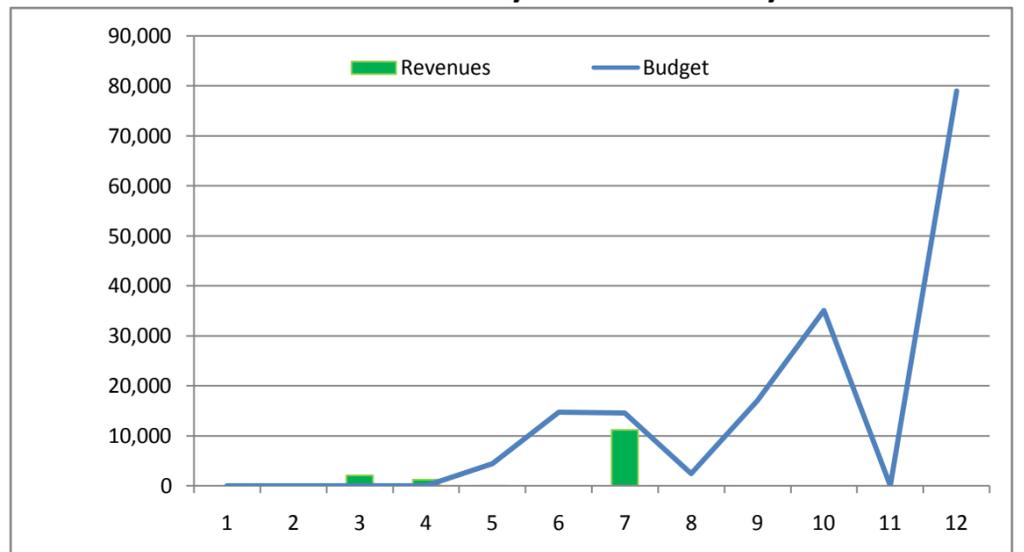
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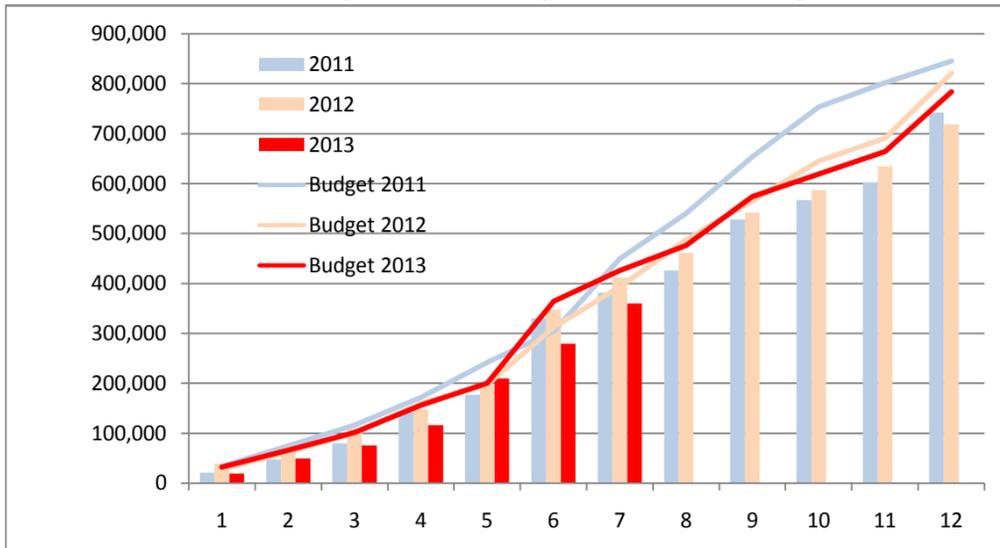
2013 Expenditures by month thru July



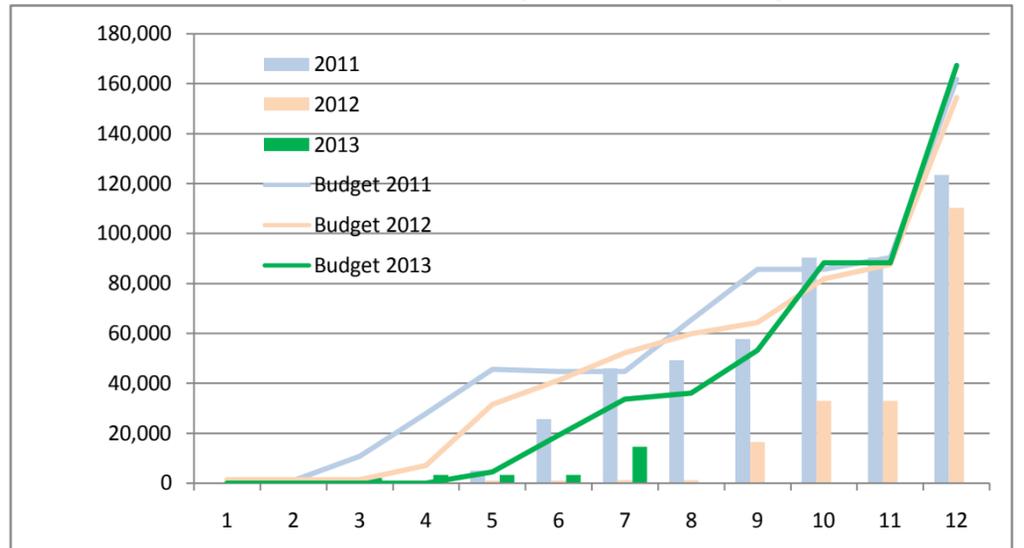
2013 Revenues by month thru July



Cumulative Expenditures by month thru July 2013



Cumulative Revenues by month thru July 2013

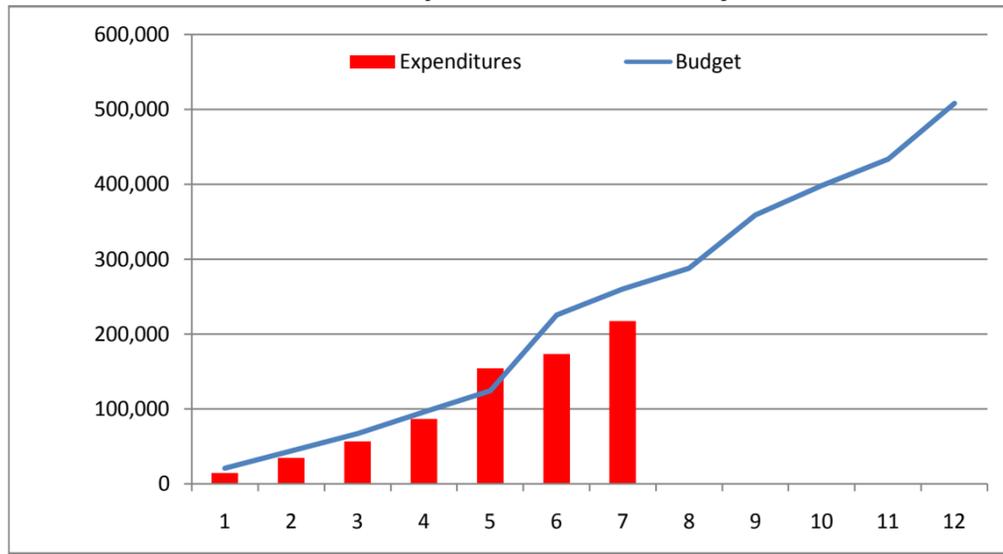


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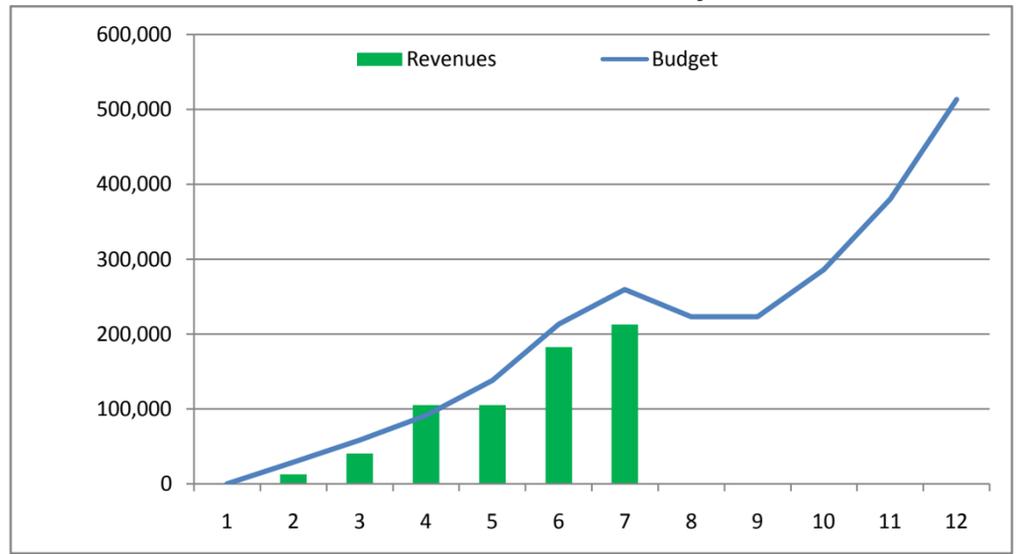
Notes:

Health Department - Women, Infants & Children

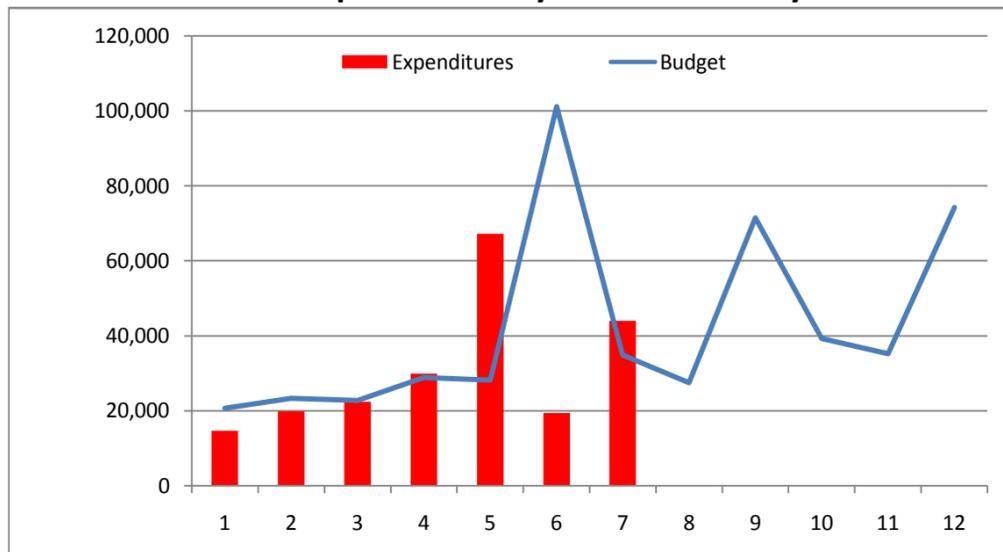
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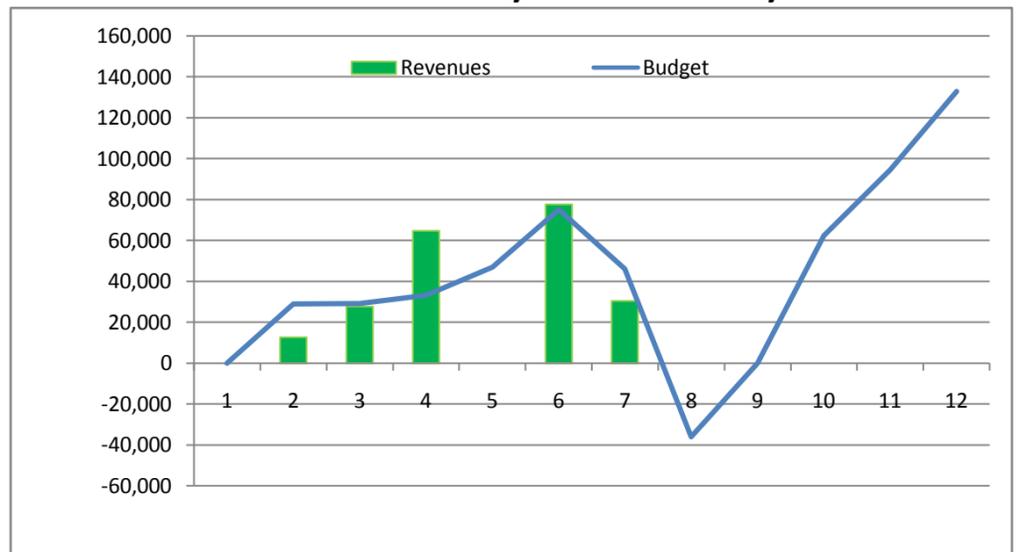
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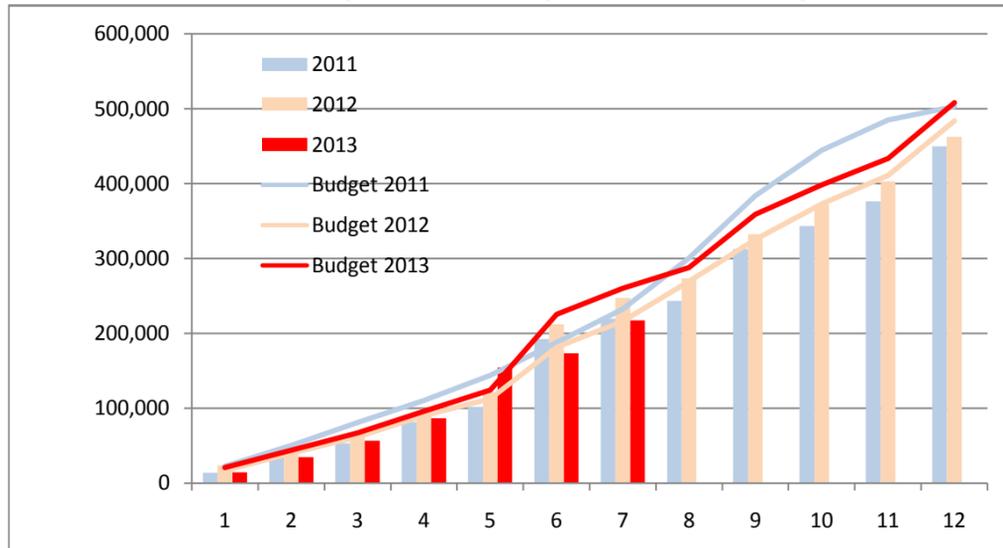
2013 Expenditures by month thru July



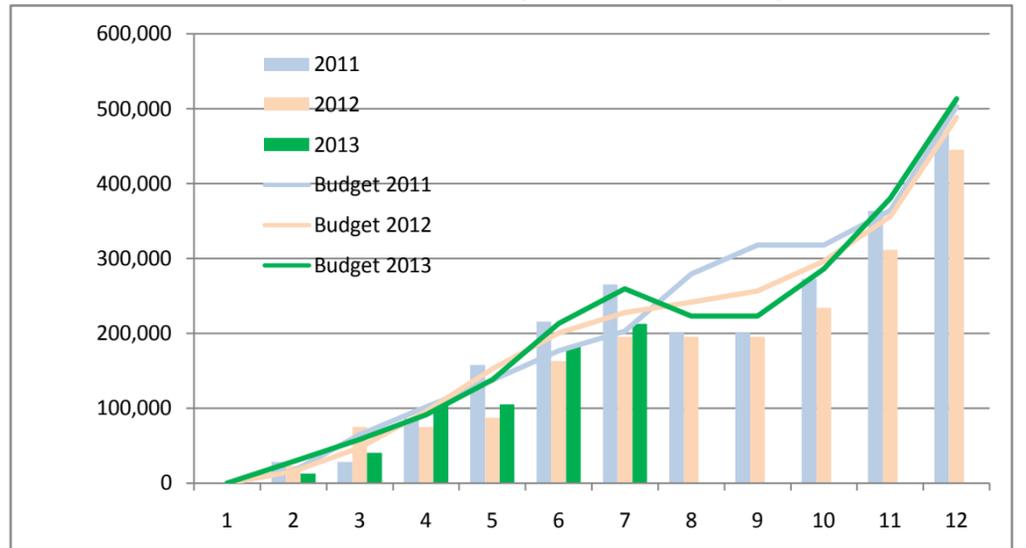
2013 Revenues by month thru July



Cumulative Expenditures by month thru July 2013



Cumulative Revenues by month thru July 2013

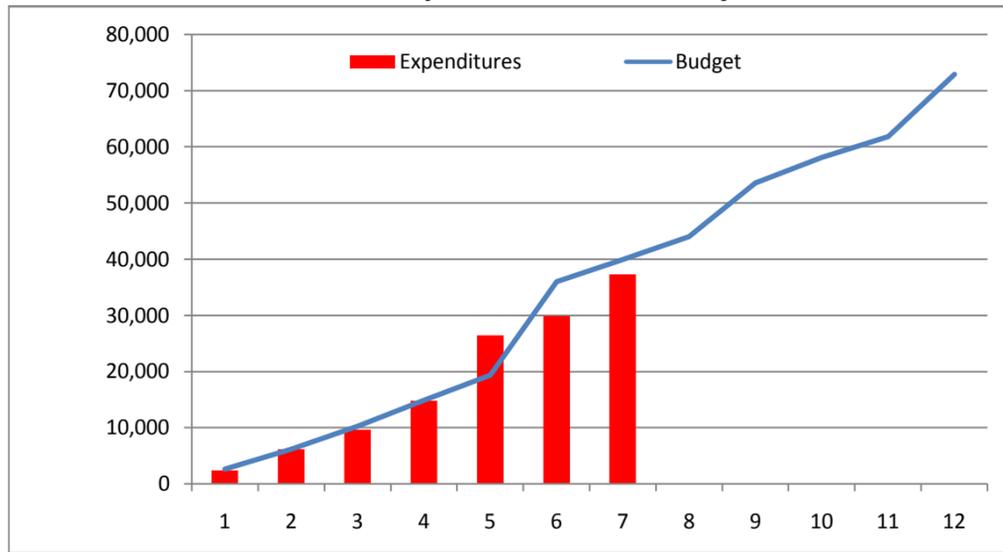


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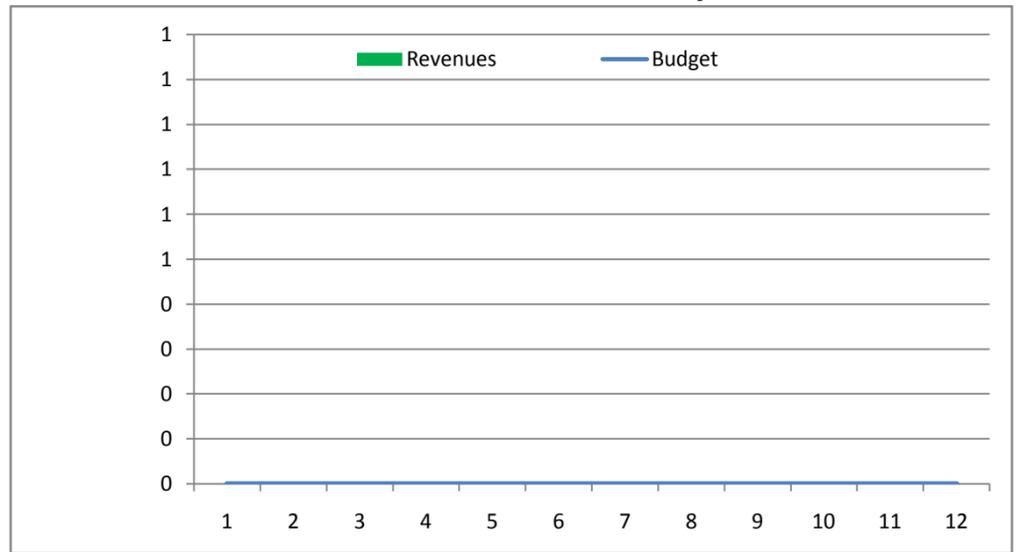
Notes:

Health Department - Occupational Health & Safety

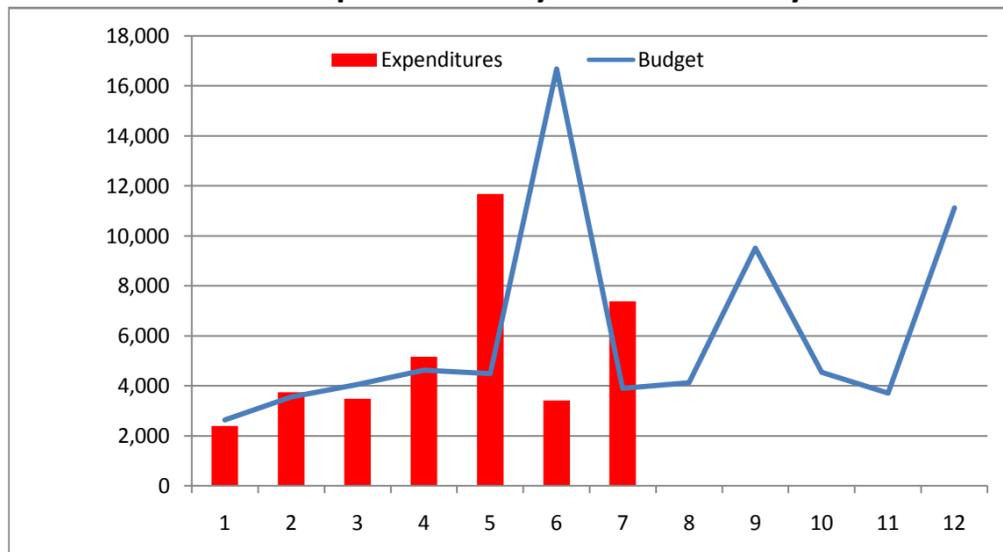
Cumulative Expenditures thru July 2013



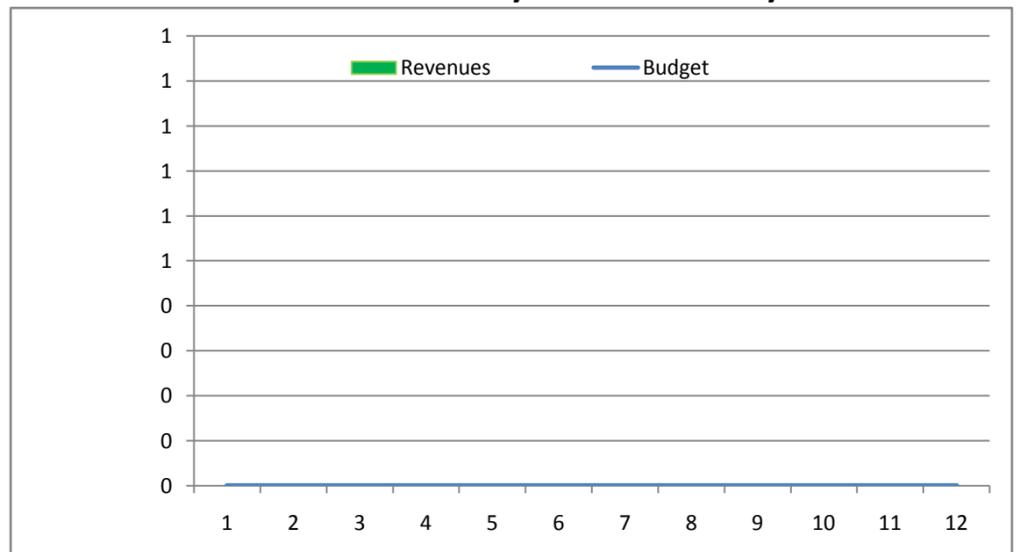
Cumulative Revenues thru July 2013



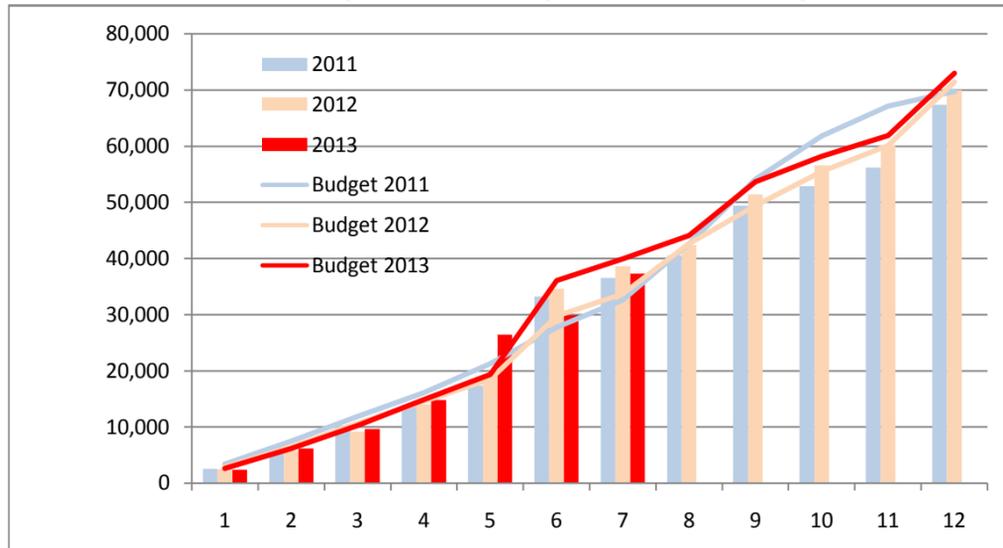
2013 Expenditures by month thru July



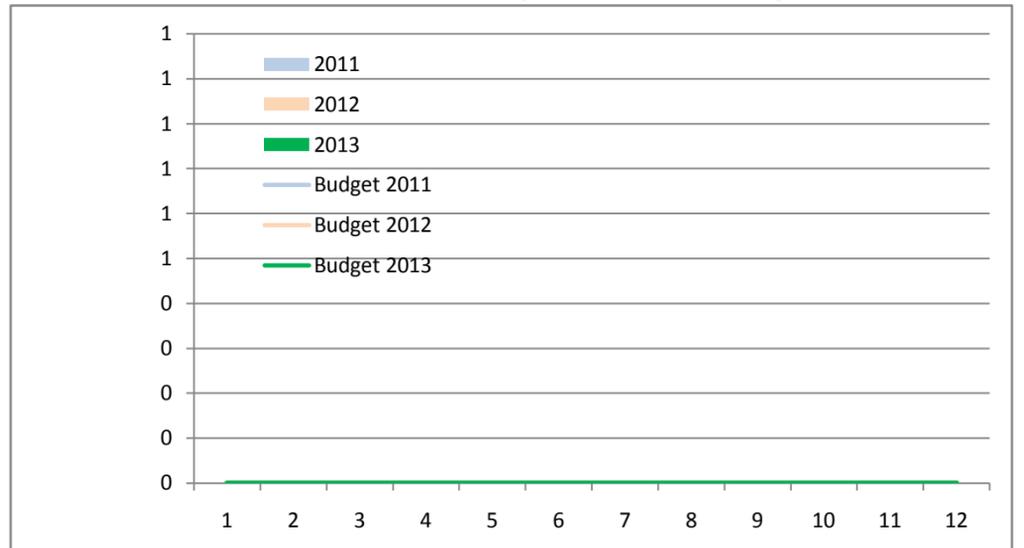
2013 Revenues by month thru July



Cumulative Expenditures by month thru July 2013



Cumulative Revenues by month thru July 2013

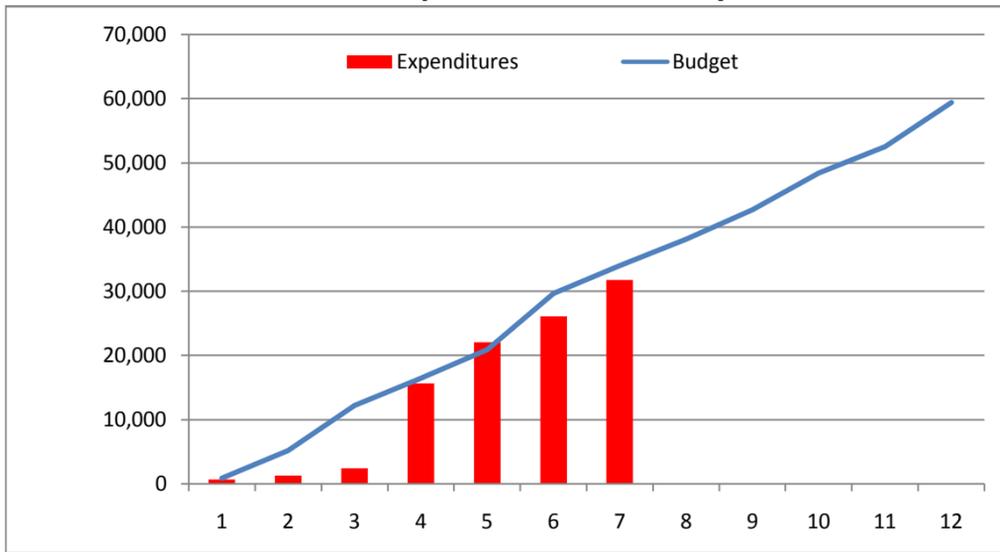


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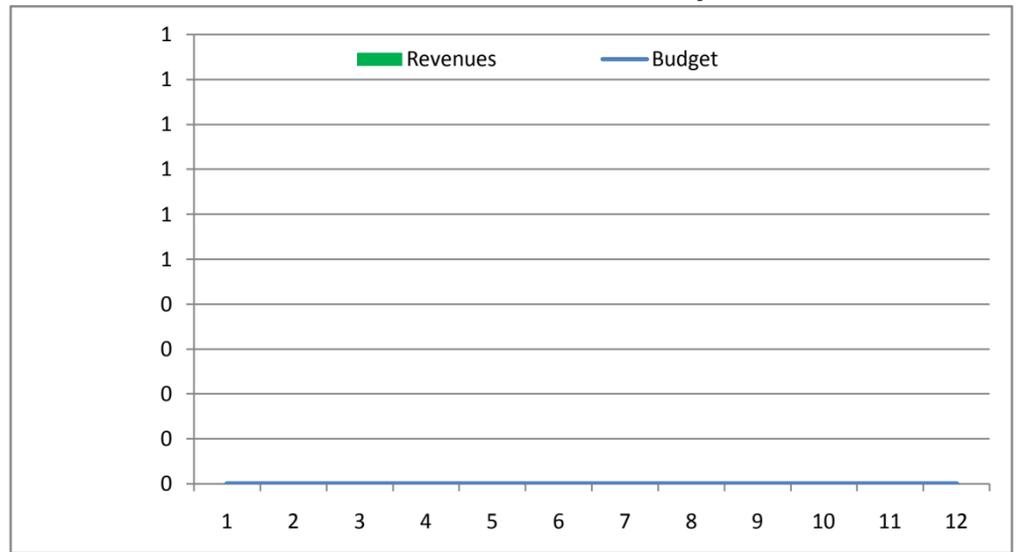
Notes:

Health Department - Medical Examiner

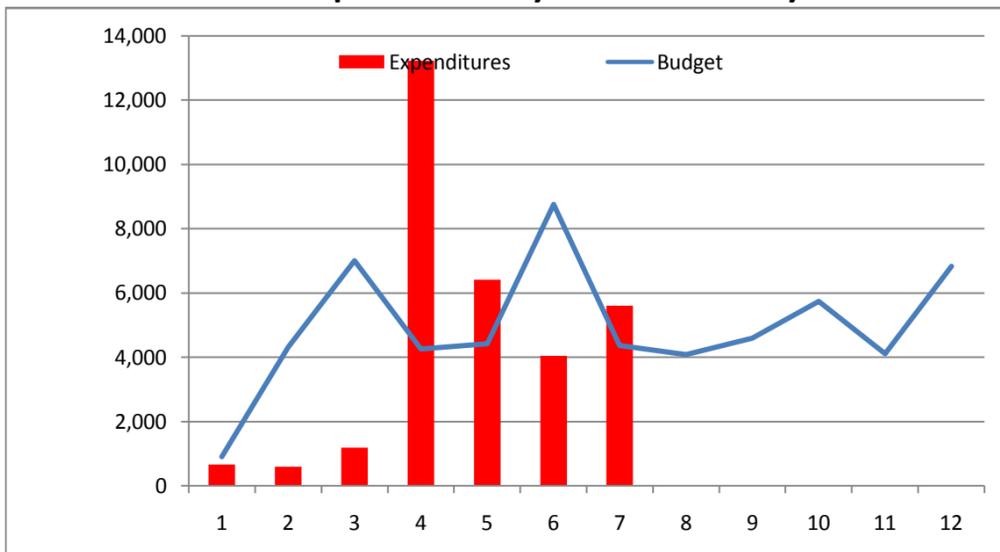
Cumulative Expenditures thru July 2013



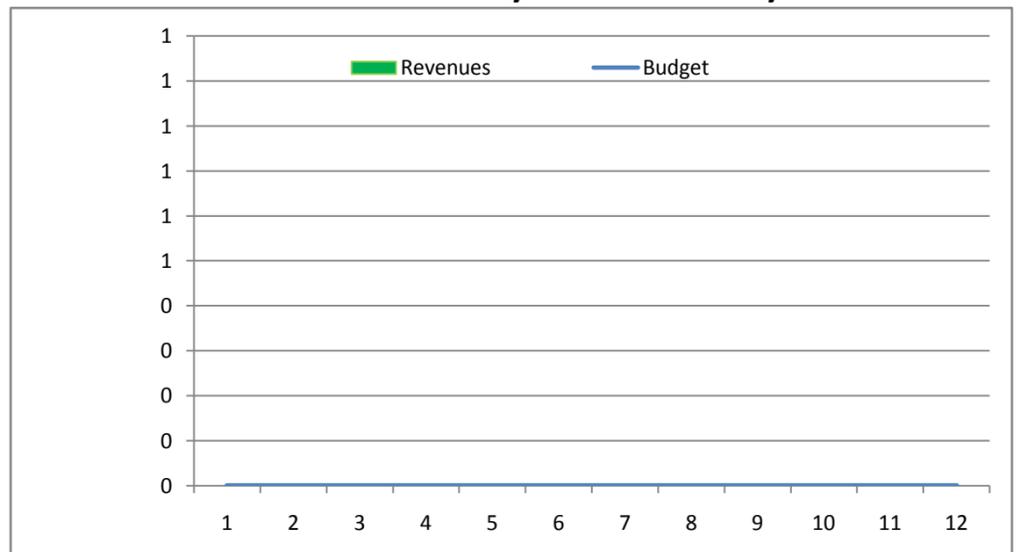
Cumulative Revenues thru July 2013



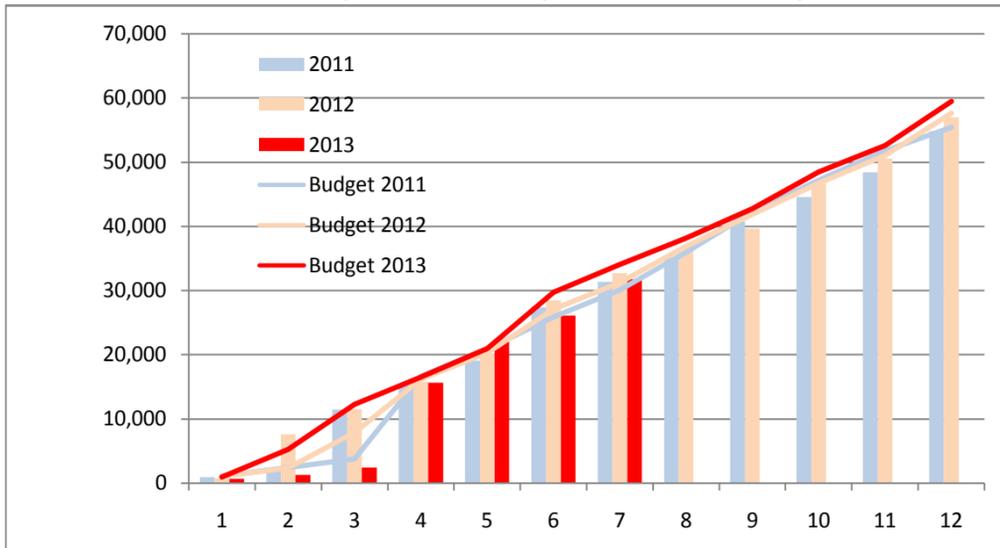
2013 Expenditures by month thru July



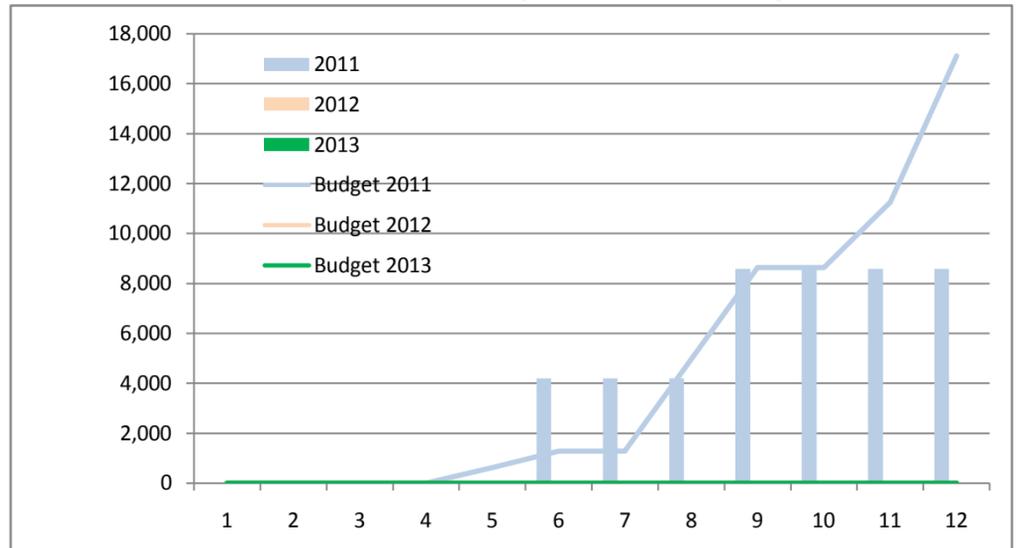
2013 Revenues by month thru July



Cumulative Expenditures by month thru July 2013



Cumulative Revenues by month thru July 2013

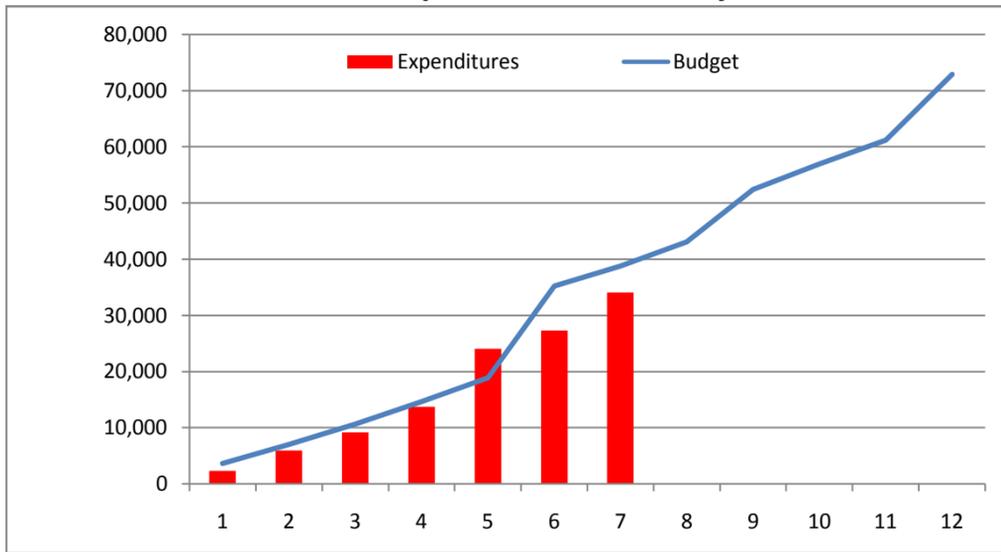


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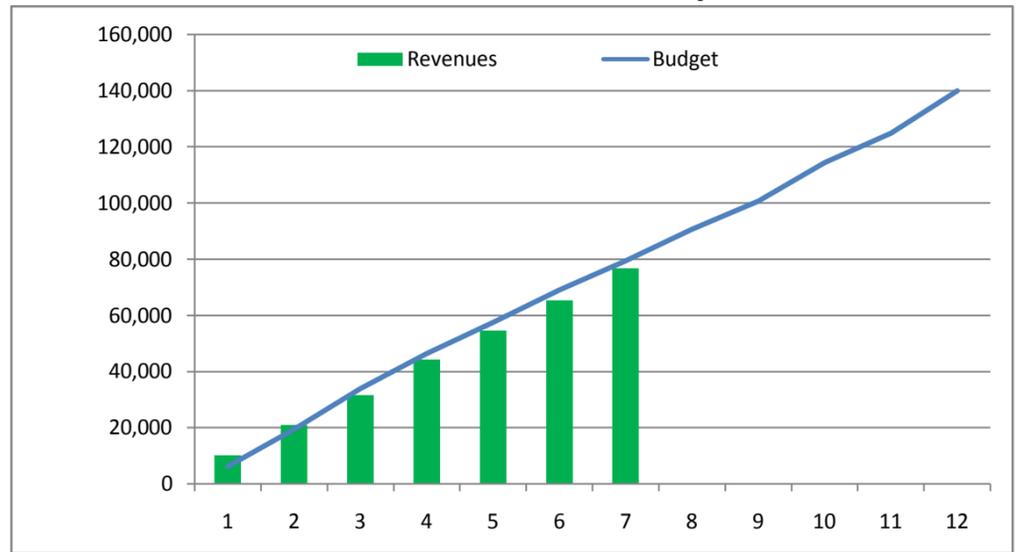
Notes:

Health Department - Vital Records

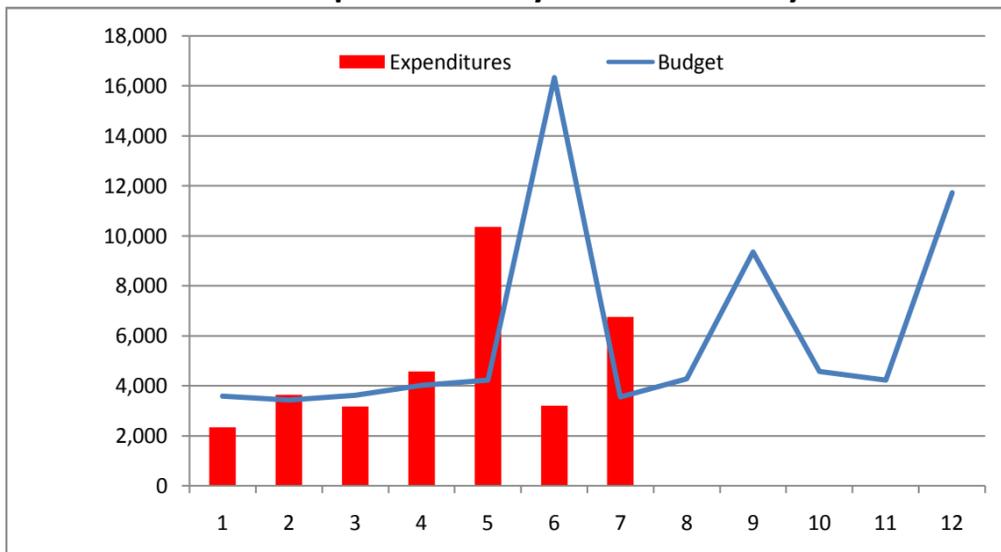
Cumulative Expenditures thru July 2013



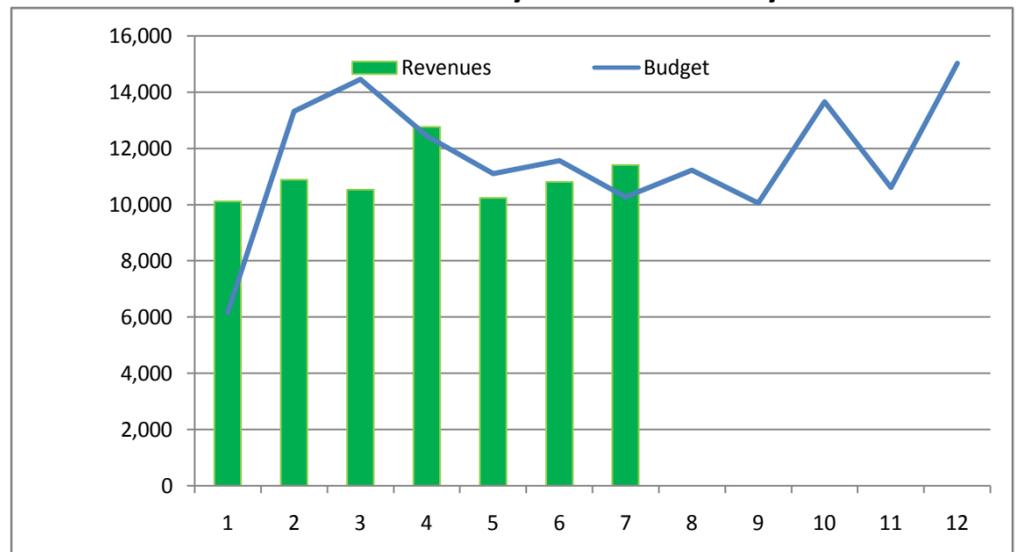
Cumulative Revenues thru July 2013



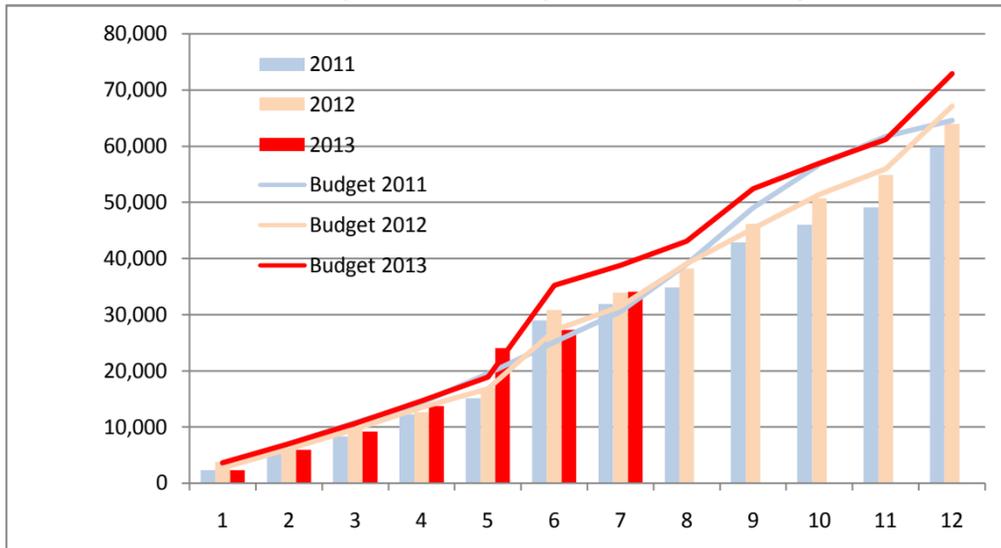
2013 Expenditures by month thru July



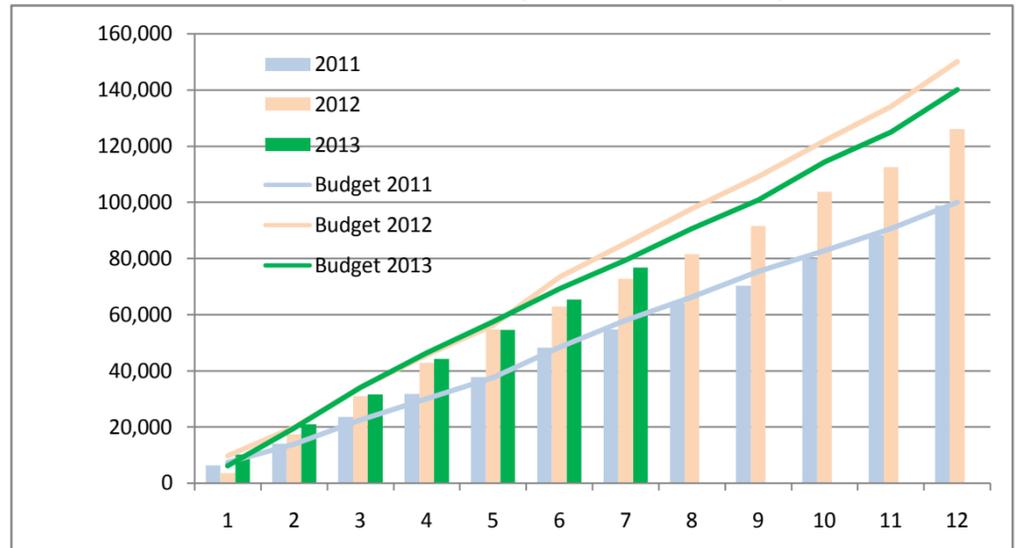
2013 Revenues by month thru July



Cumulative Expenditures by month thru July 2013



Cumulative Revenues by month thru July 2013

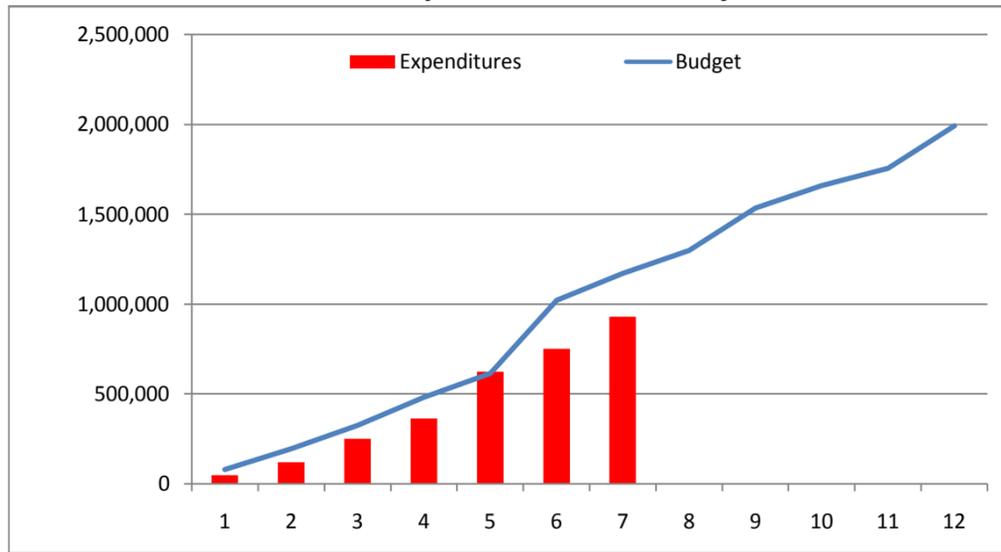


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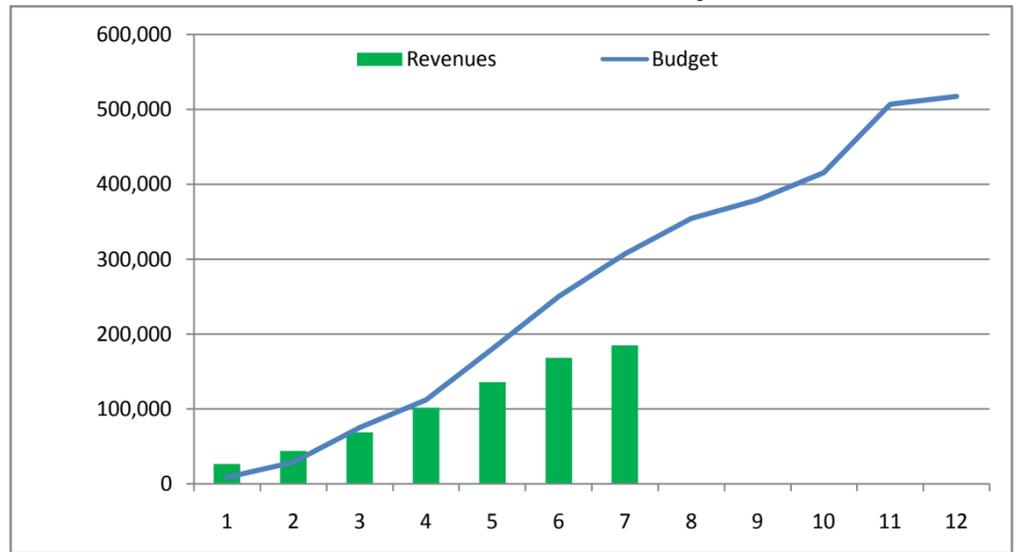
Notes:

Health Department - Division For Community Health

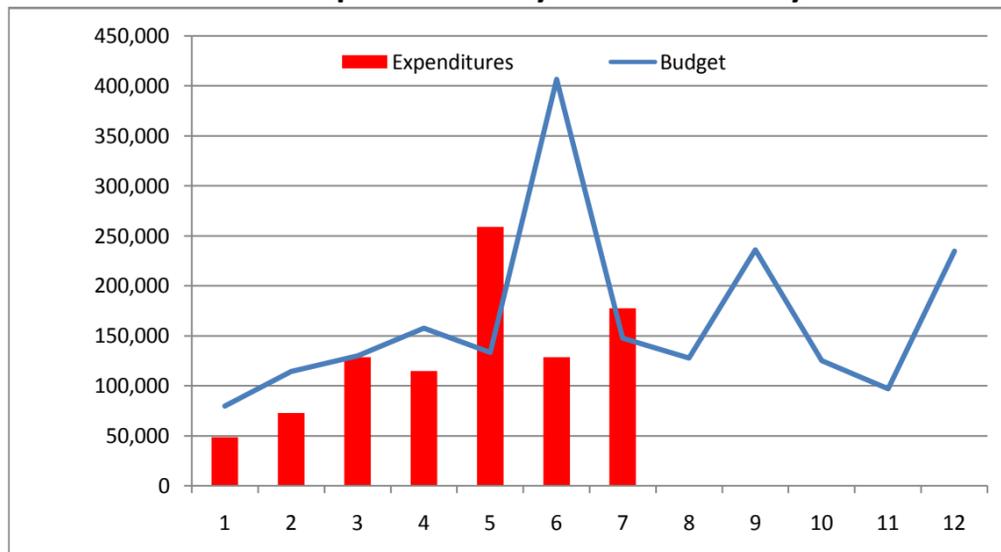
Cumulative Expenditures thru July 2013



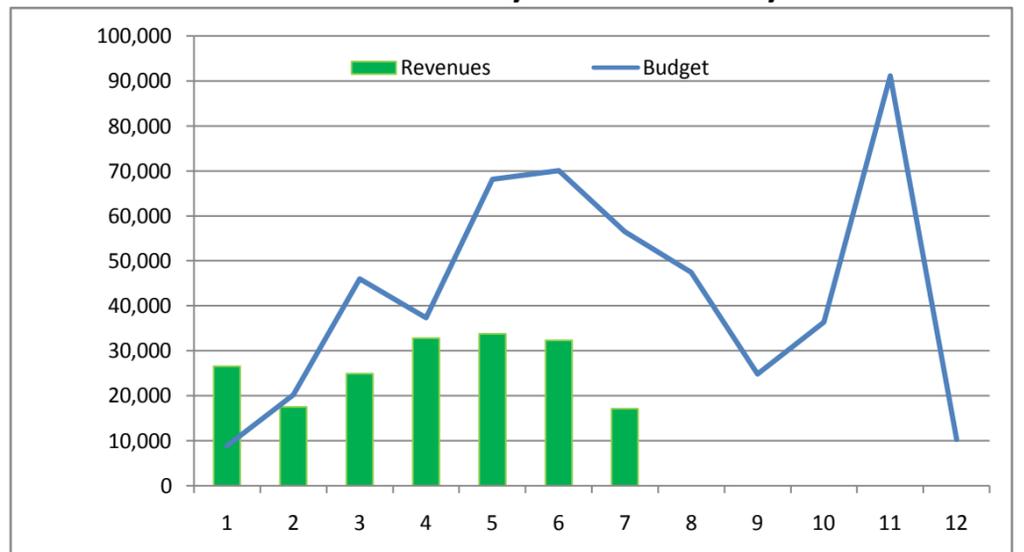
Cumulative Revenues thru July 2013



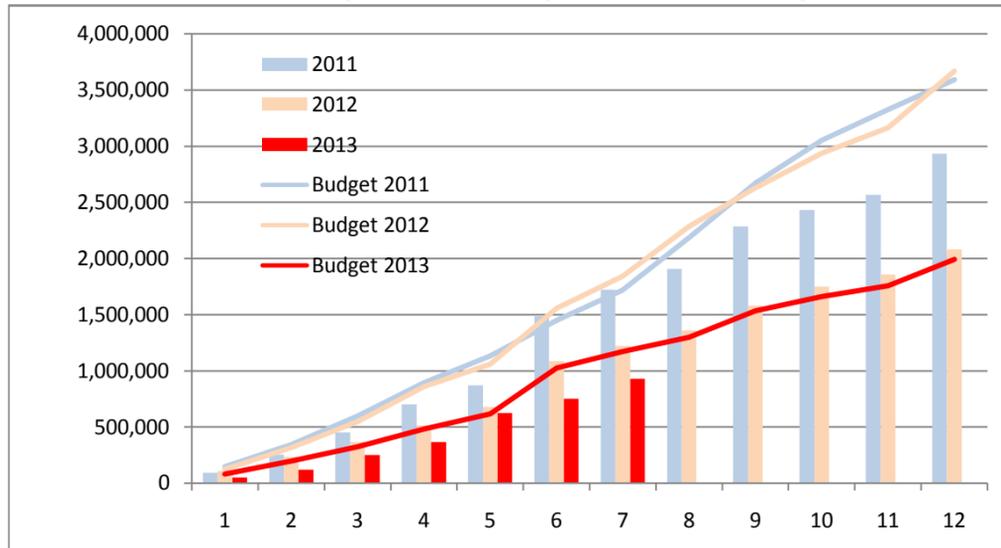
2013 Expenditures by month thru July



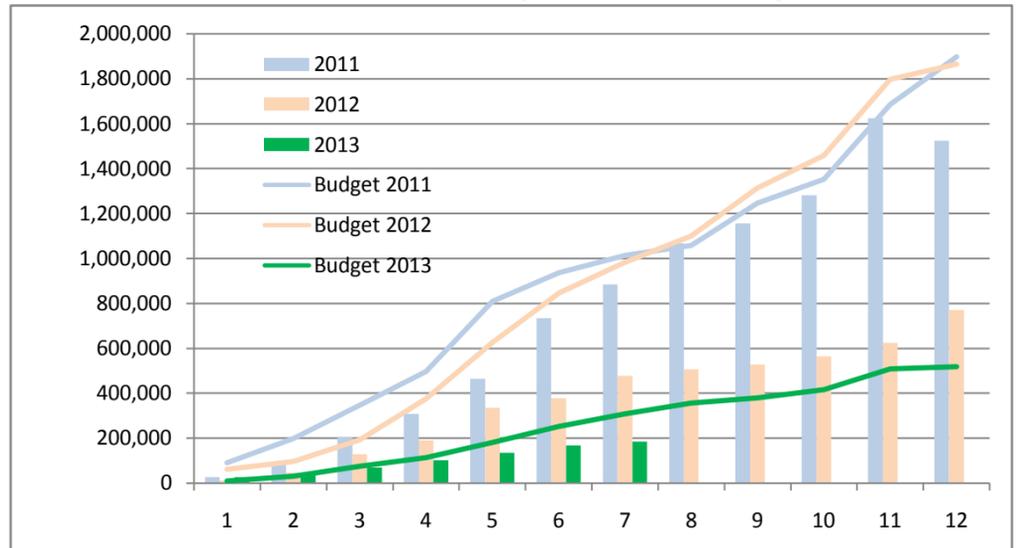
2013 Revenues by month thru July



Cumulative Expenditures by month thru July 2013



Cumulative Revenues by month thru July 2013

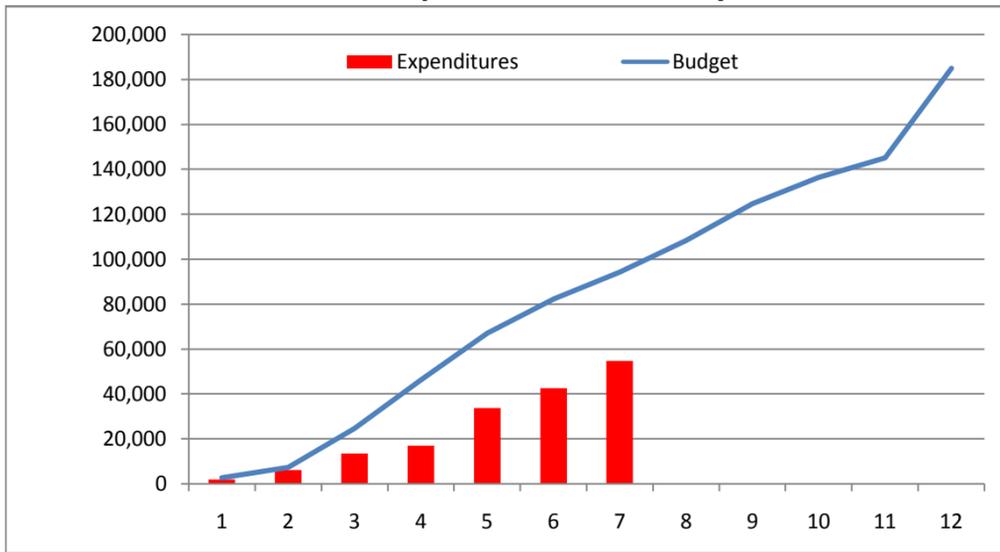


The budget line for each graph is based on the average of the prior two years actuals in a given month as a percent of the total applied to the current years budget.

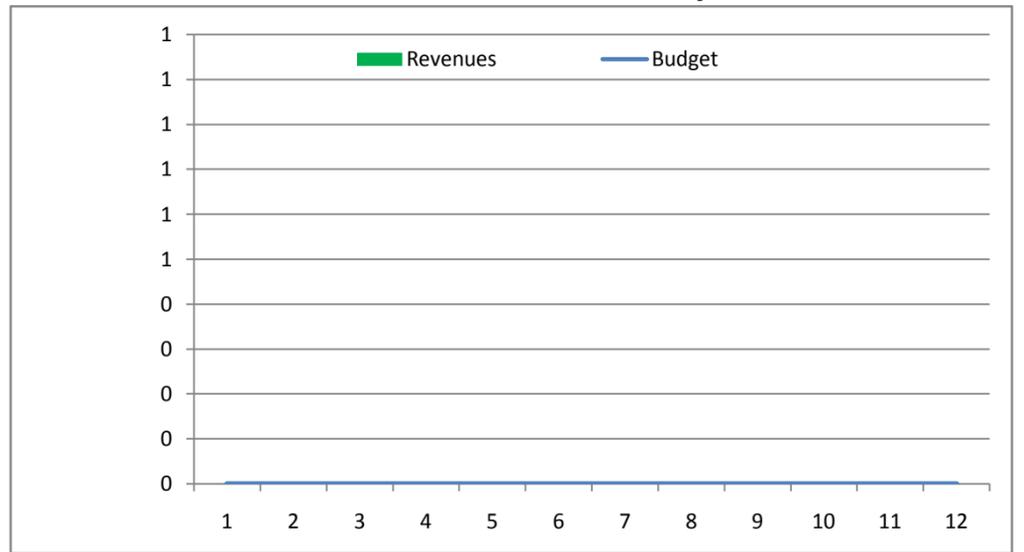
Notes:

Health Department - Medical Examiner Program

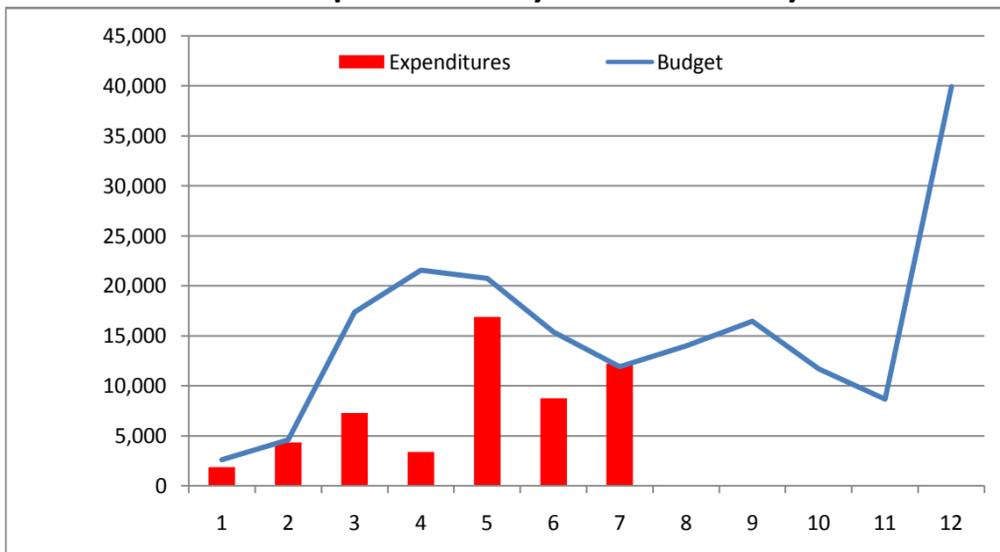
Cumulative Expenditures thru July 2013



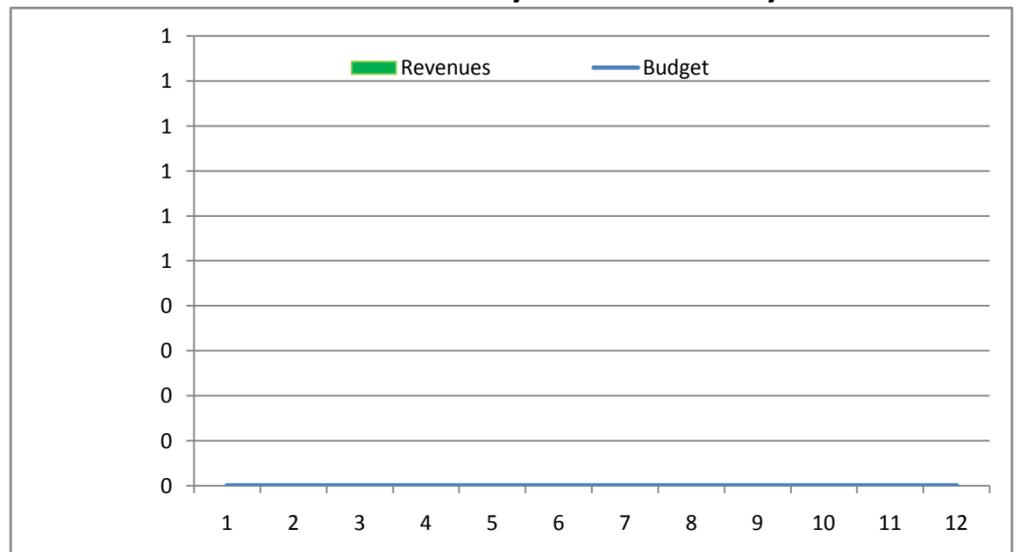
Cumulative Revenues thru July 2013



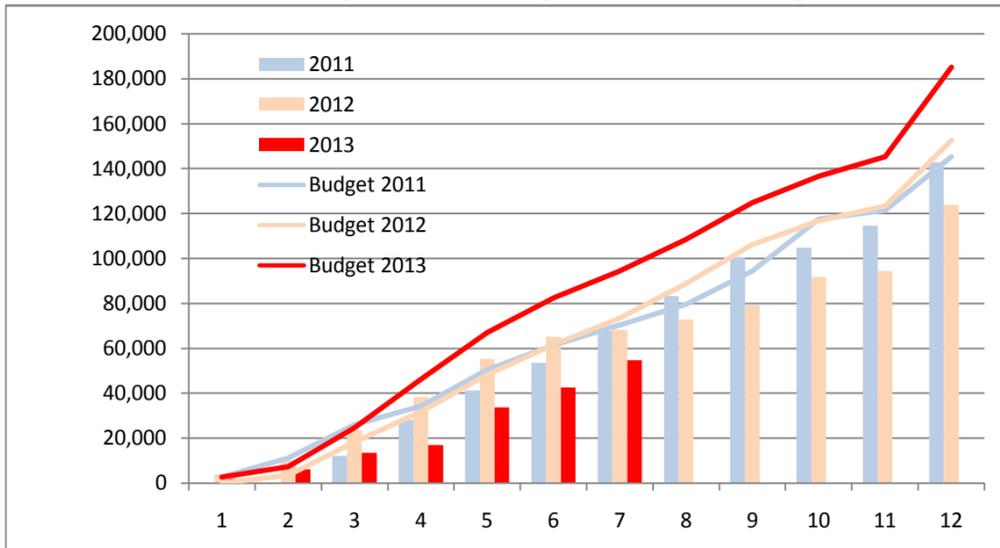
2013 Expenditures by month thru July



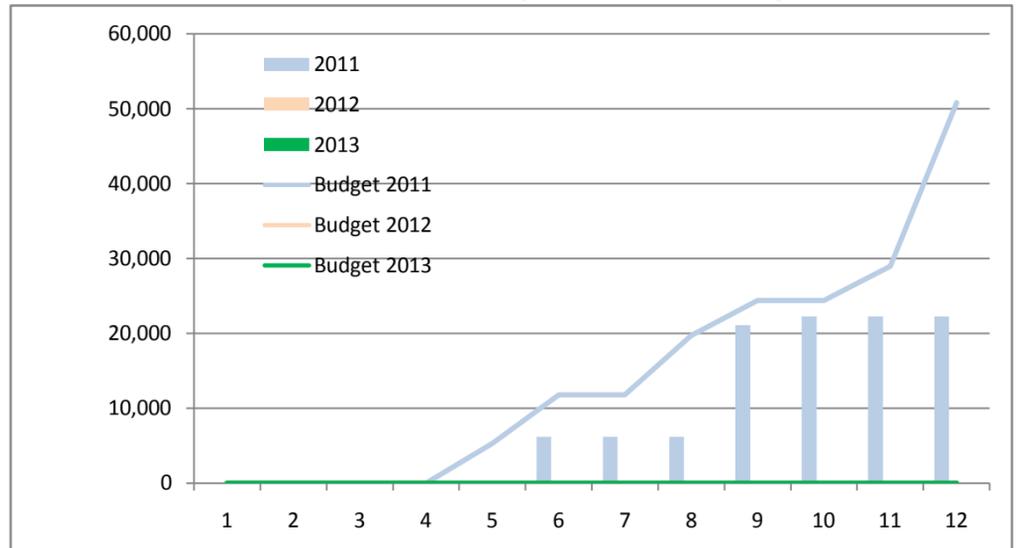
2013 Revenues by month thru July



Cumulative Expenditures by month thru July 2013



Cumulative Revenues by month thru July 2013

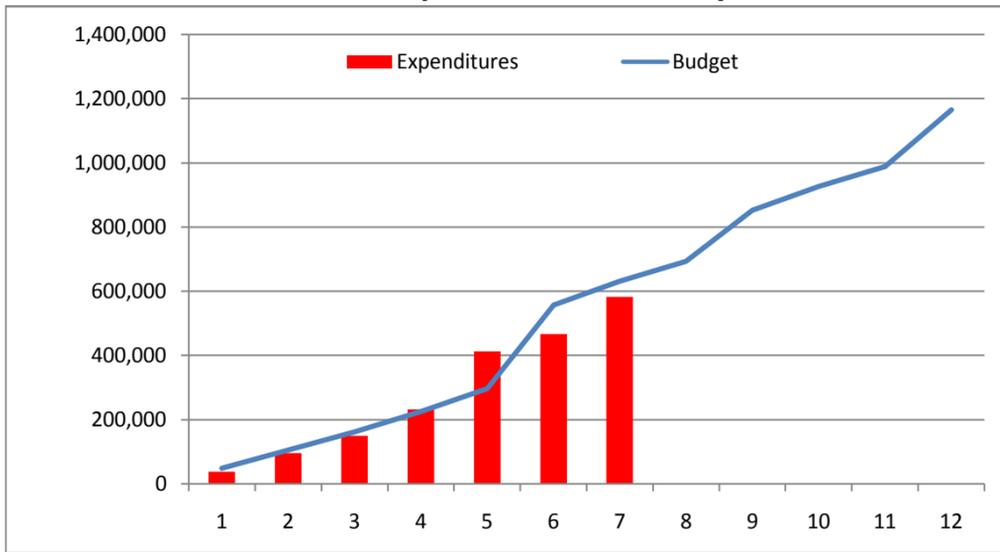


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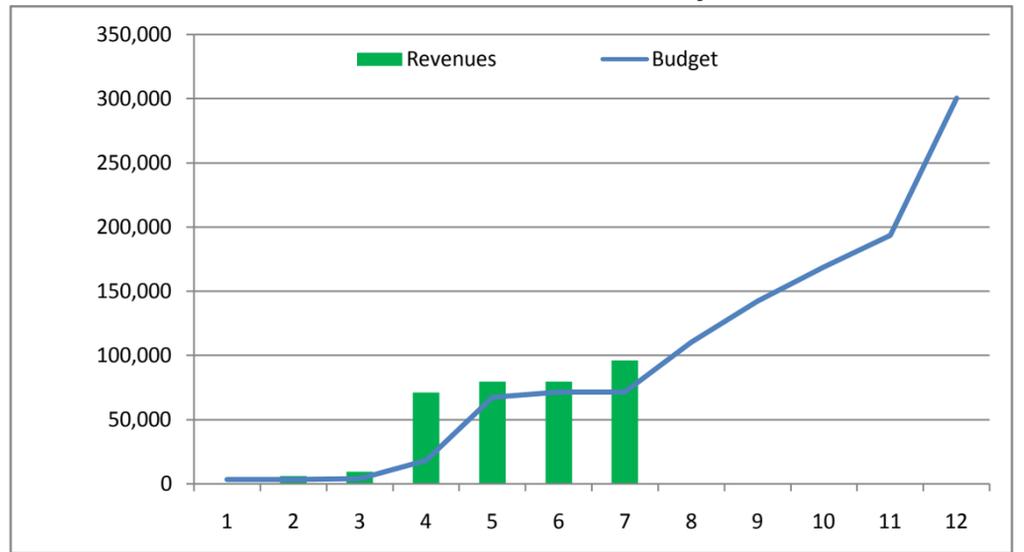
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Health Department - Planning and Coordination of CSN

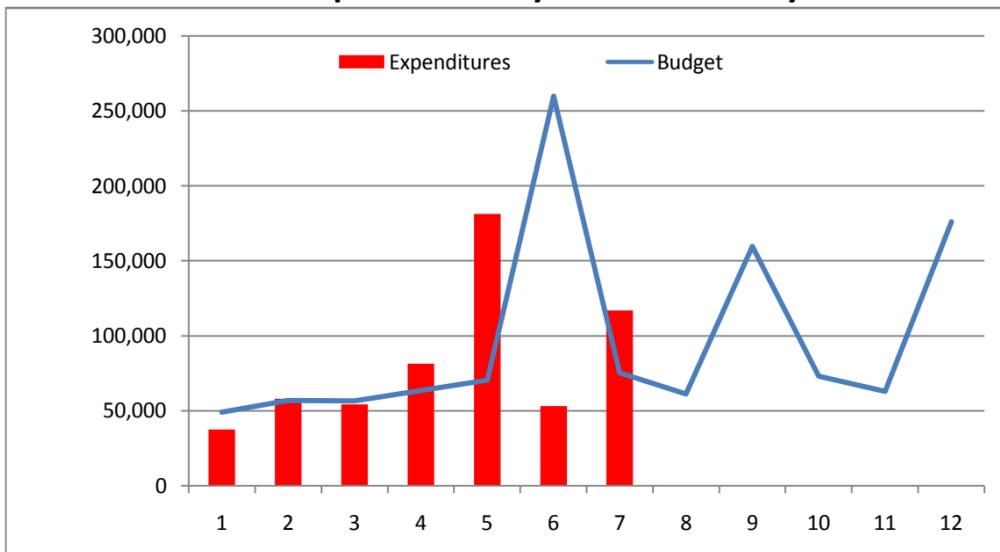
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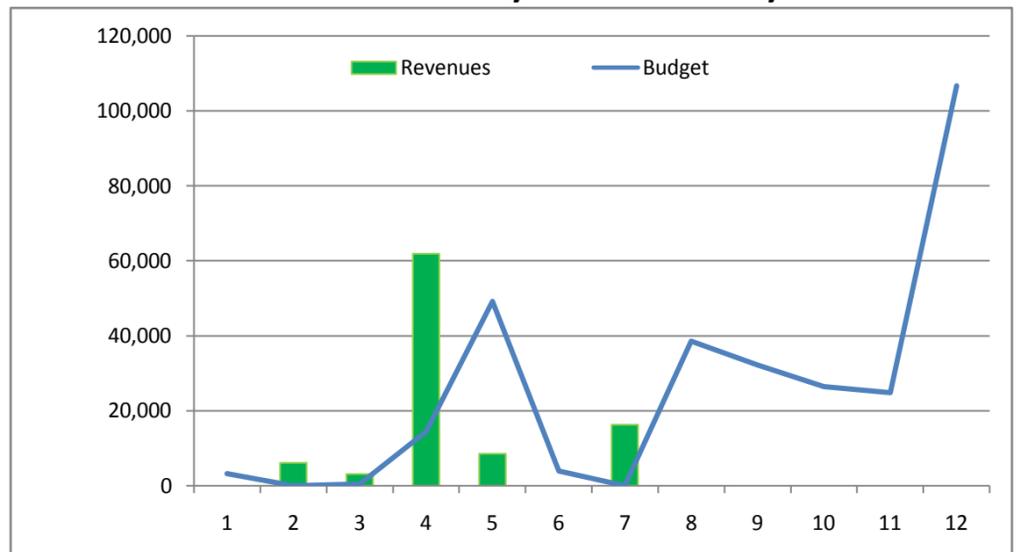
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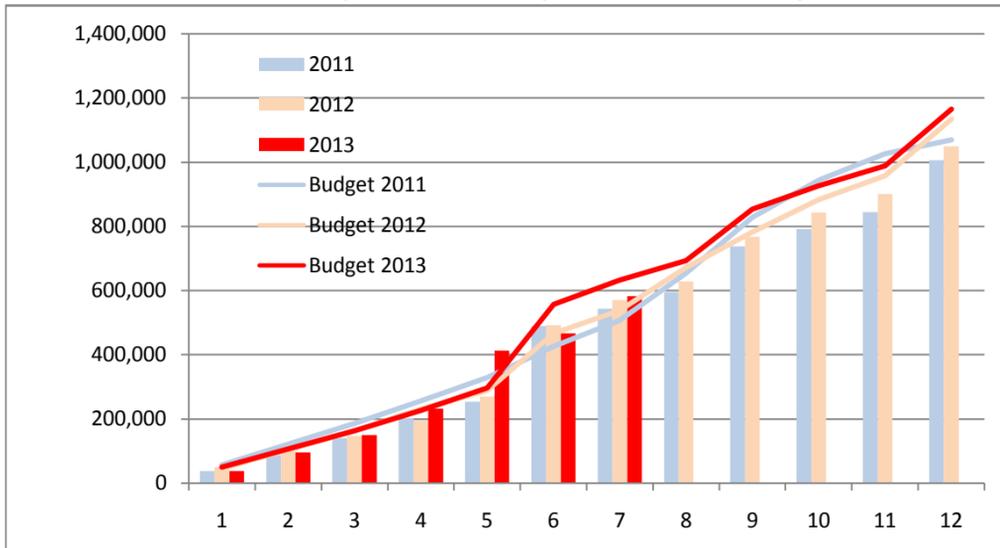
2013 Expenditures by month thru July



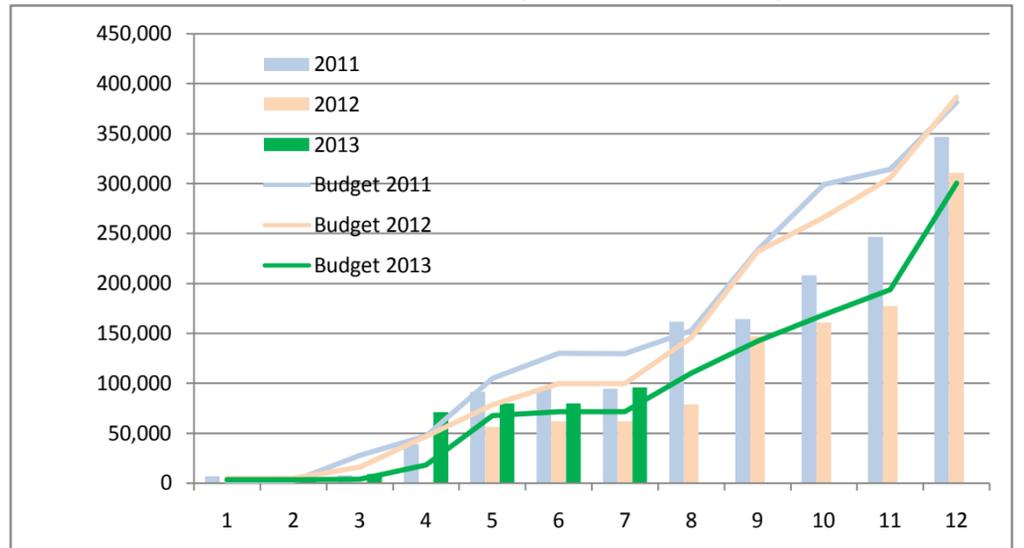
2013 Revenues by month thru July



Cumulative Expenditures by month thru July 2013



Cumulative Revenues by month thru July 2013

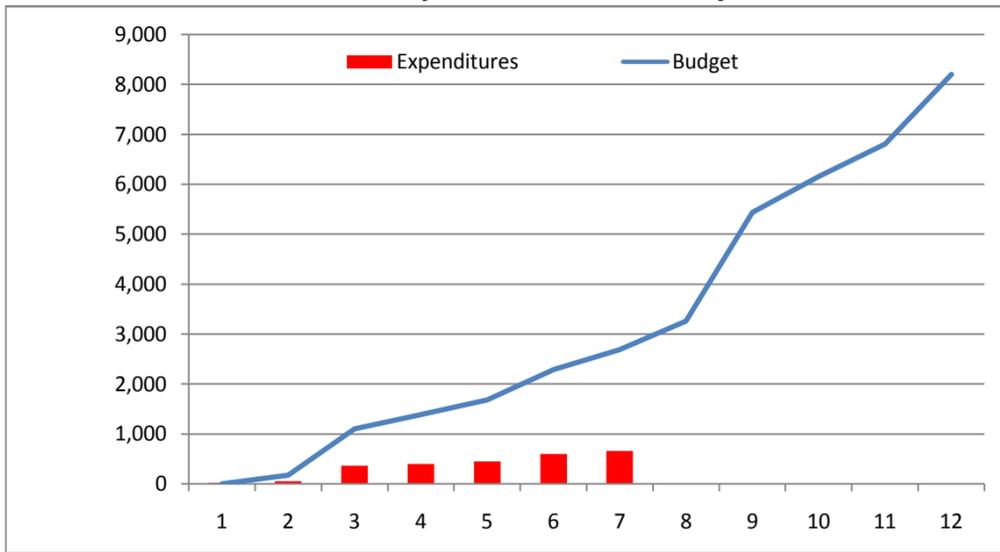


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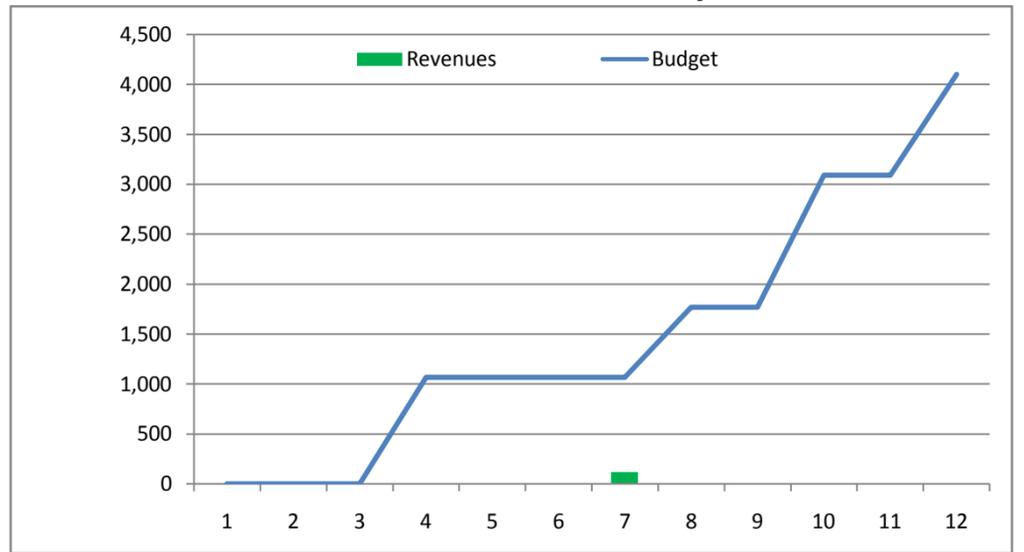
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Health Department - Phys.Handic.Chil.Treatment

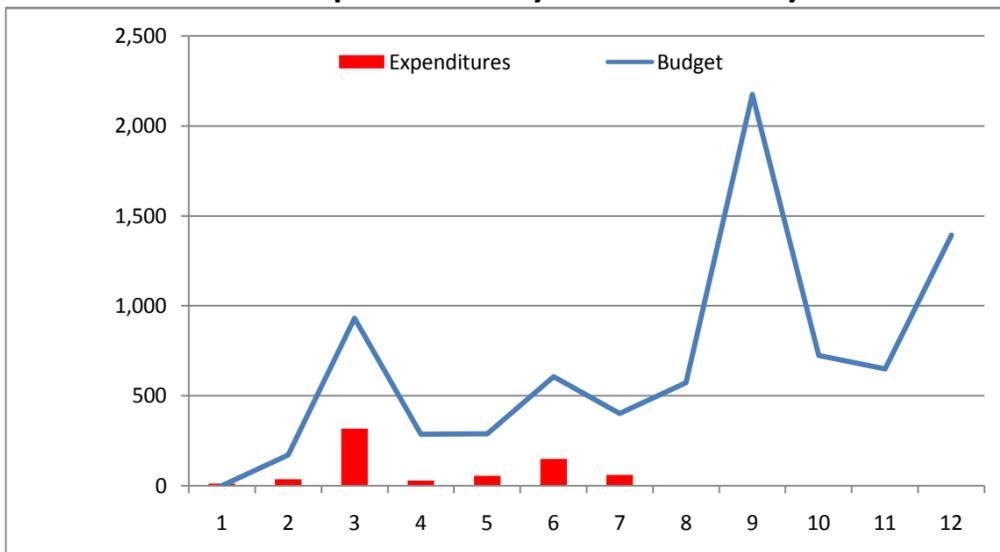
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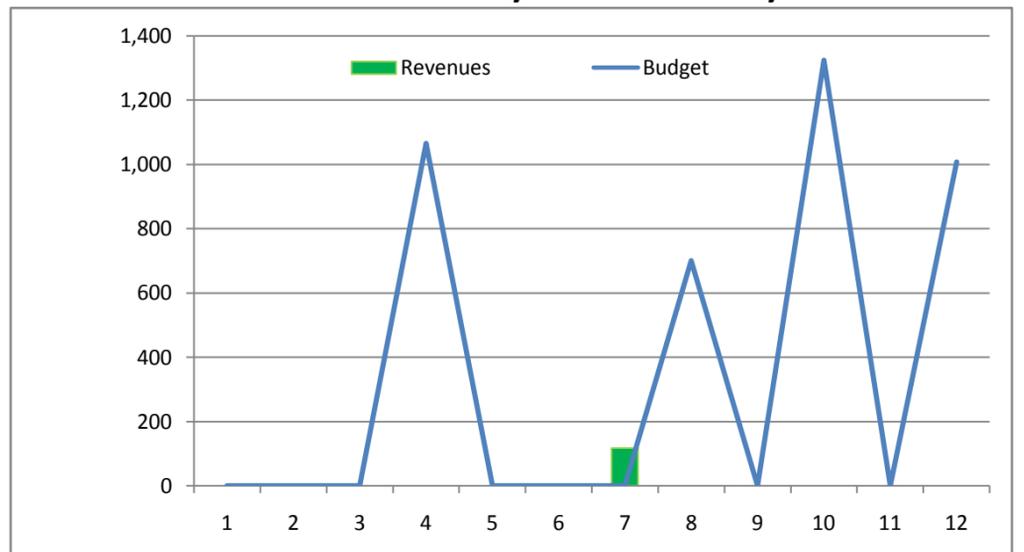
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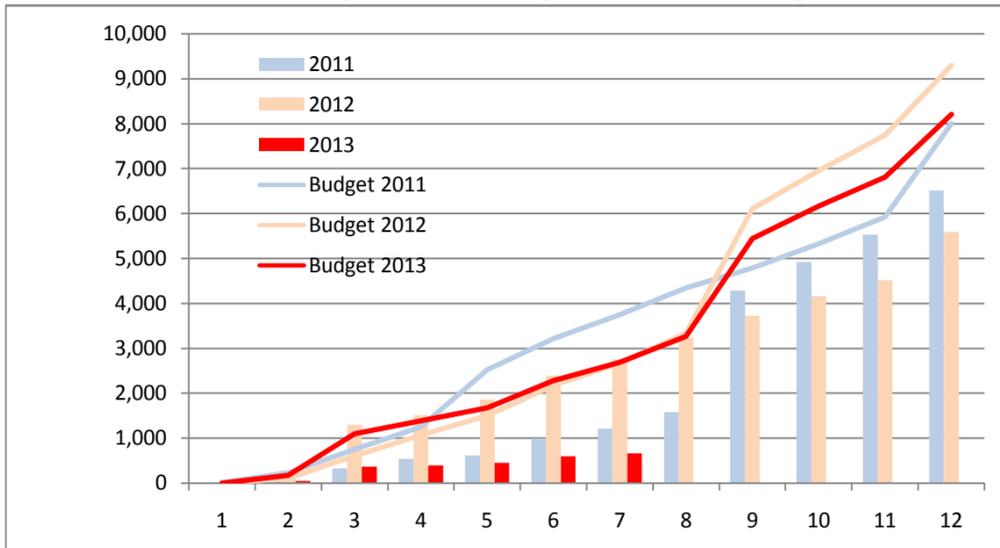
2013 Expenditures by month thru July



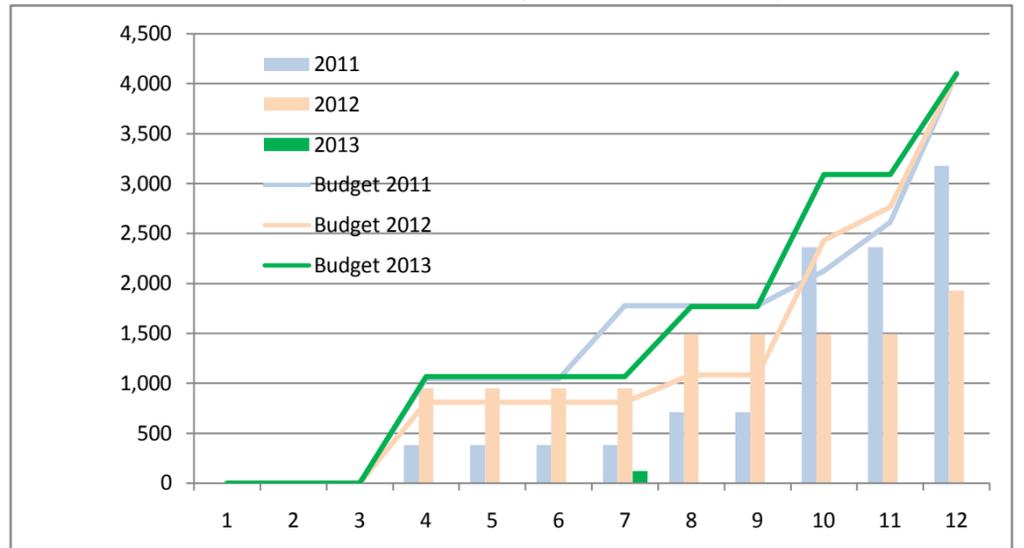
2013 Revenues by month thru July



Cumulative Expenditures by month thru July 2013



Cumulative Revenues by month thru July 2013

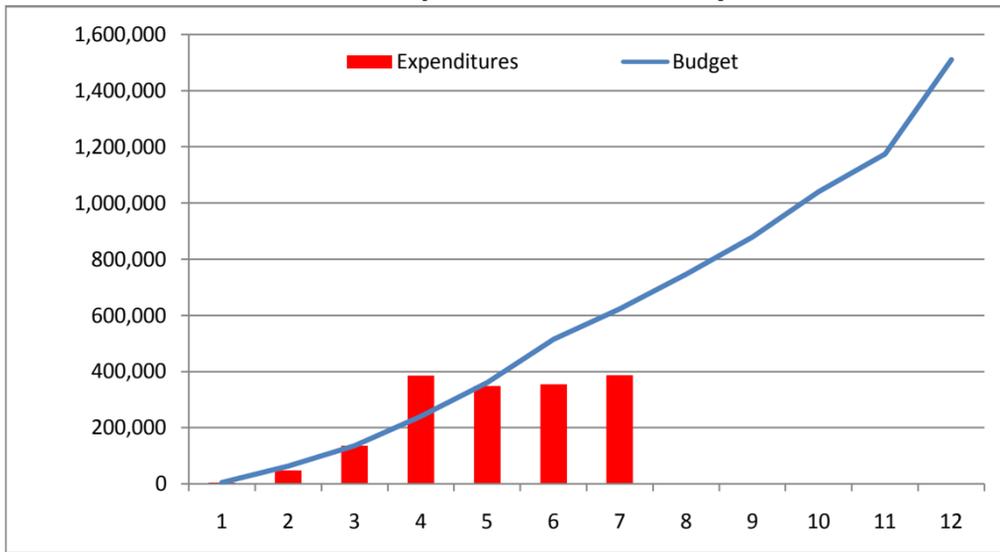


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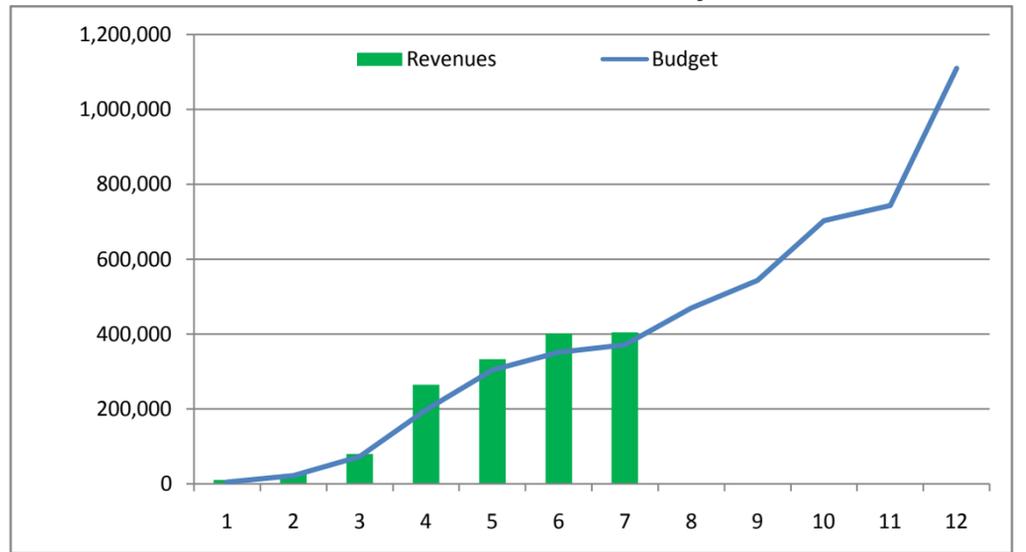
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Health Department - Early Intervention (0-3)

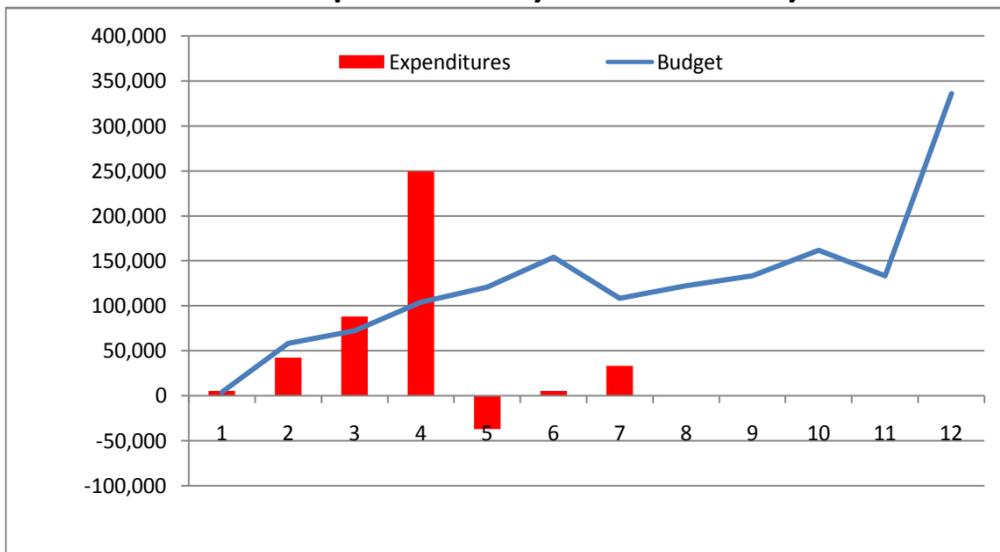
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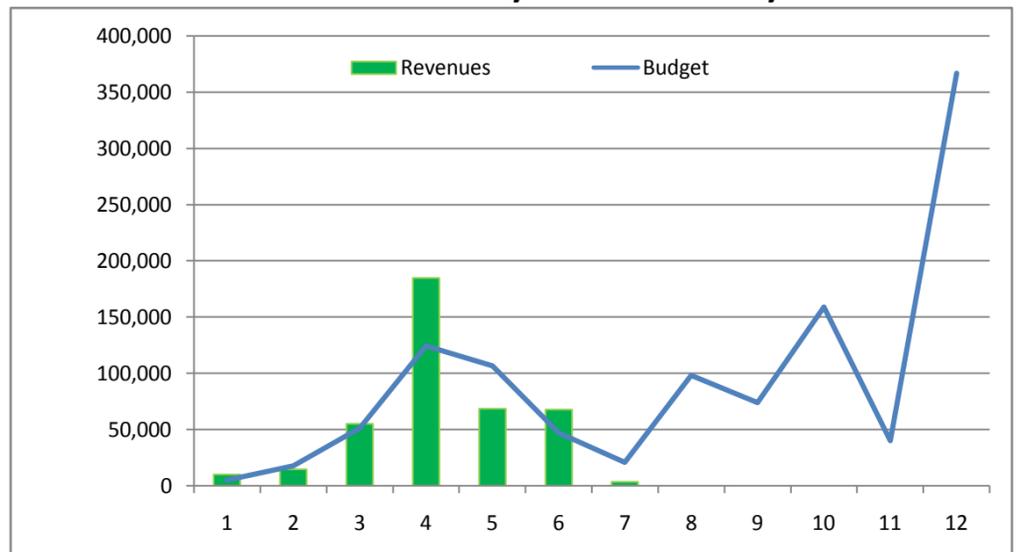
Cumulative Revenues thru July 2013



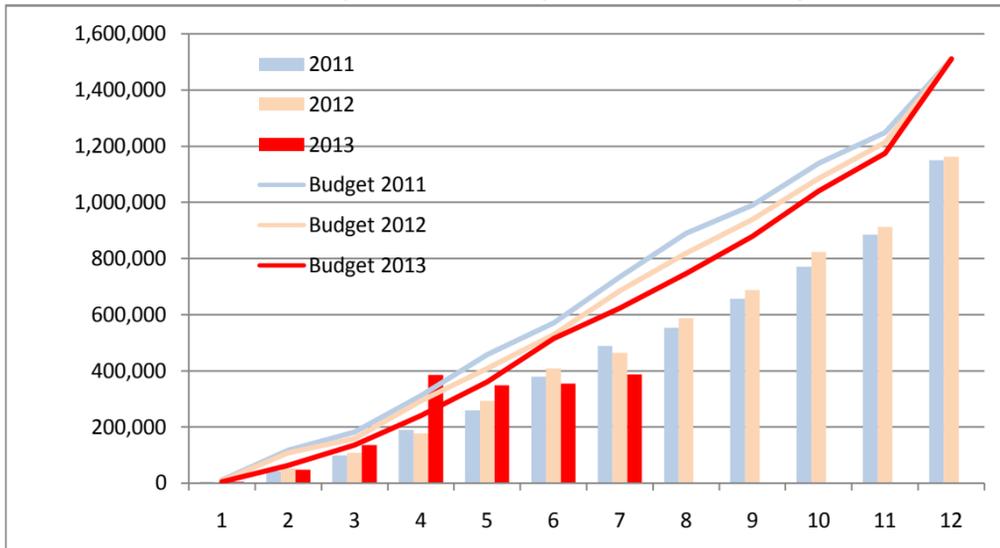
2013 Expenditures by month thru July



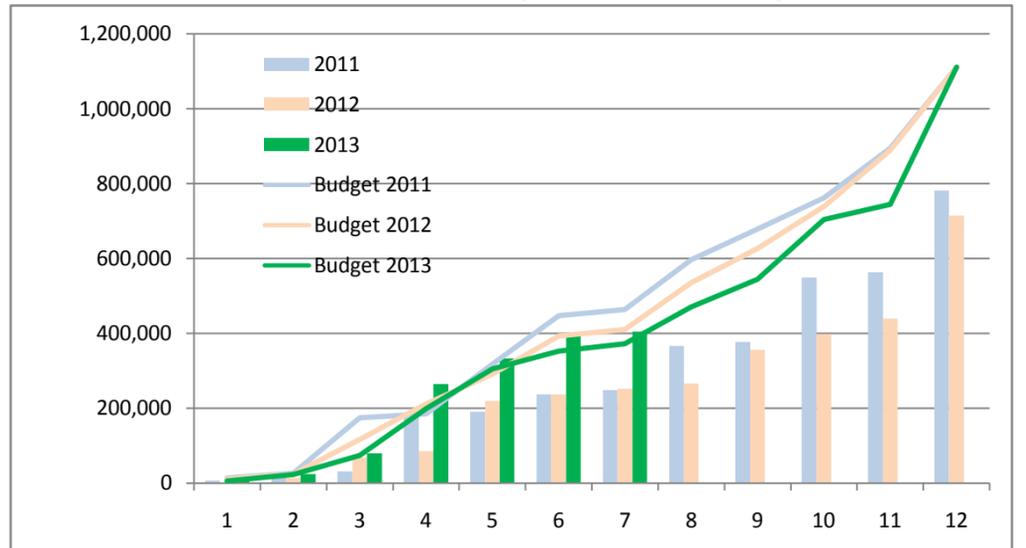
2013 Revenues by month thru July



Cumulative Expenditures by month thru July 2013



Cumulative Revenues by month thru July 2013

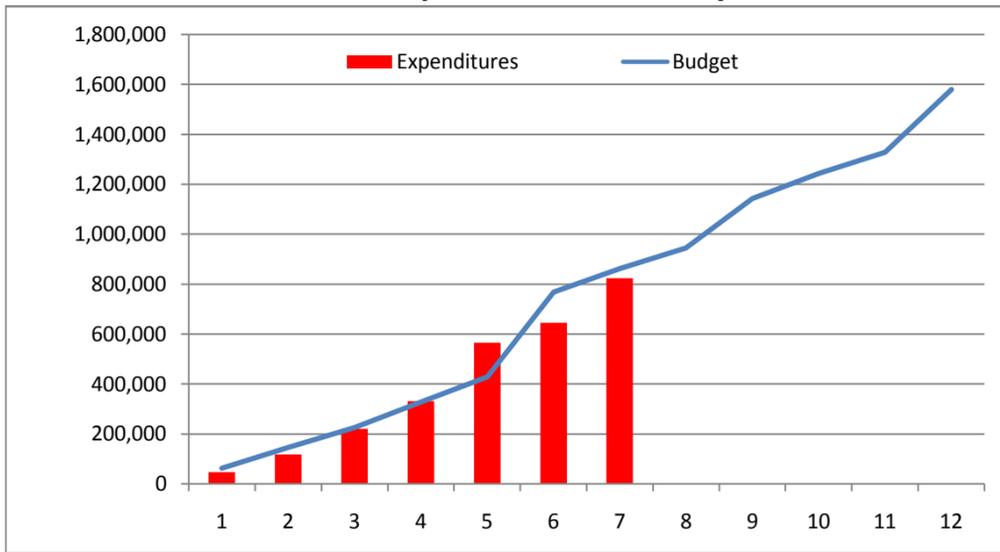


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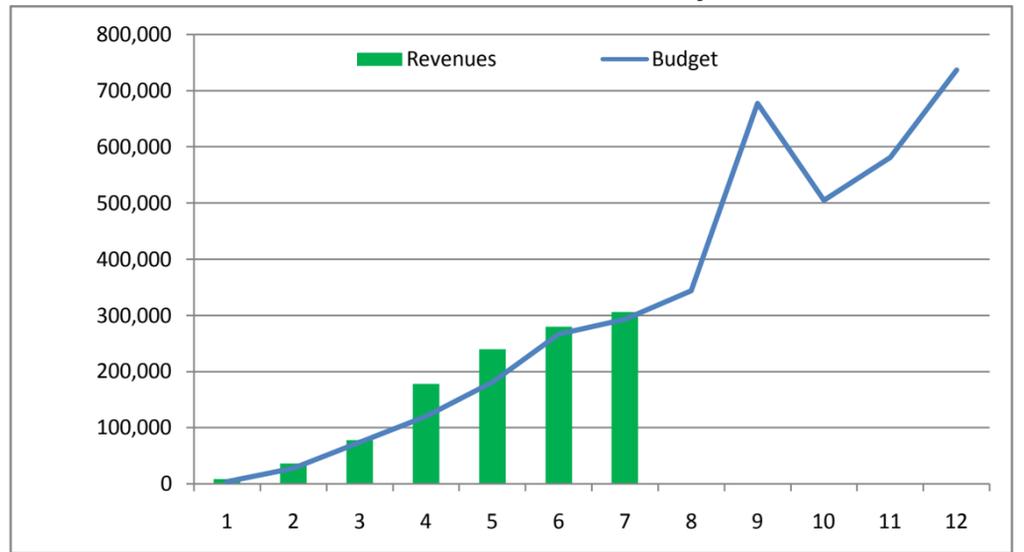
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Health Department - Environmental Health

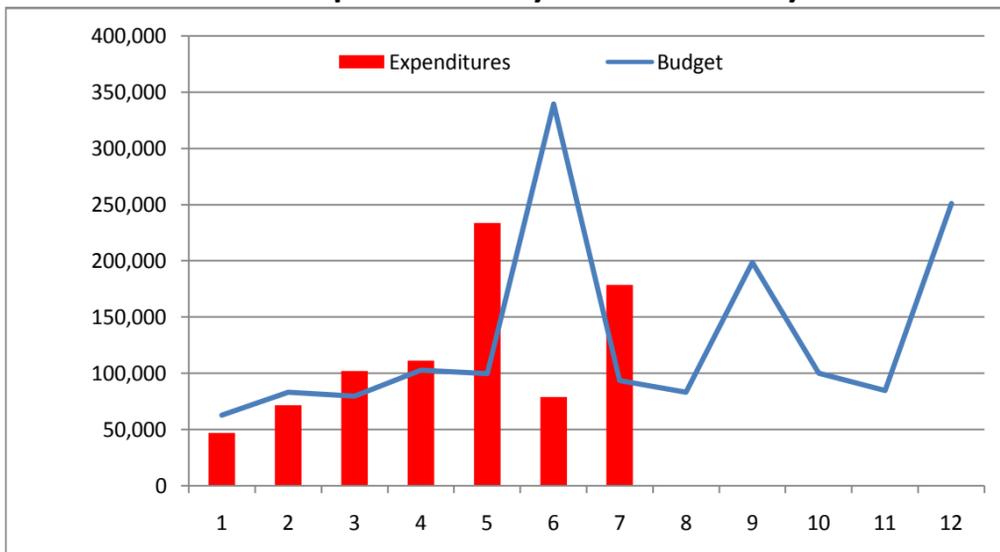
Cumulative Expenditures thru July 2013



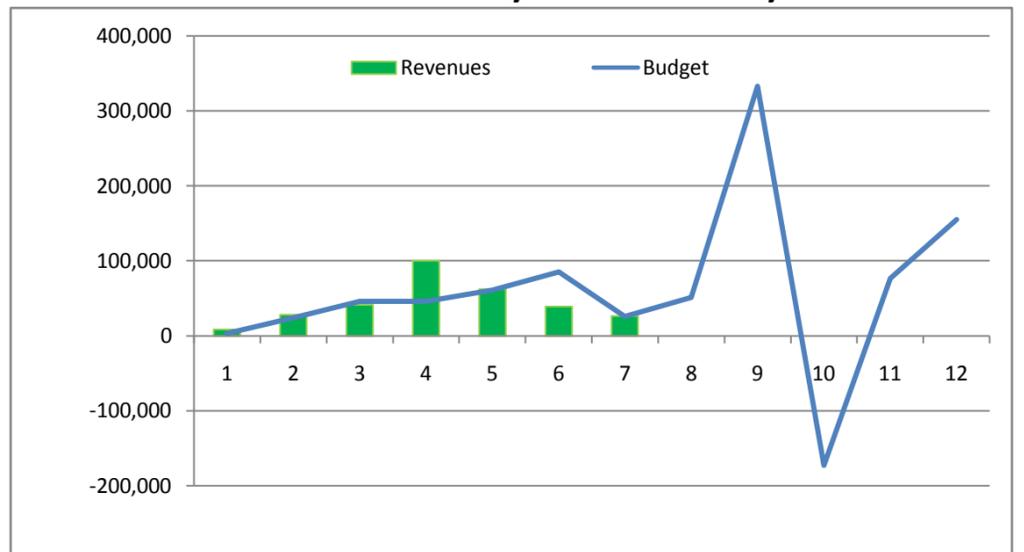
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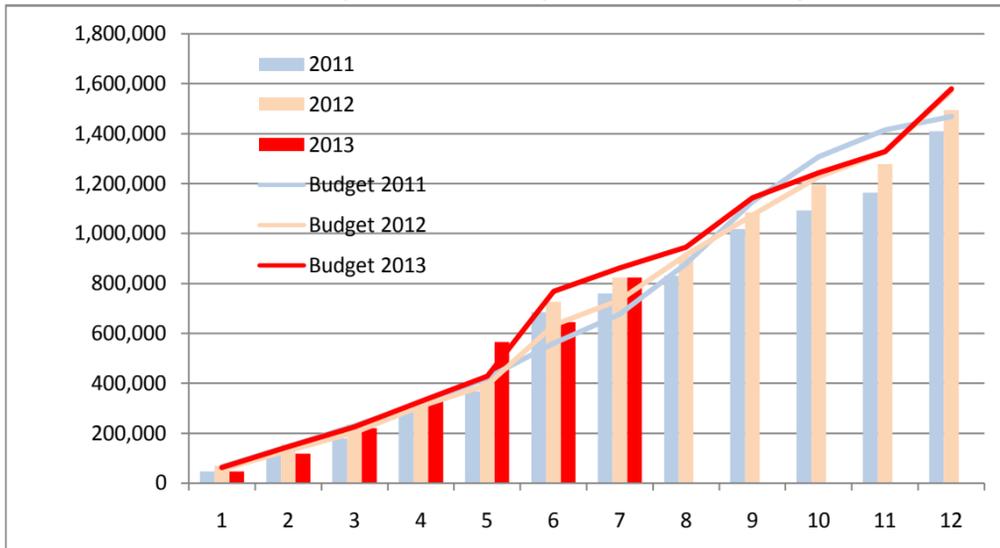
2013 Expenditures by month thru July



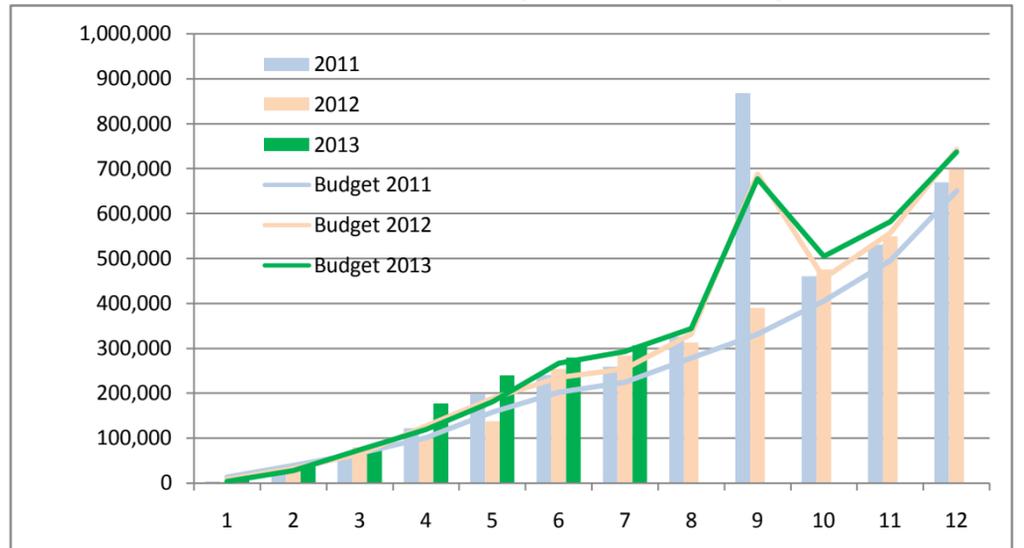
2013 Revenues by month thru July



Cumulative Expenditures by month thru July 2013



Cumulative Revenues by month thru July 2013

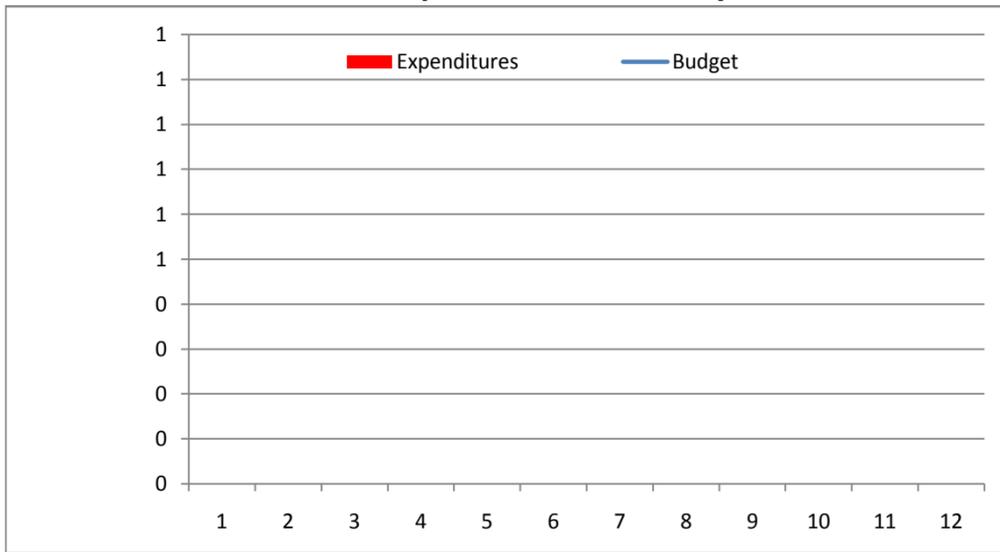


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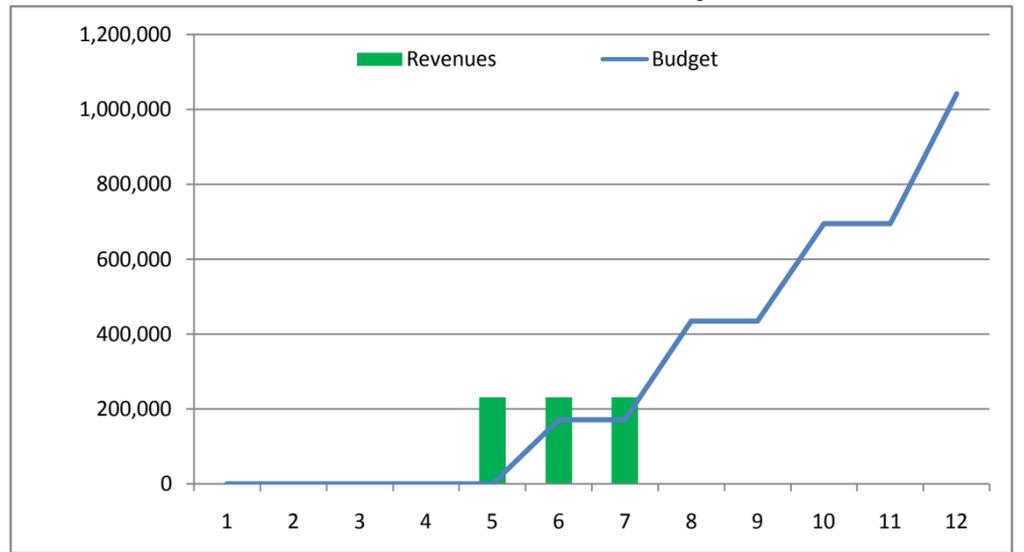
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Health Department - Public Health State Aid

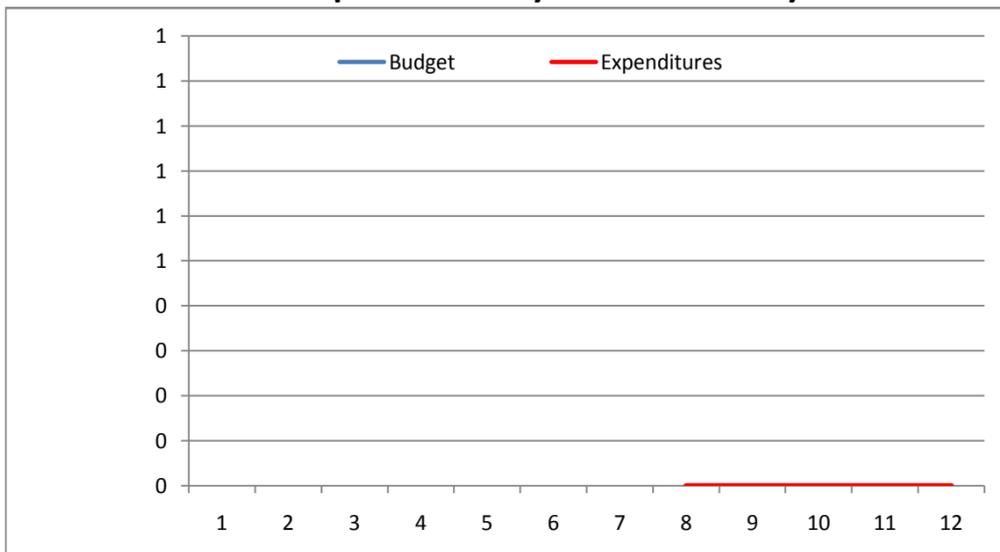
Cumulative Expenditures thru July 2013



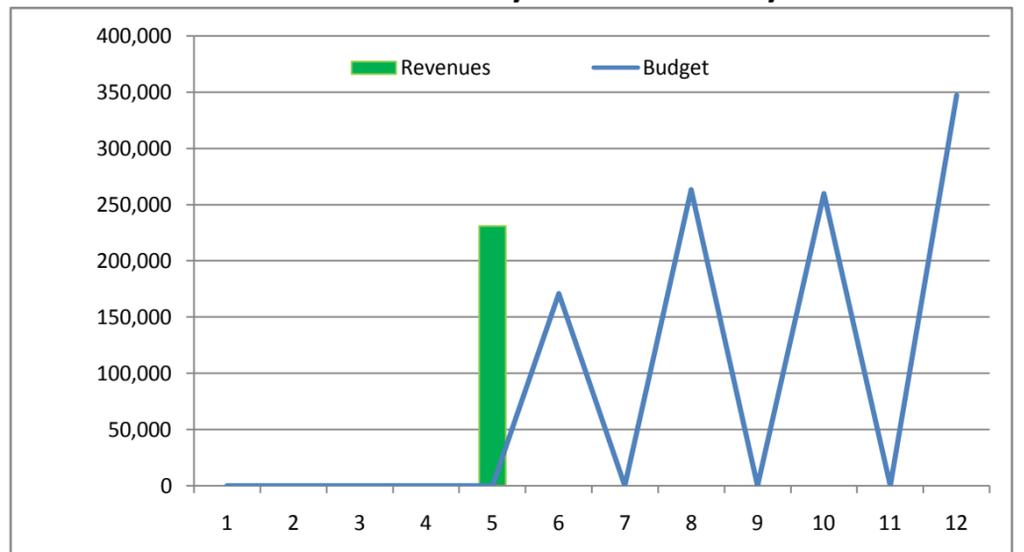
Cumulative Revenues thru July 2013



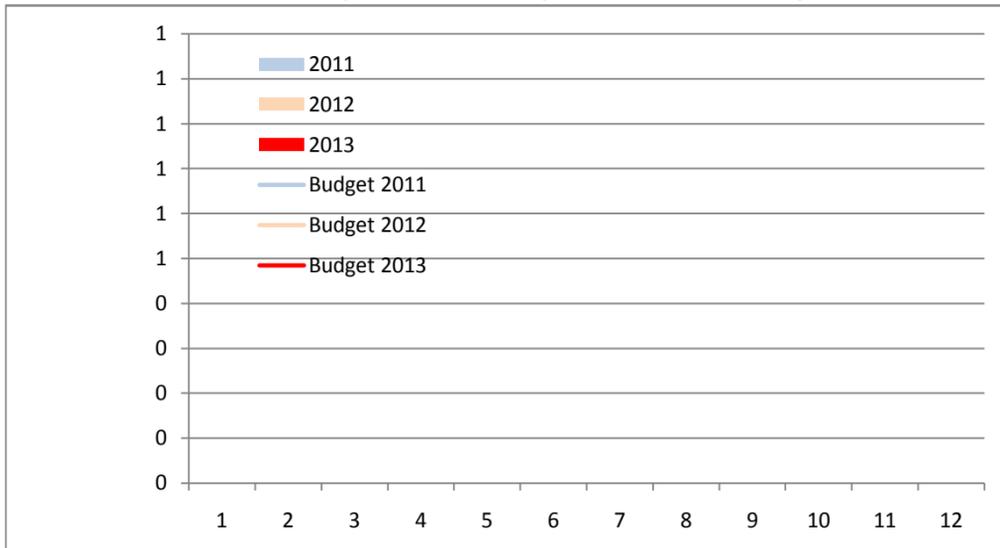
2013 Expenditures by month thru July



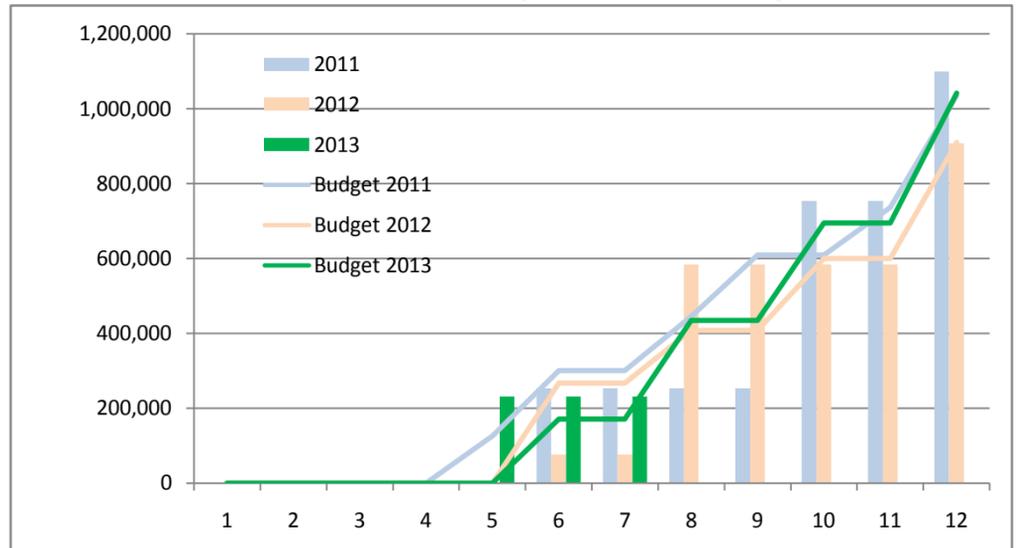
2013 Revenues by month thru July



Cumulative Expenditures by month thru July 2013



Cumulative Revenues by month thru July 2013



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Notes:

**Medical Director's Report
Board of Health
August 2013**

Review of NYSDOH Notifications:

A number of notifications have come in over the preceding months. There have been reported shortages of TB testing materials and also combination vaccine materials. Work-arounds have been formulated to work through these shortage periods until the products are back on line.

Concerns about influenza A virus H7N9 continue. The virus has been detected in China. The first cases reported on April 1st by the World Health Organization. There have not been any cases in the United States or elsewhere during this period of time. As of July there were 130 cases reported worldwide. While some mild illness in human cases was seen, most patients had severe respiratory illness and 43 people died. Close contacts of confirmed H7N9 patients were followed to determine whether any human-to-human spread of H7N9 was occurring. No evidence of sustained person-to-person spread of the H7N9 virus was found. No cases of H7N9 outside of China have been reported and the new H7N9 virus has not been detected in people or birds in the United States

This situation is being monitored closely by the CDC with the concern that the virus might mutate and increase its ability to transmit between mammals and humans.

H7N9 viruses do not commonly affect humans, so there is probably little immune protection that humans have against them.

Various scenarios are being prepared for, including the pandemic scenarios.

Among the initiatives that the CDC is developing are the creation of a candidate vaccine that could be used, as well as a test kit for detecting the virus. Communication with local health units and the practitioners is also of course part of the plan.

Middle Eastern Respiratory Virus:

The CDC received reports of the coronavirus type detected in the Arabian Peninsula. There was concern that this might come to the United States as cases had been reported from travelers in London. So far, the good news is that there have been no cases in the United States. Locally bulletins have gone out to area practitioners alerting them to this issue given the population that travels extensively.

Lyme Disease:

It occurred to me, since a lot of Lyme disease cases are diagnosed on clinical grounds (history and physical examination) and not on laboratory testing, that the department should encourage practitioners to increase reporting the clinical Lyme disease cases they diagnosis to supplement the back-up mechanism for reporting of the laboratory submitting positive test reports to TCHD independently of the practitioner. In cases in which a lab test is not done then the reporting back-up method does not apply and we rely solely on the practitioner making a report. I reviewed the methods by which we reach out to our practitioners again with Karen Bishop, RN. These methods remind practitioners to report clinically diagnosed cases and provide them with a check off form which will facilitate this and expedite the ease by which they may do it. But increasing clinical reports carries some problems with it in that our resources are limited to deal with the data.

The general perception is that Lyme disease has become more prevalent within the region. Let me review for you the basics of how Lyme disease is diagnosed so you can get a better idea why our resources have an impact on the information we have. The laboratory test that is used looks for antibodies to the Lyme bacteria, but it is of limited clinical usefulness; the lab data must always be interpreted in the light of the clinical context in which it occurs. History and physical examination are the keys to diagnosis. The history must include whether or not a tick bite occurred, whether the tick was likely to be of the ixodes type and how long the tick was attached to the individual, and whether there were any symptoms or a rash that occurred at the site of the tick bite. In addition, the time period between the time of the tick bite and the time that the person is being evaluated is of importance.

The decisions about treatment are based largely on these features.

Resources here at the Health Department are targeted to the prevention of disease by way of informing the public about preventive measures.

Lyme disease places different demands upon us compared to other diseases. Lyme disease does not pose a risk of spread from one person to another. So our prevention efforts are focused on educating the public to prevent exposure to Lyme disease, know how to deal with a tick bite, and to seek practitioner care to evaluate exposures that pose a risk. In contrast other diseases which have a risk of human to human transmission and therefore can have a multiplier impact on our community require direct staff intervention to break the chain of transmission.

We try to collect accurate information about Lyme's prevalence, but our data acquisition is limited by our resources. The staff in the division dealing with this data acquisition is challenged by not being fully staffed and lacking resources to even more aggressively reach out and collect data from practitioners in the area.

Data acquisition and manipulation is complicated and resource intensive. Laboratory reports of Lyme tests are automatically routed to TCHD staff when they are positive. But clinically diagnosed cases of Lyme which use no lab tests also come into the department along with ones that have used a lab test. Removing duplicates in order to have "clean" data is resource intensive. And, encouraging increased reporting of cases would increase the challenge. Given the lack of resources and the need to prioritize resources to diseases with human to human transmission, it is not possible to deal with Lyme disease in the way we would like.

Regarding prevention, a major message is to encourage the public to do "tick checks" of their body every day that they are in an environment where they might acquire a tick. 36-48 hours are required to transmit Lyme disease from the time of tick attachment to skin until transmission. If the tick is removed within that time period, the risk of acquiring Lyme disease is nearly zero. Thus our messages focus on removing ticks by doing tick checks frequently, as well as using the appropriate tick repellents and clothing to discourage ticks from being able to access skin.

Hepatitis C Screening and Testing:

The United States Preventative Services Task Force and the CDC (Centers for Disease Control and Prevention) have both agreed that routine screening of persons born between 1945 and 1965 should be offered at least once, in order to insure that these persons are not carrying the Hep C virus in an actively contagious state. It also will help to insure that they are not suffering chronic infection which can cause liver disease or failure.

Persons have a right of course to refuse this test.

This birth date target group was determined on the bases of epidemiological data which showed a higher than expected prevalence rate for this condition. This population has about 5 times the incidents of being Hep C virus carriers.

There are other high risk individuals who should be screened regardless of birth date. These include persons who are using intravenous drugs. Persons who are engaging in behaviors which would expose them to Hep C through blood (for example persons being pierced or tattooed by individuals not practicing accepted standards of care).

Sexual behavior in itself is a relatively low risk activity for Hep C transmission.

The general public needs to be aware that this screening is available and should be requested from their primary care practitioners and by practitioners caring for them at any level of care, especially if they have symptoms which might be relevant to their liver.

Practitioners are being made aware of this standard of care through their specialty websites and bulletins, as well as through the public health media which they receive.

One complicating factor is that not all health insurance plans cover the cost of this CDC recommended screening test. My experience is that about 50% of people will refuse the test due to its potential cost. About 40% will refuse it because upon reviewing the risk factors they do not see themselves being at risk. These groups overlap somewhat so the total refusal rate is about 50%.

Under the Affordable Care Act, all screening tests that are USPSTF rated “A” or “B” must be covered by insurance. This test is rated “B” by USPSTF and, thus, when ACA is in full force it must be covered by insurances.

In my view, the elimination of reimbursement issues for public health measures will increase their effectiveness through increasing their usage without compromising a patient’s privacy.

National Diabetes Prevention Program

I met with Theresa Lyczko and Susan Dunlop about the Health Department conducting classes based on this CDC developed product. TCHD is collaborating with the TC Health Care Planning Council to identify persons who are “prediabetic” and deliver to them an evidence based curriculum focused on preventing diabetes.

The initial focus is on lowering people’s calorie intake, particularly fat calories. Portion control is also emphasized and, later in the curriculum, a target goal of 150 minutes of exercise per week is introduced. Along the way a discussions about foods and their nutritional value are woven in.

So far the experience in Tompkins County has been favorable. A very large portion of attendees have achieved the targeted goal of a 7% weight reduction or more which in turn lowers their risk of developing diabetes.

Classes are offered here at TCHD for a fee to cover the 16 week course which is followed by monthly classes for a year. Measurements of the person’s Hemoglobin A1c (a test to measure average blood glucose (sugar)) are also done pre and post curriculum to document improvement or lack thereof.

Hydrofracking - Preliminary EPA Study in Pa:

The Post standard of Syracuse published the attached article on July 19th. I would like to make a couple of important points.

The Marcellus shale becomes shallower as one moves from the south to the north. This means that the fracking process occurs less deeply. In the counties of Tompkins, Seneca, and others of like latitude it may be occurring at about 3,000 feet.

The article states:

“The scientists also monitored a separate series of older gas wells that are about 3,000 feet above the Marcellus to see if the fracking fluid reached up to them.”

“The industry and many state and federal regulators have long contended that fracking itself won't contaminate surface drinking water because of the extreme depth of the gas wells. Most are more than a mile underground, while drinking water aquifers are usually within 500 to 1000 feet of the surface.”

And also:

“One finding surprised the researchers: Seismic monitoring determined one hydraulic fracture traveled 1,800 feet out from the well bore; most traveled just a few hundred feet. That's significant because some environmental groups have questioned whether the fractures could go all the way to the surface.”

And the final conclusion:

“The single study doesn't prove that fracking can't pollute, since geology and industry practices vary widely in Pennsylvania and across the nation.”

And, DOE spokesman David Anna added that while nothing of concern has been found thus far, “the results are far too preliminary to make any firm claims.”

Note that this preliminary study was south and west of Pittsburgh where the shale is fairly deep.

Thus, in NYS things could be different. We will be drilling more shallowly. Cracks may approach sensitive areas (including aquifers) more closely or actually invade them. We have a lot of uncapped defunct conventional wells that can become routes of exposure if hydrofracking invades them. These old wells will not have casings consistent with the requirements that DEC will, presumably, place on hydrofracking. Such circumstances could be one

of many Achilles heels in the chain of security to protect the public's health. (My apologies for the mixed metaphors).

The EPA staff doing this study (to my understanding) is composed of engineers and technicians. No public health people or medical people are allegedly involved in the study design.

On August 12th, the NY Times published an article on the landfill for NY City and the leukemia cases resulting from toxic chemicals and mismanagement of that landfill. More needs to be said about that type of tragic experience and all the others that have occurred (Love Canal, the nuclear storage site of West Valley in western NY, and etc.) to help the government, and the public understand why hydrofracking is no trivial matter. (See attachment)

“Perceptions of Public Health” – much work for us to do:

While Lezin et al's article "Perceptions of Public Health" was published a while ago (in 1998); it is not likely much has changed since then. Particularly enlightening was the study's finding that public officials including legislators and community leaders often have a limited understanding of the scope of public health.

By providing you with this 3rd article in as many months for your background reading I hope you will use it to help you promote TCHD's mission with the public. Hopefully, by being more fully informed, the public will be more motivated to support our efforts with resources that we need. (See attachment)

"The Invisible Nature of Public Health - implications for resources including funding":

Hoping not to overload you, I attach an essay to my report this month which also addresses the issues regarding resources. The writer is well known to me as you can see! Meg is our daughter. In the process of completing some required course work in order to apply to medical schools she took a course on Public Health taught by the former Commissioner of Public Health of the State of Vermont. Meg's essay received complimentary remarks from her professor and I think it summarizes for us some important issues. Perhaps

you will find it useful in your work on the Board. (Notice that it dovetails with the article I gave you last month by CDC Director Frieden which is also referenced in this essay.)" (See below)

EPA preliminary findings water supply Pa spring 2013

on July 19, 2013 at 1:31 PM, updated July 19, 2013 at 1:48 PM

Email

Pittsburgh (AP) -- A landmark federal study on hydraulic fracturing, or fracking, shows no evidence that chemicals from the natural gas drilling process moved up to contaminate drinking water aquifers at a western Pennsylvania drilling site, the Department of Energy told The Associated Press.

After a year of monitoring, the researchers found that the chemical-laced fluids used to free gas trapped deep below the surface stayed thousands of feet below the shallower areas that supply drinking water, geologist Richard Hammack said.

Although the results are preliminary -- the study is still ongoing -- they are a boost to a natural gas industry that has fought complaints from environmental groups and property owners who call fracking dangerous.

Drilling fluids tagged with unique markers were injected more than 8,000 feet below the surface but were not detected in a monitoring zone 3,000 feet higher. That means the potentially dangerous substances stayed about a mile away from drinking water supplies.

"This is good news," said Duke University scientist Rob Jackson, who was not involved with the study. He called it a "useful and important approach" to monitoring fracking, but he cautioned that the single study doesn't prove that fracking can't pollute, since geology and industry practices vary widely in Pennsylvania and across the nation.

The boom in gas drilling has led to tens of thousands of new wells being drilled in recent years, many in the Marcellus Shale formation that lies under parts of Pennsylvania, New York, Ohio and West Virginia. That's led to major economic benefits but also fears that the chemicals used in the drilling process could spread to water supplies.

The mix of chemicals varies by company and region, and while some are openly listed the industry has complained that disclosing special formulas could violate trade secrets. Some of the chemicals are toxic and could cause health problems in significant doses, so the lack of full transparency has worried landowners and public health experts.

The study done by the National Energy Technology Laboratory in Pittsburgh marked the first time that a drilling company let government scientists inject special tracers into the fracking fluid and then continue regular monitoring to see whether it spread toward drinking water sources. The research is being done at a

drilling site in Greene County, which is southwest of Pittsburgh and adjacent to West Virginia.

Eight Marcellus Shale wells were monitored seismically and one was injected with four different man-made tracers at different stages of the fracking process, which involves setting off small explosions to break the rock apart. The scientists also monitored a separate series of older gas wells that are about 3,000 feet above the Marcellus to see if the fracking fluid reached up to them.

The industry and many state and federal regulators have long contended that fracking itself won't contaminate surface drinking water because of the extreme depth of the gas wells. Most are more than a mile underground, while drinking water aquifers are usually within 500 to 1000 feet of the surface.

Kathryn Klaber, CEO of the industry-led Marcellus Shale Coalition, called the study "great news."

"It's important that we continue to seek partnerships that can study these issues and inform the public of the findings," Klaber said.

While the lack of contamination is encouraging, Jackson said he wondered whether the unidentified drilling company might have consciously or unconsciously taken extra care with the research site, since it was being watched. He also noted that other aspects of the drilling process can cause pollution, such as poor well construction, surface spills of chemicals and wastewater.

Jackson and his colleagues at Duke have done numerous studies over the last few years that looked at whether gas drilling is contaminating nearby drinking water, with mixed results. None has found chemical contamination but they did find evidence that natural gas escaped from some wells near the surface and polluted drinking water in northeastern Pennsylvania.

Scott Anderson, a drilling expert with the Environment Defense Fund, said the results sound very interesting.

"Very few people think that fracking at significant depths routinely leads to water contamination. But the jury is still out on what the odds are that this might happen in special situations," Anderson said.

One finding surprised the researchers: Seismic monitoring determined one hydraulic fracture traveled 1,800 feet out from the well bore; most traveled just a few hundred feet. That's significant because some environmental groups have questioned whether the fractures could go all the way to the surface.

The researchers believe that fracture may have hit naturally occurring faults, and that's something both industry and regulators don't want.

"We would like to be able to predict those areas" with natural faults and avoid them, Hammack said.

Jackson said the 1,800-foot fracture was interesting but noted it is still a mile from the surface.

The DOE team will start to publish full results of the tests over the next few months, said Hammack, who called the large amount of field data from the study "the real deal."

"People probably will be looking at the data for years to come," he said.

On Friday, DOE spokesman David Anna added that while nothing of concern has been found thus far, "the results are far too preliminary to make any firm claims."



Meg Klepack
May 25, 2013

The Invisible Nature of Public Health

In this paper, I will argue that the American public is not bored by public health. Rather, I believe that the field of public health is invisible to the general public. This invisibility is built into the very structure of the public health system. With its emphasis on implementing environmental changes to prevent disease, the public health field acts largely behind the scenes, away from the public eye. When outreach has been a component of a public health campaign, messages have received insufficient media attention or been insufficiently funded to create wide-spread public awareness.

Public health initiatives are most effective when they change the environmental conditions in which we live and least effective when they rely on individuals to change behaviors.¹ In 1999, the CDC compiled the 10 greatest public health achievements of the 20th century, citing improvements in sanitation, drinking water, roads, and food safety as critical advances to preventing disease and injury.² The public health initiatives behind these advances created the systems to ensure safe drinking water flows from every faucet, grocery shelves are stock with foods free from pathogens, flours are enriched with key nutrients, salt is iodized, tap water is fluoridated, and cars are deigned to protect their passengers. These systems-level advances have allowed millions of people to live longer and healthier lives, without ever being aware of the vital public health protections in place.

The power of systems-level change is demonstrated even in issues such as tobacco use. While tobacco use is conventionally thought of as a personal decision, public health measures have demonstrated that environmental changes, including the price of cigarettes

and bans on smoking in public venues, are far more effective at reducing rates of smoking than educating individuals about the dangers of smoking.³

The effectiveness of the systems-level approach means public health officials often prioritize working behind the scenes, where their work is invisible to the general public. Ali S. Khan, director of the CDC Office of Public Health Preparedness and Response, spoke to this in stating, “When public health is invisible, it means we've done our job successfully. Typically, the only time it is visible is when something new arises or when something has gone wrong.”⁴ As a result, the general public not only takes public health measures for granted, but loses sight of the fact that they are public health measures in the first place. As a result, there is widespread confusion in the general public about the realm of public health.⁵

In some public health initiatives, public participation is a key strategy – vaccinations are a good example. Here too, though, the realm of public health remains largely invisible. Education and implementation of immunizations typically occurs when people access healthcare. As a result, public health vaccination initiatives are confused for healthcare.

While the work of public health is largely behind the scenes, public health officials recognize value in communicating their work with the public – both to offer educational resources about disease prevention and to share the success stories of their work. This communication is challenging and can often times fail to reach its intended audiences in meaningful ways for the following reasons:

Public health officials can have a challenging time getting their stories and messages out through the traditional media. The media landscape, dominated by stories of the latest

crisis or scandal, often gives short shrift to public health's success stories of prevention. In addition, priority public health campaigns remain largely the same year to year. As a result, public health messages can become stale and are therefore easily ignored by both reporters and the general public.

Public health messages can also fail to engage their audience due to their technical nature. Public health is a field rich in data. Public health messages run the risk of remaining technically accurate while failing to emotionally connect with their audience.

Finally, in these times of tight budgets for all government agencies, marketing campaigns are likely to be under-funded. Officials that must prioritize tight budgets are likely to target marketing funds before cutting programming.

While the implementation of public health initiatives is most effective at the systems level, the institutions of public health must do a better job of making their work visible to the general public. As government bodies, public health organizations are inextricably part of the American democracy. As such, their funding levels will always be subject to the politics of appropriations. Efforts to cut "big-government" spending threaten public health budgets. A well-informed public, aware of the vital role that public health plays in their lives, is the best hope public health has for maintaining (or increasing!) spending on public health. Additionally as anti-vaccination and anti-fluoridation campaigns spread misinformation and degrade the public's trust in public health, public health officials must communicate more widely about their work. Public understanding of the roles and goals of the public health system, and transparency of public health officials about their work, are vital to maintaining and building a strong, publicly supported public health system.

1. Frieden, Thomas, MD, MPH. "A Framework for Public Health Action: The Health Impact Pyramid." *American Journal of Public Health*. 100.4 (2010 April): 590–595. [Web](#). Accessed May 25, 2013.
2. "Ten Great Public Health Achievements – United States, 1900-1999." *Centers for Disease Control and Prevention*. [Web](#). Accessed May 25, 2013
3. "Tobacco Control State Highlights 2012" *Centers for Disease Control*. [Web](#). Accessed May 27, 2013.
4. "Public Health Hero: Ali S Khan." *Research America*. [Web](#). Accessed May 24, 2013.
5. Lezin, Nicole, PPM, Sandra Quinn, PhD, Suzan Zaro, MHP, Katie Baer, MPH, and Martha Katz, MPA. "Perceptions of Public Health." *Public Health Reports*. 113.4 (Jul-Aug 1998): 324-329. [Web](#). Accessed May 25, 2013.

Division for Community Health Highlights for August 27, 2013 BOH Meeting
Sigrid Larsen Connors, Director of Patient Services

Action items – none

Administration

- The NYS Department of Health conducted an unannounced survey of the Licensed Home Care Services Agency (LHCSA) July 16-17. The surveyor reviewed policies and procedures, personnel files, conducted five home visits and reviewed case records. This is the first review of the program since the program was licensed in November 2012. A Statement of Deficiency received July 23 identified the Plan of Care as an area in need of improvement in 3 out of 5 records. A Plan of Correction was sent August 2 (attached).
- Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) meetings July 3, 18
- Site visit to new County Office for Aging office to scope out for potential immunization clinic site with Community Health Nurse (CHN) Supervisor Karen Bishop, July 12.
- Training – Tick Disease and Transmission, Kendall, July 12.
- Completed 2nd Quarter 2013 NYSDOH state aid report on nursing activity hours in the Community Health and Health Promotion programs. Report also includes Emergency Preparedness and Community Assessment/Improvement activity hours for the DPS, Health Promotion Program Director and the Planner/Evaluator, July 31.

Staffing

- Four interviews held July 22, 23, 30 to fill the CHN vacancy in Community Health Services, with Karen Bishop and Team Leader Melissa Gatch. Position offered and declined.
- TCHD Health & Safety audit with Health & Safety Coordinator, no findings, July 8
- Alison Rice, Community Health Nurse with the Division after 17 years retired August 9. Ms. Rice worked primarily with the Anonymous HIV Counseling & Testing grant program and communicable disease case management including Tuberculosis Direct Observe Therapy home visits and provision of many weekend and holiday rabies post-exposure shots! She will be deeply missed. The Loaves and Fishes of Tompkins County Board of Directors awarded Ms. Rice with a Certificate of Appreciation for her 17 years of advocacy and support of their mission by her weekly presence providing HIV counseling & testing, blood pressure screenings, referrals for medical, dental and social service, as well as advocacy of participant concerns.

Communicable Disease Reports – June 2013 monthly and annual statistics attached.

Other Meetings – Adult Immunization Coalition (2); DCH Management (11); Billing & Support (18);

Division Statistical Highlights – January – June 2013 reports attached.

COMMUNITY HEALTH SERVICES
Karen Bishop, Community Health Nurse Supervisor

Staffing- One half-time (17.5 hours/week) Community Health Nurse (CHN) remained vacant. Duties continue to be reassigned to other staff nurses. Alison Rice is cross training staff to perform HIV testing until her replacement is hired.

Communicable Disease – See attached statistical reports.

Lyme disease cases continued to be the most frequently reported communicable disease.

Communicable disease CHN's continue to stress prevention to reduce exposure risks.

One salmonella case involved a food service worker who was excluded from work until two negative stools.

Lead Poisoning – (5 active cases)

#1 case: Two year old initially identified with blood lead level 65 mcg/dL in April 2013 required immediate hospitalization for chelation. Blood lead level dropped to 35 mcg/dL prior to hospital discharge. This child has a complex psychosocial history, with family custody issues. Child has been moved to a lead safe home. Repeat blood levels every two weeks have shown a steady decrease in blood lead with the most recent level at 26. Developmental evaluation conducted 7/31/13 noted developmental lags in social/behavior with recommendation for weekly visits by MSW for behavioral and social intervention. CHN will monitor case to ensure repeat blood levels are done and that the blood lead levels continue to decrease. Child Protective Services is involved in the case.

#2 & #3 cases: Two siblings under five with slightly elevated blood lead levels of 13 & 11 mcg/dL. Family is remodeling their 1800's home. Lead paint/dust found in multiple areas in the home. Parents educated regarding lead and immediately stopped grinding pain and temporarily moved children to lead safe home. Parents requested to have both children tested once a month. Will keep cases open until meets case closure criteria.

#4 case: One year old with initial blood level 11 mcg/dL on 6/18/13. Multiple lead hazards identified in home. Developmental assessment is within normal limits. Repeat blood lead test due in September. Recommended older sibling gets tested.

#5 case: Three year old with initial blood level 12 mcg/dL on 8/17/12. Child had not accessed medical care prior to the 8/17/12 office visit. Developmental and behavior abnormalities identified. Referred child for developmental services but parent has resisted to date. The lead CHN made multiple attempts to encourage the parent to follow through on repeat blood testing, medical appointments and developmental evaluation. Due to the lack of response by the parent, the case was reported to Child Protective Services.

Plan to keep case open to monitor for completion of repeat blood lead test, regular medical care and developmental evaluation.

Tuberculosis (TB) – 1 active case

TB Disease – Pulmonary – Drug Sensitive

- 17 year old female, born in U.S., spent 10 years in Korea, identified in May 2013. Receiving DOT and tolerating well. Contact investigation ongoing. Plan: Continue DOT five times per week.

HEALTH PROMOTION PROGRAM

Theresa Lyczko, Director

Tobacco Control Program

- Met with the Director of Rural Youth Services at Cornell Cooperative Extension (CCE) to discuss potential collaboration, provided resource guide about Tobacco Program, will send more information to program managers in August and attend fall staff meeting, June 24. Samantha Hillson, Tobacco Education Coordinator.
- Tobacco Free Outdoors conference call, June 25 and July 23. Samantha Hillson.
- South Central Partners meeting in Johnson City, June 25. Ted Schiele, Planner/Evaluator, Samantha Hillson.
- Tobacco Free Cortland meeting in Homer, June 27. Ted Schiele, Samantha Hillson.
- West Hill Block Party: attended with Dot Survey about smoke-free multi-unit housing, June 29. Ted Schiele
- Met with the Director of Paul Schreurs Memorial Program at Ithaca Youth Bureau to discuss potential collaboration, provided resource guide, June 26. Samantha Hillson
- Conducted initial outreach to notify downtown restaurants/bars about the Clean Indoor Air Act (CIAA) and table tents, June 26. Samantha Hillson
- Assisted with planning for West Hill Block Party, June 27, 28. Samantha Hillson
- Regional Steering Committee (RSC) conference call, July 1. Ted Schiele
- Assisted with County Coalition for Healthy Youth (CCHY) Sticker Shock poster distribution in Trumansburg in preparation for Grassroots festival, July 11. Samantha Hillson
- Community Partnership modality meeting in Albany, 7/17.
- Monthly Point of Sale (POS) conference call, July 9. Samantha Hillson, Ted Schiele
- Clean Indoor Air Act (CIAA), 10th Anniversary, July 24.
 - Met with Ithaca Center management to inform about CIAA posters/table tents, July 12. Samantha Hillson
 - Press release developed and distributed July 22. Samantha Hillson, Ted Schiele
 - CIAA conference call, July 22. Samantha Hillson, Ted Schiele
 - Table tents developed for local and regional display at restaurants and bars. Locally 181 tents were distributed to 28 establishments. Ted Schiele, Samantha Hillson
 - Paid ad ran in Ithaca Times July 24. Ithaca Times paid half of cost.
 - Survey developed and published via QR code on table tents and Ithaca Times ad.
 - Attended press conference at Number 5 Restaurant in Binghamton, July 24. Samantha Hillson, Ted Schiele.
 - Provide talking points and attended Downtown Summer Series Concert by Pete Panek and the Blue Cats, Pete made announcement about CIAA during concert, July 25. Samantha Hillson, Ted Schiele
 - Ted Schiele interviewed on Cayuga Radio Group; ran July 23 p.m. and July 24 a.m., Ted Schiele
 - TCHD monthly WHCU interview, July 31. Theresa Lyczko coordinated.
- Downtown Ithaca Ordinance review process:
 - Meeting with review planning team, July 18. Included council members Murtagh, Dotson; Downtown Ithaca Alliance staff, Ted Schiele, Samantha Hillson
 - Revisions per meeting discussion to letter and survey targeting downtown businesses.
- Followed up on outdoor smoking complaint from an Aurora Street restaurant. Alerted EH of possible CIAA violation. Alerted City Clerk of possible city Ordinance violation. Ted Schiele
- Tobacco Free Pharmacy conference call, July 26. Samantha Hillson

- Email communication with Chair of Planning Committee for Town of Ithaca, in an attempt to get Tobacco Program on agenda for August 26 meeting, July 29. Samantha Hillson
- Interview with Cayuga Radio Group Pete Blanchard about menthol cigarettes for weekly health segment, July 26. Scheduled to air July 29. Ted Schiele
- Distributed T-Free signage to Workforce NY and Country Inn and Suites, July 30. Samantha Hillson
- Webinar: “Not in my backyard: What can Locals Do to Regulate Other Tobacco Products?” July 23. Samantha Hillson
- Email communication with Director of Finger Lakes NYS Parks about no smoking signs in swimming areas July 15, 23. Samantha Hillson

TCHD Participation and Support

- Prepared PDF version of BOH packet for administration, posted to web site, Ted Schiele.
- Attended Immunization Coalition meeting, July 2. Theresa Lyczko
- Interview with Tompkins Weekly reporter on Lyme Disease; published July 8. Follow-up letter to the editor from Dr. Klepack submitted July 29. Theresa Lyczko
- Met with Karen Bishop to plan website postings for CHS programs, July 15. Theresa Lyczko
- Provided educational materials to CSCN nurse for a parent whose child is experiencing difficulty with asthma management, July 16. Best practices reviewed with nurse, July 18. Susan Dunlop, Community Health Nurse

Web site postings

- Multiple updates to Lyme disease pages
- Set up and updates to Hydrilla page for 2013; Endothall testing data will be posted here
- WIC calendars posted

Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)

- Work continues on the CHA in HPP – reviewing data, strategies, planning and requirement documents. Ted Schiele, Theresa Lyczko
- Research, download, and organize census data for Tompkins County. Ted Schiele
- Bi-weekly updates and progress reports with Director of Patient Services and Public Health Director. Theresa Lyczko
- Two webinars provided by HANYYS and NYSACHO targeted to CHA coordinators, July 5, 16. Theresa Lyczko

Community Outreach

- Creating Healthy Places (CHP) Worksites – three wellness committee meetings with one worksite; one with a different worksite. Ted Schiele
- CHP – State conference call for worksite contractors – July 25. Ted Schiele
- CHP - Meeting with Ignite Health representatives about their on-site biometric screening service products for participating CHP worksites, July 24. Ted Schiele
- CHP – Attended Friends of Stewart Park (FSP) board meeting, July 16. Theresa Lyczko
- Participated in the West Hill block party; 25 people visited the HPP table. Provided information on the Diabetes Self Management Program; 8 people took the “Am I at Risk,” screening questionnaire for pre-diabetes (6 tested at high risk). Diabetes Prevention Program (DPP) was promoted, June 29. Susan Dunlop
- Seven participants are enrolled in the Diabetes Prevention Program at TCHD. Four classes of sixteen – week sessions were held – July 9, 16, 23, and 30. Monthly sessions follow the completion of the weekly meetings. Susan Dunlop

- Conducted two of six- week sessions of the Chronic Disease Self-Management Program at Lifelong – 11 participants, July 22, 29. Susan Dunlop
- Met with CMC staff and committee member to plan for Chronic Obstructive Pulmonary Disease educational series beginning on September 12 at TCHD, July 12, 30. Susan Dunlop
- Met with a local pastor to determine the potential for the Chronic Disease Self-Management Program (CDSMP) and the Diabetes Self Management Program (DSMP) could be offered to the faith community. The CDSMP will begin at one church this fall as a pilot, July 22. Susan Dunlop

Meetings and Trainings

- Completed FEMA course IS-200B, July 5. Samantha Hillson
- CCHY board meeting June 21, Youth Action Committee meeting June 24 and, July 31, attended presentation by Fred Volpe, from SAMSHA, about Affordable Care Act, July 12. Samantha Hillson
- Supervisor trainings, June 25, July 9. Theresa Lyczko
- Lyme Disease presentation at Kendal – CMC’s Silver Service Series – Dr. McQueen, infection control specialist, July 12. Theresa Lyczko

WIC

WIC Clinic Appointment Participant Survey

- 83 participants were surveyed since June regarding their preference for appointment times. Of the 83 respondents, 63 preferred the standard business hours of 8:30 to 4:30, 11 preferred times prior to 8:30, and 27 between the hours of 5 and 6:30 pm. WIC currently offers 12 alternate clinic hours. Several late night clinics were scheduled until 7:30 pm at the request of the state WIC Regional office. However, based on the survey the vast majority of ppts. favor appointments in the 8 to 6 time frame. In addition, appointments on Saturdays were noted. These results will be considered as clinics are scheduled in the coming months.

WIC Dashboard – see attached for June statistics

ATTACHMENTS

- LHCSA July 2013 SOD and POC and POC acceptance letter from NYS DOH
- July 2013 Division Statistical Highlights
- June 2013 Summary of DC103s by Disease
- July 2013 Summary of DC103s by Disease
- 2013 Communicable Diseases Summary Report
- WIC Dashboard for August BOH Meeting

NEW YORK
state department of
HEALTHNirav R. Shah, M.D., M.P.H.
CommissionerSue Kelly
Executive Deputy Commissioner

07/23/2013

Frank Krupa, Public Health Director
Tompkins County Health Department
55 Brown Road
Ithaca, New York 14850

Agency: Tompkins County Health Department
License #: 2108L001
Type of Survey: Re-Licensure
Event ID #: FQVD11
Survey Exit Date: 07/18/2013
Plan of Correction Due Date: August 2, 2013

Dear Mr. Krupa:

Enclosed is a copy of the Statement of Deficiency (SOD) report resulting from the Article 36 survey of your agency by staff from this office. This is being sent to you in your capacity as the Operator of this agency. You are responsible for the agency's compliance with all applicable rules and regulations. The original SOD report is being forwarded to the agency's Administrator.

A detailed Plan of Correction (POC) must be completed and returned to this office by the above referenced date. The POC should be documented on the right side of the original SOD report sent to the administrator and must be signed and dated. A copy should be retained for the records of the agency.

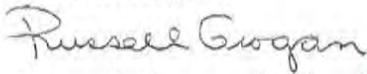
Your POC must contain the following for each deficiency cited:

- What corrective action(s) will be accomplished for those patients found to have been affected by the deficient practice;
- How you will identify other patients having the potential to be affected by the same deficient practice and what corrective action will be taken;

- What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur;
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place; and
- The date for the correction and the title of the person responsible for correction of each deficiency.

This office will review your POC, if your POC is unacceptable, staff from our office will contact you to discuss the items involved.

Russell Grogan



Home & Community Care Based Services
Program Manager

cc: Frank Krupa, Public Health Director
Brenda Crosby, Public Health Administrator
Sigrid Connors, DPS

New York State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: LC3908A	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/18/2013
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NAME OF PROVIDER OR SUPPLIER TOMPKINS COUNTY HEALTH DEPARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 55 BROWN ROAD ITHACA, NY 14850
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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H 000	<p>Initial Comments</p> <p>This statement of deficiencies report is the result of an Article 36 full survey and operational survey of this Licensed Home Care Services Agency (LHCSA) on 07/18/13. The following survey activities were completed: reviews of 6 patient records along with 2 observational home visits; policies and procedures; 2 personnel records, quality improvement meeting minutes; emergency disaster plan, and complaint log.</p> <p>Each record was reviewed with the Supervising Nurse and team leader during the survey.</p> <p>Deficient practices were identified in the following area: H404 - Plan of Care</p>	H 000		
H 404	<p>766.3(b) Plan of care</p> <p>766.3 Plan of care.</p> <p>The governing authority or operator shall ensure that:</p> <p>.....</p> <p>(b) a plan of care is established for each patient based on a professional assessment of the patient's needs and includes pertinent diagnosis, prognosis, mental status, frequency of each service to be provided, medications, treatments, diet regimens, functional limitations and rehabilitation potential.</p> <p>This Regulation is not met as evidenced by: Based on reviews of patient records, policies and procedures, and interviews with the Supervising Nurse and Team Leader, it was determined in 3 out of 6 patient records (patients 1, 5, and 6), that</p>	H 404		

Office of Health Systems Management

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

New York State Department of Health

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H 404	<p>Continued From page 1</p> <p>plans of care were incomplete and/or inaccurate.</p> <p>This is evidenced by:</p> <p>1. Patient # 1 was admitted to the agency on 11/17/12 with a primary diagnosis of preterm infant and a secondary diagnosis of other apnea of newborn. The plans of care dated 11/07/12 to 01/05/13, 01/06/13 to 03/06/13, and 03/07/13 to 05/05/13, included skilled nurse (SN) visits every other week. The plans of care were incomplete and/or inaccurate as follows:</p> <ul style="list-style-type: none"> - no plan for the use of an oxygen monitor as identified during a skilled nursing visit conducted on 11/21/12. During a SN visit, the nurse documented that the patient is now wearing an oxygen monitor along with the apnea monitor. The plan of care did not include use of this monitor or parameters to report abnormal findings. <p>During subsequent SN visits conducted every other week, there was no assessment of the patient's oxygen level or use of the oxygen monitor.</p> <ul style="list-style-type: none"> - the plans of care included weekly weight assessments. The plans of care failed to include weekly SN visits. <p>On 07/17/13, the above plan of care issues were discussed with the Supervising Nurse and Team Leader. Both stated that they did not realize that the plan of care included weekly weights and had no explanation for the incomplete plan for oxygen monitoring.</p> <p>2. Patient # 5 was admitted to the agency on 06/19/12 with a diagnosis of toxic effects of lead</p>	H 404			

PRINTED: 07/23/2013
FORM APPROVED

New York State Department of Health

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H 404	<p>Continued From page 2</p> <p>compound exposure. Based on review of plans of care developed every 2 months from 06/19/12 to 04/14/13, the plans of care were incomplete and/or inaccurate as follows:</p> <p>The plans of care indicated that 1 SN visit would be conducted every 60 days, there was no plan to assess the patient, only "coordinate with Environmental Health and assess the home for lead hazards".</p> <p>Additionally, there was no evidence that the plan of care was developed based on an assessment of the patient because there was no assessment of the patient in the home.</p> <p>On 07/17/13, the record was reviewed with the Supervising Nurse and the Team Leader. No further information was provided.</p> <p>3. Patient # 6 was admitted to the agency on 08/28/12 with a diagnosis of toxic effects of lead compound exposure. The plan of care included 1 to 4 SN visits every 60 days to coordinate with Environmental Health and assess the home for lead hazards. Based on review of plans of care developed every 2 months from 08/19/12 to 09/21/13, the plans of care were incomplete and/or inaccurate as follows:</p> <p>On 08/28/12, the SN visited the patient at home and developed a plan of care based on this assessment. Between 08/28/12 and 07/17/13, there were no subsequent home visits documented in the patient record.</p> <p>On 07/17/13, the record was reviewed with the Supervising Nurse and the Team Leader. The Supervising Nurse stated that the mother refused visit attempts by the SN but had no explanation</p>	H 404		

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H 404	Continued From page 3 for why the plan of care was incomplete for nursing assessments of the patient. Failure to ensure that the plan of care accurately reflects the needs of the patient has the potential for unmet patient needs.	H 404		
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New York State Department of Health

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H 404	766.3(b) Plan of care 766.3 Plan of care. The governing authority or operator shall ensure that: (b) a plan of care is established for each patient based on a professional assessment of the patient's needs and includes pertinent diagnosis, prognosis, mental status, frequency of each service to be provided, medications, treatments, diet regimens, functional limitations and rehabilitation potential. This Regulation is not met as evidenced by: Based on reviews of patient records, policies and procedures, and interviews with the Supervising Nurse and Team Leader, it was determined in 3 out of 6 patient records (patients 1, 5, and 6), that	H 404	766.3 (b) Plan of Care Supervisor convened mandatory staff meeting 8/1/13. Agenda included review of the Statement of Deficiency (SOD); education on actions needed for improvement regarding incomplete and/or inaccurate care plans; electronic medical record (EMR) and policy and Quality Assurance review changes in process for the Plan of Correction (POC).	8/1/13

Office of Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Director of Patient Services

(X6) DATE
8/1/13

New York State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: LC3908A	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2013
NAME OF PROVIDER OR SUPPLIER TOMPKINS COUNTY HEALTH DEPARTMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 55 BROWN ROAD ITHACA, NY 14850		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 404	Continued From page 1 plans of care were incomplete and/or inaccurate. This is evidenced by: 1. Patient # 1 was admitted to the agency on 11/17/12 with a primary diagnosis of preterm Infant and a secondary diagnosis of other apnea of newborn. The plans of care dated 11/07/12 to 01/05/13, 01/06/13 to 03/06/13, and 03/07/13 to 05/05/13, included skilled nurse (SN) visits every other week. The plans of care were incomplete and/or inaccurate as follows: - no plan for the use of an oxygen monitor as identified during a skilled nursing visit conducted on 11/21/12. During a SN visit, the nurse documented that the patient is now wearing an oxygen monitor along with the apnea monitor. The plan of care did not include use of this monitor or parameters to report abnormal findings During subsequent SN visits conducted every other week, there was no assessment of the patient's oxygen level or use of the oxygen monitor. - the plans of care included weekly weight assessments. The plans of care failed to include weekly SN visits. On 07/17/13, the above plan of care issues were discussed with the Supervising Nurse and Team Leader. Both stated that they did not realize that the plan of care included weekly weights and had no explanation for the incomplete plan for oxygen monitoring. 2. Patient # 5 was admitted to the agency on 06/19/12 with a diagnosis of toxic effects of lead	H 404	466.3 (b) Plan of Care (cont.) <u>Patient # 1</u> Supervisor counseled Nurse on including Durable Medical Equipment (DME) & parameters in Plan of Care. Interim Medical Orders sent to MD including oxygen & apnea monitors DME and parameters to report abnormal findings. The apnea & oxygen monitors were discontinued for this patient on 1/30/13. <u>Patient # 1</u> Supervisor interviewed Nurse who reported she conducted assessment of patient's oxygen level & use of apnea and oxygen monitor & failed to include such in the documentation of care. Supervisor counseled Nurse on accurate documentation. Documentation addendum made to accurately reflect assessments done. Quality Improvement (QI) of EMR made to infant assessment documentation profile includes any use of DME & whether parameters are within or outside acceptable range. If abnormal parameters assessed, Nurse must note such & what actions taken, i.e. report to MD & follow-up taken. <u>Patient # 1</u> Supervisor counseled Nurse on Plan of Care matching care given. Plan of Care including weekly weight assessments did not occur due to weight assessments being done in MD office every other week. Nursing visits were updated to every 14 days per MD to alternate weight assessments with MD office visits. Interim MD Order sent to reflect accurate visit frequency. Subsequent medical orders will reflect visits every 14 days.	7/23/13 7/23/13 7/23/13 7/23/13 7/23/13 7/23/13

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

217 S. Salina St., Syracuse, NY 13202
315-477-8583 (fax)

FAX TRANSMISSION

TO: Sigrid Connors

FROM: Russell Grogan

DATE: 08/12/2013

SUBJECT: POC – Event ID: FQVD11

pages to follow (not including this cover sheet):

PLEASE NOTE: DUE TO RECENT CHANGES IN OUR BUSINESS PRACTICE, THE ORIGINAL COPIES OF THIS DOCUMENT WILL NOT BE SENT VIA U.S. POSTAL SERVICE. PLEASE PRINT A COPY OF THE ATTACHED _____ AS YOUR OFFICIAL DOCUMENTATION.

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Nirav R. Shah, M.D., M.P.H.
Commissioner

NEW YORK
state department of
HEALTH

Sue Kelly
Executive Deputy Commissioner

08/12/2013

Frank Krupa, Public Health Director
Tompkins County Health Department
55 Brown Road
Ithaca, New York 14850

Agency: Tompkins County Health Department
License #: 2108L001
Type of Survey: Re-Licensure
Event ID #: FQVD11
Survey Exit Date: 07/18/2013

Dear Mr. Krupa:

This office has reviewed the Plan of Correction (POC) from the above referenced survey and determined that the POC is acceptable. It is expected that the plan will be implemented within the time frames indicated.

Upon completion of your corrective actions, a post certification visit will be conducted to ensure that the agency has implemented the corrections required.

Russell Grogan



Home & Community Care Based Services
Program Manager

cc: Brenda Crosby, Public Health Administrator
Sigrid Connors, DPS

Division for Community Health
Clinic Statistical Highlights 2013

Community Health Services	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2013	YTD 2012	Total 2012
Clinics															
# of Immunization Clients	25	20	21	13	15	4	25						123	220	411
# of Immunizations Given	29	37	27	21	20	4	33						171	284	574
Children 0 - 19 yrs.	14	34	12	15	10	0	19						104	136	295
Adults 20 yrs. & over	15	3	15	6	10	4	14						67	148	279
# of Flu Immunizations	2	0	0	0	0	0	0						2	19	916
Rabies Vaccination Program															
Post-Exposure Clients	1	1	1	2	9	11	16						41	54	103
Post-Exposure Vaccinations	3	2	4	6	19	37	47						118	126	282
Tuberculosis Program															
Cumulative Active TB clients	2	2	2	2	3	3	3						3	4	5
Active TB Admissions	0	0	0	0	1	0	0						1	4	5
Active TB Discharges	1	0	0	0	0	0	1						2	2	3
Cumulative Latent TB Infection Clients	33	33	34	37	37	39	40						40	68	93
Latent TB Infection Admissions	3	0	1	3	0	2	1						10	26	51
Latent TB Infection Discharges	1	2	2	4	5	3	3						20	30	54
TB Direct Observe Therapy Visits	21	16	13	13	52	34	27						176	181	415
# of PPDs	25	40	58	20	16	39	64						262	220	474
Anonymous HIV Clinics															
# of HIV Clinics - including Walk-Ins	7	5	5	5	6	4	8						40	47	74
# of Counseled & Tested	10	6	7	7	8	3	7						48	84	120
HIV+ Eliza & Western Bloc	0	0	0	0	0	0	0						0	0	1
Final Prelim															
WIC															
Total Enrolled (average)	1806	1799	1793	1758	1778	1821	1842						1800	1771	1781
Total # Served (average)	1545	1555	1546	1533	1517	1498	1493						1527	1509	1519
% Caseload Target (avg) *2000 FY12	79.50%	77.75%	#####	#####	#####	#####	#####						76.66%	75.43%	75.97%
Monthly Clinic No-Show Rate (% avg.)	11.96%	13.56%	#####	#####	#####	#####	#####						14.78%	15.59%	15.20%
# of Clinics	21	23	21	22	22	20	19						148	164	267

All statistics are considered primary as data is continually collected and updated
UA = Unavailable at this Time

**Division for Community Health
Program Visit Statistical Highlights**

Maternal Child Services/MOMS program	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2013	YTD 2012	Total 2012
Cumulative Unduplicated Client Count	186	216	238	269	307	344	UA						344	213	346
# of Admissions	37	30	22	31	38	37	UA						195	208	341
# of Discharges	37	18	35	22	34	17	UA						163	214	375
Total # of Office Visits	31	31	30	34	36	37	UA						199	188	332
# of Antepartum Home Visits	46	40	42	50	37	40	52						307	248	493
# of Postpartum Home Visits	31	17	34	22	37	22	27						190	169	306
# of Pediatric Home Visits	14	16	11	8	9	12	21						91	27	56
Total # of Home Visits	91	73	87	80	83	74	100						588	444	855
Total # of Home & Office Visits	112	104	117	114	119	111	UA						677	632	1187
# of RN Home Visit Hours	89	66	83	78	81	72	93						562	469	865
# of Childbirth Education Classes	2	1	0	3	0	3	0						9	0	6
# of Childbirth Education Moms	8	5	0	12	0	0	0						25	0	20
On Call Visits															
Maternal Child On Call Visits	0	0	0	0	1	2	0						3	3	3
Rabies On Call Vaccinations	0	1	0	1	2	4	9						17	15	39
TB Direct Observe Therapy On Call Visits	0	0	0	0	3	0	0						3	0	7

2013 Log of Public Contacts* (Via Telephone or Email) For Community Health Services													2013 Total	2012 Total	2011 Total
Communicable Disease (including Flu/Pneumonia disease related, HIV, Rabies and TB)	160	266	82	142	189	139	178						1156	2182	2004
Immunization (including Flu)	119	57	73	109	95	72	114						639	1460	1921
Maternal Child/Family/MOMS	112	57	286	405	383	340	371						1954	4127	3906
Miscellaneous	27	29	34	63	61	42	44						300	472	535
Total	418	409	475	719	728	593	707	0	0	0	0	0	4049	8241	8366

*2012 and prior Public Contacts include Home Care Program calls. Home care program closed in May 2012.

All statistics are considered preliminary as data is continually collected and updated.

UA = Unavailable at this time

June 2013 Summary of DC103s by Disease without Name

CAMPYLOBACTERIOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/8/2013	F	1	1	
6/15/2013	M	2	60	

CHLAMYDIA

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/4/2013	M	1	21	
6/4/2013	F	2	21	
6/5/2013	M	3	24	
6/5/2013	F	4	22	
6/7/2013	M	5	22	
6/10/2013	M	6	24	
6/11/2013	F	7	18	
6/14/2013	F	8	23	
6/17/2013	F	9	19	
6/17/2013	M	10	28	
6/15/2013	M	11	47	
6/19/2013	F	12	35	
6/18/2013	F	13	17	
6/18/2013	M	14	19	
6/20/2013	M	15	22	
6/24/2013	M	16	28	
6/21/2013	F	17	20	
6/27/2013	M	18	31	
6/29/2013	F	19	39	

CRYPTOSPORIDIOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/2/2013	M	1	19	
6/17/2013	F	2	1	

ECOLI

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/2/2013	M	1	51	

ENCEPH, OTHER VIRAL

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/4/2013	F	1	20	

GONORRHEA

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/20/2013	M	1	27	
6/24/2013	M	2	28	
6/21/2013	F	3	20	

HEPATITIS C, CHRONIC

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/6/2013	F	1	22	
6/12/2013	F	2	21	
6/13/2013	M	3	54	

LYME DISEASE

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/11/2013	F	1	59	
6/17/2013	M	2	3	
6/21/2013	F	3	26	
6/19/2013	F	4	14	
6/18/2013	M	5	86	
6/18/2013	M	6	86	
6/24/2013	M	7	28	
6/25/2013	M	8	52	
6/25/2013	F	9	48	
6/28/2013	F	10	35	

MENINGITIS, ASEPTIC

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/26/2013	M	1	51	

PERTUSSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/29/2013	M	1	2	

SALMONELLOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/23/2013	F	1	83	

STREP GROUP B, INVAS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/4/2013	F	1	80	

STREP PNEUMO, INVAS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
6/7/2013	F	1	83	

TOTAL DISEASE COUNT

46 *

*Total disease count does not include individuals who received rabies post-exposure vaccine.

July 2013 Summary of DC103s by Disease without Name

CHLAMYDIA

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/3/2013	M	1	22	
7/1/2013	M	2	38	
7/9/2013	M	3	49	
7/10/2013	F	4	18	
7/11/2013	F	5	28	
7/10/2013	M	6	40	
7/10/2013	F	7	29	
7/15/2013	F	8	23	
7/18/2013	F	9	20	
7/18/2013	M	10	30	
7/18/2013	M	11	25	
7/24/2013	F	12	19	
7/23/2013	F	13	19	
7/25/2013	F	14	21	
7/28/2013	F	15	35	
7/27/2013	F	16	14	
7/26/2013	F	17	24	
7/29/2013	F	18	23	
7/31/2013	M	19	23	
7/31/2013	F	20	20	

ECOLI

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/9/2013	M	1	13	
7/13/2013	M	2	6	

GIARDIASIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/11/2013	F	1	24	

HEPATITIS B, CHRONIC

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/15/2013	F	1	55	

HEPATITIS C, CHRONIC

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/10/2013	M	1	39	
7/13/2013	F	2	40	
7/22/2013	F	3	28	

LEGIONELLOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/2/2013	M	1	51	

LISTERIOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/6/2013	M	1	73	

LYME DISEASE

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/3/2013	M	1	50	
7/3/2013	F	2	59	
7/3/2013	F	3	69	
7/9/2013	M	4	36	
7/12/2013	M	5	68	
7/16/2013	F	6	4	
7/22/2013	F	7	64	
7/22/2013	F	8	80	
7/24/2013	F	9	60	

PERTUSSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/2/2013	F	1	16	

SALMONELLOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
7/13/2013	F	1	58	
7/24/2013	F	2	10	
7/23/2013	F	3	0	
7/30/2013	F	4	84	

TOTAL DISEASE COUNT 43 *

**Total disease count does not include individuals who received rabies post-exposure vaccine.*

2013 Communicable Disease Report

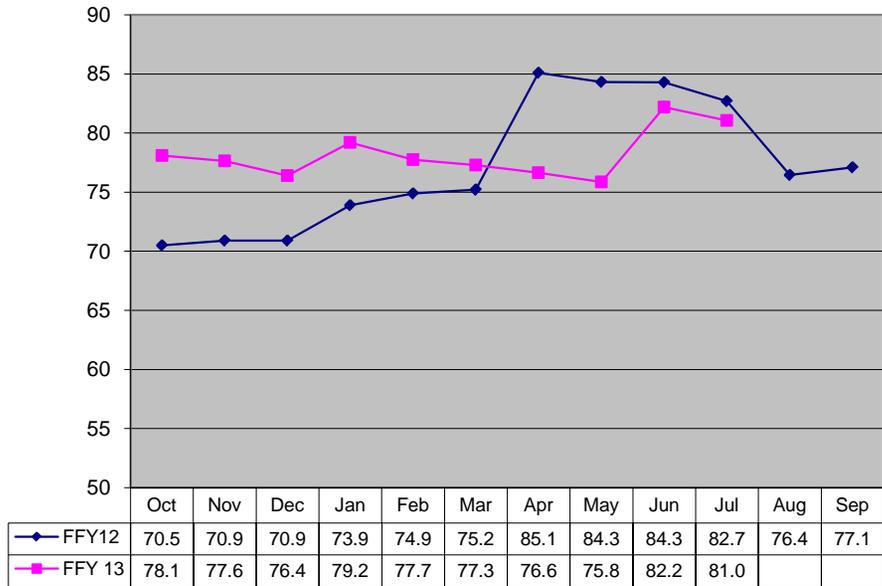
DISEASE	2012													2013
	TOTALS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTALS
AIR-BORNE ENVIRONMENTAL DISEASE	2	0	0	0	0	0	0	1	0	0	0	0	0	1
LEGIONELLOSIS	2	0	0	0	0	0	0	1	0	0	0	0	0	1
ARTHROPODA-BORNE DISEASES	21	0	0	1	1	2	10	9	0	0	0	0	0	23
ANAPLASMOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BABESIOSIS	1	0	0	0	0	0	0	0	0	0	0	0	0	0
*LYME DISEASE	20	0	0	1	0	2	10	9	0	0	0	0	0	22
MALARIA	0	0	0	0	1	0	0	0	0	0	0	0	0	1
BLOODBORNE DISEASES	82	6	6	9	7	8	3	3	0	0	0	0	0	42
HEPATITIS C, ACUTE	5	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS C, CHRONIC	77	6	6	9	7	8	3	3	0	0	0	0	0	42
CENTRAL NERVOUS SYSTEM DISEASES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MENINGITIS, BACTERIAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GASTROINTESTINAL ILLNESSES	74	4	2	5	8	5	6	8	0	0	0	0	0	38
BACTERIAL	42	1	1	4	7	3	4	7	0	0	0	0	0	27
CAMPYLOBACTERIOSIS	21	0	1	2	4	1	2	0	0	0	0	0	0	10
E. COLI 0157:H7	2	0	0	0	0	0	1	2	0	0	0	0	0	3
LISTERIOSIS	1	0	0	0	0	0	0	1	0	0	0	0	0	1
SALMONELLOSIS	14	1	0	2	3	0	1	4	0	0	0	0	0	11
SHIGELLOSIS	3	0	0	0	0	1	0	0	0	0	0	0	0	1
YERSINIOSIS	1	0	0	0	0	1	0	0	0	0	0	0	0	1
PARASITIC	32	3	1	1	1	2	2	1	0	0	0	0	0	11
AMEBIASIS	1	1	0	0	0	0	0	0	0	0	0	0	0	1
CRYPTOSPORIDIOSIS	12	1	1	0	1	2	2	0	0	0	0	0	0	7
CYCLOSPORIASIS	1	0	0	0	0	0	0	0	0	0	0	0	0	0
GIARDIASIS	18	1	0	1	0	0	0	1	0	0	0	0	0	3
MYCOBACTERIUM AGENTS	4	0	0	0	0	1	0	0	0	0	0	0	0	1
TUBERCULOSIS	4	0	0	0	0	1	0	0	0	0	0	0	0	1
RABIES EXPOSURE	108	2	2	3	2	9	12	16	0	0	0	0	0	46
ADMINISTERED @ TCHD	96	1	1	3	2	9	11	16	0	0	0	0	0	43
ADMINISTERED @ GANNETT	12	1	1	0	0	0	1	0	0	0	0	0	0	3
SEXUALLY TRANSMITTED DISEASES	319	29	21	31	26	20	23	20	0	0	0	0	0	170
CHLAMYDIAL INFECTIONS	283	26	19	27	22	18	20	20	0	0	0	0	0	152
GONORRHEA	31	3	2	4	4	1	3	0	0	0	0	0	0	17
LYMPHOGRANULOMA VENEREUM	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SYPHILIS, INFECTIOUS	5	0	0	0	0	1	0	0	0	0	0	0	0	1
INVASIVE DISEASES, NOT VACCINE PREV.	14	1	1	0	0	0	1	0	0	0	0	0	0	3
STREPT GROUP A	7	0	0	0	0	0	0	0	0	0	0	0	0	0
STREPT GROUP B	7	1	1	0	0	0	1	0	0	0	0	0	0	3
VACCINE PREVENTABLE DISEASES	149	2	4	1	3	0	4	2	0	0	0	0	0	16
DIPHtheria	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HAEMOPHILUS INFLUENZAE, INVASIVE	1	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS A	1	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS B, ACUTE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS B, CHRONIC	16	0	0	1	1	0	0	1	0	0	0	0	0	3
MEASLES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MUMPS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
**PERTUSSIS	122	1	2	0	0	0	1	1	0	0	0	0	0	5
RUBELLA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
STREPT PNEUMO, INVASIVE	4	1	2	0	2	0	1	0	0	0	0	0	0	6
TETANUS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MISCELLANEOUS	5	0	0	0	0	0	2	0	0	0	0	0	0	2
GRAND TOTAL OF REPORTS	773	44	36	50	47	45	61	59	0	0	0	0	0	340

*Due to high incidence, Tompkins Co. designated "sentinel county" by NYSDOH, only 20% of reported lab confirmed cases are investigated.

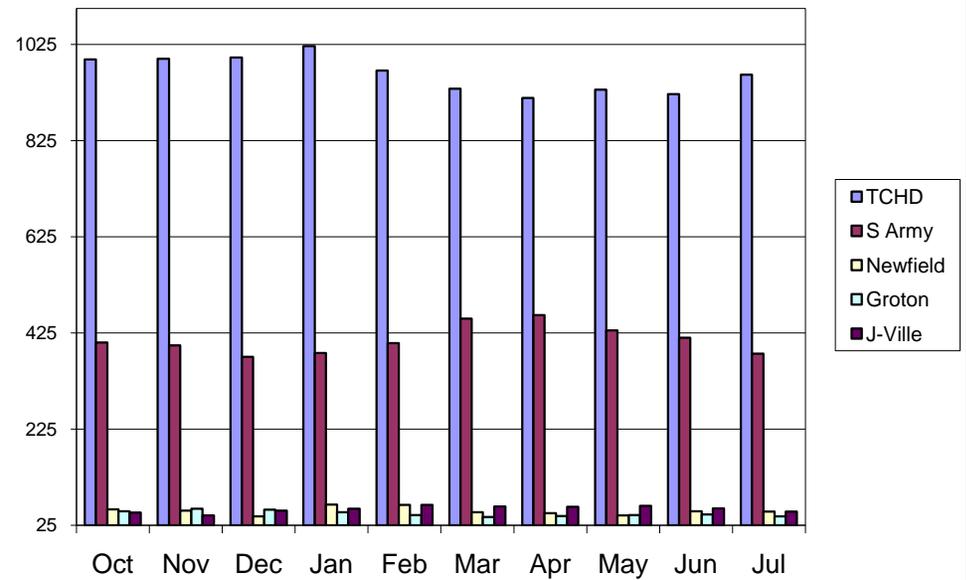
**6/2013 Miscellaneous = 1 Meningitis, Aseptic and 1 Herpes Simplex II Encephalitis

Tompkins County WIC Dashboard for August BOH Meeting - Report of official NYS WIC statistics

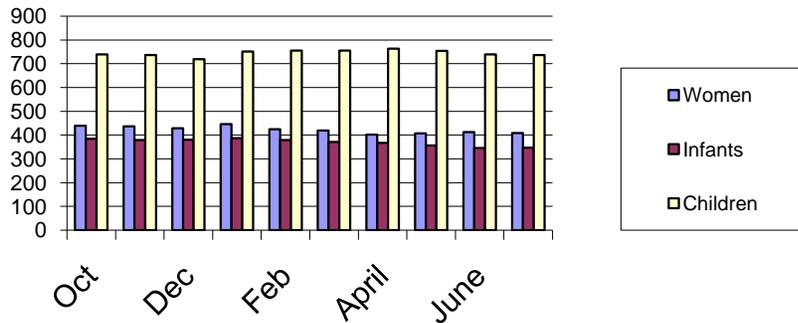
Percentage of Caseload Target



WIC Participants Receiving Benefits at each Site



Total Number of Women, Infants & Children Receiving Benefits



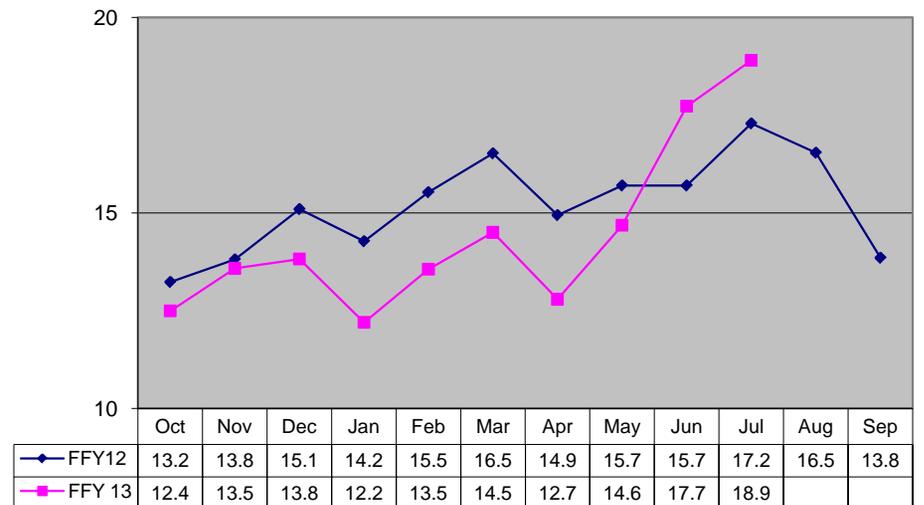
Total WIC Participation

July 12	July 2013
1516	1493

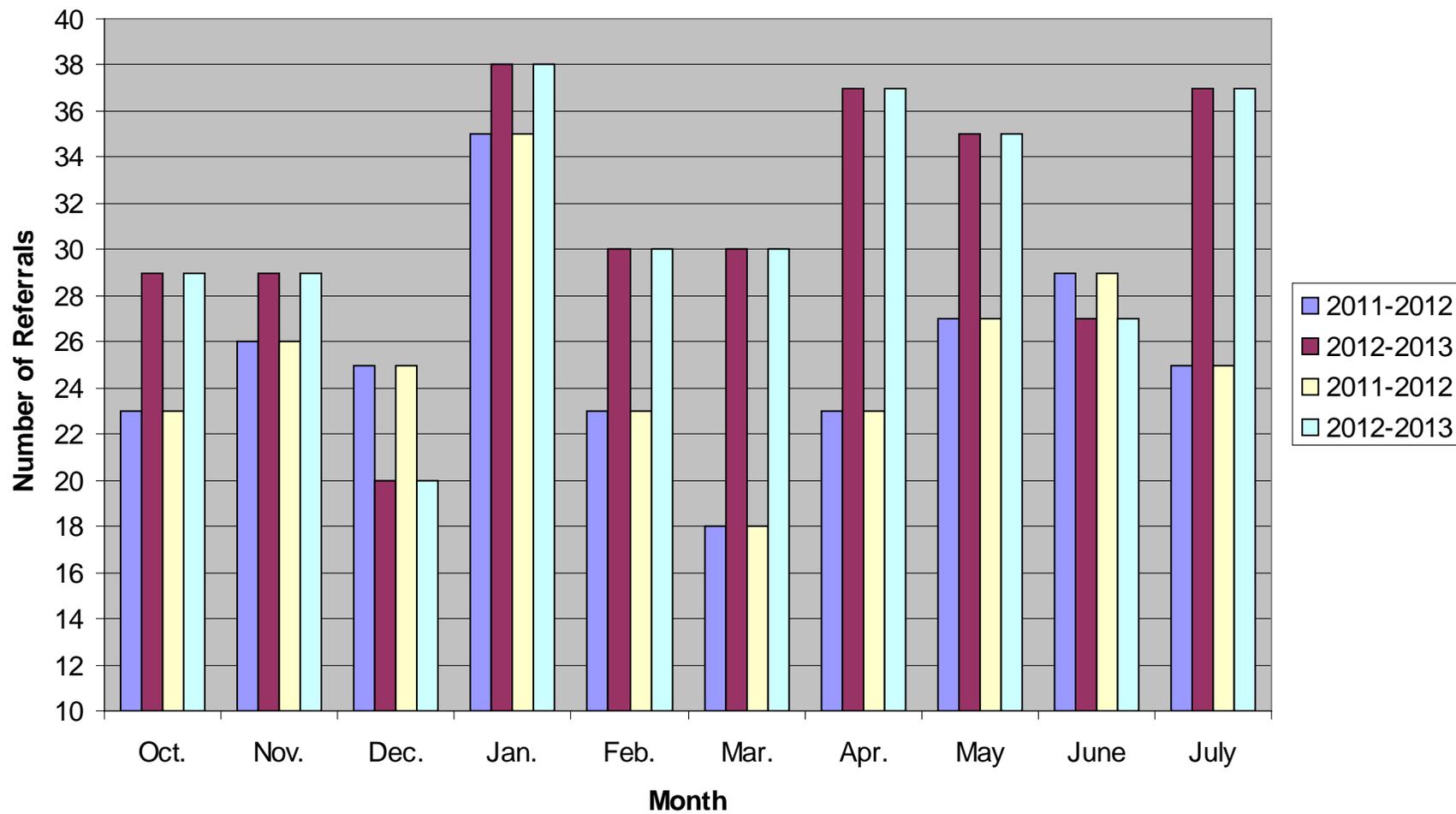
WIC Participant Target Caseload

FFY 2012	FFY 2013
2000	2000

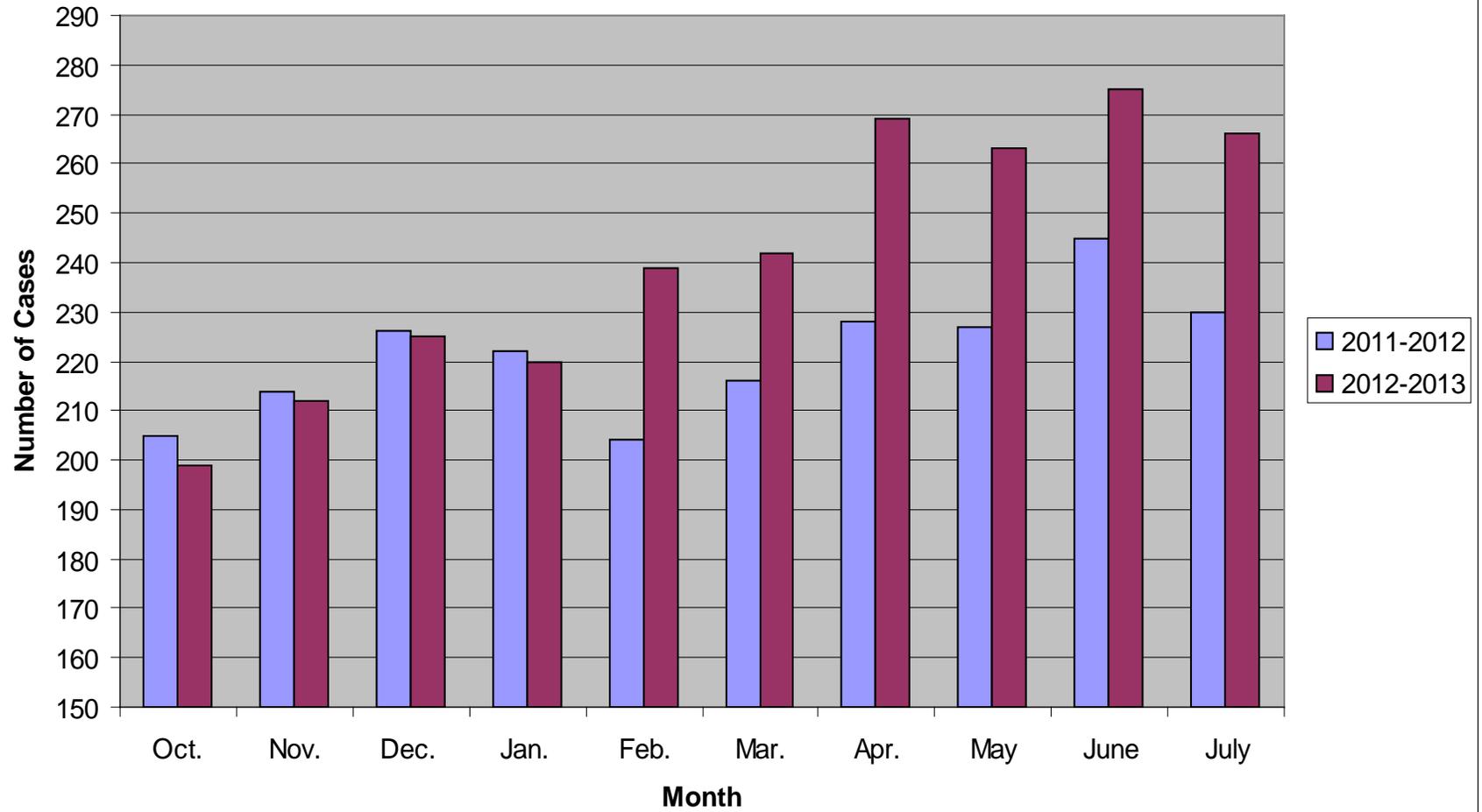
Participant No Show Rate



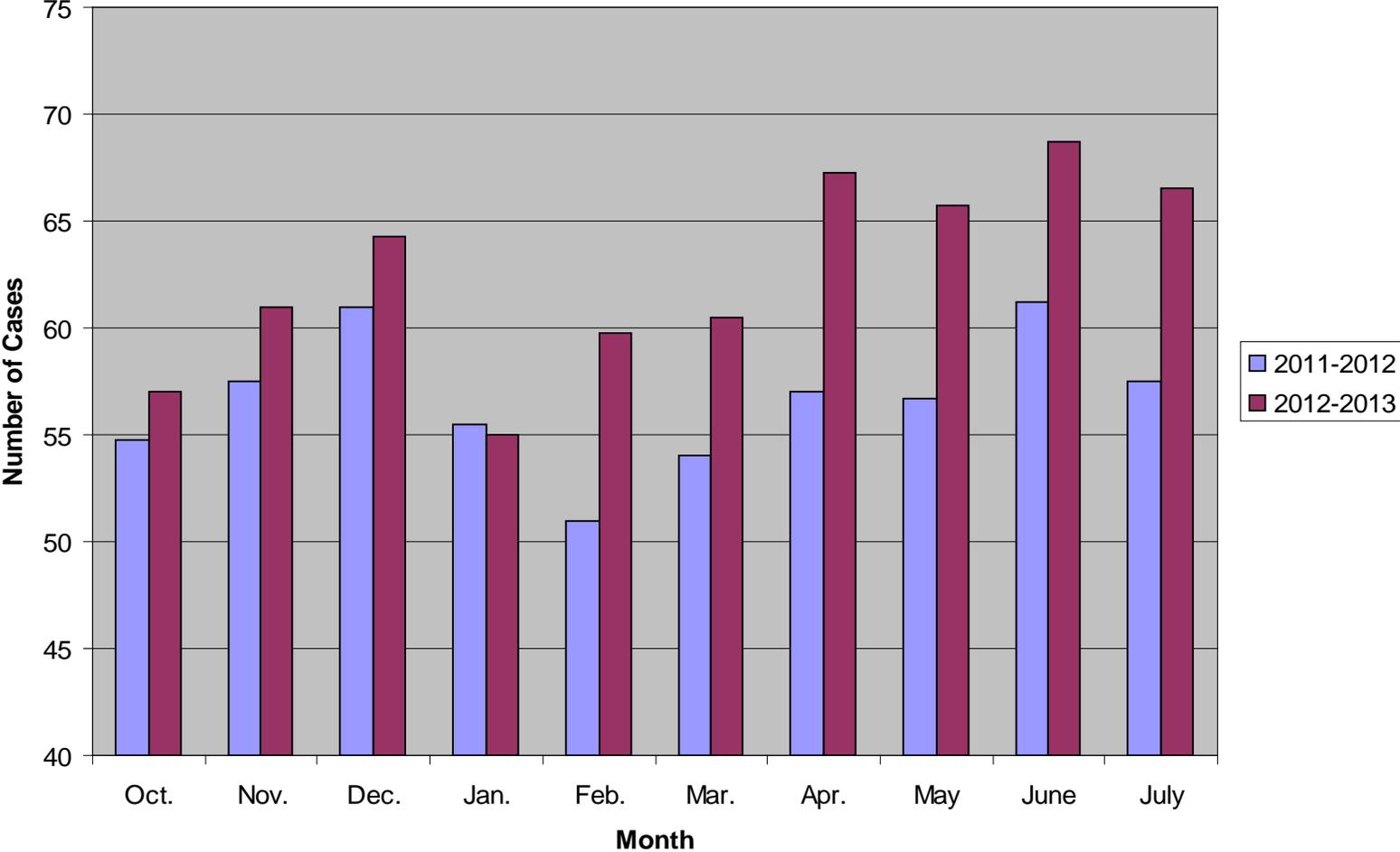
Total Number of EI Referrals



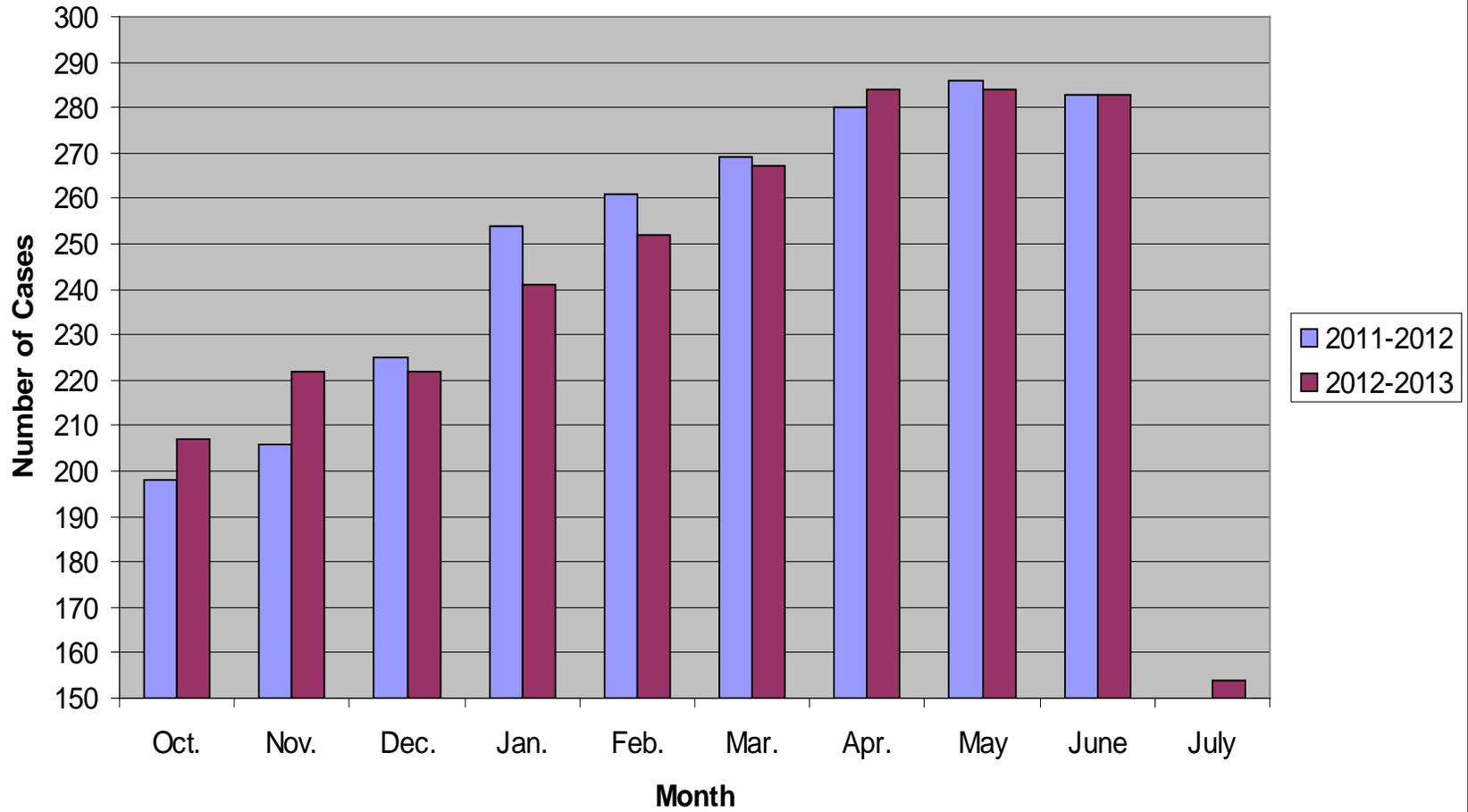
Total Number of Early Intervention Cases



Average Service Coordinator Caseloads



Total Number of Preschool Cases



Children with Special Care Needs Division

Statistical Highlights 2013

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2013 Totals
Early Intervention Program													
Number of Program Referrals	38	30	30	37	35	27	37	0	0	0	0	0	234
Initial Concern/reason for referral:													
-- Birth/Medical History													
-- DSS Founded Case		1	3			2	2						
-- Failed MCHAT Screening													
-- Gestational Age	3	1	1	1	1	3	3						13
-- Global Delays				1		1							2
-- Hearing				1									1
-- Physical													0
-- Feeding		3		1	1	1							
-- Gross Motor	7	4	8	8	8	9	8						52
-- Gross Motor & Feeding				1	1								2
-- Gross Motor & Fine Motor				2	1								3
-- Gross Motor & Social Emotional			2		1								3
-- Fine Motor			2	1									3
-- Fine Motor/Vision													0
-- Vision													
-- Social Emotional	2	2	1	1	2								8
-- Social Emotional & Adaptive													
-- Social Emotional & Cognitive													0
-- Social Emotional & Feeding		1											
-- Social Emotional & Vision													0
-- Speech	16	12	8	7	9	8	15						75
-- Speech & Adaptive													0
-- Speech & Cognitive	1												1
-- Speech & Gross Motor			2	2		1							
-- Speech & Social Emotional	2	1	1	1	3								8
-- Speech & Feeding				1									1
-- Speech & Hearing		1	1										2
-- Transfer from other Municipality													
-- Adaptive						1							1
-- Adaptive/Feeding	4												4
-- Vision													0
-- Qualifying Congenital / Medical Diagnosis	2	2	1	4		1							10
-- Child Find (At Risk)	1	2		5	8		6						22
Total # of clients qualified and receiving svcs	181	201	203	229	235	247	240						
Total # of clients pending intake/qualification	39	38	39	40	28	28	26						
Total # qualified and pending	220	239	242	269	263	275	266	0	0	0	0	0	
Average # of Cases per Service Coordinator	55	59.75	60.5	67.25	65.75	68.75	66.5	0	0	0	0	0	
# of Family/Client visits													
-- Intake visits	24	27	25	16	25	24	33						174
-- Introduction Visits	0	0	0	0	0	0							0
-- IFSP Meetings	48	46	43	52	54	26	36						305
-- Amendments	13	14	14	20	23	23	33						140
-- Evaluations	30	29	29	35	34	25	30						212

Children with Special Care Needs Division

Statistical Highlights 2013

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2013 Totals
-- Supplemental Evaluations	6	6	5	3	13	9	6	0	0	0	0	0	48
Early Intervention Program (continued)													
Type:													
-- Audio	0	1	2	1	3	2	1						10
-- Feeding	0	0	0	0	0	0	0						0
-- Occupational Therapy	4	4	2	1	6	2	2						21
-- Physical Management Clinic	0	0	0	0	0	0	0						0
-- Physical Therapy	1	1	0	1	1	2	1						7
-- Social Emotional	0	0	0	0	0	1	2						3
-- Speech Therapy	1	0	1	0	3	2	0						7
-- Vision	0	0	0	0	0	0	0						0
Autism Spectrum													
-- Children currently diagnosed:	0	0	0	0	0	0	0						0
-- Children currently suspect:	6	5	8	10	14	3	15						61
Children with 'Other' Diagnosis													
-- Agenesis Corpus Collosum	0	0	0	1	1	1	0						3
-- Cardiac Anomolies	2	1	1	3	3	4	3						17
-- Cerebral Palsy	3	2	2	5	5	4	3						24
-- Chromosome 22Q Deletion	1	1	1	1	1	1	1						7
-- Cleft Lip/Palate	2	2	2	2	2	2	2						14
-- Congenital Anomoly	0	2	2	1	1	1	1						8
-- Congenital Hand Deformity							1						1
-- Cyclic Neutropenia	0	1	1	1	1	1	1						6
-- Down Syndrome	1	1	1	2	2	1	1						9
-- Gastroesophageal reflux disease (GERD)	0	1	1	0	0	0	0						2
-- Hearing Impairment	0	0	0	1	1	1	0						3
-- Hydrocephalus	2	2	2	3	3	3	4						19
-- Hypotonia -- Severe	1	1	1	1	1	1	0						6
-- Laryngomalacia	1	1	1	1	1	1	1						7
-- Metabolic Disorder	0	1	1	1	1	1	1						6
-- Microtia Atresia	1	1	1	1	1	0	1						6
-- Musculoskeletal Anomoly	1	1	1	1	1	1	1						7
-- Nasal Encephalocele	1	1	1	1	1	1	1						7
-- Neurofibromatosis Type 1	2	2	2	2	2	2	2						14
-- Prematurity	8	7	7	8	14	15	19						78
-- Prematurity (Micro)	6	4	4	7	4	9	6						40
-- Radial Nerve Palsy							1						1
-- Spina Bifida	1	1	1	1	1	1	1						7
-- Tay Sachs Disease	1	1	1	0	0	0	0						3
-- Temporal & Frontal Subdural Hematomas	0	0	0	1	0	0	0						1
-- Torticollis	6	5	5	7	8	8	9						48
-- Transposition	1	0	0	0	0	0	0						1
-- Type 1 Diabetes	0	1	1	1	1	1	0						5
-- Ventriculomegaly	1	1	1	1	0	1	1						6
-- Vocal Cord Paralysis							1						1
-- Scaphocephaly							1						1

ENVIRONMENTAL HEALTH DIVISION

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ENVIRONMENTAL HEALTH HIGHLIGHTS

July 2013

Outreach and Division News

Congratulations to Skip Parr for being selected as the new Senior Sanitarian in the Environmental Health Division! A committee of seven Environmental Health staff was involved in establishing and conducting the selection process. In addition to their application, the applicants prepared a written response in advance of the interview and then responded to questions during the interview. The selection committee felt all the candidates were very good and did a great job during the process. We were in the fortunate position of selecting from a very strong applicant pool.

Rabid Fox: Kudos to Audrey Balander and Skip Parr for all their hard work in connection with a rabid fox that attacked two people, one on Wilkins Road and one on Dubois Road, on July 22. The media were alerted to inform people of the situation and advise them to be very cautious when going outside in the area where the fox had been seen. Law enforcement searched the area for the fox for a day and a half. The fox was shot by a resident on July 23, and submitted for rabies testing. As expected, the results came back positive. Five people are currently receiving post-exposure shots due to contact with the fox.

Hydrilla – Year 3 continues: The application of the herbicide endothall to the Cayuga Inlet occurred on Tuesday, July 16. Anne Wildman, Liz Cameron, and Steven Kern were involved in reviewing the water quality monitoring results. Samples from the intake to the Bolton Point water supply that were analyzed by an ELAP certified lab have been below the detection limit of 7 ppb. Samples are also analyzed by Community Sciences Institute (CSI) using the same analytical method that has been used in previous years that provides rapid results. While previous results using this method have been at or below the detection limit, this year CSI reported results ranging from non-detectable to an unexpectedly high 42 ppb. Input from various experts indicates possible interferences contributing to these results.

Wildman, Kern and Cameron also prepared a water quality monitoring plan for the application of fluridone and submitted it to the New York State Department of Environmental Conservation (NYSDEC) as part of the permitting process. The fluridone application will start several weeks after the endothall application, on August 12.

GrassRoots: The Fingerlakes Grassroots Festival was held on July 18-21. There are three campgrounds operated by the Fingerlakes Grassroots Festival. One campground is located on-site at the Trumansburg Fairgrounds with 890 sites, there is one next door to the Fairgrounds with 400 sites, and one located on Agard Road in the Town of Ulysses with 300 sites. The Health Department inspected the campgrounds to ensure there was an adequate and safe supply of drinking water; adequate toilet and lavatory facilities, fire protection and noxious weed control; and that camp size and food service requirements were met.

The food vendors at the Festival included six regular permit holders in addition to eleven local and out-of-county vendors that operated under temporary food service permits. Four of the temporary permit holders incurred violations that were corrected on re-inspection; an enforcement action has been initiated against a fifth vendor, Lao Village, for a critical violation that was not corrected. As previously, the Health Department worked closely with the Festival organizers prior to and during the event.

EH/ITS Permit Management Software Project: The new Onsite Wastewater Treatment System (OWTS) permit management software project is now underway. The contract with Accela Automation was executed in June. There was a kickoff teleconference/web meeting on July 18. Representatives from Redmark, the software installation subcontractor, were onsite on July 30 and 31 and conducted sessions with Adriel Shea, Brenda Coyle,

Steve Maybee, Cyndy Howe, Cindy Schulte, Janice Koski, Greg Potter, Frank Kruppa and Liz Cameron to determine our OWTS workflow and process. We will be working with them remotely over the next several weeks to finalize the process so they can incorporate it in the software. Greg Potter has also been working on the IT side to procure the virtual servers and get the necessary hardware in place. The current schedule has the system up and running by the end of the year.

Coalition for Safe Medicine Disposal: The Coalition for Safe Medicine Disposal met on July 10, 2013 to coordinate and plan an outreach that coincides with the Oct 26, 2013 DEA National Collection event for unwanted household pharmaceutical wastes. The local Coalition will sponsor a collection event at the Slaterville Fire Station from 10am–2pm; the Slaterville Fire Dept will coordinate the effort. In addition to the Slaterville event, folks will be advised (through PSA's and advertising) to go to the 3 drug collection drop boxes that have access on Saturdays: TC3, Cornell, and the Tompkins County Jail. CSMD members will staff the boxes for outreach and educational purposes that day.

NYSDOH Field Visit: John Strepelis, the New York State Department of Health (NYSDOH) Regional Coordinator and Engineer, visited our office on Friday, July 19. Strepelis primarily worked with Steven Kern on the State Drinking Water Information System (SDWIS), but it was also helpful that Strepelis was here for consultation on the unexpected results from the hydrilla endothall treatment sampling.

Rabies Control Program

There was one bat and one gray fox confirmed to be rabid in Tompkins County during July. The bat was found at a children's camp. Camp staff dealt with the bat appropriately and prevented human exposures. Over a two day period, the gray fox attacked people and pets at two locations, biting two people and possibly a cat before it was dispatched.

The Tompkins County Health Department also learned of a boy on vacation in Tompkins County with his parents who was bitten in his home state by a raccoon presumed to be rabid. The Tompkins County Health Department worked with the parents, local health care providers, and the New Hampshire Health Department to insure the boy received rabies treatment.

This is the time of year when encounters with bats increase. In cases where a bat bites a person, or is found either in a room with a sleeping person, a person with a sensory impairment, or in the presence of a child, the bat should be captured and brought to the Health Department for rabies testing.

Key Data Overview		
	This Month	YTD
Bites¹	26	135
Non Bites²	12	37
Referrals to Other Counties	10	34
Submissions to the NYS Rabies Lab	29	96
Human Post-Exposure Treatments	22	53
Unvaccinated Pets 6-Month Quarantined³	0	3
Unvaccinated Pets Destroyed⁴	0	0
Rabid Animals (Laboratory Confirmed)	2	6

¹"Bites" include all reported bites inflicted by mammals and any other wounds received while saliva is present.

²"Non-bites" include human exposures to saliva of potentially rabid animals. This also includes bats in rooms with sleeping people or young children where the bat was unavailable for testing.

³When an otherwise healthy, unvaccinated pet has contact with a rabid animal, or suspect rabid animal, that pet must be quarantined for 6 months or euthanized. Quarantine must occur in a TCHD-approved facility (such as a kennel) at the owner's expense. If the pet is still healthy at the end of 6 months, the exposure did not result in rabies and the pet is released.

⁴ Pets must be euthanized if they are unvaccinated and have been in contact with a rabid or suspect rabid animal and begin to display signs consistent with rabies. Alternatively, a pet is euthanized if a prescribed 6-month quarantine cannot be performed or the owners elect euthanasia instead of quarantine.

Reports by Animal Type								
	Bites		Animals sent to the NYS Rabies Laboratory				Rabid Animals	
	Month	YTD	By TCHD	By NYS CU Vet College	Totals		Month	YTD
					Month	YTD		
Cat	7	43	2	0	2	9	0	0
Dog	11	78	2	0	2	6	0	0
Cattle	0	0	0	0	0	1	0	0
Horse/Mule	0	0	0	1	1	1	0	0
Sheep/Goat	0	0	0	0	0	0	0	0
Other Domestic	0	1	0	0	0	0	0	0
Raccoon	1	1	0	0	0	2	0	1
Bats	3	3	13	1	14	42	1	4
Skunks	0	0	0	0	0	0	0	0
Foxes	2	3	1	0	0	5	1	1
Other Wild	2	6	0	9	9	30	0	0
Totals	26	135	18	11	29	96	2	6

Childhood Lead Program

	This Month	YTD
A: Active Cases (total referrals):	0	0
A1: # of Children w/ BLL > 19.9ug/dl	0	1
A2: # of Children w/ BLL 10-19.9ug/dl	1	3
B: Total Environmental Inspections:		
B1: Due to A1	1	5
B2: Due to A2	0	0
C: Hazards Found:		
C1: Due to B1	1	4
C2: Due to B2	0	0
D: Abatements Completed:	0	0
E: Environmental Lead Assessment Sent:	1	3
F: Interim Controls Completed:	0	0
G: Complaints/Service Requests (w/o medical referral):	6	33
H: Samples Collected for Lab Analysis:		
- Paint	0	0
- Drinking Water	0	1
- Soil	1	3
- XRF	1	3
- Dust Wipes	1	3
- Other	0	0

Food Program

Routine facility inspections are conducted to protect public health. The inspections are made without advance notice to ensure that food processes are adequate, safe, and meet code requirements. It is important to keep in mind that inspections are only a "snapshot" in the entire year of a facility's operation and they are not always reflective of the day-to-day operations and overall condition of the operation.

The following inspections were conducted with no critical violation(s) noted:

Beverly J. Martin Summer, C-Ithaca	Island Taste, Throughout
Blue Moon Catering/La Crepe du Luc, C-Ithaca	Ithaca Community Childcare Center, T-Ithaca
Blue Moon Catering/Silo Truck, C-Ithaca	Kids First Summer Food, C-Ithaca
Capital State Kitchen, C-Ithaca	Kyushu Japanese Restaurant, V-Lansing
Cayuga Lake Creamery, Throughout	Lansing Pizzeria, T-Lansing
Celebrations Banquet Facility, T-Caroline	Leon Soul Food, Throughout
Cornell Child Care Center, T-Ithaca	Macdonald Farms, Throughout
Dewitt Special Education Summer, T-Lansing	Mahogany Grill Hot Dog Cart, C-Ithaca
Doug's Fish Fry, Throughout	Napoli's Pizzeria, C-Ithaca
Dunkin Donuts, T-Dryden	Newfield Elementary Summer, V-Newfield
Dragonfly Grille, Throughout	Northside Community Center Summer, C-Ithaca
Dryden Lake Golf Course, T-Dryden	Pete's Cayuga Bar, C-Ithaca
Enfield Day Camp, T-Enfield	Royal Court Restaurant, C-Ithaca
Feel Good Foods, Throughout	Southside Community Center, C-Ithaca
Freddy's Place, T-Newfield	Southside Community Center Summer, C-Ithaca
GIAC Kitchen, C-Ithaca	Spicy Asian, C-Ithaca
GIAC Summer Food Service, C-Ithaca	State Diner, C-Ithaca
Gifts & More, Throughout	Taughannock Falls State Park Concessions, T-
The Good Truck, Throughout	Ulysses
Groton Summer Camp, V-Groton	Wendy's, C-Ithaca
Heights Café, V-Cayuga Heights	West Indies Flavor, Throughout
The Ice Box, Throughout	

The Hazard Analysis Critical Control Point (HACCP) Inspection is an opportunity for the establishment to have the health department review food processes in the facility to make sure that all potential hazards are identified and to assure that the best food safety practices are being used.

HACCP Inspections were conducted at the following establishments: None

Re-Inspections are conducted at any establishments that had a critical violation(s) to ensure that inadequate or unsafe processes in a facility have been corrected.

The following re-inspections were conducted with no violations noted:

A-1 Pizzeria, T-Dryden	Plum Tree Restaurant, C-Ithaca
Agava, C-Ithaca	Potala Café, C-Ithaca
Applebee's Bar & Grill, V-Lansing	Rogues Harbor Steak & Ale, T-Lansing
Coalyard Café, C-Ithaca	Sammy's Pizzeria, C-Ithaca
Ithaca Zen Center, T-Danby	Sangam Restaurant, C-Ithaca
Ko Ko, C-Ithaca	Taste of Thai Express, C-Ithaca
Ling Ling Garden, T-Ithaca	Vietnam Hai Hong, C-Ithaca
Mahogany Grill, C-Ithaca	Waffle Frolic, C-Ithaca

Critical violations may involve one or more of the following: the condition of food (e.g. food that may be at improper temperatures on delivery or damaged by rodents), improper food cooking and storage temperatures (e.g. food cooked to and/or held at improper temperatures), improper food preparation practices (e.g. preparing ready-to-eat foods with bare hands), and water and/or sewage issues (e.g. low disinfection levels in the water system). These critical violations relate directly to factors that could lead to food related illness.

Critical Violations were found at the following establishments:**Sangam Restaurant, C-Ithaca**

Enough refrigerated storage equipment was not maintained so that all potentially hazardous foods were stored at 45°F or below. Products were rapidly chilled to 45°F or below and the refrigeration unit was adjusted.

Agava, T-Ithaca

Potentially Hazardous Foods were not kept at or below 45°F during cold holding. Products were observed at 53°F in a food preparation cooler. Products were discarded during the inspection.

Mate Factor, C-Ithaca

Enough refrigerated storage equipment was not maintained so that all potentially hazardous foods were stored at 45°F or below. Products were observed at 48-50°F in a food preparation cooler and were discarded.

Glenwood Pines Restaurant, T-Ulysses

Food workers did not use proper utensils or gloves to eliminate bare hand contact with ready to eat foods. The products were discarded during inspection.

Potentially Hazardous Foods were not kept at or below 45°F during cold holding. Products were observed at 53°F in a cold holding unit. Products were rapidly chilled to 45°F or below before return to service.

Coal Yard Café, C-Ithaca

Cooked or prepared foods were subject to cross-contamination from raw foods. The storage was re-arranged during the inspection.

Enough refrigerated storage equipment was not maintained so that all potentially hazardous foods were stored at 45°F or below. Products were observed at 54-60°F in a food preparation cooler. Products were discarded during the inspection.

Applebee's Neighborhood Bar & Grill, V-Lansing

Potentially Hazardous Foods were not kept at or below 45°F during cold holding. A product was observed to be at 51°F on the service line. The product was discarded during the inspection.

Plantation Bar & Grill, T-Dryden

Potentially Hazardous Foods were not kept at or below 45°F during cold holding. Products were observed to be at 48-51°F in a sandwich cooler. The product was discarded during the inspection.

Enough refrigerated storage equipment was not maintained so that all potentially hazardous foods were stored at 45°F or below. Products were observed at 50°F in a cooler. The products were removed from the unit and rapidly chilled to 45°F or below.

Toxic chemicals were stored so that contamination could occur. The storage was re-arranged at the inspection.

Ling Ling Takeout, C-Ithaca

Potentially Hazardous Foods were not kept under refrigeration. Observed eggs on a condiment cart at 70°F. The product was discarded during the inspection.

GIAC Kitchen Mobile, C-Ithaca

Potentially Hazardous Foods were not kept at or above 140°F during hot holding. Observed products being hot held at 114-118°F. Products were reheated to 165°F or above before return to service.

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at 45°F or below during cold holding. Products were observed at 50-56°F in two coolers. Products were discarded during the inspection.

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at 45°F or below during cold holding. Products were observed at 50-56°F in a cooler. Products were removed from service and placed in alternate coolers to be cooled to 45°F or below.

Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 32 temporary permits.

Temporary food operation inspections are conducted to protect public health. The inspections are made without advance notice to ensure that the food processes at the event are adequate, safe, and meet code requirements. The operation must correct Critical Violations during the inspection. When a Temporary Food Operation has Critical Violation/s, a re-inspection is conducted when the event is longer than one day.

The following inspections were conducted with no violation(s) noted:

Cameron's Market, C-Ithaca
 Celia's Ice Pops, C-Ithaca
 Celia's Ice Pops, T-Ulysses
 Fruitful Endeavors, T-Ulysses
 Iroquois Kitchen, T-Ulysses

New York Pizzeria, T-Ulysses
 Outback Kate's, T-Ulysses
 Real Falafel, T-Ulysses
 Schoolyard Sugarbush, C-Ithaca
 Traveler's Kitchen, C-Ithaca

Critical Violations were found at the following establishments:

American Legion Post 770, T-Ulysses

Potentially hazardous foods were at improper temperatures. Products were observed at 118-125°F in hot holding. Food was removed from service and rapidly reheated to above 165°F before being returned to service. Sliced cheese was observed at 57°F. The product was removed from service for rapid chilling before use.

Enfield Community Council, T-Ulysses

Potentially hazardous foods were at improper temperatures. Product was observed at 51°F. The product was immediately cooked or voluntarily discarded due to insufficient cooking space.

Julie Kemp, T-Newfield

Potentially hazardous foods were at improper temperatures. Cooked chicken was observed at 124°F. The product was removed from service and rapidly reheated to above 165°F before being returned to service. Pasta salad was observed at 54°F. The product was removed from service and rapidly chilled to below 45°F before being returned to service.

Stonecat Café, T-Ulysses

Potentially hazardous foods were at improper temperatures. Tofu was observed in sandwich unit at 54°F. The product was packed in ice for rapid chilling to below 45°F before return to service.

Vegetarian Oasis, T-Ulysses

Potentially hazardous foods were at improper temperatures. Shredded cheese was observed in sandwich unit at 54°F. It was packed in ice for rapid chilling to below 45°F before return to service.

Pre-Operational inspections are conducted, following a thorough review of proposed plans, at new or extensively remodeled facilities to ensure code compliance prior to opening to the public.

The following pre-operational inspections were conducted:

None

Plans Approved:

None

New Permits Issued:

The Artisan Grill, Throughout
 Corner Store, C-Ithaca
 New York Garden, V-Groton
 Queen of Tarts, Throughout
 Tango Chicken, C-Ithaca

The Food Protection Program received and investigated five complaints related to issues and/or problems at permitted food service establishments.

Engineering Plans Approved

- Broome Developmental Services, 600 GPD Replacement Sewage System, Dryden-T
- Peg Mill Retreat, 600 gpd sewage system, Groton-T
- Peg Mill Retreat, New FSE Public Water System, Groton-T
- Pleasant Grove Road Replacement Water Transmission Main, Ithaca-T

Three plans for cross-connection control devices to protect municipal water systems from hazardous connections were approved this month.

Problem Alerts/Emergency Responses

- 13-01-04 Boiceville Apartments, T-Caroline. Boil Water Order (BWO) issued 7/17/13 due to positive total coliform and *E. coli*. Additional sampling is being conducted to identify the source or cause of the problem.
- 13-01-3 Hanshaw Village Mobile Home Park, T-Dryden. BWO issued 7/2/13 due to turbidity and low chlorine caused by off-site water being added to the storage tank to compensate for water loss due to leakage. BWO released 7/26/13 following satisfactory total coliform and turbidity results.

BWOs remain in effect at:

- 12-01-8 J-A-M Mobile Home Park, T-Lansing. BWO issued 8/16/12 due to positive total coliform results. Lost disinfection waiver. Enforcement initiated due to failure to provide disinfection or to connect to municipal water. Owner now plans to connect to municipal water.

Healthy Neighborhoods Program

On July 8, Pat Jebbett and Anne Wildman participated in Healthy Neighborhoods Program outreach at the GIAC Festival. Seven people signed up for home visits and at least 25 more people took information with them and asked questions about the program.

On July 15, Pat Jebbett conducted Healthy Neighborhoods Program outreach at the Salvation Army food pantry. This outreach resulted in five HNP home visits.

On July 25, Eric Shearer presented HNP to a classroom of recent TST BOCES GED graduates. Other presenters included Tompkins Workforce, Tompkins Cortland Community College and the PACE (Public Assistance Comprehensive Education) program, all of which took HNP literature to make additional referrals to their clients.

A total of sixty homes were canvassed during July for the Healthy Neighborhoods Program in the Ithaca, Enfield, Newfield and Dryden mobile home target areas.

HNP staff and CSCN staff have been communicating back and forth about the functions of each other's programs. A meeting will be held to discuss more specifics about each program and how best to share information.

Initial visits for July fell just short of a 160% increase from June's figures. Comparatively, initial visits for this grant year are now at 68% of total visits completed in 2011-2012.

	This Month	YTD
# Home Visits	41	313
# Revisits	7	78
# Asthma Homes	7	47
# Homes Approached	101	609
Products Distributed:		
Carbon Monoxide Detectors	29	177
Smoke Detectors	20	163
Fire Extinguishers	37	272
Surge Protectors	0	16
Radon Test Kits	6	54

Batteries for SD/CO	21	197
HEPA Vacuums	0	2
Vinegar	38	200
Baking Soda	39	334
Spray Bottles	1	231
Brushes	37	274
Mops	3	7
Buckets	9	98
Baby Gates	1	7
Safety Latches	15	82
Door Knob	14	75
Stove Knobs	7	48
Pest Control Products	1	26
Nightlights	38	157
No-Slip Bathtub Strips	38	249
Pillow Case	8	59
Flashlights	41	252

Status of Enforcement Actions

Office Conference Scheduled:

Lao Village, V-Trumansburg, Keo Sisombath, owner: repeat food service violation, 8/16/2013.

15 Leisure Lane, T-Dryden, Heidi Pane, owner; sewage system violation, 8/12/2013.

Beaconview MHP, T-Dryden, Rudy George, owner: water system violations, 8/12/2013.

Office Conferences Held:

JAM MHP, T-Lansing, Jack and Mary Burns, owners: water system Violations; revised Stipulation Agreement with PHD Orders sent for signature; will connect to municipal water system; to BOH 8/27/2013.

John Joseph Inn, T-Lansing, John Hamilton, owner: water system and temporary residence violations; signed Stipulation Agreement with PHD Orders on 8/16/2013; to BOH 8/27/2013.

Compliance Schedules/Board of Health Orders/PH Director's Orders

- Village of Dryden, PWS: violations of Subpart 5-1 for Public Water Systems; signed a Compliance Schedule with PHD Orders on 11/15/2012; BOH ordered Compliance on 12/11/2012; **awaiting compliance.**
- Rite Aid Pharmacy #4716, C-Ithaca, Kevin McKee, manager: Adolescent Tobacco Prevention Act (ATUPA) violation signed Stipulation Agreement with PHD Orders on 4/11/2013; BOH assessed \$450 penalty with mandatory \$50 State surcharge on 5/14/2013; second notice sent; **payment received, case closed.**
- Rogue's Harbor Inn, T-Lansing, Eileen Stout, owner: sewage system violation; signed Stipulation Agreement with PHD Orders on 4/4/2013; BOH assessed \$400 penalty on 5/14/2013; sewage system replaced; second notice sent; **payment received, case closed.**

Referred to Collection:

- CC's, C-Ithaca, Jian Wang
- Blue Frog Café, V-Lansing, Karina Murphy
- P&Y Convenience, T-Lansing, Min Gyu Park
- William Crispell, T-Caroline – two penalties
- 1795 Mecklenburg Road, T-Enfield, V. Bruno
- Blue Frog Café, V-Lansing Karina Murphy

Training

On July 25, Todd Miller, retired from the USGS, presented information on arsenic in Tompkins County to Environmental Health staff. The talk was informative and very well received by staff.



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CERTIFIED AND REGULAR MAIL

July 12, 2013

George Dagaraca
Hanshaw Village MHP LLC
642 Kreag Road, Suite 302
Pittsford, NY 14534

Re: REVISED BOARD OF HEALTH DATE
Tompkins County Board of Health Draft Resolution # 12.17.29-revised
Hanshaw Village Mobile Home Park, T-Dryden

Dear Mr. Dagaraca:

This office received the June 28, 2013, written request from John Haggerty, Property Manager at Hanshaw Village Mobile Home Park, requesting an extension on the time frame to install meters in the park due to a change of scope in the project.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 27, 2013** (not August 13 as stated in the previous letter). You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

A handwritten signature in cursive script that reads "C. Elizabeth Cameron".

C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosure(s) – Draft Resolution including revised Time Table of Compliance, Resolution 12.17.29

pc: Steven Kern, TCHD; John Haggerty, 7 Lake Country Avenue, Ithaca, NY 14850
F:\EH\MOBILE HOME PARKS (MHP)\Facilities (MHP-4)\Hanshaw\Enforcement\2013 revised Draft Resolution.doc
ec: Tompkins County Board of Health; CEO T-Dryden; Supervisor T-Dryden; Martha Robertson, TC Legislator;
Frank Kruppa, Public Health Director; Elizabeth Cameron, P.E., Director of Environmental Health; Brenda Coyle, TCHD
Skip Parr, TCHD; Steve Maybee, P.E., TCHD; John Strepelis, P.E., NYSDOH
scan: Signed copy to eh



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

DRAFT RESOLUTION # 12.17.29-REVISED FOR

**Hanshaw Village Mobile Home Park
George Dagaraca, Hanshaw Village MHP LLC, Owner/Operator
1871 Hanshaw Road, T-Dryden
Dryden, NY 13068**

Whereas, owners and operators of mobile home parks with public water systems are required to comply with Subpart 5-1 and Part 17 of New York State Sanitary Code (NYSSC); **and**

Whereas, Hanshaw Village Mobile Home Park violated the sections of those codes including NYSSC Part 17.6(a), NYSSC Subpart 5-1.27, NYSSC Subpart 5-1.71; **and**

Whereas, the Board of Health adopted Resolution 12.17.29 at its regular meeting on November 13, 2012; **and**

Whereas, Hanshaw Village has thus far complied with Resolution 12.17.29; **and**

Whereas, an agent of George Dagaraca, Owner/Operator, requested a change in scope and deadline for installation of water meters at Hanshaw Village Mobile Home Park to install meters on each home instead of on the transmission or distribution lines; **and**

Whereas, the Environmental Health Department supports installation of meters on individual homes in addition to meters on the distribution lines; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That George Dagaraca, Hanshaw Village MHP LLC, Owner/Operator, is ordered to:**

1. Provide notification to the Health Department and residents prior to any planned water outage and when other water outages occur. The notification shall include the duration of the outage, locations of available water during the outage and emergency contact information; **and**
2. Meet the requirements of the attached revised schedule of compliance dated July 2, 2013.

Hanshaw Village Water System Schedule of Compliance

Created: 9/17/12
Revised: 7/2/2013

Immediate Modifications*	To be Completed By	Completed	Notes
Submit plans & specifications for distribution line replacement and curbstops locations.	9/28/2012	x	<i>Continuous leaks causing low pressure and water outages to park residents. Distribution line replacement recommended in Engineer's Report.</i>
Develop a procedure to inform park residents when planned water outages are scheduled to properly prepare for water outages.	10/5/2012	x	
Provide a emergency back-up plan that addresses the residents' need for water during outages that last for more than 24 hours.	10/5/2012	x	
Start installing distribution lines as approved by the Health Department.	10/1/2012	x	
Install communication system on low level alarm to alert staff when storage tank levels are low.	recommendation		<i>Storage tank drains before operator is aware of problem</i>
Install new water-tight cover for clear well in lower well house. (completed) Fabricate and install a more durable and tight cover to prevent vermin and other contaminants from entering the well.	10/31/2012 7/31/2013	Needs further improvement	<i>Wooden cover was installed.</i>
Provide disinfection for well located in upper well house	10/31/2012	x	<i>Water has been rerouted to mix with chlorinated water from the lower pump house.</i>
Install water meters on lower transmission line and the distribution lines from the upper well house. Record daily water meter readings from distribution lines once installed.	6/30/2013 8/15/2013		<i>Recommended in Engineer's Report. Tool to identify leaks in system and develop baseline water usage so that adequate storage capacity can be provided.</i>
Install water meters on each individual home within the park. Record daily water meter readings from distribution lines once installed.	10/1/2013		
Other Modifications*	To be Completed By	Completed	Notes
Locate and map transmission line from lower well house to upper storage tank; submit map of marked transmission line to Health Department and Dig Safe NY.	8/31/2013		<i>Transmission line was dug up by Town of Drydent because it was unmarked.</i>

Other Modifications*	To be Completed By	Completed	Notes
Submit plans for additional storage capacity to meet Part 5 Design Standards as prepared by a professional engineer if determined necessary by Tompkins County Health Department's Public Health Engineer based on reported water meter readings.	8/31/2013 6/30/2014		<i>Recommended in Engineer's Report. Current capacity does not meet current design standards.</i>
Properly abandon any unused wells.	8/31/2013		<i>Recommended in Engineer's Report.</i>



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Frank Kruppa
Public Health Director

55 Brown Road
Ithaca, NY 14850-1247

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Ph: (607) 274-6688

Fx: (607) 274-6695

CERTIFIED AND REGULAR MAIL

August 14, 2013

Rudolph George
Beaconview Mobile Home Park
1991 RT 37 W, APT 164
Toms River, NJ 08757

**Re: Tompkins County Board of Health Draft Resolution # 13.18.15
Failure to Properly Maintain the Water Storage Tank
Beaconview Mobile Home Park, T- Dryden**

Dear Mr. George:

Thank you for signing the Stipulation Agreement on August 12, 2013 for the Beaconview Mobile Home Park.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 27, 2013**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Cameron".

C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosure(s) – Draft Resolution, Stipulation Agreement and Orders, Case Summary and Form DOH-5025

pc: Steven Kern, TCHD;
F:\EH\MOBILE HOME PARKS (MHP)\Facilities (MHP-4)\Beaconview\Enforcement\Draft Resolution.doc
ec: Tompkins County Board of Health; CEO T-Dryden; Supervisor T-Dryden; Martha Robertson, TC Legislature; Frank Kruppa, Public Health Director; Elizabeth Cameron, P.E., Director of Environmental Health; Steve Maybee, P.E., TCHD; John Strepelis, P.E.; Skip Parr, TCHD; Brenda Coyle, TCHD
scan: Signed copy to eh



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION

<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688

Fx: (607) 274-6695

DRAFT RESOLUTION # 13.18.15 FOR

**Beaconview Mobile Home Park
Rudolph George, Owner/Operator
2185 Hanshaw Road, T-Dryden
Ithaca, NY 14850**

Whereas, it is a violation of Part 5.171 and Appendix 5-A.7 of the New York State Sanitary Code to fail to exercise due care and diligence in the operation and maintenance of a public water facility and its appurtenances; **and**

Whereas, on July 11, 2012, the water storage tank serving the water supply at Beaconview Mobile Home Park was observed by Health Department staff to be significantly deteriorated and leaking; **and**

Whereas, on November 27, 2012, engineering plans for the replacement of the existing water storage tank at Beaconview Mobile Home Park were approved by this office; **and**

Whereas, on July 2, 2013, Health Department staff observed that the replacement storage tanks were not installed and that the existing water storage tank serving Beaconview Mobile Home Park was still significantly deteriorated and leaking; **and**

Whereas, Rudolph George, Owner, signed a Stipulation Agreement with Public Health Director's Orders on August 12, 2013, agreeing that Beaconview Mobile Home Park violated these provisions of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Rudolph George, Owner, is ordered to:**

1. Pay a penalty of \$400 for these violations, due within 30 days notice. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Install replacement storage tanks as per the engineering plans approved by this office on November 26, 2012. Installation must be completed with oversight by a professional engineer by **October 31, 2013; and**
3. Have a professional engineer complete Form DOH-5025, Engineer's Certification Public Water Improvement Project Completion Form and submit it to this office no later than **November 15, 2013.**



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RECEIVED

AUG 12 2013

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

TOMPKINS COUNTY
HEALTH DEPARTMENT

Ph: (607) 274-5688
Fax: (607) 274-5695

STIPULATION AGREEMENT AND ORDERS # 13.18.15

**Beaconview Mobile Home Park
Rudolph George, Owner/Operator
2185 Hanshaw Road, T-Dryden
Ithaca, NY 14850**

I, Rudolph George, as a representative for Beaconview Mobile Home Park, agree that on July 11, 2012, and July 2, 2013, I was in violation of Part 5.171 and Appendix 5-A.7 of the New York State Sanitary Code for failure to exercise due care and diligence in maintenance of the water storage tank at Beaconview Mobile Home Park. Plans for replacement storage tanks were approved on November 26, 2012, but as of dates noted, the new tanks were not installed and the old tank was leaking.

I agree to pay a penalty not to exceed \$400 for these violations following adoption of a resolution by the Board of Health. *(Do not submit penalty payment until notified by the Tompkins County Health Department.)*

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Install replacement storage tanks as per the engineering plans approved by this office on November 26, 2012. Installation must be completed with oversight by a professional engineer by October 31, 2013.
2. A professional engineer must complete the attached Form DOH-5025, Engineer's Certification Public Water Improvement Project Completion Form and submit to this office no later than November 15, 2013.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: Rudolph George

Date: 8-12-13

Rudolph George is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Frank Kruppa
Frank Kruppa
Public Health Director

Date: 8/12/13



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director

55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION

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CASE SUMMARY – FOR RESOLUTION # 13.18.15

**Beaconview Mobile Home Park
Rudy George, Owner/Operator
2185 Hanshaw Road, T-Dryden
Ithaca, NY 14850**

Compiled by Skip Parr on July 10, 2013

Date	Action
7/2/13	Skip Parr and Steve Maybee observed leak in tank.
6/19/13	Received email from owner stating building would be started in late September. Dimensions of building did not meet requirements of engineer specs. Responded stating the proposal was not acceptable.
6/12/13	Letter sent by Health Department to owner stating timetable for replacement due 6/28/13.
5/9/13	Received email from consulting engineer stating he was no longer working on construction phase of project and that owner would be the lead.
3/21/13	Email received by consulting engineer stating that installation would likely occur in May 2013.
12/6/12	Annual Water System Inspection report sent to owner requesting timetable of installation of approved plans by 1/31/13.
11/27/12	Plans approved by Public Health Engineer.
11/26/12	Final plans received for tank replacement. Consulting engineer worked with Public Health Engineer and received extensions for submittal.
7/12/12	Several weeping leaks observed; Notice of Violation sent requiring evaluation of storage tank by a professional engineer due August 13, 2012.
8/15/11	Annual Water System Inspection Report sent to owner. Condition of storage tank elevated to a deficiency. Recommended bringing tank into compliance with current standards or plan for replacement.
1/15/11	Boil Water Notice issued to park residents due to low pressure caused by distribution pump failure. Boil water order ended 1/24/11.
5/14/10	Annual Water System Inspection Report sent to owner recommending planning for future replacement of storage tank due to corrosion.
8/14/09	Annual Water System Inspection Report sent to new owner recommending planning for future replacement of storage tank due to corrosion.
6/30/09	Consulting engineer, John Andersson, requests review of Beaconview records because he was hired by new owner to design a replacement water tank. New owner later backs out of project due to costs.
6/19/09	Rudolph George takes over ownership of the park
9/16/08	Annual Water System Inspection Report sent to previous owner recommending planning for future replacement of storage tank due to corrosion.

Inclusion Through Diversity

Engineer's Certification of Public Water Improvement Project Completion

New York State Department of Health Bureau of Water Supply Protection (NYSDOH BWSP)
Application for an Approval of Completed Works

1. Public Water System Name: _____ 2. PWSID Number: _____

3. Project Location _____ (City, Town, Village) _____ County _____

4. Drinking Water State Revolving Fund (DWSRF) Project: Yes No If Yes, DWSRF Project Number: _____

5. Plans approved by NYSDOH BWSP: Yes No If Yes, NYSDOH BWSP Project Log Number: _____

Plans approved by: (check all that apply)

NYSDOH Regional Office NYSDOH District Office County Health Department

6. Construction Start Date: _____ 7. Substantial Construction Completion Date: _____

(Provide a copy of the notice to proceed with this application)

8. Project Description: _____

9. Pursuant to the NYS Sanitary Code Part 5, Subpart 5-1, Section 5-1.22 I hereby request that an Approval of Completed Works be issued for the above referenced project. By affixing my seal and signature to this document I certify that the construction of the referenced project including any required environmental mitigating measures was substantially completed in accordance with the approved plans and specifications or approved amendments thereto. In addition, a set of the final "As-Built" record drawings and operation and equipment manuals, have been, or will be, provided to the project owner.

10. Deviations from approved plans: _____

(Attach separate sheets if additional space is needed)

11. Engineering Firm: _____

(Name of Firm)

(Print Contact Person Name) _____ (Phone Number) _____

Date Signed: _____

NYS Engineers Seal and Signature

If the box for the NYSDOH BWSP is checked Yes in item 5:

Send completed form to:
NYSDOH BWSP
547 River Street, Rm 400
Flanigan Square
Troy, NY 12180

or E-Mail to:
bpwsp@health.state.ny.us

If the box for the NYSDOH BWSP is not checked Yes in item 5, then send the completed form to the appropriate Regional office, District office or the County Health Department that approved the plans.



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION

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Ph: (607) 274-6688

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CERTIFIED AND REGULAR MAIL

August 16, 2013

Jack Burns
553 Powers Road
King Ferry, NY 13081

**Re: Tompkins County Board of Health Draft Resolution #13.18.10
Failure to Disinfect a Public Water Supply and to Perform Total Coliform Sampling
J-A-M Mobile Home Park, T-Lansing**

Dear Mr. Burns:

Thank you for signing the Stipulation Agreement on August 3, 2013 for the J-A-M Mobile Home Park.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 27, 2013**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosure(s) – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

- pc: Steven Kern, TCHD;
F:\EH\MOBILE HOME PARKS (MHP)\Facilities (MHP-4)\JAM\Enforcement\Draft Resolution.doc
- ec: Tompkins County Board of Health
Supervisor T-Lansing; Pat Pryor, TC Legislature; Frank Kruppa, Public Health Director; Elizabeth Cameron, P.E.,
Director of Environmental Health; Steve Maybee, P.E., TCHD; John Strepelis, P.E., NYSDOH; Skip Parr, TCHD; Brenda
Coyle, TCHD
- scan: Signed copy to eh



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

DRAFT RESOLUTION # 13.18.10 FOR

**J-A-M Mobile Home Park
Jack and Mary Burns, Owner/Operator
1101 Ridge Road, T-Lansing
Lansing, NY 14882**

Whereas, it is a violation of Tompkins County Sanitary Code Articles 3.04.a and 7.01 and New York State Sanitary Code Parts 5.1 and 17.6.a.1 to fail to disinfect a public water supply and to fail to submit quarterly microbiological monitoring samples; **and**

Whereas, on September 4, 2012, this office revoked the disinfection waiver due to a series of unsatisfactory total coliform samples and total coliform sampling has not been received since the 3rd quarter of 2012; **and**

Whereas, Jack Burns, Owner, signed a Stipulation Agreement with Public Health Director's Orders on August 3, 2013, agreeing that J-A-M Mobile Home Park, violated these provisions of the New York State Sanitary Code and the Tompkins County Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Jack Burns, Owner, is ordered to:**

1. Pay a penalty of \$400 for these violations, due within 30 days notice. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Continue to conspicuously post a boil water notice until approved modifications to the water system are completed, proper installation verified by the Tompkins County Health Department (TCHD), and a release Order issued by the TCHD; **and**
3. Collect and analyze water samples for total coliform once every calendar quarter and submit the results by the 10th of the following quarter; **and**
4. a) Submit plans prepared by a certified water treatment specialist for approval by this office for disinfection of the water supply no later than **August 30, 2013**, and install disinfection treatment equipment as per approved plans by **November 1, 2013**,
or
b) Obtain the necessary permits and engineered plans for connection of the park to the available municipal water system by **August 30, 2013**, and submit a completed works form from your engineer after connection to the municipal system is done and the engineer has inspected and approved the installation.



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AUG 09 2013

Frank Kruppa
Public Health Director

55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

TOMPKINS COUNTY
HEALTH DEPARTMENT

Ph: (607) 274-6688
Fx: (607) 274-6695

STIPULATION AGREEMENT AND ORDERS # 13.18.10

**J-A-M Mobile Home Park
Jack and Mary Burns, Owner/Operator
1101 Ridge Road, T-Lansing
Lansing, NY 14882**

I, Jack Burns, as owner of J-A-M Mobile Home Park, agree that on September 5, 2012, the park was in violation of Tompkins County Sanitary Code Articles 3.04.a and 7.01 and New York State Sanitary Code Part 5.1 and 17.6.a.1 for failure to disinfect a public water supply, and for failure to submit quarterly microbiological monitoring samples.

I agree to pay a penalty not to exceed \$400 for this violation/these violations following adoption of a resolution by the Board of Health. (**Do not submit penalty payment until notified by the Tompkins County Health Department.**)

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Continue to conspicuously post a boil water notice until approved modifications to the water system are completed, proper installation verified by the Tompkins County Health Department (TCHD), and a release Order issued by the TCHD; **and**
2. Collect and analyze water samples for total coliform once every calendar quarter and submit the results by the 10th of the following quarter; **and**
3. a) Submit plans prepared by a certified water treatment specialist for approval by this office for disinfection of the water supply no later than August 30, 2013, and install disinfection treatment equipment as per approved plans by November 1, 2013, **or**
b) Obtain the necessary permits and engineered plans for connection of the park to the available municipal water system by August 30, 2013, and submit a completed works form from your engineer after connection to the municipal system is done and the engineer has inspected and approved the installation.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: Jack Burns

Date: Aug 3 2013

Jack Burns is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Frank Kruppa

Date: 8/9/13

Frank Kruppa
Public Health Director



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION

<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688

Fx: (607) 274-6695

CASE SUMMARY – FOR RESOLUTION # 13.18.10

**J-A-M Mobile Home Park
Jack and Mary Burns, Owners/Operators
1101 Ridge Road, T-Lansing
Lansing, NY 14882**

Compiled by Skip Parr on June 25, 2013

Date	Action
8/9/13	TCHD received signed stipulation from Jack Burns.
7/25/13	New Draft Stipulation sent by TCHD to Jack Burns.
7/15/13	Jack Burns met with Steven Kern and Skip Parr to discuss the stipulation agreement. Mr. Burns indicated that he was having problems securing a loan to connect to municipal water due to a unique financial situation. Mr. Burns indicated that he would like to evaluate the option of installing disinfection for the park.
6/27/13	TCHD sent draft stipulation and notice of office conference scheduled for 7/15/13.
6/25/13	Skip Parr spoke with Mary Burns who stated she and Jack were in the process of refinancing the park and that she was working on compiling tax information for the bank. She also stated she was unsure of the status of whether samples were collected that she would check with Jack. I indicated that this office would schedule an office conference and draft a stipulation.
6/24/13	Skip Parr left message with Mary Burns.
6/19/13	Skip Parr left message with Jack Burns. No response.
5/13/13	Skip Parr left message with Jack Burns. No response.
4/4/13	Spoke with Jack Burns to get a status update on connection to municipal water. He stated that he was working out the details of financing the project and that he would let me know as it progresses.
2/1/13	Received signed statement from Jack Burns stating that connection to municipal water was anticipated in Spring 2013.
10/29/12	Skip Parr sent water inspection report to Jack and Mary Burns. In the report it was stated that total coliform samples must be collected unless connection to municipal water occurs prior to end of 2012. Also, the report required that a written statement be provided to this office stating that the park was pursuing connection to municipal water and proposed timeline.
10/5/12	Skip Parr and Steve Maybee met with Mary Burns to discuss advantages/disadvantages of connection to municipal water versus installing and operating an onsite-chlorination system. Mary Burns stated during the meeting that the park would proceed with connection to municipal water.
9/4/12	Letter sent revoking disinfection waiver, requesting plans to be submitted by

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	10/20/12.
8/29/12	Total Coliform positive sample at Lot #2 KCWT (collected by JAM)
8/29/12	Total Coliform positive sample at pumphouse (collected by JAM)
8/16/12	Boil Water Notice Issued
8/7/12	Total Coliform positive sample at Lot #1 KCWT (collected by JAM)
7/25/12	Total Coliform positive sample at Lot #2 KCWT (collected by TCHD)
7/23/12	Total Coliform positive sample at Lot #2 Outside Spigot (collected by TCHD)
7/18/12	Total Coliform positive sample at pumphouse (collected by TCHD)
Prior to July 2012	No violations, History of good compliance



Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

CERTIFIED AND REGULAR MAIL

July 30, 2013

John Joseph Inn & Elizabeth Restaurant
John Hamilton
813 Auburn Road
Groton, NY 13073

**Re: Tompkins County Board of Health Draft Resolution # 13.14.11
Water System Violations of the New York State Sanitary Code Part 5-1
John Joseph Inn & Elizabeth Restaurant, 813 Auburn Road, (T) Lansing**

Dear Mr. John Hamilton:

Thank you for signing the Stipulation Agreement on July 16, 2013 for the John Joseph Inn.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 27, 2013**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Audrey Balander or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosure(s) – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

pc: Steven Kern, TCHD
F:\EH\TEMPORARY RESIDENCE (TR)\Facilities (TR-4)\John Joseph Inn\Enforcement\Draft Res 13.14.11.doc
ec: Tompkins County Board of Health
CEO T-Lansing; Supervisor T-Lansing; Pat Pryor, TC Legislature; John Strepelis, P.E. NYSDOH;
Elizabeth Cameron, PE, Director of Environmental Health; Frank Kruppa, Public Health Director;
Peter Coats, TCHD; Janice Koski, TCHD, Brenda Coyle, TCHD; Skip Parr, TCHD
scan: Signed copy to eh

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

DRAFT RESOLUTION #13.14.11 FOR

**John Joseph & Elizabeth Inn
John Hamilton, Owner/Operator
813 Auburn Road, (T) Lansing**

Whereas, Subpart 5-1.30(a) of the New York State Sanitary Code (NYSSC) requires that when chlorine is used for disinfection, the disinfectant residual concentration (a minimum of 0.2 ppm and a maximum of 4.0 ppm) must be maintained at all times and under no circumstances shall be less than the required concentration for more than four hours; **and**

Whereas, Subpart 5-1.72(c)1 of the NYSSC requires that a copy of daily operation records shall be submitted by the 10th calendar day of the next reporting period; **and**

Whereas, during site visits on June 13 and June 26, 2013, the Tompkins County Health Department did not detect a free chlorine residual; **and**

Whereas, the Tompkins County Health Department has not received monthly operation reports of daily chlorine readings from October 2012 to May 2013; **and**

Whereas, during site visits on June 13, June 14, and June 26, 2013, the Tompkins County Health Department observed that the bottom stairwell door at the facility is not self-closing as required by Subpart 7-1.4b(11) of the NYSSC; **and**

Whereas, John Hamilton, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on July 16, 2013, agreeing that John Joseph and Elizabeth Inn violated these provisions of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That John Hamilton, Owner/Operator, is ordered to:**

1. Pay a penalty of \$700 for these violations, due within 30 days notice. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Submit completed monthly operation reports of daily free chlorine residual readings by the 10th day of the following month for every month you own the property; **and**
3. Maintain an acceptable free chlorine residual at all times. The free chlorine residual in the water disinfection system must be at least 0.2 milligrams per liter (mg/L). A 0.3-0.5 mg/L free chlorine residual in water is desirable; **and**
4. Make repairs to or install a functioning self-closing bottom stairwell door **by July 5, 2013.**



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

CASE SUMMARY – FOR RESOLUTION # 13.14.11

**John Joseph & Elizabeth Inn
John Hamilton, Owner/Operator
813 Auburn Road, (T) Lansing**

Compiled by Audrey Balander and Elizabeth Cameron on July 24, 2013

Date	Action
7/29/13	Janice Koski tested the water and the chlorine residual was satisfactory and the bottom stairwell door was self closing. A water sample was taken.
7/16/13	John Hamilton signed the Stipulation Agreement and Orders.
7/2/13	TCHD issued the draft Stipulation Agreement and Orders.
6/28/13	Janice Koski tested the water and the chlorine residual was satisfactory. Bottom stairwell door was not self closing.
6/26/13	Audrey Balander conducted a site visit and found no detectable chlorine residual and the stairwell door was not self closing. No one was staying at the Inn.
6/14/13	Audrey Balander conducted a site visit and found no detectable chlorine residual and the stairwell door was not self closing.
6/13/13	Audrey Balander conducted a site visit and found no detectable chlorine residual and the stairwell door was not self closing.
9/11/12	Audrey Balander conducted a site visit. The chlorine residual was restored, water sample were satisfactory; and the Boil Water Order released.
9/10/12	Audrey Balander conducted a site visit and found no detectable chlorine residual. A Boil Water Order was issued. Owner reported that facility was not in use that week.
6/13/12	A positive coliform sample was reported for the facility. Five repeat samples were taken by Microbac Laboratories for John Hamilton on June 18, 2013. All repeat samples were satisfactory. The BWN was released on June 21, 2012.
2/16/12	Audrey Balander inspected the facility and noted that the door was not self closing.

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STIPULATION AGREEMENT AND ORDERS #13.14.11

**John Joseph & Elizabeth Inn
John Hamilton, Owner/Operator
813 Auburn Road, (T) Lansing**

I, John Hamilton, as the owner of the John Joseph & Elizabeth Inn, agree that I am in violation of:

Subpart 5-1.30(a) of the New York State Sanitary Code (NYSSC) for not maintaining a continuous acceptable free chlorine residual in the water system on June 13 and June 26, 2013.

Subpart 5-1.72(c)1 of the NYSSC for not submitting required monthly operation reports of daily chlorine readings from October 2012 to May 2013; and

Subpart 7-1.4b(11). of the NYSSC for not maintaining a self-closing door at the bottom of the stairwell.

I agree to pay a penalty, not to exceed \$700 for these violations, following adoption of a resolution by the Tompkins County Board of Health. (*Do not submit penalty payment until notified by the Tompkins County Health Department.*)

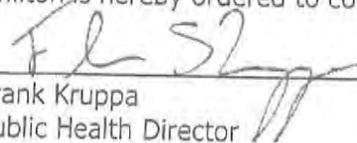
I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Submit completed monthly operation reports of daily free chlorine residual readings by the 10th day of the following month for every month you own the property.
2. Maintain an acceptable free chlorine residual at all times. The free chlorine residual in the water disinfection system must be at least 0.2 milligrams per liter (mg/L). A 0.3-0.5 mg/L free chlorine residual in water is desirable.
3. Make repairs to or install a functioning self-closing bottom stairwell door by July 5, 2013.

I understand that this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if we fail to comply with the orders.

Signed:  Date: 7/16/2013

John Hamilton is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 7/16/13
Frank Kruppa
Public Health Director



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

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CERTIFIED AND REGULAR MAIL

August 16, 2013

Keo Sisombath
Lao Village
208 West Genesee Street
Syracuse, NY 13202

**Re: Tompkins County Board of Health Draft Resolution #13.11.17
Repeat Critical Violations
Lao Village, Temporary Food Service, Grassroots Festival, T-Ulysses**

Dear Keo Sisombath:

Thank you for signing the Stipulation Agreement on August 8, 2013 for the Lao Village, Temporary Food Service.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 27, 2013**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosure(s) – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

- pc: Steven Kern, TCHD;
F:\EH\FOOD (SF)\TEMP FSE (STF)\Facilities\Lao Village\Draft Resolution.doc
- ec: Tompkins County Board of Health
CEO T-Ulysses; Supervisor T-Ulysses; James Dennis, TC Legislature; Jes Seaver, Grassroots Food Coordinator; Frank Kruppa, Public Health Director; Elizabeth Cameron, P.E., Director of Environmental Health; Anne Wildman, TCHD; Skip Parr, TCHD; Brenda Coyle, TCHD
- scan: Signed copy to eh



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director

55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION

<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688

Fx: (607) 274-6695

DRAFT RESOLUTION # 13.11.17 FOR

**Lao Village, Temporary Food Service
Keo Sisombath, Owner/Operator
208 West Genesee Street
Syracuse, NY 13202**

Whereas, it is a violation of Part 14-2.3 of New York State Sanitary Code (NYSSC) to store potentially hazardous foods at improper temperatures; **and**

Whereas, on July 19, 2013, while operating at the Finger Lakes Grassroots Festival, the Tompkins County Health Department (TCHD) observed a critical violation which included potentially hazardous foods at improper temperatures between 45°F and 140°F. Tofu and eggs were observed at 50-57°F and breaded sweet potatoes were observed at 105°F; **and**

Whereas, on July 20, 2013, while operating at the Finger Lakes Grassroots Festival, the TCHD observed a critical violation which included potentially hazardous foods at improper temperatures between 45°F and 140°F. Chicken skewers were observed at 118°F; **and**

Whereas, the Stipulation Agreement informed Keo Sisombath that, if any of the Orders are not met, the TCHD may not issue a subsequent permit to Keo Sisombath/Lao Village to operate a temporary food service establishment in Tompkins County for a period of three (3) years; **and**

Whereas, Keo Sisombath, Owner, signed a Stipulation Agreement with Public Health Director's Orders on August 8, 2013, agreeing that Lao Village, Temporary Food Service violated these provisions of the New York State Sanitary Code and the Tompkins County Sanitary Code; **now therefore be it**

Resolved, on recommendation of the Tompkins County Board of Health, that Keo Sisombath, Owner, is ordered to:

1. Pay a penalty of \$1000 for these violations, due within 30 days notice. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Monitor potentially hazardous food temperatures during cooking, cooling, storage, and holding and record temperatures on a log sheet twice a day during business hours when providing temporary food service in Tompkins County. The temperature log shall contain the name of the food checked, the temperature of the food, the person's initials taking the temperatures, and the time the temperature is taken. The temperature logs shall be available at all times; **and**
3. Maintain all potentially hazardous food temperatures at or below 45°F or at or above 140°F at all times during hot holding, cold holding, and storage and comply with all the requirements of Subpart 14-2 of the NYSSC; **and**
4. Provide documentation demonstrating that adequate refrigeration equipment or other approved method for maintaining Potentially Hazardous Food at 45° or below during cold holding will be used for events in Tompkins County. Any refrigeration equipment must be of commercial grade and be NSF (National Sanitation Foundation) approved or equivalent. Manufacturers' specifications (cut sheets) for this equipment must be submitted to and approved by the TCHD prior to permit issuance. The operator must submit cut sheets for all equipment to be used including standard specifications, make and model numbers.



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
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Ithaca, NY 14850-1247

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STIPULATION AGREEMENT AND ORDERS # 13.11.17

**Lao Village, Temporary Food Service
Keo Sisombath, Owner/Operator
208 West Genesee Street
Syracuse, NY 13202**

I, Keo Sisombath, as a representative for Lao Village, agree that on July 19 and 20, 2013, while operating at the Fingerlakes Grassroots Festival, I was in violation of Part 14-2.3 of New York State Sanitary Code (NYSSC) for storing potentially hazardous foods at improper temperatures.

I agree to pay a penalty not to exceed \$1000 for these violations following adoption of a resolution by the Board of Health. *(Do not submit penalty payment until notified by the TCHD.)*

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. To monitor potentially hazardous food temperatures during cooking, cooling, storage, and holding and record temperatures on a log sheet twice a day during business hours when providing temporary food service in Tompkins County. The temperature log shall contain the name of the food checked, the temperature of the food, the person's initials taking the temperatures, and the time the temperature is taken. The temperature logs shall be available at all times.
2. To maintain all potentially hazardous food temperatures at or below 45°F or at or above 140°F at all times during hot holding, cold holding, and storage and comply with all the requirements of Subpart 14-2 of the NYSSC.
3. To provide documentation demonstrating that adequate refrigeration equipment or other approved method for maintaining Potentially Hazardous Food at 45° or below during cold holding will be used for events in Tompkins County. Any refrigeration equipment must be of commercial grade and be NSF (National Sanitation Foundation) approved or equivalent. Manufacturers' specifications (cut sheets) for this equipment must be submitted to and approved by the TCHD prior to permit issuance. The operator must submit cut sheets for all equipment to be used including standard specifications, make and model numbers.

I understand that, if any of the above Orders are not met, the Tompkins County Health Department (TCHD) may not issue a subsequent permit to Keo Sisombath/Lao Village to operate a temporary food service establishment in Tompkins County for a period of three (3) years.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: Keo Sisombath

Date: 8-8-2013

Keo Sisombath is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Frank Kruppa
Frank Kruppa, Public Health Director

Date: 8/9/13



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION
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CASE SUMMARY – FOR RESOLUTION #13.11.17

**Lao Village/Temporary Food Service
Keo Sisombath, Owner/Operator
208 West Genesee Street
Syracuse, NY 13202**

Compiled by Skip Parr on 8/1/2013

7/20/13	Re-inspection performed and same violation noted from 7/19/13 (Chicken skewers).
7/19/13	Critical violation cited for potentially hazardous food at improper temperature during inspection (tofu, eggs & breaded sweet potatoes).
7/18/13	Field visit made to all food vendors at GrassRoots Festival, including Lao Village, to remind them to check refrigeration temperatures frequently for duration of the festival.
7/18/13 – 7/21/13	Permit issued for GrassRoots Festival
2012	Permits issued for GrassRoots and Apple Festival. No violations observed.
9/30/11 – 10/2/11	Permit issued for Ithaca Apple Harvest Festival
7/23/11	Re-inspection performed and critical violations corrected.
7/22/11	Critical violation cited for potentially hazardous food at improper temperature during inspection (spring rolls & cha lua pork).
7/21/11 – 7/24/11	Permit issued for GrassRoots Festival
6/3/11	No violations observed during inspection.
6/3/11 – 6/5/11	Permit issued for Ithaca Festival
10/1/10	No violations observed during inspection.
10/1/10 – 10/3/10	Permit issued for Ithaca Apple Harvest Festival
7/23/10	No violations observed during inspection.
7/22/10 – 7/25/10	Permit issued for GrassRoots Festival
6/6/10	Critical violation cited for potentially hazardous food at improper temperature during inspection.
6/4/10	No violations observed during inspection.
6/4/10 - 6/6/10	Permit issued for Ithaca Festival
9/25/09	No violations observed during inspection.
9/25/09 – 9/27/09	Permit issued for Ithaca Apple Harvest Festival
7/18/09	Re-inspection performed and critical violations corrected.
7/17/09	Critical violation cited for potentially hazardous food at improper temperature during inspection.
7/16/09 – 7/19/09	Permit issued for GrassRoots Festival
5/30/09	Re-inspection performed and critical violations corrected.
5/29/09	Critical violation cited for potentially hazardous food at improper temperature during inspection.
5/28/09 -5/30/09	Permit issued for Ithaca Festival
2008	Permits issued for Ithaca Festival, GrassRoots, and Apple Festival. No violations

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	observed.
2/19/08	Letter sent stating that BOH approved motion to accept operator's Serv-Safe Course as successful completion of the course despite not passing the examine.
9/28/07	No violations observed during inspection.
9/28/07 – 9/30/07	Permit issued for Ithaca Apple Festival
9/21/07	Received written notification from Cornell Cooperative Extension that Keo Sisombath attended the ServSafe Food Manager Certification Course on 9/6/07 and 9/10/07.
9/11/07	BOH adopts resolution requiring food-temperature monitoring log, attendance of a Serv-Safe Course by 10/30/07 and Division will recommend that no Temporary Food Service Permits will be issued for one year following future violations and penalty of \$1000.
8/19/07	Stipulation agreement signed.
7/21/07	Re-inspection performed and critical violations corrected. Monitoring log present at time of inspection.
7/20/07	Critical violation cited for potentially hazardous food at improper temperature during inspection (soaked rice noodles, spring rolls, lao chicken basil & pick pow). No temperature log maintained.
7/19/07 – 7/22/07	Permit issued for GrassRoots Festival
7/10/07	BOH adopts resolution requiring food-temperature monitoring log, attendance of a Serv-Safe Course and penalty of \$700.
6/25/07	Stipulation agreement signed.
6/3/07	Critical violation cited for potentially hazardous food at improper temperature during inspection (fried rice, tofu, bean sprouts). Inspection also noted that temperature log was not maintained.
6/2/07	Critical violation cited for potentially hazardous food at improper temperature during inspection (bean sprouts).
6/1/07 – 6/3/07	Permit issued for Ithaca Festival
9/30/06	Re-inspection performed and critical violations corrected.
9/29/06	Critical violation cited for potentially hazardous food at improper temperature during inspection
9/29/06 – 10/1/06	Permit issued for Ithaca Apple Festival
7/21/06	No violations observed during inspection.
7/20/06 – 7/23/06	Permit issued for GrassRoots Festival
7/11/06	BOH adopts resolution requiring food-temperature monitoring log and penalty of \$400.
6/27/06	Stipulation agreement signed.
6/3/06	Re-inspection performed and same violation noted from 6/2/06.
6/2/06	Critical violation cited for potentially hazardous food at improper temperature during inspection (bean sprouts).
6/1/06 – 6/3/06	Permit issued for Ithaca Festival
10/7/05 – 10/9/05	Permit issued for Ithaca Apple Festival
6/4/05	Re-inspection performed and critical violations corrected.
6/3/05	Critical violation cited for potentially hazardous food at improper temperature during inspection (panang curry).
6/2/05- 6/5/05	Permit issued for Ithaca Festival

Elizabeth Cameron - statement from lao village for 8/27 hearing

From: Narin Ly <laovillagesyracuse@yahoo.com>
To: "Lcameron@tompkins-co.org" <Lcameron@tompkins-co.org>
Date: 8/26/2013 1:08 PM
Subject: statement from lao village for 8/27 hearing

8/26/2013

Hello My name is Keo Sisombath owner of Lao Village, I was not able to attend the hearing today. I am aware of the violation and that I will have to pay \$1,000 in fines. I apologize for this mishap and violation and try to not have it happen again.

Keo Sisombath



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

CERTIFIED AND REGULAR MAIL

August 16, 2013

Heidi Pane
15 Leisure Lane
Freeville, NY 13068

**Re: Tompkins County Board of Health Draft Resolution # 13.20.16
Discharge of sewage to ground surface
15 Leisure Lane, Town of Dryden (Tax Map # 27.1-2-31)**

Dear Ms. Pane:

Thank you for signing the Stipulation Agreement on August 7, 2013 for the sewage system at 15 Leisure Lane, Town of Dryden, Tax Parcel #27.1-2-31.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 27, 2013**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Steven Kern or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Cameron".

C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosure(s) – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

pc: Steven Kern, TCHD; F:\EH\SUBDIVISIONS (SR)\Facilities (SR-4)\Dryden\Riverside Manor Subd\15 Leisure Ln Draft Resolution.doc
ec: Tompkins County Board of Health; CEO T-Dryden; Supervisor T-Dryden; Michael Lane, TC Legislature; Frank Kruppa, Public Health Director; Elizabeth Cameron, P.E., Director of Environmental Health; Adriel Shea, TCHD; Steve Maybee, P.E., TCHD; Skip Parr, TCHD; Brenda Coyle, TCHD
scan: Signed copy to eh



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION

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Ph: (607) 274-6688

Fx: (607) 274-6695

DRAFT RESOLUTION # 13.20.16 FOR

**Heidi Pane, Owner
15 Leisure Lane, Town of Dryden
Tax Map # 27.1-2-31**

Whereas, it is a violation of Article VI Section 6.02 (b) of the Tompkins County Sanitary Code for anyone to discharge human wastes or sewage to the atmosphere or to the surface of the ground; **and**

Whereas, on June 12, 2013, and August 6, 2013, sewage was observed on the ground at 15 Leisure Lane, T-Dryden; **and**

Whereas, Heidi Pane, Owner, signed a Stipulation Agreement with Public Health Director's Orders on August 7, 2013, agreeing that the property at 15 Leisure Lane, T-Dryden, violated these provisions of the Tompkins County Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Heidi Pane, Owner, is ordered to:**

1. Immediately fence the area of surfacing sewage in order to prevent access to the area; **and**
2. Immediately and until the sewage system is replaced, prevent the discharge of sewage to the ground surface by keeping the septic tank pumped bi-weekly by a licensed septic hauler; **and**
3. Submit an Onsite Wastewater Treatment System (OWTS) Application for a Construction Permit along with the application fee, on or before August 21, 2013; **and**
4. Arrange for soil tests with Tompkins County Health Department staff on or before August 28, 2013; **and**
5. Complete the replacement of the sewage system in accordance with the OWTS Construction Permit within 30 days after the OWTS Construction Permit has been issued.

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

STIPULATION AGREEMENT AND ORDERS # 13.20.16

Heidi Pane, Owner
15 Leisure Lane, Town of Dryden
Tax Map # 27.1-2-31

I, Heidi Pane, as owner of 15 Leisure Lane (Tax Map # 27.1-2-31), Town of Dryden, agree that I am in violation of Article VI of the Tompkins County Sanitary Code, Section 6.02 (b) for the discharge of human wastes or sewage to the atmosphere or to the surface of the ground.

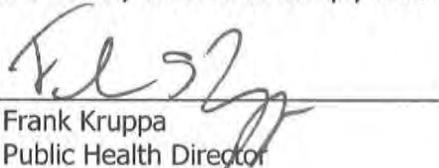
I agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Immediately fence the area of surfacing sewage in order to prevent access to the area.
2. Immediately and until the sewage system is replaced, prevent the discharge of sewage to the ground surface by keeping the septic tank pumped bi-weekly by a licensed septic hauler.
3. Submit an Onsite Wastewater Treatment System (OWTS) Application for a Construction Permit along with the application fee, on or before August 21, 2013.
4. Arrange for soil tests with Tompkins County Health Department staff on or before August 28, 2013.
5. Complete the replacement of the sewage system in accordance with the OWTS Construction Permit within 30 days after the OWTS Construction Permit has been issued.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed:  Date: 8/2/13

Heidi Pane is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 8/7/13
Frank Kruppa
Public Health Director



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION
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CASE SUMMARY – FOR RESOLUTION # 13.20.16

**Heidi Pane, Owner
15 Leisure Lane, Town of Dryden
Tax Map # 27.1-2-31**

Compiled by Adriel Shea and Skip Parr on August 7, 2013

Date	Action
8/7/2013	Ms. Pane met with Steven Kern, Adriel Shea and Skip Parr and signed a stipulation agreement agreeing to the violation and a timetable of compliance.
8/6/2013	Telephone communication from Adriel Shea to Better Housing for Tompkins County (BHTC) confirming that grant funding has still not be received for the Pane application.
8/6/2013	Field visit made by Adriel Shea confirming that sewage discharge to the ground surface was still present.
7/31/2013	Email communication between Adriel Shea and BHTC regarding Pane application and status of grant. BHTC confirmed that Pane application was approved and that money would be available when received from the State.
7/26/2013	TCHD mailed stipulation agreement with Public Health Director's Orders.
7/19/2013	Telephone communication from Adriel Shea to BHTC. BHTC confirmed that Pane application was received and grant funding was pending.
7/19/2013	Telephone communication from Adriel Shea to Heidi Pane. Ms. Pane confirmed that violation had not been abated.
7/10/2013	Telephone communication from Adriel Shea to BHTC regarding Pane application. BHTC informed Mr. Shea that they would likely be able to assist Ms. Pane, but they were currently waiting on State funding before they could proceed.
7/10/2013	Telephone communication from Adriel Shea to Heidi Pane. Ms. Pane confirmed that violation had not been abated.
6/24/2013	Telephone communication from Heidi Pane to Adriel Shea. Adriel Shea discussed the NOV and TCHD enforcement process.
6/19/2013	Notice of violation issued by TCHD requiring sewage violation to be abated by 7/19/13.
6/12/2013-6/13/2013	Email communications from Adriel Shea to BHTC notifying them that Heidi Pane of 15 Leisure Lane (T) Dryden had been referred to them because of potential need for financial assistance repairing or replacing her failed OWTS.
6/12/2013	Field visit by Adriel Shea to property. Homeowner and Adriel Shea observed that the absorption field was in failure. Adriel Shea provided a sewage application packet and Better Housing for Tompkins County application request form were provided to the homeowner.
6/11/2013	An anonymous telephone complaint was received by the Environmental Division regarding sewage surfacing to the ground at the above referenced location.

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