

**AGENDA**  
**Tompkins County Board of Health**  
**Rice Conference Room**  
**Tuesday, October 28, 2014**  
**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 September 23, 2014 Minutes (2 mins.)
- 12:06** IV. Financial Summary (9 mins.)
- 12:15** V. Reports (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** ***Division for Community Health (15 mins.)***
1. New York State Department of Health Article 28 Diagnostic & Treatment Center Survey Results (5 mins.)
  2. Approval for revisions to the *Advanced Directives Policy* (5 mins.)
  3. Approval for new policy – *Credentialing for Licensed Health Care Providers* (5 mins.)
- 12:45** ***Environmental Health (35 mins.)***
- Enforcement Action:**
1. Resolution #14.20.14 – Michael McEver, 22 Station Road, T-Danby, Revise Resolution Extending Sewage System Replacement (Sewage) (15 mins.)
  2. Resolution #14.40.22 – Clark’s Shur Fine, V-Dryden, Violation of Article 13-F of the New York State Public Health Law (ATUPA) (5 mins.)
  3. Resolution #14.14.25 – Country Inn and Suites, T-Ithaca, Violation of Subparts 7-1 and 14-1 of the New York State Sanitary Code (Food) (5 mins.)
  4. Resolution #14.10.26 – State Diner, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)
  5. Resolution #14.14.27 – Comfort Inn, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code and Board of Health Orders Adopted June 24, 2014 (Food) (5 mins.)
- 1:20** ***Administration (10 mins.)***
1. Reappointment of Janet Morgan, PhD, RN, to the Tompkins County Board of Health (5 mins.)
  2. Discussion: Ebola Planning Update (5 mins.)
- 1:30** ***Adjournment***

DRAFT

**Tompkins County Board of Health**  
**September 23, 2014**  
**12:00 Noon**  
**Rice Conference Room**

**Present:** Brooke Greenhouse; Edward Koppel, MD; James Macmillan, MD, President; Michael McLaughlin, Jr.; and Susan Merkel

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

**Excused:** Will Burbank; Janet Morgan, PhD; and Sylvia Allinger, Director of CSCN

**Guests:** Skip Parr, Sr. Public Health Sanitarian

**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 12:00 p.m.

**Approval of August 26, 2014 Minutes:** Mr. Greenhouse moved to approve the minutes of the August 26, 2014 meeting as written; seconded by Dr. Macmillan. The minutes carried with Ms. Merkel abstaining.

Introductions were made around the room to welcome Ms. Merkel as a member of the Tompkins County Board of Health.

**Financial Summary:** Ms. Grinnell Crosby referred to the August financial summary in the meeting packet.

- Preschool Special Education – In August, bills totaling \$886,000 were processed for the Ithaca City School District 2013-2014 school year causing expenditures to be in the red. The processing delay occurred because New York State Education Department did not post rates for the district. The State will reimburse the program between 50 to 60 percent of the amount billed.
- Women, Infants and Children – Decreased revenues are related to the change in the fringe rate.
- Division for Community Health – Staff continues to work with Visiting Nurse Service of Ithaca and Tompkins County on billing Medicaid Managed Care visits for the Medicaid Obstetrical and Maternal Services (MOMS) program.
- Physically Handicapped Children’s Program – This is a small program with some active clients. Claims are filed quarterly.

## DRAFT

- Early Intervention – Revenues reflect “red” as a result of the change in the fiscal agent and who is responsible for billing. Currently, the County pays the State from an escrow account.

### **Administration Report:** Mr. Kruppa reported:

- At its September 2, 2014 meeting, the Legislature passed an amendment to the local County Code to add Electronic Nicotine Delivery Systems (ENDS) to the list of prohibited smoking materials. The amended law was filed with the State and is now effective. Staff members are in the process of developing an information campaign to publicize the addition of ENDS to County law.
- The process for filling the physician member vacancy on the Board is beginning. Two individuals have indicated verbal interest in the position. Applicants will complete formal applications and be invited to observe the next Board meeting.
- Dr. Morgan’s term as one of the at-large members on the Board expires at the end of the year. She is considering whether or not she will reapply for the position.

### **Medical Director’s Report:** Dr. Klepack updated the news on the following viruses:

- Enterovirus D68 is a respiratory virus first identified in the 1960s. It is in a family of viruses that tend to be more active in the summer and fall. Seven cases have been identified in the central New York region. Although two individuals were suspected of being infected by the virus in Tompkins County, only one of the individuals is being treated as a case. TCHD has sent informational updates to area practitioners on the criteria for diagnosis and testing procedures. The advice for prevention is to use the same precautions that are used to prevent the spread of most respiratory viruses.
- There is nothing new to report about the Ebola virus for the Tompkins County area.

### Dr. Klepack answered several questions regarding enterovirus D68:

- The two individuals suspected of being infected were college age, but only one turned out to be positive and was hospitalized.
- Younger ages and those individuals having asthma or other respiratory diseases or who have compromised immune systems are at greater risk for the illness.
- Standard advice for individuals includes staying at home when ill, controlling coughs and sneezes, washing hands and disinfecting surfaces with diluted bleach.
- The Tompkins County Health Department (TCHD) response includes increasing Public Service Announcements (PSAs) and increasing the level of awareness for emergency departments and private practitioners when there is an uptick in a disease that is greater than expected. The next threshold occurs when resources are outstripped and additional resources are brought in to deal with the situation.
- Media coverage has been extensive. With more hospitalizations than would normally be expected, it is important to be alert and aware.

Further Discussion: Ms. Connors identified other staff efforts to share information about enterovirus D68 with the community. Information was posted on the TCHD website that includes the link to a press release from the New York State Department of Health

## DRAFT

(NYSDOH) and links to the Centers for Disease Control and Prevention (CDC). Last week, she was interviewed by a reporter from the local radio station WHCU. Staff also has been sending NYSDOH updates via a blast fax to local healthcare providers, schools and colleges to keep them informed. Staff will continue to monitor the situation.

Mr. McLaughlin inquired whether the TCHD response to enterovirus D68 is a result of a case in the community or directed from the state level. Mr. Kruppa responded the handling of public information depends on the disease and the epidemiology associated with it. In this case, there is awareness that eventually the entire state could be affected. For a novel disease that is identified in the community, then the messaging would be targeted and more prevalent.

Dr. Macmillan asked about the Medical Director's role in the response to the syphilis outbreak. Dr. Klepack said he follows the activities of the Peace of Mind Community Partnership. He noted Planned Parenthood has a contract with TCHD to provide testing for sexually transmitted diseases (STDs); the media pieces have received good placement in *The Ithaca Journal*; and there has been discussion about utilizing social media for outreach. He believes the actions have been appropriate.

### **Division for Community Health Report:** Ms. Connors reported:

- TCHD's first flu clinic was held at the Brooktondale Fire Department. Staff members are currently scheduling appointments for Tuesday and Friday public flu clinics at the Health Department.
- At present, there are eight cases of syphilis. Mr. Kruppa appeared on WENY television station to discuss the issue.

### Questions/comments from Board members:

- Ms. Merkel asked whether these syphilis cases are a community outbreak or driven by college students. Mr. Kruppa responded it is a community issue that is affecting all ages. The Peace of Mind task force has multiple strategies. With the three local educational institutions in the partnership, efforts are being focused toward the students as well as the general population.
- Dr. Koppel referred to the *2014 Communicable Disease Report* and directed attention to the August statistics for "Rabies Exposure Administered at Gannett" that reports 30 cases. When he asked Gannett staff about that number, they reported there were 8 cases. Ms. Connors explained the numbers are obtained from an electronic report from the State and staff contacts. She will verify the information.

**Children with Special Care Needs Report:** Ms. Allinger was not present for the meeting.

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

**Environmental Health Report:** Ms. Cameron had nothing to add to her written report.

**Resolution #14.11.20 – Southside Community Center, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food):** Ms. Cameron reported

## DRAFT

Southside Community Center did not have an adequate amount of refrigeration to store food at proper temperatures. The Order was structured for the organization to either pay the penalty or provide proof the cooler was repaired or replaced.

Mr. Greenhouse moved to accept the resolution as written; seconded by Dr. Macmillan.

Responding to Mr. McLaughlin's question about offering an alternative to the penalty payment in the Order, Ms. Cameron replied it is not common practice. In this case, Southside Community Center is a nonprofit organization that is part of the Ithaca City School District.

Ms. Merkel inquired about the Summer Feed program named in the resolution. The program provides food for children during the summer at the Southside Community Center. Mr. Parr explained the violation was for both Southside Community Center and the Summer Feed program. Each operation had food that was in violation of temperature requirements.

Noting the organization's history of correcting violations before a re-inspection, Dr. Macmillan asked whether there were any particular issues or difficulties to resolve this time. Mr. Parr stated Charles Rhody, representative for Southside Community Center, believes there was some miscommunication with his staff that resulted in the violations upon re-inspection. The cooler in question had a leak that has been repaired. If that is not the solution to the refrigeration problem, the organization is working to obtain a grant to replace the cooler.

Referring to the Summer Feed program, Mr. McLaughlin wondered if the practice of setting milk containers on the counter in a bowl of ice will be rectified. Mr. Parr responded the issue was addressed during the office conference. He pointed out ice can be used as a temperature control; however, temperature control cannot be maintained when too many milk cartons are placed in the bowl.

The vote on the resolution, as written, carried unanimously.

**Resolution #14.10.21 – Manos Diner, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code and Board of Health Orders Dated September 11, 2012 (Food):** Ms. Cameron summarized the restaurant's food violations were due to problems with the coolers. Since there were previous BOH Orders in 2012, the fine was doubled according to the standard practice of doubling the fine for violation of BOH Orders.

Mr. Greenhouse moved to accept the resolution as written; seconded by Dr. Koppel.

There was discussion about the process of setting fines for enforcement actions. Board members were questioning the point in time when doubling the fine might require a reset for an establishment that demonstrates compliance. For each enforcement action, Ms. Cameron noted a case summary is presented for a five-year time period that is reviewed. The standard practice is to double the fine for violation of BOH Orders. Situations can be evaluated on a case-by-case basis when there has been a clean record. After the case review, staff members make a recommendation for the Stipulation Agreement that is presented to the Board for consideration and action. The Board has the option of changing it.

## DRAFT

Mr. Greenhouse referred to the BOH Orders requiring Manos Diner to maintain temperature logs. He was not comfortable that restaurant staff did not comply, but perhaps they were unaware of the requirement. Since Mr. Parr was not present at the first inspection, he could not confirm whether Environmental Health (EH) staff members verbally communicated that temperature logs were required. Ms. Cameron added there is uncertainty whether staff members are consistently checking for temperature logs. She pointed out EH food staff would like all restaurants to maintain temperature logs as part of their ongoing practice; currently it is not a requirement. In this case, the restaurant is not being fined for failing to maintain temperature logs. The critical violation is for food being out of temperature. She agrees there needs to be consistency in checking for temperature logs and will address it with the EH team.

In response to Dr. Macmillan's question about any documentation the restaurant receives after the first violation, Ms. Cameron reported the restaurant owner receives a hard copy of the inspection report. Ms. Merkel commented it seems the restaurant owner has a responsibility to know the rules and regulations. She thought EH staff went above and beyond to keep the restaurant informed. Mr. Greenhouse agreed but there were two nuances for him: the temperature log is not a universal requirement so is unique to that establishment and he was concerned about the repeat violations. Based on two inspections, Ms. Cameron noted it is difficult to determine whether it was intentional or a poor management problem. Repeat offenses over a period of years are recognized as a management problem.

Dr. Koppel wondered about the significance of the length of the case summary. Ms. Cameron indicated it provides a sense of how the restaurant is operated. In this case, Manos Diner had two years of clean operation. As a restaurant owner, Mr. McLaughlin recognizes a restaurant should never be in a red code violation, but it can happen. One violation does not mean it is an unsafe establishment; however, repeat offenses can point toward a problem with management.

The vote on the resolution, as written, carried unanimously.

**Upcoming BOH Meetings:** Mr. Kruppa noted the meetings in November and December are scheduled near holidays. He proposed combining them into one meeting to be held December 2nd or December 9th. Board members supported the proposal. An e-mail will be sent to determine member availability.

**Adjournment:** At 12:55 p.m. Dr. Macmillan adjourned the meeting.

## Dashboard Display thru September 2014

|                               | 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: October 07, 2014

### EXPENDITURES

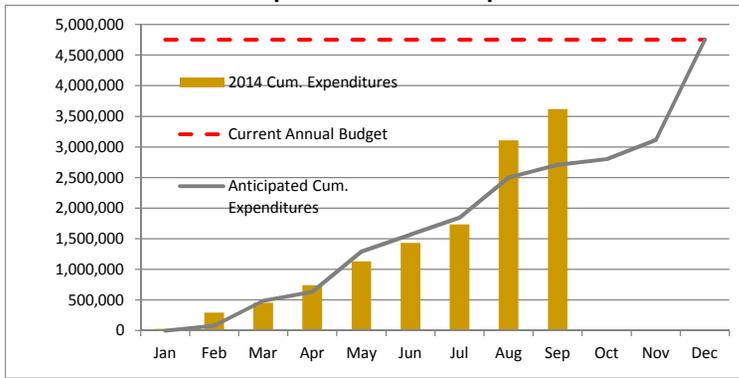
Cumulative to date compared to budget (over budget by more than 15% = Red, between 110% and 115% of budget = Yellow, below 110% of budget = Green)

### REVENUES

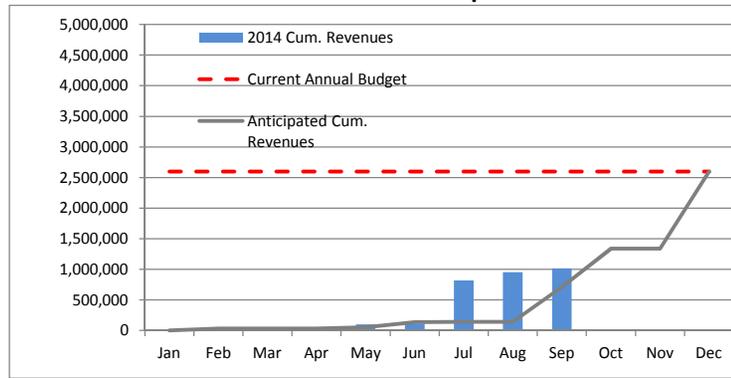
Cumulative to date compared to budget (over = Green, above 90% of budget = Yellow, below 90% of budget = Red)

# Health Dept - Preschool Special Education (2690)

Cumulative Expenditures thru September 2014



Cumulative Revenues thru September 2014



Data Lapse:  
30 days

**Appropriations**

- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

**Revenues**

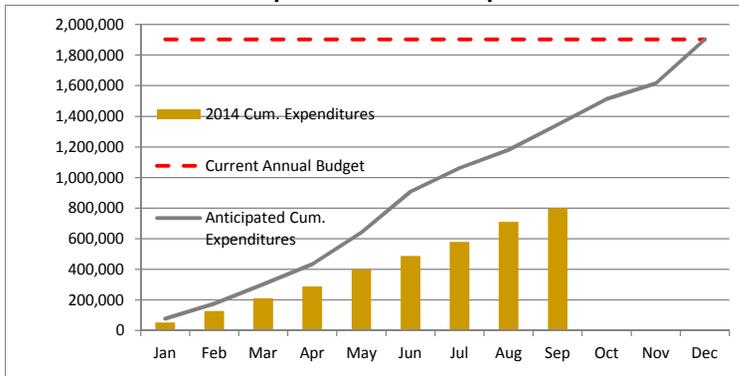
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

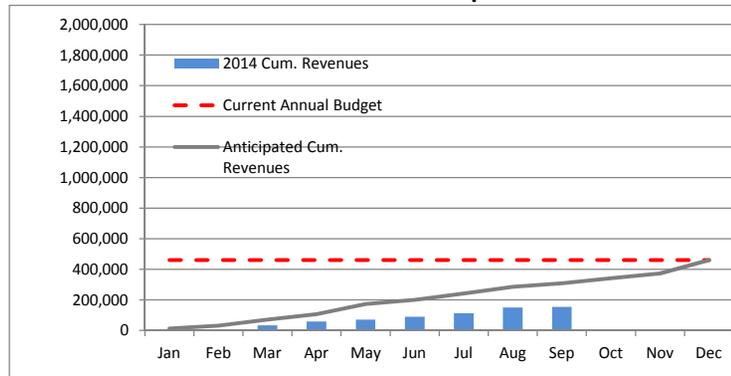
**Notes:** Expenditures are reflected "red" due to the processing of Ithaca City School District rate adjustments going back to 2011/12 and 2012/13 totalling approximately \$407,000. The delay in processing was caused by NYSED not posting rate adjustments.

# Health Dept - Division For Community Health (4016)

Cumulative Expenditures thru September 2014



Cumulative Revenues thru September 2014



Data Lapse:  
30 days

**Appropriations**

- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

**Revenues**

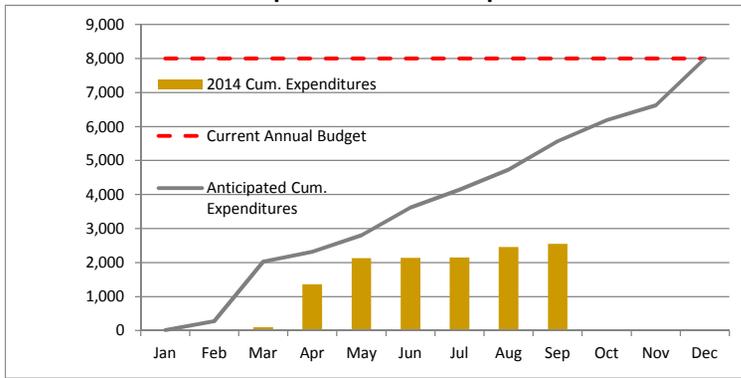
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

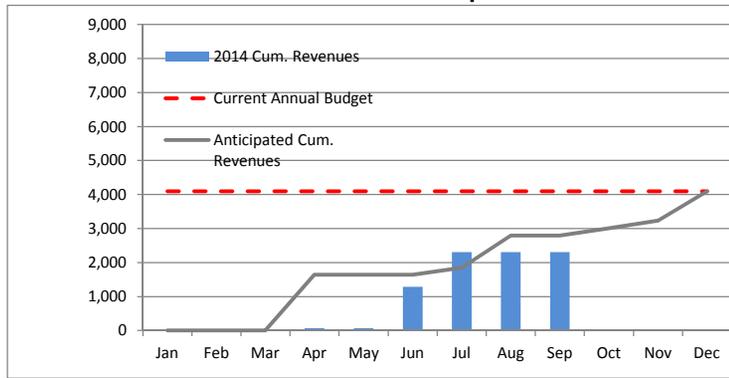
**Notes:** Staff continue to resolve billing issues and are working with Visiting Nurse Service of Ithaca and Tompkins County to bill Medicaid Managed Care for MOM's services rendered in the home.

# Health Dept - Phys.Handic.Chil.Treatment (4048)

Cumulative Expenditures thru September 2014



Cumulative Revenues thru September 2014



Data Lapse:  
30 days

**Appropriations**

- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

**Revenues**

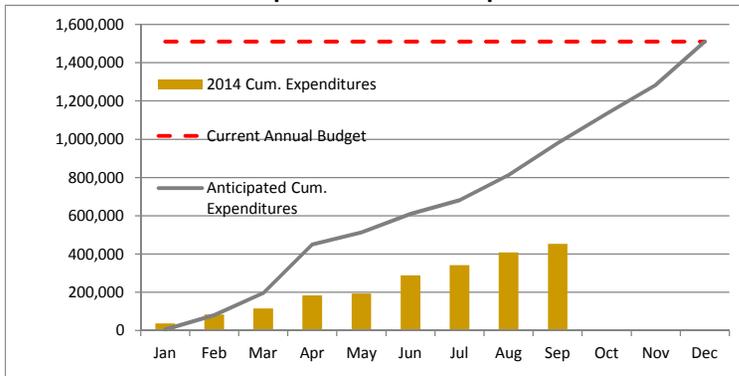
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

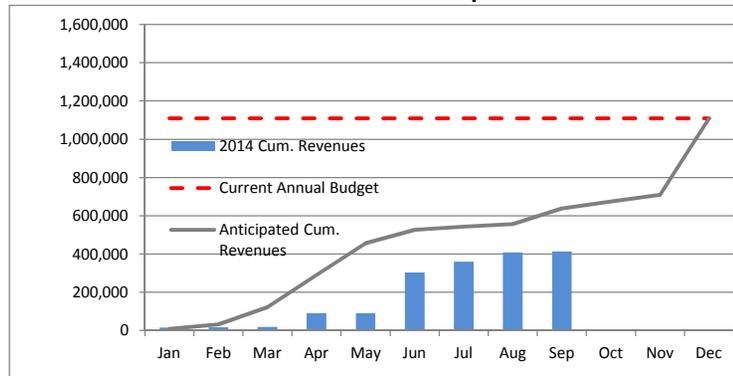
Claims for this program are done quarterly. Services rendered are based on needs from eligible families.

# Health Dept - Early Intervention (0-3) (4054)

Cumulative Expenditures thru September 2014



Cumulative Revenues thru September 2014



Data Lapse:  
30 days

**Appropriations**

- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

**Revenues**

- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

**Notes: Early Intervention expenditures and revenues continues to be in flux due to the change in fiscal agent. Service providers are not experienced in working the insurance claim system. Comparisons to prior years still show when the county was the fiscal agent for the program.**

## **Public Health Director Report October 2014**

- Presented 2015 budget to Legislature's Expanded Budget Committee. The committee moved an amended county budget to full Legislature which if passed will set up a public hearing prior to the final vote. The Health Department's budget was not amended.  
<http://www.tompkinscountyny.gov/news/legislators-recommend-2015-amended-budget>
- Joined staff from CHS in a meeting with representatives from the Regional Health Information Organization (RHIO) about beginning to share patient information. The RHIO is the warehouse of electronic medical records that allows different providers, with the patient's consent, to see all of their medical records. <http://healthconnections.org/>
- Presented some minor changes and updates to the County Charter as part of the County's 10 year Charter review process.
- Met with Racker Centers' leadership to discuss a new interpretation by the State Education Department and NYSDOH Bureau of Early intervention. The new guidance would not allow school psychologists in private 4410 organizations to perform evaluations for the EI and Pre-K programs. The SED has since delayed the ruling because of community concerns. Bureau of EI has not. Racker Centers performs more than 90% percent of those evals in Tompkins County and would no longer be allowed. The delay by SED includes the need for legislative change. TCHD and Racker Centers has agreed to jointly advocate with our State representatives for the change. The change we are asking for is to include the 4410 organizations in the list of allowed organizations to use school psychologists.
- Provided BOH orientation for Sue Merkel.
- Coordinated County's preparedness planning for Ebola. Convened a partner group including TCHD, CMC, Bangs ambulance, DOER, Gannett Health Center, Hammond Health Center and TC3 student health services. <http://www.cdc.gov/vhf/ebola/index.html>  
[http://www.health.ny.gov/diseases/communicable/ebola/?utm\\_source=doh&utm\\_medium=hp-button&utm\\_campaign=ebola](http://www.health.ny.gov/diseases/communicable/ebola/?utm_source=doh&utm_medium=hp-button&utm_campaign=ebola)
- Received my flu shot from the always professional and gentle TCHD staff!

## **Medical Director's Report Board of Health October 2014**

### **Ebola**

Reviewed the latest in terms of colleague recommendations, as well as hospital and healthcare practitioner recommendations, with regard to case definitions as well as precautionary measures to take when evaluating suspect Ebola contacts. Collaborated with Karen Bishop regarding sending out updates of these recommendations to every practitioner, schools and institutions.

I met with Frank Kruppa on October 15, 2014 for a comprehensive update on our collaboration with regional and state resources and also with regard to CDC support and resources. From his update I understand that the issues regarding proper institution of infection control procedures (particularly in the use of personal protective equipment) are foremost on everyone's minds. Proper triaging of cases is a priority. As an example of this County dispatch is being instructed to gather a travel history before dispatching law enforcement or EMS to a scene and TCHD has sent updates to area physicians which also emphasize proper screening and proper triage of suspect cases.

Cayuga Medical Center has planned a continuing medical education lecture at CMC for October 24, 2014. I have offered to supplement it with an update on the regional preparedness picture. Keeping our partners and the public informed is our best strategy to allaying fever and rumor.

The two cases of Ebola in healthcare workers in Dallas are concerning. In their root cause investigation which the CDC and the Dallas hospital are conducting they are likely to find that the consistent, proper use of personal protective equipment (PPE) remains a challenging hurdle to get over. The factors that make this so are many. A few of them are:

- In critical care settings patient contact is extensive and intensive. Multiple practitioners and support people must tend to the patient. Through the course of each 24 hours multiple changes of PPE are necessary since an employee must eat, take breaks, tend to personal needs and each of these times will require a doffing and redonning of PPE. Small mistakes can have big consequences. Employee stress and fatigue can contribute to a slip in technique.
- The viral load (the number of viral particles in the blood and in bodily fluids) increases dramatically as the individual becomes more critically ill. At symptom onset the viral load is light and the person is not hemorrhaging. Their bodily fluids are few and not copious. Their symptoms are likely to be only fever and sense of being unwell, but days later the picture is much different and the risks to contacts much higher.

For our TCHD staff the risk will likely be at the lower level UNLESS they are called in or come upon a patient who had not sought care sooner and is in the home setting seriously ill, or if they must interview a seriously ill patient in the hospital setting in the course of doing a contact investigation.

TCHD staff would likely be involved in monitoring contacts of the index patient as part of their mission to control the spread of disease. These would be asymptomatic individuals and the primary parameters would be fever, and sense of well being.

I will be surprised if the CDC recommends transfer of all Ebola cases to certain hospitals; transferring patients causes opportunities for a break in infection control technique and for critically ill patients it is not possible to move them.

A further update on the status of Ebola will be available verbally at BOH meeting.

### **Enterovirus D68**

An outbreak of enterovirus D68, a respiratory infection, can vary from very mild to very severe. The spread of this in the Midwest states prompted an update for area practitioners and institutions with regard to the control of this virus type. Historically cycles of this family of viruses has been seen over the years. Generally standard precautions are needed and while there is no treatment for the virus, supported therapy needs to be given to those who require it. I collaborated with Karen Bishop in terms of updating practitioners with information regarding this virus family type as well as measures to be taken.

Update on current status to be presented verbally at BOH meeting.

### **Update of Quality Assurance Performance Improvement Program**

The documentation needed to be updated to remove the CHHA, so that it would be appropriate for services currently being delivered. No major changes in our procedure other than making it relevant to our current divestiture for the CHHA.

### **General Activities:**

- Reviewed and signed documents and orders.
- Reviewed materials in regard to automatic defibrillators in county buildings, including the review of the product which looks like the likely one we will be purchasing as a county.
- Attended meeting of the Quality Assurance Committee reviewing the latest in reports from various sectors of the department. The purpose of this committee is to insure quality. Updated this committee on the status of Ebola preparation and enterovirus D68, as well as discussed the conversion of our medical care delivery system from being heavily invested in acute care to fostering more at home care and avoidance of hospitalizations and emergency room visits.

## October 28, 2014 BOH Meeting

### Division for Community Health – September 2014 Highlights

#### ADMINISTRATION REPORT

Sigrid Larsen Connors, Director of Patient Services (DPS)

#### Agenda – see BOH agenda section:

- **Report on NYSDOH Article 28 Diagnostic & Treatment Center (D&TC) Survey Results**
- **Policy revisions: Advanced Directives Policy**
- **New policy: Credentialing for Licensed Health Care Providers**

#### Administration – The DPS:

- Focused on preparation for the NYSDOH Article 28 D&TC survey.
- Assisted in revisions to the *Peace of Mind website* updated by the *POM Community Partnership* due to the recent increase in syphilis cases, September 4, 11. Press release on the POM website sent September 5. Presented information to the Health & Human Services Committee on syphilis incidence and partnership response, September 9.
- Met frequently with WIC Program Director Beth Huber, TCHD Administration and Facilities in the coordination on the WIC nutrition area renovation project completed October 3.
- Responded to seven telephone or email requests for information: Enterovirus D68, health care worker influenza mandate, medication disposal and bloodborne pathogen risk and education.
- Convened the quarterly Community Health Quality Assurance Committee, September 16. Draft June 17, 2014 CH QA Minutes were approved (see attached) and two policies were recommended for BOH approval (see agenda).
- Participated in a web-based clinical-billing software demonstration, September 12.
- Attended Immunization Documentary sponsored by the TCHD Adult Immunization Coalition, Cinemapolis, September 17.
- Interviewed certified medical records specialist for potential service contract, September 22.
- Trained on access to electronic Regional Health Information Organization (RHIO) information, policies and procedures by *HealthConnections* representative, September 29.
- In follow-up to September 23 BOH question regarding rabies communicable disease statistics the numbers were updated for 2014 to reflect cases not vaccinations.
- Oriented two new TCHD staff, September 3.
- Meetings/Training
  - *Medical Counter Measures*, Health Planning Council, TCHD, September 8
  - *NYSACHO General Membership* via TC, STD and State Aid agenda, September 11
  - *EV-D68*, CDC TC, September 16
  - *Ebola Virus*, CDC TC, September 29

**Other Meetings** – TCHD Management (9); DCH Management (11); Senior Leadership (17) and BOH (23).

**Division Statistical Highlights** – January to September preliminary 2014 reports attached.

## **COMMUNITY HEALTH SERVICES – no report**

## **HEALTH PROMOTION PROGRAM – no report**

### **WIC PROGRAM**

**Beth Huber, WIC Program Director**

**July, August, September**

#### **Administration**

- USDA approved funding for an office renovation project to enhance privacy and confidentiality for participants. The Nutritionist cubicles were replaced with modular floor to ceiling walls and a door creating a private office for nutrition education and counseling.
- NYSDOH offered all local WIC agencies an opportunity to apply for Performance Improvement Project funding. If funded the TCHD WIC agency will collaborate with 9 other WIC agencies in a Multi-Media campaign. The goal of the media campaign is to build caseload and invest in a new Health Messaging system to call, text and/or email participants regarding scheduled appointments and missed appointments as well as important reminders and nutrition messages.
- The USDA is mandating implementation of certain provisions of the WIC Final Food Package Rule in two phases: Phase One began October 1<sup>st</sup> and Phase Two will begin in the spring of 2015.

#### **Phase One Highlights:**

- Formula for breastfeeding infants will default to the lowest amount and may be tailored up based on assessed need.
- Soy beverage and tofu no longer require a medical reason before issuing to participants.
- The NYS WIC Medical Documentation form was revised to include a HCP referral option for supplemental food to be determined by WIC Nutritionist.
- The Request for Applications for WIC program sponsorship was released. This year is the first time it will be completed and submitted electronically through the NYS Grants Gateway. All applications are due by December 2<sup>nd</sup>.
- The USDA Food and Nutrition Service (FNS) contracted with Altarum Institute and RTI international to conduct a comprehensive audit of WIC Nutrition Services & Administration (NSA) costs at state and local WIC agencies. The purpose is to understand how NSA grant funds are used, what range of operations are covered by the funding and the what impact of program changes on grant funds. TCHD completed the WIC audit in September.
- The Local Agency Healthy Lifestyle Initiative this year was completed. Among other things, approximately 500 “My Plate” plates were distributed to families to educate them about healthy meals, the importance of fruits and vegetables and appropriate serving sizes. The end of the year report showed 93.9% of participants said they used the MyPlate at mealtimes with their children and 74.8% were more likely to put fruits/veggies on their child’s plate when using it.
- A change to the Income Policy was implemented which allows local WIC agencies to use a computer or cell phone to access account information necessary to verify enrollment in Medicaid, SNAP, Food Stamps, Unemployment, Disability or Child Support. In addition, a representative/caretaker can represent the participant or enrolling parent when income reassessment is required.
- Farmer’s Market Checks were distributed to 856 families totaling over \$20,500 to be used at local area farmer’s market locations.
- A Joint Services Agreement was completed and approved by the DOH Regional Office to collaborate with Cornell Cooperative Extension (CCE).
- Haley Bacorn was contracted to serve as a Breastfeeding Peer Counselor in July to help promote and support breastfeeding efforts.

## **Outreach**

- A Health Care Provider Reference Guide was developed as part of Public Health Detailing for local Pediatricians and OB/GYN offices. The binder includes WIC clinic locations, hours of operation, NYS income eligibility guidelines, NYS WIC Formulary, Medical Referral Forms and Medical Documentation forms.
- In a collaborative effort with CCE, grocery store tours are now offered using the “Cooking Matters at the Store” model. The targeted tour for WIC families includes discussion on how to stretch food dollars, WIC items are highlighted during different parts of the tour, and guides show participants how to use WIC checks when shopping. At the end of the tour each participant is given \$10 gift card to use and is challenged to put together a meal using at least one item from the “My Plate” food model.
- The WIC Program Director participated in a July 30 radio interview on WHCU 870 highlighting WIC Program services, the new WIC Food Card and income eligibility guidelines.
- Ms. Huber and Cornell student intern Jennifer Messing attended a Welcome event for Cornell Graduate students at Hasbrouck apartments on August 23 to promote the program and its benefits and accepted applications from interested families.

## **Trainings**

- The Regional Vendor Management Agency (VMA) conducted training for all WIC staff on the new NYS WIC Food Card released in July 2014. Training included: new WIC food items, procedure for vendor complaints and minimum stock requirement for WIC foods.
- Nutrition Education II Andrea Smith attended a required training on “Interviewing Skills for Behavioral Change” in Syracuse, August 6 and 7. She also attended a training on “Specialized Breastfeeding: Understanding Feeding Cues” in Syracuse on September 12.
- Beth Huber, WIC Program Director attended an August 12 required training on “Conducting a Breast Pump Assessment” in Syracuse.
- Ms. Huber also attended a 2 day Manager’s Workshop in Albany with all NYS WIC local agency directors on the importance of training staff and tracking progress, September 16 and 18.

## **ATTACHMENTS**

- Community Health Quality Assurance Committee Meeting June 17, 2014 Minutes
- Division Statistical Highlights (Clinics and Program Visits) Jan-Sep 2014
- Communicable Disease Summary Report – Jan-Sep 2014

**Community Health Quality Assurance Committee**  
June 17, 2014 meeting minutes

**Committee Members Present:** *Debora Axtell, RN*, Community Health Nurse (CHN), Community Health Services (CHS)/TCHD; *Sigrid Larsen Connors, RN*, Director of Patient Services/TCHD; *Beth Huber, RD*, WIC Program Director/TCHD; *Karen LaCelle, RN*, CHN, CHS/TCHD; *Nancy Schaff, RN*, CHN, CHS/TCHD; *Lori Sibley, RN*, CHN, CHS/TCHD; *Marge Strosnider, NP*, community member/retired and *Kathy Taves, RN*, Team Leader, CHS/TCHD  
Guest: *Jennifer Messing*, Cornell University PhD student intern with WIC

**Excused:** *Gail Birnbaum, RN*, CHN, CHS/TCHD; *Karen Bishop, RN*, CHN Supervisor, CHS/TCHD; *Melissa Gatch, RN*, Team Leader, CHS/TCHD; *William Klepack, MD*, TCHD Medical Director/TCHD; *Terri MacCheyne, RN*, Director of Maternal Child Unit/Cayuga Medical Center at Ithaca; *Maureen Reedy*, Child Development Council and *Tina Snyder*, Nutrition Program Educator/Certified Lactation Counselor/Cornell Cooperative Extension of Tompkins

**Welcome:** Sigrid Connors welcomed committee members. Beth Huber introduced Jennifer Messing, a PhD Cornell University candidate interning with WIC.

**Approval of March 18, 2014 meeting minutes – MOTION –** Deb Axtell moved to approve the minutes as written; minutes seconded by Nancy Schaff and carried unanimously.

**Licensed Home Care Services Agency (LHCSA) – Policy & Procedure Approval –** Sigrid reported revisions to the Advanced Directive policy will be brought to the September CHQA meeting agenda.

**Lead Poisoning Case Reviews –** Kathy Taves reviewed four cases (3 active, 1 new)

Case #1 – (Active) Two year old initially identified with Blood Lead Level (BLL) 65 mcg/dL on 4/25/13 requiring immediate hospitalization for chelation. Most recent BLL was 23 mcg/dL in March 2014. Primary care provider consulted with Lead Resource Center for testing frequency guidance. Lead Resource Center recommended repeat blood lead testing in 3 months due to child's long history of elevated lead and associated long term storage of lead in the bone. It will take time to reduce lead levels. CSCN involved and when child turns 3 years will transition to Preschool Committee on Special Education for educational/behavioral services. Plan: Continue lead case management services until meets case closure criteria.

Case #2 – (Active) Two year old with initial BLL 25 mcg/dL on 8/2/13. Child had history of residing in two residences where multiple lead hazards were found. Required remediation by the landlords of both residences and moving child to lead safe home. Last BLL on 5/6/14 was 11 mcg/dL. Plan: Keep case open to ensure repeat lead testing done.

Case #3: (Active) Sixteen month old with initial BLL 11 mcg/dL on 11/01/13. No lead sources found in primary home. Parents believed source was in grandparents home and refused follow up by the health department in either home. Repeat BLL due in February. Lead nurse sent reminder letters to both parent and primary care provider. Repeat BLL finally done in May. BLL remains at 11. Challenging case best managed via primary care provider who will educate family on need for re-testing. Plan: Keep case open to ensure repeat lead testing done again in 3 months.

Case #4: (New) Two year old with initial BLL 14 mcg/dL on 3/12/14. Lead nurse had difficulty reaching the parent by phone so then sent letter. Joint home visit accomplished with EH on 4/1/14 with follow-up XRF testing of the home done on 4/7/14. Multiple interior and exterior surfaces tested positive for lead. EH issued

**Lead Poisoning Case Reviews continued**

a "notice and demand letter" outlining immediate steps to minimize further exposure to lead and lead dust. Child is significantly speech delayed and has been receiving speech therapy since December 2013. Child eats pica (dirt, soap, plastic, dog/cat food, diapers, cell phone buttons, feces, books). Good coordination of care documented with CSCN and primary care provider. Child will receive OT and MSW services to address pica. Repeat BLL due in June. Recommended sibling also gets tested. Plan: Keep case open to ensure repeat lead testing done and steps taken to minimize exposure to lead.

**Committee Recommendations:** Committee agreed with plans for all cases and had no additional recommendations.

**WIC Report** – Beth Huber reported on QA activities

NYS WIC 2<sup>nd</sup> Quarterly Chart Review Results:

- Signature Bypass – 100% Compliance (when ppt signs electronic pad staff match the signatures to the one on file). No findings
- Referrals – 95.5 %; an increase from 84.8 % referral rate in the fall. Target referral rate is 85%.
- Risk/Income – 100 % Compliance (need 2 staff touches). No findings.
- High-Risk (HR) – all high-risk participants (ppt) are seen by a CPA3 (Nutritionist) – 4 findings, 3 of which were cleared (2 were incidents where the HR ppt certified but did not return and 1 was not HR when she started and delivered early). One actual finding at the Groton outreach clinic, when enrolled the ppt saw a CPA1 (WIC Nutrition Educator) and revisit was CPA1. State feels the HR ppt should have been rescheduled or waited to see a CPA2 or CPA3. Beth will follow-up with education to staff (only one finding in 6 months). Committee discussed the qualifications for CPA1 or CPA2 employees. Also discussed HR criteria, which include diabetes and prenatal low-weight gain. Every mom has to have a nutritional risk, for example, eating less than 8 fruits & vegetables a day. Marge Strosnider runs a food pantry in Newfield and concerned there are many potential pts WIC is not reaching. Discussed ways to promote WIC clinic. Marge brought a Food access list which has days and times of food distribution sites. MOMS and WIC staff will distribute to clients. Transportation to clinics is a big issue – WIC only in Newfield 4x a year.
- Cornell PhD RD student intern for the summer, Jennifer Messing, BS in Dietetics, now fulfilling the dietetic internship, faculty aspiration, and studies will focus on low-income rural families. Student al interested in community supported agriculture and how to improve access to vegetables.
- 3 NYSDOH Site Surveys in March. 3/6/14 – Temporary Site at Newfield (John Lute); 3/11/14 – TCHD (Nancy Mendillo and Pat Chambers); and 3/20/14 at TCHD (Lute). 1 NYSDOH Site Survey in May. 5/28/14 – Temporary Site at Salvation Army (Mendillo, Chambers). Local agency training logs and exposure control plan were reviewed. Participant centered nutrition education skills were observed and clinic space evaluated. Initial feedback was positive.

**Committee recommendation:** Committee agreed with actions taken and had no further recommendations.

**Incident Reports: 2 incidents from 3/18/14 to 06/16/14 (WIC) both participant related**

- 5/21 – A WIC participant (ppt) reported ~ money (under \$50) missing from her wallet at an off-site clinic. Staff advised ppt contact law enforcement but ppt declined.
- 5/28 – At an off-site WIC clinic a young child got his thumb caught between the double doors, no broken skin, some swelling, ice pack offered and declined.

**Committee recommendation:** Committee agreed with actions taken.

**Infection Control Report** – In follow-up to the December 2013 Infection Control annual meeting Nanette Scogin reported she revamped the Tuberculosis screening process and tracking spreadsheet. All staff TST's and/or TB Screening symptom checklists are up to date. Sigrid noted the TST policy revisions were approved at the May Board of Health meeting. Also, nurses complete an infection control checklist they complete every time they use a clinic room. Karen Bishop reviews and maintains the checklists by month of service.

**Committee Recommendations:** *continue as planned.*

### Client Complaints – None

**MOMS (Medicaid Obstetrical Maternal Services) Case Review** – Karen LaCelle reviewed an active case.

- Client has a behavioral health diagnosis and history of substance abuse and was also caring for her young teenager. Client had no pre-natal care until the last 2 months of pregnancy. She had been living for past year in a local communal home. There was no named Father of Baby (FOB)
- Client left the communal home but had no belongings, money, clothes or a place to live when she left due to the group's requirement to give all belongings to them when joining. In February the client moved into a shelter where the MOMS nurse made her initial visit. The nurse referred the client to Birthright and a local church to obtain much needed furniture and clothing. Referrals also made to Medicaid, DSS, Mental Health, FISH, WIC and Tompkins Community Action for help with much needed housing maintenance and Family Support Services. Client was able to move a few days before her due-date.
- Client had a difficult delivery and the baby was born with low Apgar scores. Baby referred to EI. At 2 weeks the baby was still underweight and needed formula supplements after every feeding. MOMS worked with WIC and Family Support Services for client to receive breast pump.
- MOMS nurse made 2 post-partal visits before discharging. Plan – client to continue on public assistance with Medicaid, MH and family support services. Client is being assisted to obtain financial support from the FOB of their teenager.

**Committee recommendation:** *Committee discussed the number of community referrals and complexity of working with the client in process of separating from the communal home. Committee agreed with actions taken.*

**CHS Chart Review** – Kathy Taves reviewed 18 pediatric and maternal child records for March, April and May:

- 18/18 – 100% of records showed care provided was appropriate to assessed acuity level,
- 7/18 – Needed pre-natal vitamins on medication list to match nutrition assessment visit note,
- 3/18 – Needed medication list to match visit notes,
- 1/18 – Needed discharge due to client miscarriage,
- 18/18 – 100% of records included Durable Medical Equipment & parameters for use when applicable.

Findings reviewed with individual nurses, nurses expressed understanding of documentation improvement, records amended and interim medical orders sent as needed. QA findings reviewed at monthly staff meetings.

**Committee recommendation:** *Committee had no further recommendations.*

### Member Updates

- Marge Strosnider – Informed the Committee of the Tompkins County Food Distribution Network and obtained ~ 100 brochures to distribute at Newfield Food Bank.
- Debora Axtell – She and Karen LaCelle were featured speakers at the June 12 Family Reading Partnership (FRP) "Every Baby! Every Day" recognition event at La Tourelle and shared their impact stories with attendees. Since January 2014 Community Health Nurses have partnered with the FRP to distribute reading materials to prenatal women in the MOMS program. MOMS' nurses distribute bags to families with new babies and young children. FRP volunteers read regularly at WIC Clinics and distribute free books at holiday time.
- WIC - Beth said they are distributing the Farmer's Market check to WIC ppts. Each family receives six \$4 checks (\$24) for the summer in addition to their WIC checks. Also every month families get \$8 per child for fresh fruits and vegetables. Beth reviewed that state approvals for new grocery store vendors are on hold now but when open she will encourage Greenstar to reapply. WIC state will provide vendor training June 25 on the new food card to 11 local vendors. One new requirement is that

Community Health Quality Assurance Meeting Minutes

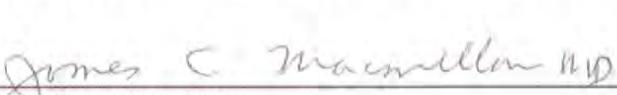
WIC ppts have to purchase the least expensive brand of milk and eggs, women may only purchase concentrated juice (frozen or shelf stable), 64oz plastic containers of juice is only for children. Also, WIC now has a kosher baby food.

**Next meeting:** September 16, 2014

Respectfully submitted,  
Sigrid Larsen Connors, Director of Patient Services  
August 7, 2014

---

 Date 9/23/14  
William Klepack, MD  
Medical Director, Tompkins County Health Department

 Date 9/25/2014  
James Macmillan, MD  
President, Tompkins County Board of Health

# Division for Community Health

## Clinic Statistical Highlights 2014

| Community Health Services              | Jan   | Feb   | Mar   | April | May   | June  | July  | Aug   | Sept | Oct | Nov | Dec | YTD 2014 | YTD 2013 | Total 2013 |
|--|-------|-------|-------|-------|-------|-------|-------|-------|------|-----|-----|-----|----------|----------|------------|
| <b>Clinics</b>                         |       |       |       |       |       |       |       |       |      |     |     |     |          |          |            |
| # of Immunization Clients              | 24    | 21    | 15    | 16    | 21    | 17    | 25    | 35    | 59   |     |     |     | 233      | 196      | 272        |
| # of Immunizations Given               | 35    | 35    | 28    | 24    | 31    | 22    | 39    | 54    | 111  |     |     |     | 379      | 302      | 434        |
| Children 0 - 19 yrs.                   | 18    | 24    | 23    | 20    | 23    | 6     | 29    | 41    | UA   |     |     |     | 184      | 213      | 321        |
| Adults 20 yrs. & over                  | 17    | 11    | 5     | 4     | 8     | 16    | 10    | 13    | UA   |     |     |     | 84       | 89       | 113        |
| # of Flu Immunizations                 | 48    | 9     | 2     | 1     | 1     | 0     | 0     | 0     | 150  |     |     |     | 211      | 148      | 971        |
| <b>Rabies Vaccination Program</b>      |       |       |       |       |       |       |       |       |      |     |     |     |          |          |            |
| Post-Exposure Clients                  | 1     | 4     | 0     | 4     | 8     | 4     | 15    | 33    | 10   |     |     |     | 79       | 86       | 91         |
| Post-Exposure Vaccinations             | 3     | 8     | 0     | 16    | 19    | 22    | 31    | 67    | 46   |     |     |     | 212      | 204      | 210        |
| <b>Tuberculosis Program</b>            |       |       |       |       |       |       |       |       |      |     |     |     |          |          |            |
| Cumulative Active TB clients           | 0     | 0     | 0     | 2     | 2     | 2     | 2     | 3     | 3    |     |     |     | 3        | 3        | 3          |
| Active TB Admissions                   | 0     | 0     | 0     | 2     | 0     | 0     | 0     | 1     | 0    |     |     |     | 3        | 1        | 1          |
| Active TB Discharges                   | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 1     | 0    |     |     |     | 1        | 2        | 3          |
| Cumulative Latent TB Infection Clients | 7     | 9     | 9     | 9     | 9     | 9     | 11    | 13    | 13   |     |     |     | 13       | 40       | 42         |
| Latent TB Infection Admissions         | 1     | 2     | 0     | 0     | 0     | 0     | 2     | 2     | 0    |     |     |     | 7        | 10       | 12         |
| Latent TB Infection Discharges         | 1     | 1     | 0     | 0     | 0     | 0     | 0     | 0     | 3    |     |     |     | 5        | 26       | 27         |
| TB Direct Observe Therapy Visits       | 0     | 0     | 0     | 27    | 38    | 37    | 31    | 27    | 21   |     |     |     | 181      | 218      | 251        |
| # of Tuberculosis Screening Tests**    | 18    | 32    | 35    | 21    | 10    | 31    | 15    | 39    | 60   |     |     |     | 261      | 318      | 532        |
| <b>Anonymous HIV Clinics</b>           |       |       |       |       |       |       |       |       |      |     |     |     |          |          |            |
| # of HIV Clinics - including Walk-Ins  | 5     | 6     | 8     | 9     | 9     | 11    | 11    | 9     | 10   |     |     |     | 78       | 51       | 71         |
| # of Counseled & Tested                | 5     | 4     | 7     | 15    | 12    | 11    | 9     | 7     | 12   |     |     |     | 82       | 60       | 84         |
| HIV+ Eliza & Western Bloc              | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0    |     |     |     | 0        | 0        | 0          |
| <b>WIC</b>                             |       |       |       |       |       |       |       |       |      |     |     |     |          |          |            |
| Newly Enrolled                         | UA    | UA    | 50    | 46    | 51    | 37    | 47    | 50    | UA   |     |     |     | 281      | N/A      | N/A        |
| Total Participants Served              | UA    | UA    | 541   | 612   | 577   | 468   | 554   | 558   | UA   |     |     |     | 3310     | N/A      | N/A        |
| Participants w/Active Cks*             | 1458  | 1445  | 1479  | 1441  | 1438  | 1395  | 1334  | 1320  | UA   |     |     |     | 1414     | 1519     | 1507       |
| Total Enrolled*                        | 1736  | 1720  | 1713  | 1721  | 1736  | 1722  | 1704  | 1675  | UA   |     |     |     | 1716     | 1801     | 1797       |
| No-Show Rate (%)                       | 15.7% | 16.0% | 13.7% | 16.2% | 17.6% | 18.9% | 21.7% | 21.2% | UA   |     |     |     | 17.6%    | 15.32%   | 15.33%     |
| % Active Participation                 | 73.0% | 72.3% | 73.4% | 72.1% | 71.9% | 69.7% | 66.7% | 66.0% | UA   |     |     |     | 70.6%    | 76.3%    | 75.58%     |
| % Caseload Target *2000 FY14           | UA    | UA    | 85.6% | 86.1% | 86.8% | 86.1% | 85.2% | 83.8% | UA   |     |     |     | 85.6%    | UA       | UA         |

New Information being collected as of March 2014

All statistics are considered primary as data is continually collected and updated

UA = Unavailable at this Time

\*Information taken from the WICSIS CM015T Final Report; YTD represents the average number

\*\* TST's - formerly described as PPD's (Purified Protein Derivative)

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

| <b>Maternal Child Services/MOMS Program</b>         | <b>Jan</b> | <b>Feb</b> | <b>Mar</b> | <b>April</b> | <b>May</b> | <b>June</b> | <b>July</b> | <b>Aug</b> | <b>Sept</b> | <b>Oct</b> | <b>Nov</b> | <b>Dec</b> | <b>YTD 2014</b> | <b>YTD 2013</b> | <b>Total 2013</b> |
|---|------------|------------|------------|--------------|------------|-------------|-------------|------------|-------------|------------|------------|------------|-----------------|-----------------|-------------------|
| Cumulative Unduplicated Client Count                | 197        | 225        | 255        | 274          | 296        | 333         | 346         | 393        | 421         |            |            |            | <b>393</b>      | 412             | 513               |
| # of Admissions                                     | 29         | 24         | 25         | 35           | 25         | 17          | 27          | 33         | 28          |            |            |            | <b>243</b>      | 280             | 354               |
| # of Discharges                                     | 38         | 24         | 34         | 28           | 27         | 33          | 34          | 22         | 29          |            |            |            | <b>269</b>      | 229             | 351               |
| <b>Maternal &amp; Infant Health - Office Visit*</b> | <b>31</b>  | <b>27</b>  | <b>22</b>  | <b>32</b>    | <b>35</b>  | <b>31</b>   | <b>36</b>   | <b>36</b>  | <b>33</b>   |            |            |            | <b>283</b>      | 296             | 382               |
| <b>Maternal &amp; Infant Health - Home Visit*</b>   | <b>84</b>  | <b>60</b>  | <b>84</b>  | <b>76</b>    | <b>52</b>  | <b>51</b>   | <b>59</b>   | <b>67</b>  | <b>56</b>   |            |            |            | <b>589</b>      | 744             | 980               |
| Preventative Child Health >1 Yr                     | 0          | 0          | 0          | 0            | 0          | 0           | 0           | 0          | 0           |            |            |            | <b>0</b>        | 0               | 0                 |
| <b>Total # of Home &amp; Office Visits</b>          | <b>115</b> | <b>87</b>  | <b>106</b> | <b>108</b>   | <b>87</b>  | <b>82</b>   | <b>95</b>   | <b>103</b> | <b>89</b>   |            |            |            | <b>872</b>      | <b>1040</b>     | <b>1362</b>       |
| # of RN Visit Hours                                 | 132        | 103        | 123        | 115          | 79         | 88          | 102         | 87         | 87          |            |            |            | <b>916</b>      | 748             | 1175              |
| # of Childbirth Education Classes                   | 1          | 2          | 3          | 0            | 3          | 0           | 2           | 0          | 2           |            |            |            | <b>13</b>       | 12              | 15                |
| # of Childbirth Education Moms                      | 7          | 7          | 7          | 0            | 10         | 0           | 5           | 0          | 12          |            |            |            | <b>48</b>       | 33              | 49                |
| <b>On Call Visits</b>                               |            |            |            |              |            |             |             |            |             |            |            |            |                 |                 |                   |
| Maternal Child On Call Visits                       | 0          | 0          | 0          | 0            | 0          | 0           | 0           | 0          | 0           |            |            |            | <b>0</b>        | 3               | 5                 |
| Rabies On Call Vaccinations                         | 1          | 4          | 0          | 0            | 1          | 3           | 1           | 14         | 6           |            |            |            | <b>30</b>       | 28              | 30                |
| TB Direct Observe Therapy On Call Visits            | 0          | 0          | 0          | 4            | 2          | 0           | 0           | 0          | 0           |            |            |            | <b>6</b>        | 3               | 3                 |
| <b>Total # On-Call Visits</b>                       | <b>1</b>   | <b>4</b>   | <b>0</b>   | <b>4</b>     | <b>3</b>   | <b>3</b>    | <b>1</b>    | <b>14</b>  | <b>6</b>    |            |            |            | <b>36</b>       | <b>34</b>       | <b>38</b>         |

| <b>2014 Log of Public Contacts* (Via Telephone or Email) For Community Health Services</b> |            |            | <b>2014 Total</b> | <b>2013 Total</b> | <b>2012 Total</b> |            |            |            |            |          |          |          |             |      |      |
|--|------------|------------|-------------------|-------------------|-------------------|------------|------------|------------|------------|----------|----------|----------|-------------|------|------|
| Communicable Disease (including STD, HIV, Rabies and TB)                                   | 134        | 134        | 107               | 112               | 142               | 133        | 132        | 137        | 172        |          |          |          | <b>1203</b> | 1934 | 2182 |
| Immunization Appointments  | 164        | 86         | 95                | 94                | 88                | 77         | 78         | 91         | 353        |          |          |          | <b>1126</b> | 1853 | 1460 |
| Maternal Child/Family/MOMS   | 378        | 317        | 310               | 318               | 284               | 319        | 325        | 308        | 340        |          |          |          | <b>2899</b> | 3520 | 4127 |
| Miscellaneous  | 51         | 52         | 45                | 49                | 47                | 58         | 62         | 68         | 61         |          |          |          | <b>493</b>  | 543  | 472  |
| <b>Total</b>   | <b>727</b> | <b>589</b> | <b>557</b>        | <b>573</b>        | <b>561</b>        | <b>587</b> | <b>597</b> | <b>604</b> | <b>926</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>5721</b> | 7850 | 8241 |

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

UA = Unavailable at this time

Due to State Aid reimbursement directives - visit descriptions changed effective April 1, 2014

\* During 1st Quarter, visits were documented as Antepartum/Postpartum and Pediatric.

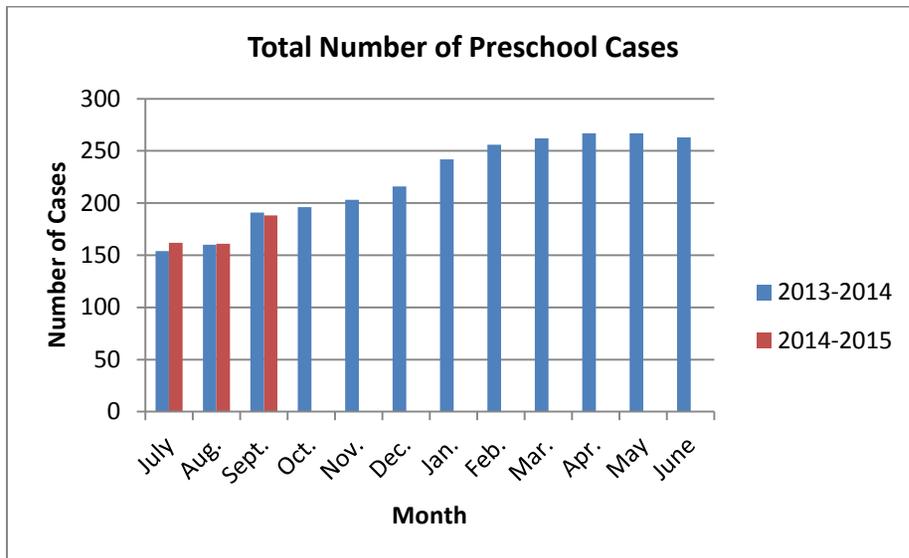
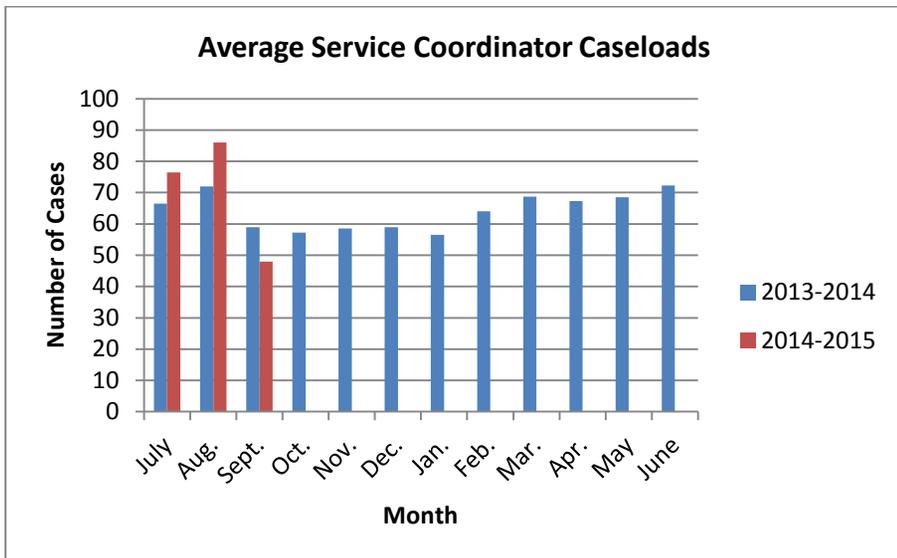
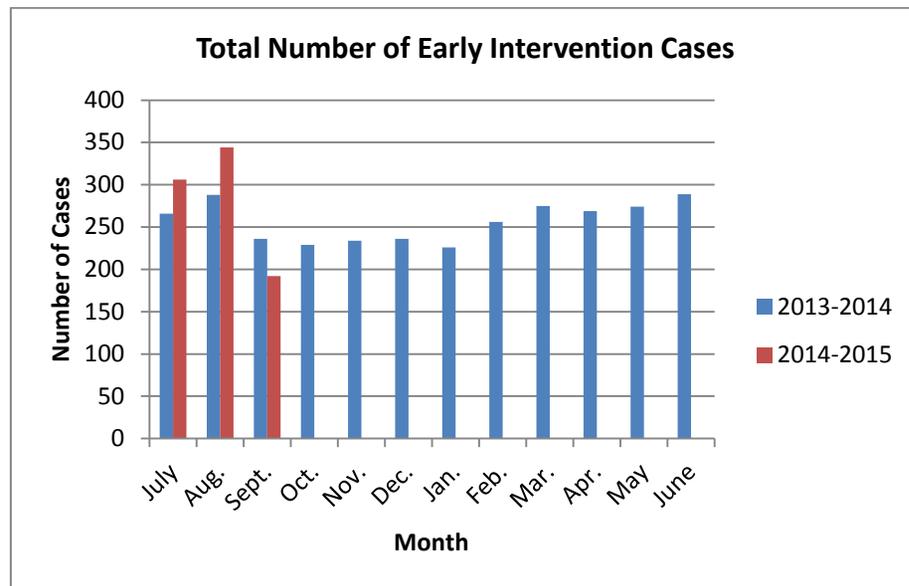
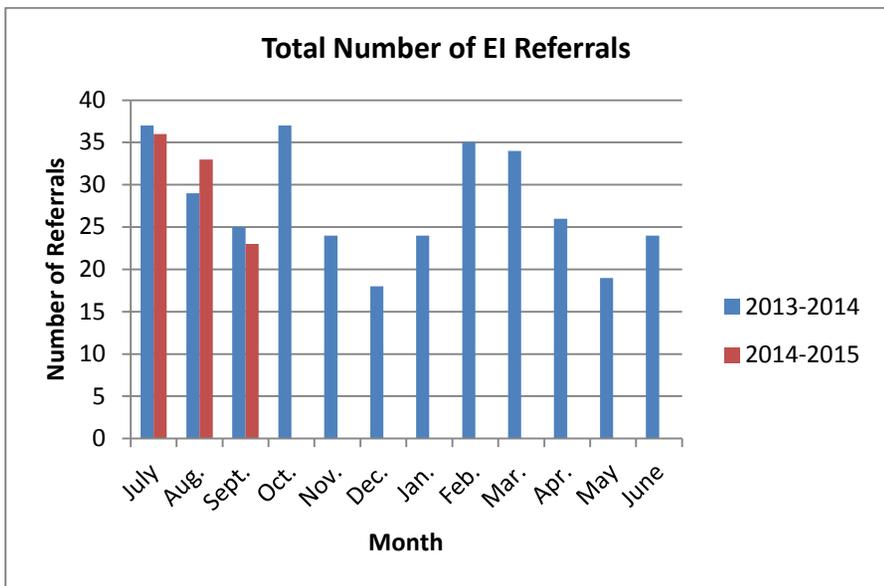
| TOMPKINS COUNTY, N.Y.                       | 2014 Communicable Disease Report |     |     |     |     |     |     |     |     |     |     |     |        |        |
|---|----------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|--------|
| DISEASE                                     | JAN                              | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | 2014   | 2013   |
|   |                                  |     |     |     |     |     |     |     |     |     |     |     | TOTALS | TOTALS |
| <b>AIR-BORNE ENVIRONMENTAL DISEASE</b>      | 0                                | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 2      | 4      |
| LEGIONELLOSIS                               | 0                                | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 2      | 4      |
| <b>ARTHROPODA-BORNE DISEASES</b>            | 1                                | 1   | 3   | 0   | 2   | 4   | 8   | 9   | 2   | 0   | 0   | 0   | 30     | 36     |
| ANAPLASMOSIS/EHRlichiosis                   | 0                                | 0   | 0   | 0   | 0   | 1   | 1   | 0   | 0   | 0   | 0   | 0   | 2      | 0      |
| BABESIOSIS                                  | 0                                | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1      | 0      |
| *LYME DISEASE                               | 1                                | 1   | 3   | 0   | 2   | 3   | 7   | 8   | 2   | 0   | 0   | 0   | 27     | 34     |
| MALARIA                                     | 0                                | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0      | 2      |
| <b>BLOODBORNE DISEASES</b>                  | 9                                | 10  | 10  | 8   | 8   | 6   | 8   | 9   | 8   | 0   | 0   | 0   | 76     | 64     |
| HEPATITIS C, ACUTE                          | 0                                | 1   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2      | 4      |
| HEPATITIS C, CHRONIC                        | 9                                | 9   | 10  | 8   | 7   | 6   | 8   | 9   | 8   | 0   | 0   | 0   | 74     | 60     |
| <b>CENTRAL NERVOUS SYSTEM DISEASES</b>      | 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      |
| <b>GASTROINTESTINAL ILLNESSES</b>           | 4                                | 6   | 3   | 11  | 5   | 6   | 12  | 12  | 10  | 0   | 0   | 0   | 69     | 74     |
| <b>BACTERIAL</b>                            | 1                                | 3   | 1   | 8   | 4   | 2   | 6   | 3   | 5   | 0   | 0   | 0   | 33     | 47     |
| CAMPYLOBACTERIOSIS                          | 1                                | 3   | 1   | 3   | 2   | 2   | 4   | 0   | 5   | 0   | 0   | 0   | 21     | 20     |
| E. COLI 0157:H7                             | 0                                | 0   | 0   | 1   | 0   | 0   | 1   | 1   | 0   | 0   | 0   | 0   | 3      | 7      |
| LISTERIOSIS                                 | 0                                | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0      | 2      |
| SALMONELLOSIS                               | 0                                | 0   | 0   | 3   | 1   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 5      | 15     |
| SHIGELLOSIS                                 | 0                                | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      | 1      |
| YERSINIOSIS                                 | 0                                | 0   | 0   | 0   | 1   | 0   | 1   | 1   | 0   | 0   | 0   | 0   | 3      | 2      |
| <b>PARASITIC</b>                            | 1                                | 3   | 2   | 3   | 1   | 4   | 6   | 9   | 5   | 0   | 0   | 0   | 34     | 27     |
| AMEBIASIS                                   | 0                                | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 0   | 2      | 1      |
| CRYPTOSPORIDIOSIS                           | 1                                | 2   | 0   | 2   | 0   | 1   | 0   | 3   | 0   | 0   | 0   | 0   | 9      | 12     |
| CYCLOSPORIASIS                              | 0                                | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      | 0      |
| GIARDIASIS                                  | 0                                | 1   | 1   | 1   | 1   | 3   | 5   | 6   | 4   | 0   | 0   | 0   | 22     | 14     |
| <b>MYCOBACTERIUM AGENTS</b>                 | 0                                | 0   | 0   | 2   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 3      | 1      |
| TUBERCULOSIS                                | 0                                | 0   | 0   | 2   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 3      | 1      |
| <b>RABIES EXPOSURE CLIENTS</b>              | 1                                | 4   | 1   | 4   | 8   | 5   | 18  | 46  | 10  | 0   | 0   | 0   | 97     | 96     |
| ADMINISTERED @ TCHD                         | 1                                | 4   | 1   | 4   | 8   | 5   | 15  | 33  | 10  | 0   | 0   | 0   | 81     | 87     |
| ADMINISTERED @ GANNETT                      | 0                                | 0   | 0   | 0   | 0   | 0   | 3   | 13  | 0   | 0   | 0   | 0   | 16     | 9      |
| <b>SEXUALLY TRANSMITTED DISEASES</b>        | 24                               | 18  | 31  | 33  | 25  | 24  | 30  | 42  | 61  | 0   | 0   | 0   | 288    | 314    |
| CHLAMYDIAL INFECTIONS                       | 19                               | 18  | 30  | 30  | 20  | 21  | 25  | 37  | 39  | 0   | 0   | 0   | 239    | 268    |
| GONORRHEA                                   | 5                                | 0   | 0   | 2   | 4   | 2   | 4   | 3   | 20  | 0   | 0   | 0   | 40     | 45     |
| LYMPHOGRANULOMA VENEREUM                    | 0                                | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0      | 0      |
| SYPHILIS, INFECTIOUS                        | 0                                | 0   | 1   | 1   | 1   | 1   | 1   | 2   | 2   | 0   | 0   | 0   | 9      | 1      |
| <b>INVASIVE DISEASES, NOT VACCINE PREV.</b> | 2                                | 1   | 1   | 2   | 3   | 0   | 2   | 1   | 0   | 0   | 0   | 0   | 12     | 10     |
| STREPT GROUP A                              | 0                                | 0   | 0   | 1   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2      | 2      |
| STREPT GROUP B                              | 2                                | 1   | 1   | 1   | 2   | 0   | 2   | 1   | 0   | 0   | 0   | 0   | 10     | 8      |
| <b>VACCINE PREVENTABLE DISEASES</b>         | 1                                | 2   | 1   | 1   | 3   | 0   | 2   | 5   | 6   | 0   | 0   | 0   | 21     | 26     |
| DIPHtheria                                  | 0                                | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0      | 0      |
| HAEMOPHILUS INFLUENZAE, INVASIVE            | 0                                | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1      | 0      |
| HEPATITIS A                                 | 0                                | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1      | 0      |
| HEPATITIS B, ACUTE                          | 0                                | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2   | 0   | 0   | 0   | 2      | 0      |
| HEPATITIS B, CHRONIC                        | 1                                | 2   | 0   | 0   | 0   | 0   | 0   | 2   | 0   | 0   | 0   | 0   | 5      | 6      |
| 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                                   | 0                                | 0   | 0   | 0   | 1   | 0   | 1   | 3   | 2   | 0   | 0   | 0   | 7      | 10     |
| RUBELLA                                     | 0                                | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0      | 0      |
| STREPT PNEUMO, INVASIVE                     | 0                                | 0   | 0   | 1   | 2   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 4      | 7      |
| TETANUS                                     | 0                                | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0      | 0      |
| MISCELLANEOUS**                             | 0                                | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 1      | 3      |
| <b>GRAND TOTAL OF REPORTS</b>               | 42                               | 42  | 50  | 61  | 55  | 45  | 81  | 124 | 98  | 0   | 0   | 0   | 598    | 625    |

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

\*\* Miscellaneous in July 2014 - West Nile Virus

10/20/14

### Statistics Based on Program School Year



| Children with Special Care Needs Division       |      |     |       |       |      |       |      |     |      |     |     |     |                |                |
|---|------|-----|-------|-------|------|-------|------|-----|------|-----|-----|-----|----------------|----------------|
| Statistical Highlights 2014                     |      |     |       |       |      |       |      |     |      |     |     |     |                |                |
|   | Jan  | Feb | March | April | May  | June  | July | Aug | Sept | Oct | Nov | Dec | 2014<br>Totals | 2013<br>Totals |
| <b>Early Intervention Program</b>               |      |     |       |       |      |       |      |     |      |     |     |     |                |                |
| <b>Number of Program Referrals</b>              | 24   | 35  | 34    | 26    | 19   | 24    | 36   | 33  | 23   | 0   | 0   | 0   | 254            | 367            |
| <b>Initial Concern/reason for referral:</b>     |      |     |       |       |      |       |      |     |      |     |     |     |                |                |
| -- Birth/Medical History                        |      |     |       |       |      |       |      |     |      |     |     |     | 0              | 0              |
| -- DSS Founded Case                             |      | 1   |       |       |      |       | 1    |     |      |     |     |     | 2              | 10             |
| -- Drug Exposure in Utero                       |      |     | 1     |       |      |       |      |     |      |     |     |     |                |                |
| -- Failed MCHAT Screening                       |      |     |       |       |      |       |      |     |      |     |     |     | 0              | 0              |
| -- Gestational Age                              | 2    | 2   | 1     |       |      |       | 2    | 1   |      |     |     |     | 8              | 16             |
| -- Gestational Age & Hearing                    |      |     | 1     |       |      |       |      |     |      |     |     |     | 1              | 0              |
| -- Gestational Age & Weight                     |      |     |       |       |      | 1     |      |     |      |     |     |     |                |                |
| -- Global Delays                                | 2    | 2   |       |       | 3    | 1     | 1    |     |      |     |     |     | 9              | 4              |
| -- Hearing                                      | 1    |     |       |       |      |       |      |     |      |     |     |     | 1              | 2              |
| -- Physical                                     |      |     |       |       |      |       |      |     |      |     |     |     | 0              | 0              |
| -- Feeding                                      | 1    |     | 3     | 1     |      |       |      | 1   | 3    |     |     |     | 9              | 11             |
| -- Gross Motor                                  | 5    | 9   | 8     | 5     | 4    | 5     | 5    | 5   | 10   |     |     |     | 56             | 74             |
| -- Gross Motor & Feeding                        |      | 1   |       |       |      |       |      |     |      |     |     |     | 1              | 3              |
| -- Gross Motor & Fine Motor                     | 1    |     |       |       |      |       |      | 1   |      |     |     |     | 2              | 4              |
| -- Gross Motor & Social Emotional               |      |     |       |       |      |       |      |     |      |     |     |     | 0              | 3              |
| -- Gross Motor & Vision                         |      |     |       |       |      | 1     |      |     |      |     |     |     |                |                |
| -- Fine Motor                                   |      |     |       |       | 1    |       | 1    |     |      |     |     |     | 2              | 3              |
| -- Fine Motor & Cognitive                       |      |     |       |       | 1    |       |      |     |      |     |     |     |                |                |
| -- Fine Motor/Vision                            |      |     |       |       |      |       |      |     |      |     |     |     | 0              | 0              |
| -- Social Emotional                             |      |     | 1     |       |      | 1     | 1    |     |      |     |     |     | 3              | 15             |
| -- Social Emotional & Adaptive                  |      |     |       |       |      | 1     |      |     |      |     |     |     | 1              | 3              |
| -- Social Emotional & Cognitive                 |      |     |       |       |      |       |      |     |      |     |     |     | 0              | 0              |
| -- Social Emotional & Feeding                   |      |     |       |       |      |       |      |     |      |     |     |     | 0              | 1              |
| -- Social Emotional & Vision                    |      |     |       |       |      |       |      |     |      |     |     |     | 0              | 0              |
| -- Speech                                       | 6    | 13  | 11    | 14    | 7    | 8     | 15   | 16  | 4    |     |     |     | 94             | 127            |
| -- Speech & Adaptive                            |      |     | 1     |       |      |       |      |     |      |     |     |     | 1              | 0              |
| -- Speech & Cognitive                           |      |     |       |       |      |       |      | 1   |      |     |     |     | 1              | 1              |
| -- Speech & Fine Motor                          | 1    |     |       |       |      | 1     | 1    |     |      |     |     |     | 3              | 0              |
| -- Speech & Gross Motor                         | 3    | 2   | 3     | 1     |      | 2     | 4    | 1   | 1    |     |     |     | 17             | 11             |
| -- Speech & Social Emotional                    | 1    | 2   | 2     | 5     | 2    |       | 1    |     | 2    |     |     |     | 15             | 14             |
| -- Speech & Feeding                             |      |     |       |       |      | 1     | 1    | 3   |      |     |     |     | 5              | 4              |
| -- Speech & Hearing                             |      |     |       |       |      |       |      | 1   |      |     |     |     | 1              | 2              |
| -- Adaptive                                     |      |     |       |       |      |       |      |     |      |     |     |     | 0              | 1              |
| -- Adaptive/Feeding                             |      | 2   |       |       |      |       |      |     |      |     |     |     | 2              | 5              |
| -- Vision                                       |      |     |       |       |      | 1     |      |     |      |     |     |     | 1              | 0              |
| -- Qualifying Congenital / Medical Diagnosis    |      | 1   |       |       |      |       | 1    | 1   |      |     |     |     | 3              | 15             |
| -- Child Find (At Risk)                         | 1    |     | 2     |       | 1    | 1     | 2    | 2   | 3    |     |     |     | 12             | 33             |
| Total # of clients qualified and receiving svcs | 210  | 218 | 231   | 248   | 255  | 260   | 269  | 304 | 166  |     |     |     |                |                |
| Total # of clients pending intake/qualification | 16   | 38  | 44    | 21    | 19   | 29    | 37   | 40  | 26   |     |     |     |                |                |
| Total # qualified and pending                   | 226  | 256 | 275   | 269   | 274  | 289   | 306  | 344 | 192  | 0   | 0   | 0   |                |                |
| Average # of Cases per Service Coordinator      | 56.5 | 64  | 68.75 | 67.25 | 68.5 | 72.25 | 76.5 | 86  | 48   | 0   | 0   | 0   |                |                |
| <b># of Family/Client visits</b>                |      |     |       |       |      |       |      |     |      |     |     |     |                |                |
| -- Intake visits                                | 17   | 33  | 24    | 26    | 19   | 22    | 23   | 36  | 13   |     |     |     | 213            | 293            |
| -- Introduction Visits                          |      |     |       |       |      |       |      |     |      |     |     |     | 0              | 0              |
| -- IFSP Meetings                                | 47   | 39  | 58    | 61    | 53   | 34    | 58   | 39  | 47   |     |     |     | 436            | 471            |



| Children with Special Care Needs Division     |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
|---|-----|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|----------------|
| Statistical Highlights 2014                   |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
|   | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2014<br>Totals | 2013<br>Totals |
| -- Supplemental Evaluations                   | 9   | 7   | 5     | 8     | 13  | 4    | 5    | 6   | 7    |     |     |     | 64             | 74             |
| Type:   |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Audio                                      | 1   | 1   | 2     |       |     |      |      | 1   | 1    |     |     |     | 6              | 14             |
| <b>Early Intervention Program (continued)</b> |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Feeding                                    | 1   |     |       |       |     |      |      |     | 1    |     |     |     | 2              | 1              |
| -- Occupational Therapy                       | 6   | 1   | 3     | 4     | 5   | 3    | 1    | 1   | 3    |     |     |     | 27             | 37             |
| -- Physical Management Clinic                 |     |     |       |       |     |      |      |     |      |     |     |     | 0              | 0              |
| -- Physical Therapy                           | 1   | 1   |       | 1     | 3   | 1    | 1    | 1   |      |     |     |     | 9              | 7              |
| -- Psychological                              |     | 1   |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Social Emotional                           |     |     |       |       |     |      |      |     |      |     |     |     | 0              | 3              |
| -- Speech Therapy                             |     | 3   |       | 3     | 5   |      | 3    | 3   | 2    |     |     |     | 19             | 12             |
| -- Vision                                     |     |     |       |       |     |      |      |     |      |     |     |     | 0              | 0              |
| <b>Autism Spectrum</b>                        |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Children currently diagnosed:              | 1   | 2   | 3     | 3     | 3   | 3    | 4    | 3   | 2    |     |     |     |                |                |
| -- Children currently suspect:                | 19  | 18  | 21    | 19    | 19  | 18   | 24   | 12  | 9    |     |     |     |                |                |
| <b>Children with 'Other' Diagnosis</b>        |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Agenesis Corpus Collosum                   | 1   | 1   | 1     | 1     | 1   | 1    | 1    | 1   | 1    |     |     |     |                |                |
| -- Bronchopulmonary Displasia (BPD)           | 3   | 3   | 1     | 2     | 2   | 2    | 1    | 1   | 1    |     |     |     |                |                |
| -- Cardiac Anomalies                          |     | 2   | 1     | 1     | 1   | 1    |      |     | 1    |     |     |     |                |                |
| -- Cerebral Palsy (CP)                        | 4   | 4   | 1     | 2     | 2   | 3    | 2    | 2   |      |     |     |     |                |                |
| -- CP with Hearing-Vision Loss                |     |     | 1     | 1     | 1   | 1    | 1    | 1   |      |     |     |     |                |                |
| -- Chromosome 22Q Deletion                    | 1   | 1   | 1     | 1     | 1   | 1    | 1    | 1   | 1    |     |     |     |                |                |
| -- Cleft Lip/Palate                           | 3   | 2   | 2     | 3     | 3   | 4    | 2    | 3   | 2    |     |     |     |                |                |
| -- Congenital Anomaly                         | 2   |     |       |       |     |      |      | 1   |      |     |     |     |                |                |
| -- Congenital Hand Deformity                  |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Craniosynostosis                           |     | 1   | 1     | 1     | 1   | 1    | 1    | 1   | 1    |     |     |     |                |                |
| -- Crouzon Syndrome                           |     |     |       | 1     | 1   | 1    | 1    | 1   | 1    |     |     |     |                |                |
| -- Cyclic Neutropenia                         | 1   | 1   | 1     | 1     | 1   | 1    | 1    | 1   |      |     |     |     |                |                |
| -- Down Syndrome                              | 3   | 3   | 2     | 3     | 3   | 2    | 3    |     |      |     |     |     |                |                |
| -- Failure to Thrive                          |     |     |       | 1     | 1   | 1    | 1    | 1   | 1    |     |     |     |                |                |
| -- Femoral Anteversion                        | 1   | 1   | 1     | 1     | 1   | 1    | 1    | 1   | 1    |     |     |     |                |                |
| -- Gastroesophageal reflux disease (GERD)     |     |     |       |       |     | 1    |      |     |      |     |     |     |                |                |
| -- Genetic Disorders                          |     |     |       |       | 3   | 2    | 2    |     |      |     |     |     |                |                |
| -- Hearing/Vision Loss                        | 1   |     |       |       | 2   | 1    | 1    | 2   |      |     |     |     |                |                |
| -- Hydrocephalus                              | 1   |     | 2     | 2     | 3   | 1    | 2    | 2   |      |     |     |     |                |                |
| -- Hydrocephaly (benign)                      | 1   | 3   |       | 1     |     | 2    | 1    |     | 1    |     |     |     |                |                |
| -- Hydronephrosis                             | 1   | 3   | 2     | 4     | 4   | 1    | 3    | 1   |      |     |     |     |                |                |
| -- Hypotonia -- Severe                        |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Juvenile Diabetes                          | 1   | 1   | 1     | 1     | 1   | 1    | 1    | 1   |      |     |     |     |                |                |
| -- Juvenile Rheumatoid Arthritis              | 1   | 1   |       | 1     |     |      |      | 1   |      |     |     |     |                |                |
| -- Laryngomalacia                             | 1   |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Left Side Weakness                         |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Leg Abnormality                            | 1   | 1   | 1     | 1     | 1   | 1    |      | 1   |      |     |     |     |                |                |
| -- Metabolic Disorder                         |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Microcephaly                               | 1   | 1   | 1     |       | 1   | 1    | 1    | 1   |      |     |     |     |                |                |
| -- Microtia Atresia                           |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Nasal Encephalocele                        |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Neurofibromatosis Type 1                   | 1   | 1   | 1     | 1     | 1   | 1    | 1    | 1   |      |     |     |     |                |                |

| Children with Special Care Needs Division              |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
|--|-----|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|----------------|
| Statistical Highlights 2014                            |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
|  | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2014<br>Totals | 2013<br>Totals |
| -- Optic Nerve Hypoplasia                              |     |     |       |       |     | 1    |      |     |      |     |     |     |                |                |
| -- Plagiocephaly                                       |     |     |       |       |     |      |      |     | 2    |     |     |     |                |                |
| -- Prematurity   | 16  | 14  | 19    | 17    | 18  | 18   | 16   | 16  |      |     |     |     |                |                |
| -- Prematurity (Micro)                                 | 4   | 4   | 3     | 6     | 7   | 4    | 6    | 6   | 1    |     |     |     |                |                |
| -- Prematurity with 3 Failed ABRs                      |     |     |       | 1     |     |      |      |     |      |     |     |     |                |                |
| -- R/O Vacterl Assoc                                   |     |     |       |       |     |      |      | 1   |      |     |     |     |                |                |
| <b>Early Intervention Program (continued)</b>          |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Radial Nerve Palsy                                  |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Retinopathy of Prematurity (ROP)                    |     |     |       |       | 2   | 2    |      | 2   |      |     |     |     |                |                |
| -- Sensorineural Hearing Loss                          |     |     | 1     | 1     | 1   | 1    |      |     | 2    |     |     |     |                |                |
| -- Spina Bifida  |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Tay Sachs Disease                                   |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Temporal & Frontal Subdural Hematomas               |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Torticollis   | 5   | 5   | 6     | 6     | 6   | 7    | 7    | 8   | 4    |     |     |     |                |                |
| -- Transposition                                       |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Ventriculomegaly                                    |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| Children Discharged from Early Intervention            | 9   | 7   | 8     | 22    | 13  | 15   | 18   | 13  | 77   |     |     |     | 182            | 271            |
| -- To CPSE   | 2   | 0   | 1     | 0     | 0   | 4    | 0    | 0   | 64   |     |     |     | 71             | 77             |
| -- Aged out  | 2   | 0   | 0     | 0     | 0   | 0    | 0    | 0   | 0    |     |     |     | 2              | 6              |
| -- Declined  | 0   | 3   | 2     | 1     | 1   | 2    | 2    | 1   | 1    |     |     |     | 13             | 22             |
| -- Skilled out   | 4   | 0   | 2     | 6     | 1   | 0    | 1    | 5   | 3    |     |     |     | 22             | 48             |
| -- Moved   | 1   | 1   | 1     | 0     | 0   | 4    | 9    | 2   | 3    |     |     |     | 21             | 26             |
| -- Not Eligible  | 0   | 3   | 1     | 12    | 10  | 5    | 5    | 6   | 6    |     |     |     | 48             | 87             |
| -- Other   | 0   | 0   | 1     | 3     | 1   | 0    | 1    | 2   | 0    |     |     |     | 8              | 5              |
| <b>Child Find</b>                                      |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| Total # of Referrals                                   | 4   | 1   |       | 2     | 3   |      | 2    | 2   | 3    |     |     |     | 17             | 33             |
| Total # of Children in Child Find                      | 32  | 27  | 27    | 14    | 14  | 14   | 13   | 15  | 13   |     |     |     |                |                |
| Initial Consents Sent                                  | 1   | 2   |       |       |     | 1    | 2    | 2   | 2    |     |     |     | 10             | 30             |
| Initial Consents Resent                                |     |     |       |       |     |      |      |     |      |     |     |     | 0              | 1              |
| Consents Returned                                      | 1   | 1   |       |       |     |      |      |     | 1    |     |     |     | 3              | 16             |
| ASQs Sent  | 8   | 5   |       | 3     | 7   | 2    | 5    | 3   | 2    |     |     |     | 35             | 83             |
| ASQs Returned  | 9   | 1   |       | 3     | 7   | 7    | 1    | 4   | 4    |     |     |     | 36             | 54             |
| <b>MD Letters sent with ASQ Results</b>                |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| Total # Transferred to Early Intervention              |     |     |       |       | 2   |      | 1    |     | 1    |     |     |     | 4              | 6              |
| Total # of Discharges                                  | 2   | 5   |       |       | 2   |      | 0    |     | 0    |     |     |     | 9              | 40             |
| <b>Preschool Special Education</b>                     |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| <b>Total # of clients qualified and receiving svcs</b> | 242 | 256 | 262   | 267   | 267 | 263  | 162  | 161 | 188  | 0   | 0   | 0   |                |                |
| <b>Children per School District</b>                    |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Ithaca  | 111 | 122 | 123   | 126   | 126 | 123  | 87   | 86  | 100  |     |     |     |                |                |
| -- Dryden  | 39  | 41  | 40    | 41    | 42  | 42   | 30   | 27  | 25   |     |     |     |                |                |
| -- Lansing   | 29  | 30  | 32    | 32    | 32  | 32   | 14   | 15  | 17   |     |     |     |                |                |
| -- Newfield  | 30  | 31  | 28    | 28    | 27  | 26   | 15   | 15  | 17   |     |     |     |                |                |
| -- Groton  | 19  | 18  | 23    | 23    | 23  | 23   | 7    | 8   | 18   |     |     |     |                |                |
| -- Trumansburg   | 13  | 13  | 15    | 15    | 15  | 15   | 8    | 9   | 10   |     |     |     |                |                |
| -- Spencer VanEtten                                    | 0   | 0   | 0     | 0     | 0   | 0    | 0    | 0   | 0    |     |     |     |                |                |
| -- Newark Valley                                       | 0   | 0   | 0     | 1     | 1   | 1    | 1    | 1   | 1    |     |     |     |                |                |

| Children with Special Care Needs Division                                       |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
|---|-----|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|----------------|
| Statistical Highlights 2014   |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
|   | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2014<br>Totals | 2013<br>Totals |
| -- Odessa-Montour   | 0   | 0   | 0     | 0     | 0   | 0    | 0    | 0   | 0    |     |     |     |                |                |
| -- Candor   | 1   | 1   | 1     | 1     | 1   | 1    | 0    | 0   | 0    |     |     |     |                |                |
| -- Moravia  | 0   | 0   | 0     | 0     | 0   | 0    | 0    | 0   | 0    |     |     |     |                |                |
| -- Cortland   | 0   | 0   | 0     | 0     | 0   | 0    | 0    | 0   | 0    |     |     |     |                |                |
| <b>Breakdown of services received</b>   |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Speech Therapy (individual)  | 132 | 140 | 146   | 151   | 150 | 146  | 53   | 51  | 108  |     |     |     |                |                |
| -- Speech Therapy (group)   | 15  | 18  | 17    | 17    | 17  | 17   | 1    | 1   | 1    |     |     |     |                |                |
| <b>Preschool Special Education (continued)</b>                                  |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Occupational Therapy (individual)  | 42  | 47  | 52    | 51    | 49  | 50   | 32   | 33  | 38   |     |     |     |                |                |
| -- Occupational Therapy (group)   | 1   | 1   | 2     | 2     | 2   | 2    | 2    | 2   | 1    |     |     |     |                |                |
| -- Physical Therapy (individual)  | 24  | 26  | 31    | 29    | 27  | 29   | 12   | 12  | 24   |     |     |     |                |                |
| -- Physical Therapy (group)   | 0   | 0   | 0     | 0     | 0   | 0    | 0    | 0   | 0    |     |     |     |                |                |
| <b>Transportation</b>   |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Birnie Bus   | 35  | 35  | 35    | 34    | 34  | 34   | 34   | 31  | 22   |     |     |     |                |                |
| -- Ithaca City School District  | 27  | 27  | 28    | 32    | 32  | 32   | 32   | 30  | 33   |     |     |     |                |                |
| -- Parent   | 0   | 0   | 0     | 0     | 0   | 0    | 0    | 1   | 1    |     |     |     |                |                |
| -- Birnie Bus/Parent  | 0   | 0   | 0     | 0     | 0   | 0    | 0    | 0   | 0    |     |     |     |                |                |
| -- Service Coordination   | 11  | 19  | 24    | 26    | 25  | 24   | 9    | 14  | 21   |     |     |     |                |                |
| -- Counseling   | 44  | 51  | 54    | 57    | 56  | 54   | 32   | 32  | 34   |     |     |     |                |                |
| -- 1:1 (Tuition Program) Aide   | 5   | 4   | 4     | 4     | 4   | 3    | 0    | 4   | 3    |     |     |     |                |                |
| -- Special Education Itinerate Teacher  | 26  | 32  | 31    | 31    | 30  | 28   | 13   | 13  | 14   |     |     |     |                |                |
| -- Parent Counseling  | 16  | 18  | 19    | 20    | 20  | 19   | 5    | 4   | 12   |     |     |     |                |                |
| -- Program Aide   | 2   | 2   | 2     | 3     | 3   | 3    | 2    | 2   | 2    |     |     |     |                |                |
| -- Teaching Assistant   | 4   | 4   | 4     | 4     | 4   | 4    | 3    | 3   | 1    |     |     |     |                |                |
| -- Psychological Services   | 0   | 0   | 0     | 0     | 0   | 0    | 0    | 0   | 0    |     |     |     |                |                |
| -- ASL Interpreter  | 0   | 0   | 0     | 0     | 0   | 0    | 0    | 0   | 0    |     |     |     |                |                |
| -- Audiological Services  | 0   | 0   | 0     | 0     | 0   | 0    | 0    | 0   | 0    |     |     |     |                |                |
| -- Teacher of the Deaf  | 1   | 1   | 1     | 1     | 1   | 1    | 0    | 0   | 1    |     |     |     |                |                |
| -- Auditory Verbal Therapy  | 0   | 0   | 0     | 0     | 0   | 0    | 0    | 0   | 0    |     |     |     |                |                |
| -- Teacher of the Visually Impaired   | 0   | 0   | 0     | 0     | 0   | 0    | 0    | 0   | 0    |     |     |     |                |                |
| -- Nutrition  | 4   | 5   | 5     | 5     | 5   | 3    | 2    | 3   | 3    |     |     |     |                |                |
| -- Assistive Technology Services  | 0   | 0   | 0     | 0     | 0   | 0    | 0    | 0   | 0    |     |     |     |                |                |
| <b>Total # of children rcvg. home based related svcs.</b>                       | 170 | 184 | 190   | 197   | 195 | 193  | 95   | 94  | 132  |     |     |     |                |                |
| <b>Total # attending Special Ed Integrated Tuition Progr.</b>                   | 72  | 72  | 72    | 70    | 71  | 70   | 67   | 67  | 56   |     |     |     |                |                |
| -- # attending Franziska Racker Centers   | 43  | 42  | 42    | 41    | 41  | 40   | 37   | 37  | 29   |     |     |     |                |                |
| -- # attending Ithaca City School District                                      | 29  | 30  | 30    | 29    | 30  | 30   | 30   | 30  | 27   |     |     |     |                |                |
| <b>Children from each school district</b><br>(attending tuition based programs) |     |     |       |       |     |      |      |     |      |     |     |     |                |                |
| -- Ithaca   | 33  | 34  | 36    | 33    | 35  | 35   | 33   | 33  | 34   |     |     |     |                |                |
| -- Dryden   | 12  | 11  | 11    | 11    | 11  | 10   | 10   | 8   | 7    |     |     |     |                |                |
| -- Lansing  | 5   | 6   | 5     | 7     | 7   | 7    | 9    | 10  | 4    |     |     |     |                |                |
| -- Groton   | 3   | 2   | 2     | 2     | 2   | 2    | 1    | 9   | 1    |     |     |     |                |                |
| -- Newfield   | 14  | 14  | 13    | 12    | 11  | 11   | 9    | 2   | 5    |     |     |     |                |                |
| -- Trumansburg  | 5   | 5   | 5     | 5     | 5   | 5    | 5    | 5   | 5    |     |     |     |                |                |
| -- Odessa-Montour   | 0   | 0   | 0     | 0     | 0   | 0    | 0    | 0   | 0    |     |     |     |                |                |
| -- Spencer VanEtten   | 0   | 0   | 0     | 0     | 0   | 0    | 0    | 0   | 0    |     |     |     |                |                |
| -- Moravia  | 0   | 0   | 0     | 0     | 0   | 0    | 0    | 0   | 0    |     |     |     |                |                |

| Children with Special Care Needs Division       |     |     |       |       |     |      |      |     |      |     |     |     |        |        |
|---|-----|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|--------|--------|
| Statistical Highlights 2014                     |     |     |       |       |     |      |      |     |      |     |     |     |        |        |
|   |     |     |       |       |     |      |      |     |      |     |     |     | 2014   | 2013   |
|   | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Totals | Totals |
| <b>Municipal Representation</b>                 |     |     |       |       |     |      |      |     |      |     |     |     |        |        |
| <b>Committee on Preschool Special Education</b> |     |     |       |       |     |      |      |     |      |     |     |     |        |        |
| -- Ithaca                                       | 18  | 10  | 27    | 14    | 41  | 31   | 15   | 10  | 8    |     |     |     | 174    | 237    |
| -- Dryden                                       | 7   | 5   | 8     | 14    | 9   | 6    | 1    | 2   | 1    |     |     |     | 53     | 81     |
| -- Groton                                       | 3   | 0   | 3     | 0     | 6   | 0    | 2    | 3   | 0    |     |     |     | 17     | 11     |
| -- Lansing                                      | 4   | 0   | 5     | 2     | 4   | 2    | 0    | 4   | 1    |     |     |     | 22     | 27     |
| -- Newark Valley                                | 0   | 0   | 1     | 0     | 0   | 0    | 0    | 0   | 0    |     |     |     | 1      |        |
| -- Newfield                                     | 2   | 0   | 3     | 4     | 8   | 0    | 0    | 2   | 0    |     |     |     | 19     | 43     |
| --Trumansburg                                   | 3   | 0   | 2     | 0     | 0   | 0    | 1    | 4   | 0    |     |     |     | 10     | 9      |

ENVIRONMENTAL HEALTH DIVISION

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

Ph: (607) 274-6688

Fx: (607) 274-6695

## ENVIRONMENTAL HEALTH HIGHLIGHTS

### September 2014

#### Outreach and Division News

**Healthy Neighborhoods Program:** Samantha Hillson and Gibrian Hagood provided an overview of the Healthy Neighborhoods Program on the Ricky Milton show *Looking Back* on WICB on September 5. Great job, Sam and Gibrian!

**Owasco Lake Watershed Inspection Program.** Elevated bacteria levels have recently been reported on samples from portions of Owasco Inlet collected by the Owasco Lake Watershed Inspection Program. On September 10, 2014, Janice Koski accompanied Andrew Snell and Eli Vitale from the Owasco Lake Watershed Inspection Program on a walk up Owasco Inlet in the Village of Groton to try and determine a source of the problem. While no obvious sources of bacteria were identified, the field visit did identify other potential problem areas that are being investigated further.

**Realty Subdivision Meeting:** Steve Maybee, Caitlin Feller, Cyndy Howe, Brenda Coyle and Liz Cameron met with Tompkins County Assessment Director Jay Franklin and a staff inspector on September 11. Caitlin has reviewed all hard copy and electronic files in the Environmental Health Division to compile a list of over 300 potential realty subdivisions in Tompkins County. The Department of Assessment has offered to help us identify which are actually subdivisions and their locations. We hope to use this information to identify these tax map parcels in our Accela system. Engineering plans are prepared by for onsite wastewater treatment system (OWTS) permits in realty subdivisions, which means these parcels need to be handled differently by EH technical staff than other parcels. There is currently no easy way to identify this information when an OWTS permit application is received by Environmental Health technical staff.

**Hydrilla:** September saw the continuing application of fluridone at 5-8 ppb (MCL is 50 ppb) in both the Cayuga Inlet and Fall Creek areas. After a few small areas of Hydrilla were discovered in the southeast corner of the Lake, outside the treatment area, benthic barriers (weighted plastic mats) were laid as a physical control over the plants, a non-herbicide treatment found to be effective last season. In addition, Hydrilla plants were removed by hand from the Fall Creek Cove, an area in which it has been difficult to maintain an effective concentration of fluridone after heavy rains in the watershed. The herbicide treatment will end for the season early in October.

Anne Wildman and/or Steven Kern attended the monthly Local and State Hydrilla Task Force meetings and calls, and reviewed and distributed the water quality monitoring results for the fluridone treatment.

**Rabies Vaccination Certificates:** Liz Cameron participated in the Tompkins County Shared Services Electronic Records meeting at the Ithaca Town Hall on September 30. She provided a brief overview of the Accela software systems and discussed our plans for developing our Accela software for use at rabies vaccination clinics.

#### Rabies Control Program

There was one rabid raccoon and one rabid silverhair bat during September of 2014, confirmed by the New York Wadsworth Laboratory. The rabid raccoon died in a yard and was immediately picked up by a dog believed to be lapsed in vaccination. A search of records indicated that the dog had been vaccinated by a prior owner. The dog was boosted, preventing a quarantine of the animal. The rabid bat was a rabies submission of an unusual wildlife species by Cornell University. A trace back determined that there was no exposure to humans or domestic animals.

| Key Data Overview                                  |            |          |          |            |
|--|------------|----------|----------|------------|
|  | This Month | YTD 2014 | YTD 2013 | TOTAL 2013 |
| Bites <sup>1</sup>                                 | 25         | 136      | 174      | 234        |
| Non Bites <sup>2</sup>                             | 7          | 81       | 62       | 66         |
| Referrals to Other Counties                        | 6          | 33       | 41       | 47         |
| Submissions to the Rabies Lab                      | 14         | 164      | 177      | 203        |
| Human Post-Ex Treatments                           | 9          | 96       | 83       | 88         |
| Unvaccinated Pets 6-Month Quarantined <sup>3</sup> | 0          | 0        | 3        | 3          |
| Unvaccinated Pets Destroyed <sup>4</sup>           | 0          | 0        | 0        | 0          |
| Rabid Animals (Laboratory Confirmed)               | 2          | 8        | 7        | 8          |

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

<sup>2</sup>"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.

<sup>3</sup>When 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.

<sup>4</sup> 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 |          |          |            |
|                        | Mo        | YTD 2014   | YTD 2013   | Total 2013 | By TCHD                                   | By Cornell | Totals    |            | Mo            | YTD 2014 | YTD 2013 | Total 2013 |
|                        |           |            |            |            |   |            | Mo        | YTD        |               |          |          |            |
| Cat                    | 8         | 49         | 60         | 80         | 1   | 0          | 1         | 6          | 0             | 0        | 0        | 0          |
| Dog                    | 15        | 74         | 100        | 133        | 0   | 0          | 0         | 7          | 0             | 0        | 0        | 0          |
| Cattle                 | 0         | 0          | 1          | 1          | 0   | 0          | 0         | 1          | 0             | 0        | 0        | 0          |
| Horse/Mule             | 0         | 1          | 0          | 0          | 0   | 0          | 0         | 0          | 0             | 0        | 0        | 0          |
| Sheep/Goat             | 0         | 0          | 0          | 0          | 0   | 1          | 1         | 3          | 0             | 0        | 0        | 0          |
| Domestic Raccoon       | 0         | 0          | 2          | 2          | 0   | 0          | 0         | 1          | 0             | 0        | 0        | 0          |
| Bats                   | 0         | 1          | 1          | 1          | 1   | 0          | 1         | 6          | 1             | 2        | 1        | 1          |
| Skunks                 | 1         | 5          | 5          | 5          | 9   | 1          | 10        | 122        | 1             | 3        | 5        | 6          |
| Foxes                  | 1         | 2          | 0          | 1          | 0   | 0          | 0         | 2          | 0             | 2        | 0        | 0          |
| Other Wild             | 0         | 0          | 3          | 3          | 1   | 0          | 1         | 5          | 0             | 0        | 1        | 1          |
| Totals                 | 0         | 4          | 6          | 8          | 0   | 0          | 0         | 11         | 0             | 1        | 0        | 0          |
| <b>Totals</b>          | <b>25</b> | <b>136</b> | <b>179</b> | <b>234</b> | <b>12</b>                                 | <b>2</b>   | <b>14</b> | <b>164</b> | <b>2</b>      | <b>8</b> | <b>7</b> | <b>8</b>   |

**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:

- |   |                                  |
|---|----------------------------------|
| Affinity Bakery & Beyond, T-Lansing           | Corner Store, C-Ithaca           |
| Apollo Restaurant, C-Ithaca                   | CU – Becker House, C-Ithaca      |
| Asia Cuisine, C-Ithaca                        | CU - Carols Café, C-Ithaca       |
| Chanticleer, C-Ithaca                         | CU – Dairy Bar, T-Ithaca         |
| Chili's Bar & Grill, C-Ithaca                 | CU - Flora Rose Dining, C-Ithaca |
| Cornell Coop Ext of Tompkins County, C-Ithaca | CU – Goldies Café, C-Ithaca      |

CU – Green Dragon, C-Ithaca  
 CU - ILR Conference Center, C-Ithaca  
 CU – Keeton House, C-Ithaca  
 CU – Libe Café, C-Ithaca  
 CU – Marthas, C-Ithaca  
 CU - North Star, C-Ithaca  
 CU - Rustys, C-Ithaca  
 CU - Tammany House, C-Ithaca  
 CU – Temple of Zeus, C-Ithaca  
 Dragon Village, V-Trumansburg  
 Dryden Community Center Café, V-Dryden  
 Empire Livestock Marketing, V-Dryden  
 Felicia’s Atomic Lounge, C-Ithaca  
 First Baptist Church of Ithaca, C-Ithaca  
 First Presbyterian Church of Ithaca, C-Ithaca  
 Freddy’s Place, V-Newfield  
 Gateway Kitchen, C-Ithaca  
 Gimme! Coffee-Gates Hall, C-Ithaca  
 Groton Elementary School, V-Groton  
 Groton Middle/High School, V-Groton  
 IC – Business School Kiosk, T-Ithaca  
 IC – Café at Park School, T-Ithaca  
 IC – Grand Central Kiosk, T-Ithaca  
 IC – Sub Connection, T-Ithaca  
 IC – Towers Dining Hall, T-Ithaca

ICSD – Dewitt Middle School, T-Ithaca  
 ICSD – Northeast Elementary, T-Ithaca  
 Ithaca Ale House, C-Ithaca  
 Jade Garden, C-Ithaca  
 LaTourelle Catering, T-Ithaca  
 LaTourelle-Simply Red Bistro, T-Ithaca  
 Little Ceasars, C-Ithaca  
 Maxie’s Supper Club & Oyster Bar, C-Ithaca  
 McGraw House Dining, C-Ithaca  
 New York Garden, V-Groton  
 On a Roll Catering, T-Dryden  
 Osakaya, V-Groton  
 Plum Tree Japanese Restaurant, C-Ithaca  
 Purity Ice Cream, C-Ithaca  
 The Rhine House, C-Ithaca  
 Roses Home Dish, Throughout Tompkins  
 Seabring Inn, T-Newfield  
 Seneca Place Kilpatricks, C-Ithaca  
 Spicy Asian, C-Ithaca  
 Stella’s, C-Ithaca  
 Stella’s Barn Restaurant, T-Newfield  
 SUMO Japanese Steakhouse & Sushi, V-Lansing  
 Varna Community Association, T-Dryden

**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.

Kendra’s Culinary Creations, T-Lansing

*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:**

|  |                               |
|--|-------------------------------|
| Applebee’s Neighborhood Bar & Grill, V-Lansing | Jack’s Grill, C-Ithaca        |
| CU – Riskey Dining, C-Ithaca                   | McGraw House Dining, C-Ithaca |
| CU – Synapsis, C-Ithaca                        | The Nines, C-Ithaca           |
| Ithaca Yacht Club, T-Ulysses                   | Souvlaki House, C-Ithaca      |
| Ithaca Zen Center, T-Danby                     | Super 8 Motel, 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:**

**State Diner, C-Ithaca**

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a food storage cooler were observed to be at 48-55°F. The products were moved to functioning refrigeration equipment to be chilled to 45°F or less before use. This was a repeat violation and will be referred to the Board of Health.

**Country Inn & Suites, T-Ithaca**

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a food storage cooler were observed to be at 47-50°F. The products were discarded during the inspection. This was a repeat violation and will be referred to the Board of Health.

**Dryden Queen Diner, V-Dryden**

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a food storage cooler were observed to be at 48-56°F. The products were moved to functioning refrigeration equipment to be chilled to 45°F or less before use.

**CU-Risley Dining, C-Ithaca**

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products out for customer service were observed to be at 49-54°F. The products were discarded during the inspection.

**CU-Synopsis, C-Ithaca**

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products to be used for customer service were observed at 51°F. The products were removed from service to be chilled to 45°F or less before use.

**Tompkins Cortland Community College, T-Dryden**

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products for customer service were observed to be at 47-50°F. The products were discarded during the inspection.

**Teatime Ithaca, C-Ithaca**

Potentially hazardous foods were not pre-chilled to 45°F or less before storage on service line. Products on the salad bar for service were observed at 51-54°F. The products were removed from service to be chilled to 45°F or less before use.

**IC – Gannett Coffee Kiosk, T-Ithaca**

Potentially hazardous foods were not stored under refrigeration. Product was observed at 54-58°F in a display cooler. The product was rapidly chilled to 45°F or less before use.

**CU – Big Red Barn, C-Ithaca**

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a food storage cooler were observed to be at 51°F. The products were discarded during the inspection.

**Mandible Café, C-Ithaca**

Potentially hazardous foods were not pre-chilled to 45°F or less before storage on service line. Products in an open air cooler were observed at 55°F. Products were removed from service to be chilled to 45°F or less before use.

**Hal's Deli, C-Ithaca**

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a food storage cooler were observed to be at 50-54°F. The products were removed from service to be chilled to 45°F or less before use.

***Temporary Food Service Operation Permits*** are issued for single events at one location. The Food Protection Program issued 61 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:**

Big Daddy's Concessions Cotton Candy, T-Newfield  
Big Daddy's Concessions French Fry, T-Newfield  
Girl Scouts of NYPenn Troop 40144, T-Newfield

Newfield CS Class of 2015, T-Newfield  
Town of Newfield Recreation Dept, T-Newfield

**Critical Violations were found at the following establishments:**

**Newfield Lions Club, T-Newfield**

Potentially hazardous foods were observed at improper temperatures. A product for service was observed at 107°F. The product was rapidly reheated to 165°F or above before return to service. Another product for service was observed at 55°F. The product was chilled to 45°F or less before use.

*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:**

Express Fork & Gavel, C-Ithaca  
Star Truck, Throughout Tompkins  
TC Action-Casey Center, V-Dryden

**Plans Approved:**

Express Fork & Gavel, C-Ithaca  
IC-Dillingham Theater, T-Ithaca  
Star Truck, Throughout Tompkins

**New Permits Issued:**

Express Fork & Gavel, C-Ithaca  
IC Gannett Library Coffee Kiosk, T-Ithaca  
Sammy's Express, C-Ithaca  
Star Truck, Throughout Tompkins  
Tango Chicken, C-Ithaca

*The Food Protection Program received and investigated one complaint related to issues and/or problems at permitted food service establishments.*

**Engineering Plans Approved**

One plan for cross-connection control to protect municipal water systems from hazardous connections was approved this month.

**Problem Alerts/Emergency Responses**

- 14-01-17 ESSNE Dining Hall System, T-Danby. Boil Water Order (BWO) issued 9/18/14 due to lack of chlorine. Chlorine residual restored and satisfactory sample results received. BWO released 9/28/14.
- 14-01-16 Beaconview Mobile Home Park, T-Dryden. BWO issued 9/21/14 due to lack of water pressure.

BWOs remain in effect at:

- 14-01-15 Bradford Apartments, T-Dryden. BWO issued 7/29/14 due to lack of chlorine in the distribution system. Currently under Board of Health Orders (see Status of Enforcement Actions).
- 14-01-05 Upstate NY Nazarene Camp, T- Caroline. BWO issued 5/29/14 due to inadequate chlorine and unapproved modifications to a well. Engineer developing plans. Seasonal operation. Will correct by next operating season.
- 14-01-07 and 13-01-14 Bell Gate Mobile Home Park, T-Enfield. BWO issued 11/21/13 due to no detectable chlorine in the distribution system. No chlorine detected during repeat inspection on 12/12/13. BWO reminder issued 7/31/14. Working with current owner to reestablish chlorine now sale of park is complete.

**Healthy Neighborhoods Program**

| HEALTHY NEIGHBORHOODS PROGRAM | MONTH | YTD 2014 | YTD 2013 | TOTAL 2013* |
|-------------------------------|-------|----------|----------|-------------|
| # of Initial Home Visits      | 62    | 304      | 303      | 398         |
| # of Revisits                 | 4     | 56       | 82       | 80          |
| # of Asthma Homes             | 8     | 46       | 45       | 52          |
| # of Homes Approached         | 729   | 1447     | 537      | 641         |

\*Total 2013 covers the calendar year (January through December)

**Updates**

Gibrian Hagood, Project Assistant for the Healthy Neighborhoods Program, started on August 21, 2014 and will continue with the program through December 2014. He has been doing a significant amount of canvassing, primarily in the City of Ithaca.

**Outreach**

On Sept. 5, 2014, Samantha and Gibrian tabled at Congo Square Market at Southside Community Center (2 visits, 30 reached). On Sept. 7, Samantha and Gibrian attended Culture Fest and Streets Alive in the Southside neighborhood of Ithaca (1 visit, 100 reached). At Streets Alive, Samantha networked with the Greater Ithaca Activities Center Senior Program and the Family Reading Partnership. On Sept. 9, Samantha presented at a Cornell Wellness Lunch about COPD and Asthma (1 visit, 14 reached).

On Sept. 10, posters were distributed to Lifelong, Mary Dunham Boutique, and the Tompkins County Public Library.

On Sept. 12, Samantha and Gibrian were interviewed on a local radio station, WICB with Ricky Milton called Looking Back. Gibrian conducted outreach at the Southside Backpack Giveaway (4 visits, 100 reached).

On Sept. 19, Samantha and Gibrian attended the Tompkins County Poverty Tour, hosted by Tompkins Community Action at the Space at Greenstar (1 visit, 50 reached).

On Sept. 22, Samantha presented to the Child Study Team at South Hill Elementary School and to the Landlords Association of Tompkins County. On Sept. 23, Samantha and Gibrian conducted outreach at the Food Bank of the Southern Tier Mobile Food Pantry in Newfield (2 visits, 50 reached).

Pat conducted outreach at the Salvation Army on Sept 24, 10 people received information. On Sept 25, Pat conducted HNP outreach at the Groton rabies clinic, 65 people received information and 8 signed up for a home visit.

On Sept. 26, Gibrian attended the GIAC Senior Breakfast (1 visit, 30 reached) and conducted outreach at the Loaves and Fishes food pantry (4 visits, 50 reached). Gibrian tabled at the Latino Multicultural Festival on Sept. 27 (1 visit, 100 reached). Gibrian attended the Building Bridges workshop on Sept. 30 (30 reached).

**Childhood Lead Program**

| CHILDHOOD LEAD PROGRAM  | MONTH | YTD 2014 | YTD 2013 | TOTAL 2013 |
|---|-------|----------|----------|------------|
| <b>A: Active Cases (total referrals):</b>                     |       |          |          |            |
| <b>A1: # of Children w/ BLL&gt;19.9ug/dl</b>                  | 0     | 0        | 1        | 2          |
| <b>A2: # of Children w/ BLL 10-19.9ug/dl</b>                  | 0     | 4        | 3        | 5          |
| <b>B: Total Environmental Inspections:</b>                    |       |          |          |            |
| <b>B1: Due to A1</b>  | 0     | 2        | 5        | 11         |
| <b>B2: Due to A2</b>  | 1     | 5        | 0        | 0          |
| <b>C: Hazards Found:</b>                                      |       |          |          |            |
| <b>C1: Due to B1</b>  | 0     | 0        | 4        | 8          |
| <b>C2: Due to B2</b>  | 0     | 4        | 0        | 0          |
| <b>D: Abatements Completed:</b>                               | 0     | 0        | 0        | 0          |
| <b>E: Environmental Lead Assessment Sent:</b>                 | 0     | 3        | 3        | 7          |
| <b>F: Interim Controls Completed:</b>                         | 1     | 3        | 0        | 3          |
| <b>G: Complaints/Service Requests (w/o medical referral):</b> | 5     | 42       | 45       | 52         |
| <b>H: Samples Collected for Lab Analysis:</b>                 |       |          |          |            |
| - Paint   | 0     | 0        | 0        | 0          |
| - Drinking Water  | 0     | 0        | 1        | 3          |
| - Soil  | 0     | 2        | 3        | 4          |
| - XRF   | 0     | 4        | 3        | 7          |
| - Dust Wipes  | 1     | 5        | 6        | 9          |
| - Other   | 0     | 1        | 0        | 0          |

**Status of Enforcement Actions**

**Office Conference Scheduled:** Country Inn & Suites, T-Ithaca, Jay Bramhandkar, owner: food service violations, 10/8/2014.

**Office Conferences Held:** State Diner, C-Ithaca, Stavros Stavropoulos, owner: repeat food service violations, signed Stipulation Agreement with PHD Orders on 9/30/2014; **to BOH 10/28/2014.**

Clark's Shur Fine, V-Dryden, Richard Clark, owner: Adolescent Tobacco Use Prevention Act (ATUPA) violation, signed Stipulation Agreement with PHD Orders on 9/24/2014; **to BOH 10/28/2014.**

**Violation of BOH Orders:** None

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

- Taste of Thai, C-Ithaca, Angsana Pancharoen, owner: food service violations (sewage); signed Stipulation Agreement with PHD Orders on 8/6/2014; BOH assessed \$1500 penalty on 8/26/2014; **awaiting payment.**
- 22 Station Road, T-Newfield, Michael McEver, owner: sewage violations, signed Stipulation Agreement with PHD Orders on 7/15/2014; BOH issued Orders to abate the violation on 8/26/2014; **awaiting compliance.**
- Southside Community Center, C-Ithaca, Charles Rhody, operator: repeat food service violations; signed Stipulation Agreement on 8/28/2014; BOH assessed \$400 penalty (or proof of repair or replacement of the cooler by 10/15) on 9/23/2014; **awaiting payment.**
- Manos Diner, C-Ithaca, Bill Manos, owner: repeat food service violations and violation of BOH Orders; BOH assesses \$800 penalty on 9/23/2014; **awaiting payment.**
- Inlet Island Café, C-Ithaca, Claudia Drong, operator: repeat food service violations; signed Stipulation Agreement with PHD Orders on 7/23/2014; BOH issued \$400 penalty on 8/26/2014; **awaiting payment.**

- Bradford Apartments, T-Dryden, Jeremiah Bradford, owner: water system violations; did not attend office conference or accept Stipulation Agreement; Administrative Hearing held 8/5/2014, results received by BOH; BOH assessed \$1500 penalty and issued Orders for abatement of violations on 8/26/2014; **awaiting compliance and payment.**
- Trip Hotel, V-Lansing, Daniel Homik, owner: pool violations; signed Stipulation Agreement with PHD Orders on 8/6/2014; BOH assessed \$800 penalty on 8/26/2014; **payment received, case closed.**
- Newfield Estates, T-Newfield, Keith Hoffman, operator: sewage violations, signed Stipulation Agreement with PHD Orders on 7/23/2014; BOH issued Orders to abate the violations on 8/26/2014; **awaiting compliance.**
- Bell-Gate MHP, Greg Carman, owner: water and mobile home park violations; Hearing Officer issued Findings of Fact, ruling that violations occurred; and violation of BOH Orders for continued non-compliance; BOH assessed a \$4800 penalty and Orders for Compliance on 7/22/2014; **awaiting payment and compliance.**
- Ulysses WD #3, T-Ulysses, Doug Austic, operator: water system violation; signed Stipulation Agreement with PHD Orders on 10/30/2013; BOH issued Orders for compliance on 12/10/2013; on 6/24/2014 extended compliance deadline; **awaiting compliance.**
- Village of Dryden, PWS: water system violations; signed a Compliance Schedule with PHD Orders on 11/15/2012; BOH ordered Compliance on 12/11/2012; **awaiting compliance.**
- Beaconview MHP, T-Dryden; Rudy George, owner: Violation of BOH Orders regarding water system violations (see below); BOH assessed \$800 penalty on 12/10/13; **payment received, awaiting compliance,**
- Beaconview MHP, T-Dryden, Rudy George, owner: water system violations, signed Stipulation Agreement with PHD Orders on 8/12/2013; BOH assessed Timetable of Compliance and penalty on 8/27/2013; further BOH action scheduled for 12/10/2013; on 6/24/2014 BOH extended compliance deadline; **payment received, awaiting compliance.**

#### ***Referred to Collection:***

- CC's, C-Ithaca, Jian Wang
- P&Y Convenience, T-Lansing, Min Gyu Park
- William Crispell, T-Caroline – two penalties
- 1795 Mecklenburg Road, T-Enfield, V. Bruno
- Bell-Gate MHP, T-Enfield, Greg Carman, two actions

#### **Training**

On Sept 10, Pat Jebbett, Gibrian Hagood, and Samantha Hillson participated in a webinar, *"Lowering Costs with In-house Bed Bug Preventions and Management Plan"* hosted by Stop Pests. They were appropriately creeped out.

On Sept 25, Pat Jebbett attended the *"Falls Prevention"* workshop through the Ithaca College Gerontology Institute.

Steve Maybee attended the American Water Works Tiff Symposium in Syracuse on September 17. He attended three presentations: *State of the Art Disinfection By-Products: Regulated and Emerging; Production Well Data Trend Analysis; and Application of Groundwater Modeling Tools for Public Water Supply and Water Resources Protection: 20 Years and Counting.*

---

**Tompkins County Board of Health – October 28, 2014**

**Division for Community Health**  
**AGENDA**

**Report**

- **NYSDOH Article 28 Diagnostic & Treatment Center (D&TC) Survey Results** (see attached letter).
  - NYSDOH October 2, 2014 survey included review of operational and clinical policies, quality assurance documents, personnel and client records and an inspection of the clinic environment and safety records.

**Approval**

- **Revised policy: Advanced Directives** – edits include:
  - Background on the NYS Health Care Proxy Law,
  - Updated definitions, policy, procedures and attachments in accordance with the NYCRR, Part 400.21 (3/26/14) and Family Health Care Decisions Act (Article 29-CC), and
  - More detail on the MOLST form (Medical Orders for Life-Sustaining Treatments).
  - Staff provide all clinic and maternal-child clients information on Advanced Directives and will assist and/or refer clients interested in completing a Health Care Proxy.
- **New policy: Credentialing for Licensed Health Care Providers**
  - Required policy for Diagnostic & Treatment Centers to ensure health care providers meet uniform standards of education, experience, licensing, training, quality review and health documentation.

**NEW YORK**  
*state department of*  
**HEALTH**

Howard A. Zucker, M.D., J.D.  
Acting Commissioner of Health

Sue Kelly  
Executive Deputy Commissioner

October 10, 2014

James Macmillan, MD, President  
Tompkins County Health Department Clinics  
55 Brown Road  
Ithaca, NY 14850

Re: Article 28 Diagnostic & Treatment Center Survey  
October 2, 2014

Dear Dr. MacMillan:

Staff from this office conducted an onsite survey of Tompkins County Health Department Clinics on the above noted date for the purpose of assessing compliance with Title 10 New York Codes, Rules and Regulations governing diagnostic & treatment center operations.

No deficiencies were identified during the survey.

If you have any questions, please feel free to contact Colleen Baird, Hospital Nursing Services Consultant, at (315) 477-8551.

Sincerely,



Roberta Gancarz, Program Director  
Hospital and Primary Care Services

cc: Frank Kruppa

TOMPKINSfcl

**DRAFT**

**Division for Community Health  
Advance Directives Policy**

**Purpose** – To provide direction for Community Health Services (CHS) staff on the Advanced Directives regulations. CHS is a program in the Division for Community Health (DCH)

**Background**

1. The New York State Health Care Proxy Law allows an adult to:
  - a. Designate another adult, such as a trusted friend or loved one who knows the person and his/her wishes, to make treatment decisions if the adult becomes incapacitated and is unable to do so.
  - b. The right to self-determination and the expression of this right through another adult, and
  - c. Express his or her preference regarding health care treatment, including a desire to continue or to refuse treatments and life supports.

**Objectives**

1. The Community Health Services staff Agency staff will:
  - ~~Ensure adult clients are informed of their rights regarding advance directives, and~~
  - a. ~~Supported and protected as they exercise their right to formulate written or oral instructions regarding their health care in the event they become incapacitated and are unable to direct their own health care.~~
  - b. Promote (individually, or with others) education in the community on issues concerning advance directives.
  - c. ~~Maintain policies and procedures addressing~~ Implement the New York State Department of Health (NYSDOH) Title 10 Health NY Code of Rules and Regulation, Part ~~400.21700.5~~ - Advance Directives (3/26/144/15/92) in compliance with ~~and~~ Articles 29-B and 29-C - Health Care Proxy Law and Article 29-CC (Family Health Care Decisions Act).

Formatted: Numbered + Level: 1 +  
Numbering Style: a, b, c, ... + Start at: 1 +  
Alignment: Left + Aligned at: 0.5" + Indent at:  
0.75", Tab stops: Not at 0.5"

**Definitions**

1. **Adult** – Any person 18 years of age or older, OR is pregnant, the parent of a child, ~~OR~~ or has married.
2. **Advance Directive** – Written or oral instruction relating to the provision of health care when an adult becomes incapacitated, including but not limited to ~~the~~ Health Care Proxy, and/or a consent to the issuance of an order not to resuscitate and/or other medical orders for life-sustaining treatment (e.g. Living Will, the Do Not Resuscitate Medical Order and MOLST form) recorded in the client's medical record, and/or a living will.
3. **Do Not Resuscitate** – The DNR is a legal medical order to withhold care based on a person's wishes to not undergo CPR or advanced cardiac life support if their heart were to stop or they were to stop breathing. A newer description "Allow Natural Death" is gaining favor but is not recognized as a legal substitute for the DNR terminology.

4. **Durable power of attorney for health care** – A document executed by a lawyer that allows an adult to appoint a proxy to make medical decisions in the event of mental incapacity.
5. **Health care agent** means an adult to whom authority to make health care decisions is delegated under a health care proxy.
6. **Health care proxy** – ~~AA~~ document which delegates the authority to another adult known as a health care agent to make health care decisions on ~~their~~ behalf of the adult should when that adult is they become incapacitated.
7. **Living will** – A document ~~that which~~ contains specific instructions concerning an adult's wishes about the type of health care choices and treatments that an adult does or does not want to receive (but which does not designate an agent to make health care decisions).
8. **MOLST (Medical Orders for Life-Sustaining Treatments)** – Medical orders to provide, withhold or withdraw life-sustaining treatment. The MOLST form, guidance and checklists are posted on the NYSDOH website. The MOLST form:
  - a. Is an A-form alternative form authorized by public health law.
  - b. Is usually, but not always printed on bright pink paper that outlines specific end-of-life wishes for persons with terminal illness. The form, kept with the person at all times, indicates their desires regarding resuscitation and medications to be given or withheld during end-of-life care. The paper.
  - c. MOLST does not replace the health care proxy or living will, which are available for all healthy adults, but works in concert with these documents.
  - d. May A MOLST form is similar include to a DNR order but it is more specific. MOLST is the preferred DNR order form. However, if patient only has the older "white" paper DNR form that order remains in force until or unless a newer (Non-Hospital) Do Not Resuscitate Order MOLST form replaces it.
  - e. Is completed with a the physician and is transferable to all health care settings different locations including at home.
  - f. It is more specific and comprehensive than other forms.

## Procedure

1. Upon admission to ~~Division for~~ Community Health ~~s~~Services staff will provide:
  - a. Advance directive information to each adult client, or if the adult lacks capacity to the family member or other adult who speaks on the client's behalf. has legal authority to speak on their behalf.
  - b. ~~Information regarding the adult client's right to designate another adult to make treatment decisions if they become incapacitated, and their right to state their wishes regarding artificial nutrition and hydration.~~
  - c. ~~A description of the NYS law summarizing the rights, duties and responsibilities of the law and the adult's right to formulate advance directives. included in t~~The following documents will be given:
    - Planning in Advance for your Medical Treatment~~Deciding About Health Care: A Guide for Patients and Families~~ (Attachment A),
    - Health Care Proxy: Appointing your Health Care Agent in New York State's Proxy Law (Attachment B).
    - Summary information regarding the Division's policy regarding the implementation of their advanced directive rights as evidenced in the Clinic and Maternal-Child Client Bill of Rights.

c. Adult clients receiving recurring services only need to receive this information on their first encounter or admission.

1-2. The Director of Patient Services will assure the Community Health Services and Clinic Bill of Rights are posted on the TCHD website.

## Documentation

1. The Community Health Nurse admitting the client for clinic or maternal child services will ensure that the adult client record indicates whether or not the adult was provided the information in the Procedure section # 1b above and whether or not the adult has executed a health care proxy or or whether the adult has provided written or oral advance instructions about treatment.
2. If provided, the Community Health Nurse will place a copy of the client's signed Health Care Proxy will be placed in the client's record.

## Quality Assurance

1. The Director of Patient Services will:
  - a. Monitor compliance through quality assurance policies & procedures, and
  - a-b. Assure initial and annual in-service education to staff involved in the provision of care.

## Attachments

- Attachment A – ~~Planning In Advance For Your Medical Treatment~~Deciding About Health Care: A Guide for Patients and Families, NYSDOH form 1503\_5/104/08 <http://www.health.ny.gov/publications/1503.pdf>
- Attachment B – Health Care Proxy: Appointing your Health Care Agency in NYS's Proxy Law, NYSDOH form 1430, 7/12 <http://www.health.ny.gov/forms/doh-1430.pdf>

## References

- *Community wide End-of-life/Palliative Care Initiative*, Sept,2010 - [http://www.compassionandsupport.org/pdfs/about/B-1576\\_Excelsus\\_2010\\_Complete.pdf](http://www.compassionandsupport.org/pdfs/about/B-1576_Excelsus_2010_Complete.pdf)
- *Health Care Proxy Law: A Guidebook for Health Care Professionals* [http://www.health.ny.gov/regulations/task\\_force/health\\_care\\_proxy/guidebook/](http://www.health.ny.gov/regulations/task_force/health_care_proxy/guidebook/)
- *Living Will* – [www.lastactspartnership.org](http://www.lastactspartnership.org)
- *MOLST* - [http://www.health.ny.gov/professionals/patients/patient\\_rights/molst/](http://www.health.ny.gov/professionals/patients/patient_rights/molst/)
- *The Five Wishes* - <http://www.agingwithdignity.org/>
- *Who Will Speak For You* NYSDOH information [http://www.health.ny.gov/professionals/patients/health\\_care\\_proxy/index.htm](http://www.health.ny.gov/professionals/patients/health_care_proxy/index.htm)
- *Planning Your Health Care in Advance: How to Make Your End-of Life Wishes Known and Honored*, - [http://www.ag.ny.gov/sites/default/files/pdfs/bureaus/health\\_care/EOLGUIDE012605.pdf](http://www.ag.ny.gov/sites/default/files/pdfs/bureaus/health_care/EOLGUIDE012605.pdf)

Original: 11/90

Reviewed:

Revised: 3/13, 9/16/14

Community Health Quality Assurance Committee: 9/16/14

Board of Health Approval: 5/8/12, pending 10/28/14

# Deciding About Health Care

A GUIDE FOR PATIENTS AND FAMILIES



New York State Department of Health

## Introduction

### Who should read this guide?

This guide is for New York State patients and for those who will make health care decisions for patients. It contains information about surrogate decision-making in hospitals and nursing homes. It also covers DNR orders in a health care facility, or in the community. Because this guide is about health care decision-making, the word “patient” is used to refer to anyone receiving medical care. This includes a nursing home resident. This guide does **not** include the special rules for health care decisions made by legal guardians of persons with developmental disabilities.

### Can the patient or other decision maker find out about the patient’s medical condition and proposed treatment?

Yes. Patients or other decision makers have a right to be fully informed by a doctor about their medical condition and the doctor’s proposed treatment. Patients must give informed consent before any non-emergency treatment or procedure. Informed consent means that after information is given about the benefits and risks of treatment (as well as alternatives to the treatment) permission is given to go ahead with the treatment.

## Adult Patients Who Have the Ability to Make Informed Decisions

### Do adult patients have a right to make their own health care decisions?

Yes. Adult patients have the right to make treatment decisions for themselves as long as they have decision-making capacity.

### What is “decision-making capacity”?

“Decision-making capacity” is the ability to understand and appreciate the nature and consequences of proposed health care. This includes the benefits and risks of (and alternatives to) proposed health care. It also includes the ability to reach an informed decision.

### What if it’s unclear whether or not a patient has decision-making capacity? Who decides whether or not the patient has capacity?

Health care workers will assume patients have decision-making capacity, unless a court has appointed a legal guardian to decide about health care. A doctor will examine the patient if there is good reason to believe the patient lacks capacity. A doctor must make the determination that a patient lacks the ability to make health care decisions. Another person will make health care decisions for the patient only after the patient’s doctor makes this determination.

### Do family members always make health care decisions whenever patients lack decision-making capacity?

No. Sometimes patients have already made a decision about a procedure or treatment before they lose the ability to decide. For example, a patient can consent to surgery that involves general anesthesia before receiving anesthesia, which would cause them to lose the ability to decide. Other times, a healthy person may suddenly lose capacity. In this case, health care may need to be given right away without consent. For example, a person may be knocked unconscious during an accident. Health care providers will provide emergency treatment without consent unless they know that a decision has already been made to refuse emergency treatment.



## Advance Directives/Health Care Proxies

### What is an advance directive?

Advance directives are written instructions about health care treatment made by adult patients before they lose decision-making capacity. In New York State, the best way to protect your treatment wishes and concerns is to appoint someone you trust to decide about treatment if you become unable to decide for yourself. By filling out a form called a health care proxy, this person becomes your “health care agent.”

Before appointing a health care agent, make sure the person is willing to act as your agent. Discuss with your agent what types of treatments you would or would not want if you were in the hospital and had a life-threatening illness or injury. Make sure your health care agent knows your wishes about artificial nutrition and hydration (being fed through a feeding tube or IV line). You can get more information about health care proxies at: [http://www.health.state.ny.us/professionals/patients/health\\_care\\_proxy/index.htm](http://www.health.state.ny.us/professionals/patients/health_care_proxy/index.htm).

Some patients also express specific instructions and choices about medical treatments in writing. A written statement can be included in a health care proxy, or it can be in a separate document. Some people refer to this type of advance directive as a “living will.”

### How do health care agents make decisions under a health care proxy?

Health care agents make decisions just as if the health care agent were the patient. The health care agent makes health care decisions according to the patient’s wishes, including decisions to withhold or withdraw life-sustaining treatment. If the patient’s wishes are not reasonably known, health care agents make health care decisions in accordance with the patient’s best interests.

### Can a health care agent decide to withhold or withdraw artificial nutrition or hydration (through a feeding tube or an IV line)?

Health care agents can only make decisions to withhold or withdraw artificial nutrition and hydration under the health care proxy if they know the patient’s wishes about the treatment. But, the health care agent may also be able to make this type of decision in a hospital or nursing home as a surrogate from the surrogate list set forth in law.

## Health Care Decision-Making in Hospitals and Nursing Homes

### How do adult patients with decision-making capacity make decisions in hospitals and nursing homes?

Patients may express decisions verbally or in writing. A hospital patient or nursing home resident may not verbally make a decision to withhold or withdraw life-sustaining treatment unless two adults witness the decision. One of the adults must be a health care practitioner at the facility. If a patient does not now have capacity to make a decision (but made a decision in the past about the proposed health care), the hospital or nursing home will act based on the patient’s previously made decision. This is true unless something occurs that the patient did not expect and the decision no longer makes sense.

### How are health care decisions made for a hospital patient or nursing home resident who does not have capacity?

If the patient has a health care proxy, the health care agent named in the proxy makes decisions. If a patient does not have a health care proxy, a legal guardian (or the person highest in priority from the surrogate list, known as “the surrogate”) makes decisions.

### What is the surrogate list?

Below is the surrogate list. The person who is highest in priority is listed at the top. The person with the lowest priority is at the bottom.

- The spouse, if not legally separated from the patient, or the domestic partner;
- A son or daughter 18 or older;
- A parent;
- A brother or sister 18 or older; and
- A close friend.

### What is a “domestic partner”?

A “domestic partner” is a person who:

- has entered into a formal domestic partnership recognized by a local, state or national government. Or, this person has registered as a domestic partner with a registry maintained by the government or an employer; or, this person

- is covered as a domestic partner under the same employment benefits or health insurance; or, this person
- shares a mutual intent to be a domestic partner with the patient, considering all the facts and circumstances, such as:
  - They live together.
  - They depend on each other for support.
  - They share ownership (or a lease) of their home or other property.
  - They share income or expenses.
  - They are raising children together.
  - They plan on getting married or becoming formal domestic partners.
  - They have been together for a long time.

#### Who cannot be a domestic partner?

- A parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew or niece of the patient or the patient's spouse.
- A person who is younger than 18.

#### Who qualifies as a “close friend”?

A “close friend” is any person, 18 or older, who is a friend or relative of the patient. This person must have maintained regular contact with the patient; be familiar with the patient's activities, health, and religious or moral beliefs; and present a signed statement to that effect to the attending doctor.

#### What if a surrogate highest in priority is not available to make the decision?

If this happens, the next available surrogate who is highest in priority makes the decision.

#### What if a surrogate highest in priority is unable or unwilling to make the decision?

In this case, another person from the surrogate list will decide. The surrogate highest in priority may designate any other person on the list to be surrogate, as long as no one higher in priority than the designated person objects.

#### Can patients or other decision makers change their minds after they make a treatment decision?

Yes. Decisions may be revoked after they are made by telling staff at the hospital or nursing home.

### Decisions to Withhold or Withdraw Life-Sustaining Treatment in Hospitals and Nursing Homes

#### What is “life-sustaining treatment”?

“Life-sustaining treatment” means that the attending doctor believes the patient will die within a relatively short time if the patient does not get the medical treatment or procedure. CPR is always considered to be life-sustaining treatment.



#### What is CPR?

CPR (cardiopulmonary resuscitation) refers to medical procedures that try to restart a patient's heart or breathing when the patient's heart stops and/or the patient stops breathing. CPR may begin with something like mouth-to-mouth resuscitation and forceful pressure on the chest to try to restart the heart. This may not work, so CPR may also involve electric shock (defibrillation); insertion of a tube down the throat into the windpipe (intubation); and placing the patient on a breathing machine (ventilator).

#### What is a decision to withhold or withdraw life-sustaining treatment?

A decision to withhold life-sustaining treatment is deciding to refuse a treatment before it is provided. A decision to withdraw life-sustaining treatment is deciding to refuse treatment already being provided. Every adult patient has the right to refuse medicine and treatment after being fully informed of (and understanding) the probable consequences of such actions.

### How would a hospital or a nursing home carry out a decision to withhold or withdraw life-sustaining treatment?

The doctor might direct staff not to provide, or to stop providing, certain medicines, treatments or procedures. This may result in the patient dying within a relatively short time. For example, the doctor might order that a ventilator, which is enabling a patient to breathe, be turned off.

In order to withhold life-sustaining treatment, the doctor might issue a medical order such as a:

- Do Not Resuscitate (DNR) Order: this means do not attempt CPR when the patient's heart stops and/or the patient stops breathing.
- Do Not Intubate (DNI) Order: this means do not place a tube down the patient's throat or connect the patient to a breathing machine (ventilator).

A decision could also be made to stop (or not to start) artificial nutrition and hydration through a feeding tube or an IV. This means the facility will not give the patient liquid food or fluids through a tube inserted in the stomach – or by a tube called a catheter inserted into the patient's veins. Patients will always be offered food to eat and fluids to drink by mouth if they are able to eat and drink.

Other kinds of decisions to limit medicines, treatments or procedures could also be followed (for example, stopping dialysis).

### Will a hospital or a nursing home ever withhold all treatment?

No. Even if a patient has a DNR order or other medical order to withhold life-sustaining treatment, the patient should receive medical care and treatment to relieve pain and other symptoms and to reduce suffering. Comfort care, also known as palliative care, should be available to all patients who need it.

### When should a patient get a DNR order?

Any adult with decision-making capacity may request a DNR order. However, patients and families must consult with a doctor about their diagnosis and the likely outcome of CPR. Only a doctor can sign a DNR order. A DNR order instructs health care professionals not to provide CPR for patients who want to allow natural death to occur if their heart stops and/or if they stop breathing. For example, a patient who is expecting to die from a terminal illness may want a DNR order.

When successful, CPR restores heartbeat and breathing. The success of CPR depends on the patient's overall medical condition. Age alone does not determine whether CPR will be successful. But illnesses and frailties that go along with age often make CPR less effective. When patients are seriously ill, CPR may not work or it may only partially work. This might leave the patient brain-damaged or in a worse medical state than before his or her heart stopped. After CPR (depending on the patient's medical condition), the patient may be able to be kept alive only on a breathing machine.

### Does a DNR order affect other treatment?

No. A DNR order is only a decision about CPR – chest compression, intubation and mechanical ventilation – and does not relate to any other treatment. Do not resuscitate does **not** mean do not treat.

### What happens if the patient is transferred from the hospital or nursing home to another hospital or nursing home?

Medical orders, including a DNR order, will continue until a health care practitioner examines the patient. If the doctor at the new facility decides to cancel the medical order, the patient or other decision maker will be told and he or she can ask that the order be entered again.

## Decision-Making Standards for Legal Guardians and Surrogates in Hospitals and Nursing Homes

### How are health care decisions made by surrogate decision makers, including legal guardians?

The surrogate must make health care decisions in accordance with the patient's wishes, including the patient's religious and moral beliefs. If the patient's wishes are not reasonably known, the surrogate makes decisions according to the patient's "best interests." To figure out what is in the "best interests" of the patient, the surrogate must consider: the dignity and uniqueness of every person; the possibility of preserving the patient's life and preserving or improving the patient's health; relief of the patient's suffering; and any other concerns and values a person in the patient's circumstances would wish to consider. In all cases, what matters is the **patient's** wishes and best interests, not the surrogate's.

Health care decisions should be made on an individual basis for each patient. Again, decisions must be consistent with the patient's values, as well as religious and moral beliefs.

**Do surrogates always have authority to consent to needed treatments?**

Yes.

**Do surrogates always have authority to make decisions to withhold or withdraw life-sustaining treatment?**

No. A legal guardian or a surrogate in a hospital or nursing home may decide to refuse life-sustaining treatment for a patient only in the following circumstances:

- Treatment would be an extraordinary burden to the patient and:
  - the patient has an illness or injury which can be expected to cause death within six months, whether or not treatment is provided; or
  - the patient is permanently unconscious;

or
- The provision of treatment would involve such pain, suffering or other burden that it would reasonably be deemed inhumane or extraordinarily burdensome under the circumstances and the patient has an irreversible or incurable condition. In a nursing home, an ethics review committee must also agree to decisions (other than DNR) based on this bullet-point. In a hospital, the attending doctor or the ethics review committee must agree to a decision to withhold or withdraw artificial nutrition and hydration based on this bullet-point.

**How are decisions about life-sustaining treatment made for minors in a hospital or nursing home?**

The parent or guardian of a patient under 18 makes decisions about life-sustaining treatment in accordance with the minor's best interests. They take into account the minor's wishes as appropriate under the circumstances. For a decision to withhold or withdraw life-sustaining treatment, the minor patient must also consent if he or she has decision-making capacity. It is assumed that an unmarried minor lacks decision-making capacity unless

a doctor determines that the patient has the capacity to decide about life-sustaining treatment. Minors who are married make their own decisions, the same as adults.

**What if an unmarried minor patient has decision-making capacity and he or she is a parent? What if he or she is 16 or older and living independently from his or her parents or guardian?**

Such minors can make decisions to withhold or withdraw life-sustaining treatment on their own if the attending doctor and the ethics review committee agree.

## Resolving Disputes in Hospitals and Nursing Homes

**What if there are two or more persons highest in priority and they cannot agree? For example, what if the adult children are highest in priority and they disagree with one another?**

In this case, the hospital or nursing home staff can try to resolve the dispute by informal means. For example, more doctors, social workers or clergy could discuss the decision. Also, every hospital and nursing home must have an ethics review committee. The case may be referred to the ethics review committee for advice, a recommendation, and assistance in resolving the dispute. The hospital or nursing home must follow the decision of the surrogate that is based on the patient's wishes, if they are known. If the patient's wishes are not reasonably known, the hospital or nursing home must follow the decision that is in the patient's best interests.

**What if a person connected with the case does not agree with the surrogate's treatment decision? This could be the patient, a health care worker treating the patient in the hospital or nursing home or someone lower in priority on the surrogate list.**

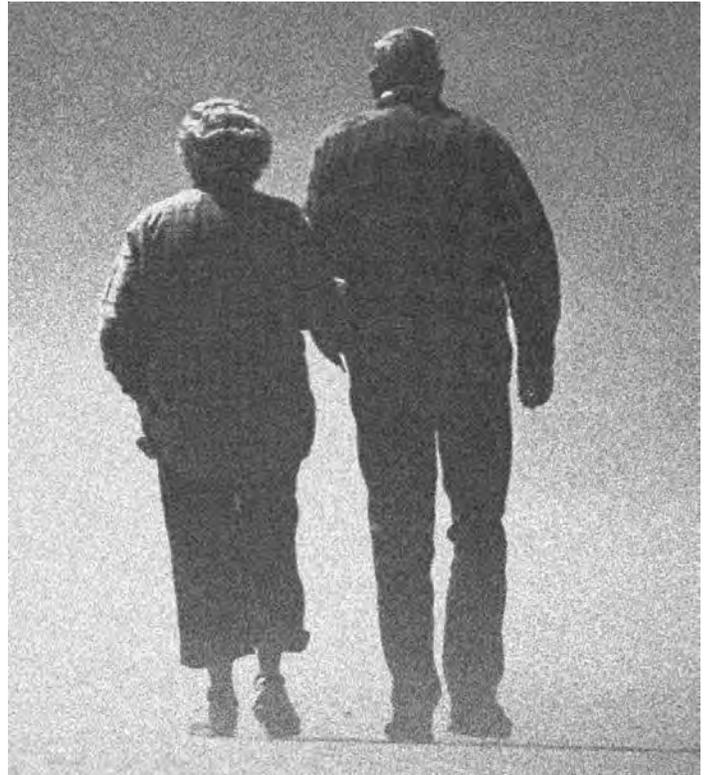


Again, the hospital or nursing home staff can try to resolve the dispute by informal means. If that is not successful, the person who disagrees could request help from the ethics review committee. The person challenging the decision maker can ask that the ethics review committee try to resolve the dispute. This person could present information and opinions to the committee. The ethics review committee can provide advice and make a recommendation, and can provide assistance in resolving the dispute.

### **Are the recommendations and advice of the ethics review committee binding?**

No, the recommendations and advice of the ethics review committee are advisory and non-binding, except for three very specific types of decisions. The ethics review committee must agree with the decision in the following three situations:

- A surrogate decides to withhold or withdraw life-sustaining treatment (other than CPR) from a patient in a nursing home. The patient is not expected to die within six months and is not permanently unconscious. In this situation, the ethics review committee must agree to the following. The patient has a condition that can't be reversed or cured. Also, the provision of life-sustaining treatment would involve such pain, suffering or other burden that it would reasonably be deemed inhumane or extraordinarily burdensome under the circumstances.
- A surrogate decides to withhold or withdraw artificial nutrition and hydration from a patient in a hospital. The attending doctor objects. The patient is not expected to die within six months and is not permanently unconscious. In this situation, the ethics review committee must agree to the following. The patient has a condition that can't be reversed or cured. Also, artificial nutrition and hydration would involve such pain, suffering or other burden that it would reasonably be deemed inhumane or extraordinarily burdensome under the circumstances.
- In a hospital or nursing home, an ethics review committee must approve the decision of an unmarried, emancipated minor to withhold or withdraw life-sustaining treatment without the consent of a parent or guardian.



In these three situations, life-sustaining treatment will not be withheld or withdrawn unless the ethics review committee approves.

### **What does it mean when the recommendations and advice of the ethics review committee are advisory and non-binding?**

This means that the surrogate highest in priority can make a legal health care decision. He or she can do this even if another person lower in priority on the surrogate list or others continue to disagree with the surrogate decision maker.

### **What if the hospital or nursing home has a policy based on religious or moral beliefs that prevents the facility from honoring a health care decision?**

When possible, the facility must inform patients or family members of this policy before or at admission. When the decision is made, the facility must cooperate in transferring the patient to another facility that is reasonably accessible and willing to honor the decision. Meanwhile, the facility must honor the decision, unless a court rules otherwise. If the decision goes against one health care practitioner's religious or moral beliefs, the patient must be promptly put under the care of another health care practitioner.

## DNR Orders Outside the Hospital or Nursing Home

**If a patient is not in a hospital or nursing home, how can the patient get a DNR order or DNI order?**

The patient's doctor can write a DNR order on a standard form that has been approved by the New York State Department of Health: DOH-3474 (Nonhospital Order Not to Resuscitate). A doctor can also sign a nonhospital DNI order in addition to the nonhospital DNR order using the DOH-5003 form called MOLST (Medical Orders for Life-Sustaining Treatment). EMS, home care agencies and hospices must honor these orders.

**If the patient is at home with a nonhospital DNR order, or MOLST orders, what happens if a family member or friend calls an ambulance?**

If the patient has a nonhospital DNR order and it is shown to emergency personnel, they will not try to resuscitate the patient or take the patient to a hospital emergency room for CPR. They may still take the patient to the hospital for other needed care, including comfort care to relieve pain and reduce suffering.

**What happens to a DNR order issued in the hospital or nursing home if the patient is transferred from the hospital or nursing home to home care?**

The orders issued for the patient in a hospital or nursing home may not apply at home. The patient or other decision maker must get a nonhospital DNR order on the DOH-3474 form or the DOH-5003 MOLST form. If the patient leaves the hospital or nursing home without a nonhospital DNR order, it can be issued by a doctor at home.



State of New York  
Department of Health

# Health Care Proxy

---

## *Appointing Your Health Care Agent in New York State*

*The New York Health Care Proxy Law allows you to appoint someone you trust — for example, a family member or close friend – to make health care decisions for you if you lose the ability to make decisions yourself. By appointing a health care agent, you can make sure that health care providers follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent’s decisions as if they were your own. You may give the person you select as your health care agent as little or as much authority as you want. You may allow your agent to make all health care decisions or only certain ones. You may also give your agent instructions that he or she has to follow. This form can also be used to document your wishes or instructions with regard to organ and/or tissue donation.*

# About the Health Care Proxy Form

This is an important legal document. Before signing, you should understand the following facts:

1. This form gives the person you choose as your agent the authority to make all health care decisions for you, including the decision to remove or provide life-sustaining treatment, unless you say otherwise in this form. "Health care" means any treatment, service or procedure to diagnose or treat your physical or mental condition.
2. Unless your agent reasonably knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube or intravenous line), he or she will not be allowed to refuse or consent to those measures for you.
3. Your agent will start making decisions for you when your doctor determines that you are not able to make health care decisions for yourself.
4. You may write on this form examples of the types of treatments that you would not desire and/or those treatments that you want to make sure you receive. The instructions may be used to limit the decision-making power of the agent. Your agent must follow your instructions when making decisions for you.
5. You do not need a lawyer to fill out this form.
6. You may choose any adult (18 years of age or older), including a family member or close friend, to be your agent. If you select a doctor as your agent, he or she will have to choose between acting as your agent or as your attending doctor because a doctor cannot do both at the same time. Also, if you are a patient or resident of a hospital, nursing home or mental hygiene facility, there are special restrictions about naming someone who works for that facility as your agent. Ask staff at the facility to explain those restrictions.
7. Before appointing someone as your health care agent, discuss it with him or her to make sure that he or she is willing to act as your agent. Tell the person you choose that he or she will be your health care agent. Discuss your health care wishes and this form with your agent. Be sure to give him or her a signed copy. Your agent cannot be sued for health care decisions made in good faith.
8. If you have named your spouse as your health care agent and you later become divorced or legally separated, your former spouse can no longer be your agent by law, unless you state otherwise. If you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.
9. Even though you have signed this form, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped if you object, nor will your agent have any power to object.
10. You may cancel the authority given to your agent by telling him or her or your health care provider orally or in writing.
11. Appointing a health care agent is voluntary. No one can require you to appoint one.
12. You may express your wishes or instructions regarding organ and/or tissue donation on this form.

# Frequently Asked Questions

## **Why should I choose a health care agent?**

If you become unable, even temporarily, to make health care decisions, someone else must decide for you. Health care providers often look to family members for guidance. Family members may express what they think your wishes are related to a particular treatment. Appointing an agent lets you control your medical treatment by:

- allowing your agent to make health care decisions on your behalf as you would want them decided;
- choosing one person to make health care decisions because you think that person would make the best decisions;
- choosing one person to avoid conflict or confusion among family members and/or significant others.

You may also appoint an alternate agent to take over if your first choice cannot make decisions for you.

## **Who can be a health care agent?**

Anyone 18 years of age or older can be a health care agent. The person you are appointing as your agent or your alternate agent cannot sign as a witness on your Health Care Proxy form.

## **How do I appoint a health care agent?**

All competent adults, 18 years of age or older, can appoint a health care agent by signing a form called a Health Care Proxy. You don't need a lawyer or a notary, just two adult witnesses. Your agent cannot sign as a witness. You can use the form printed here, but you don't have to use this form.

## **When would my health care agent begin to make health care decisions for me?**

Your health care agent would begin to make health care decisions after your doctor decides that you are not able to make your own health care decisions. As long as you are able to make health care decisions for yourself, you will have the right to do so.

## **What decisions can my health care agent make?**

Unless you limit your health care agent's authority, your agent will be able to make any health care decision that you could have made if you were able to decide for yourself. Your agent can agree that you should receive treatment, choose among different treatments and decide that treatments should not be provided, in accordance with your wishes and interests. However, your agent can only make decisions about artificial nutrition and hydration (nourishment and water provided by feeding tube or intravenous line) if he or she knows your wishes from what you have said or what you have written. The Health Care Proxy form does not give your agent the power to make non-health care decisions for you, such as financial decisions.

## **Why do I need to appoint a health care agent if I'm young and healthy?**

Appointing a health care agent is a good idea even though you are not elderly or terminally ill. A health care agent can act on your behalf if you become even temporarily unable to make your own health care decisions (such as might occur if you are under general anesthesia or have become comatose because of an accident). When you again become able to make your own health care decisions, your health care agent will no longer be authorized to act.

## **How will my health care agent make decisions?**

Your agent must follow your wishes, as well as your moral and religious beliefs. You may write instructions on your Health Care Proxy form or simply discuss them with your agent.

## **How will my health care agent know my wishes?**

Having an open and frank discussion about your wishes with your health care agent will put him or her in a better position to serve your interests. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interest. Because this is a major responsibility for the person you appoint as your health care

## Frequently Asked Questions, *continued*

agent, you should have a discussion with the person about what types of treatments you would or would not want under different types of circumstances, such as:

- whether you would want life support initiated/continued/removed if you are in a permanent coma;
- whether you would want treatments initiated/continued/removed if you have a terminal illness;
- whether you would want artificial nutrition and hydration initiated/withheld or continued or withdrawn and under what types of circumstances.

### **Can my health care agent overrule my wishes or prior treatment instructions?**

No. Your agent is obligated to make decisions based on your wishes. If you clearly expressed particular wishes, or gave particular treatment instructions, your agent has a duty to follow those wishes or instructions unless he or she has a good faith basis for believing that your wishes changed or do not apply to the circumstances.

### **Who will pay attention to my agent?**

All hospitals, nursing homes, doctors and other health care providers are legally required to provide your health care agent with the same information that would be provided to you and to honor the decisions by your agent as if they were made by you. If a hospital or nursing home objects to some treatment options (such as removing certain treatment) they must tell you or your agent BEFORE or upon admission, if reasonably possible.

### **What if my health care agent is not available when decisions must be made?**

You may appoint an alternate agent to decide for you if your health care agent is unavailable, unable or unwilling to act when decisions must be made. Otherwise, health care providers will make health care decisions for you that follow instructions you gave while you were still able to do so. Any instructions that you write on your Health Care Proxy form will guide health care providers under these circumstances.

### **What if I change my mind?**

It is easy to cancel your Health Care Proxy, to change the person you have chosen as your health care agent or to change any instructions or limitations you have included on the form. Simply fill out a new form. In addition, you may indicate that your Health Care Proxy expires on a specified date or if certain events occur. Otherwise, the Health Care Proxy will be valid indefinitely. If you choose your spouse as your health care agent or as your alternate, and you get divorced or legally separated, the appointment is automatically cancelled. However, if you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.

### **Can my health care agent be legally liable for decisions made on my behalf?**

No. Your health care agent will not be liable for health care decisions made in good faith on your behalf. Also, he or she cannot be held liable for costs of your care, just because he or she is your agent.

### **Is a Health Care Proxy the same as a living will?**

No. A living will is a document that provides specific instructions about health care decisions. You may put such instructions on your Health Care Proxy form. The Health Care Proxy allows you to choose someone you trust to make health care decisions on your behalf. Unlike a living will, a Health Care Proxy does not require that you know in advance all the decisions that may arise. Instead, your health care agent can interpret your wishes as medical circumstances change and can make decisions you could not have known would have to be made.

### **Where should I keep my Health Care Proxy form after it is signed?**

Give a copy to your agent, your doctor, your attorney and any other family members or close friends you want. Keep a copy in your wallet or purse or with other important papers, but not in a location where no one can access it, like a safe

## Frequently Asked Questions, *continued*

deposit box. Bring a copy if you are admitted to the hospital, even for minor surgery, or if you undergo outpatient surgery.

### **May I use the Health Care Proxy form to express my wishes about organ and/or tissue donation?**

Yes. Use the optional organ and tissue donation section on the Health Care Proxy form and be sure to have the section witnessed by two people. You may specify that your organs and/or tissues be used for transplantation, research or educational purposes. Any limitation(s) associated with your wishes should be noted in this section of the proxy.

**Failure to include your wishes and instructions on your Health Care Proxy form will not be taken to mean that you do not want to be an organ and/or tissue donor.**

### **Can my health care agent make decisions for me about organ and/or tissue donation?**

Yes. As of August 26, 2009, your health care agent is authorized to make decisions after your death, but only those regarding organ and/or tissue donation. Your health care agent must make such decisions as noted on your Health Care Proxy form.

### **Who can consent to a donation if I choose not to state my wishes at this time?**

It is important to note your wishes about organ and/or tissue donation to your health care agent, the person designated as your decedent's agent, if one has been appointed, and your family members. New York Law provides a list of individuals who are authorized to consent to organ and/or tissue donation on your behalf. They are listed in order of priority: your health care agent; your decedent's agent; your spouse, if you are not legally separated, or your domestic partner; a son or daughter 18 years of age or older; either of your parents; a brother or sister 18 years of age or older; or a guardian appointed by a court prior to the donor's death.

# Health Care Proxy Form Instructions

## Item (1)

Write the name, home address and telephone number of the person you are selecting as your agent.

## Item (2)

If you want to appoint an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent.

## Item (3)

Your Health Care Proxy will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want your Health Care Proxy to expire.

## Item (4)

If you have special instructions for your agent, write them here. Also, if you wish to limit your agent's authority in any way, you may say so here or discuss them with your health care agent. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

If you want to give your agent broad authority, you may do so right on the form. Simply write: *I have discussed my wishes with my health care agent and alternate and they know my wishes including those about artificial nutrition and hydration.*

If you wish to make more specific instructions, you could say:

*If I become terminally ill, I do/don't want to receive the following types of treatments....*

*If I am in a coma or have little conscious understanding, with no hope of recovery, then I do/don't want the following types of treatments:....*

*If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/don't want the following types of treatments:....*

*I have discussed with my agent my wishes about \_\_\_\_\_ and I want my agent to make all decisions about these measures.*

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list:

- artificial respiration
- artificial nutrition and hydration (nourishment and water provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- electric shock therapy
- antibiotics
- surgical procedures
- dialysis
- transplantation
- blood transfusions
- abortion
- sterilization

## Item (5)

You must date and sign this Health Care Proxy form. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

## Item (6)

You may state wishes or instructions about organ and /or tissue donation on this form. New York law does provide for certain individuals in order of priority to consent to an organ and/or tissue donation on your behalf: your health care agent, your decedent's agent, your spouse, if you are not legally separated, or your domestic partner, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor's death.

## Item (7)

Two witnesses 18 years of age or older must sign this Health Care Proxy form. The person who is appointed your agent or alternate agent cannot sign as a witness.

# Health Care Proxy

**(1) I,** \_\_\_\_\_

hereby appoint \_\_\_\_\_  
*(name, home address and telephone number)*

\_\_\_\_\_

\_\_\_\_\_

*as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.*

**(2) Optional: Alternate Agent**

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby

appoint \_\_\_\_\_  
*(name, home address and telephone number)*

\_\_\_\_\_

\_\_\_\_\_

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

**(3)** Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. *(Optional: If you want this proxy to expire, state the date or conditions here.)* This proxy shall expire *(specify date or conditions)*: \_\_\_\_\_

\_\_\_\_\_

**(4) Optional:** I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. *(If you want to limit your agent's authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.)* I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions *(attach additional pages as necessary)*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order for your agent to make health care decisions for you about artificial nutrition and hydration *(nourishment and water provided by feeding tube and intravenous line)*, your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.

**(5) Your Identification** *(please print)*

Your Name \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Address \_\_\_\_\_

**(6) Optional: Organ and/or Tissue Donation**

I hereby make an anatomical gift, to be effective upon my death, of:  
(check any that apply)

Any needed organs and/or tissues

The following organs and/or tissues \_\_\_\_\_

Limitations \_\_\_\_\_

If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**(7) Statement by Witnesses** *(Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)*

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Date \_\_\_\_\_ Date \_\_\_\_\_

Name of Witness 1 *(print)* \_\_\_\_\_ Name of Witness 2 *(print)* \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_



## **DRAFT**

### **Division for Community Health**

## **Credentialing for Licensed Health Care Providers**

### **Policy & Procedure**

#### **Policy**

1. Tompkins County Health Department (TCHD) will ensure licensed health care providers meet uniform standards of education, experience, licensing, specific training, quality assurance and utilization review and health documentation in accordance with local, state and federal regulations.

#### **Definitions**

1. **TCHD Licensed Health Care Providers** include the:
  - Medical Director, MD (employee),
  - Registered Professional Nurses, RN (employee) in the Community Health Nurse (CHN), Team Leader and CHN Supervisor position titles, and the
  - Tuberculosis Consultant, MD (contract)
2. **Kchecks** – a company contracted by Tompkins County to assure professional license and corporate compliance verification of designated employees and contractors including confirmation these individuals are not on the U.S. Department of Health and Human Services, Office of Inspector General (OIG)'s List of Excluded Individuals and Entities (LEIE), The General Services Administration (GSA)'s Excluded Parties Lists System and the NYS Medicaid Fraud Database.
3. **Office of Professional Medical Conduct (OPMC)** – a NYSDOH office which investigates medical misconduct for physicians, physician assistants and specialists.
4. **National Provider Identification (NPI)** – a unique 10-digit identification number issued to health care providers by CMS. Designated healthcare providers must obtain NPI's to conduct HIPAA standard transactions such as billing insurance companies.
5. **National Technical Information Service (NTIS)** – the authorized distributor of the Drug Enforcement Administration (DEA) Controlled Substance Act certification database for medical providers handling controlled substances.
6. **New York State Education Department's Office of the Professions Professional Misconduct Enforcement System (OP-PMES)** – the Board of Regents which has responsibility for NYS licensed professions (except medical professions) and final disposition of disciplinary actions.

#### **TCHD Medical Director Procedure**

1. Public Health Director (PHD) or designee will document and/or verify the following:
  - Candidate meets the Tompkins County Personnel qualifications for education and work experience (initial)
  - Current license and registration with the New York State Department of Education (initial and annually via Kchecks)
  - Unrestricted DEA registration (initial and annual via NTIS)
  - Infection control certification (initial and every 4 years)
  - Is not on the CMS excluded provider lists (initial and monthly via Kchecks)

- Quality assurance review of OPMC (annual)
  - Utilization Review – not applicable
  - Bi-annual reappointment (refer to Board of Health Bylaws)
2. PHD or designee will document and/or verify the following Protected Health Information (PHI):
    - Health status check (initial) and health status reassessment (annual)
    - Rubella and measles immunity (initial)
    - Tuberculosis Screening (initial and annual)
    - Influenza vaccination or mask worn during influenza season (initial and annual)

### **Registered Professional Nurse Procedure**

1. Director of Patient Services (DPS) or designee will document and/or verify the following:
  - Candidate meets the Tompkins County Personnel qualifications for education and work experience (initial)
  - Current license and registration with the New York State Department of Education (initial and annually via Kchecks)
  - Infection control certification (initial and every 4 years)
  - Is not on the CMS excluded provider lists (initial and monthly via Kchecks)
  - Quality assurance client complaint log review (quarterly), Community Health Quality Assurance Committee reports (quarterly), performance reviews (annual) and OP-PMES (annual).
2. DPS or designee will document and/or verify the following PHI:
  - Health status check (initial) and health status reassessment (annual)
  - Rubella and measles immunity (initial)
  - Tuberculosis Screening (initial and annual)
  - Influenza vaccination or mask worn during influenza season (initial and annual)

### **TB Consultant Contract Procedure**

1. Director of Patient Services or designee will document and/or verify the following:
  - Resume reflects commensurate education and work experience for the position (initial)
  - Current license and registration with the New York State Department of Education (initial and – annually via Kchecks)
  - Unrestricted DEA registration (NTIS – initial and annual)
  - Infection control certification (initial and every 4 years)
  - Is not on the CMS excluded provider lists (initial and monthly via Kchecks)
  - Maintains minimum professional malpractice insurance as defined by Tompkins County (annual)
  - Quality assurance review of the client complaint log and OPMC(annual)
  - Utilization review (Board of Health TB reports)
2. DPS or designee will document and/or verify the following PHI:
  - Health status check (initial) and health status reassessment (annual)
  - Rubella and measles immunity (initial)
  - Tuberculosis Screening (initial and annual)
  - Influenza vaccination or mask worn during influenza season (initial and annual)

### **Documentation & Access to Records**

1. Credentialing and Protected Health Information (in separate file) will be handled confidentially and maintained securely in the personnel or contract files located in TCHD Administration (2-503).
2. Access is limited to designated TCHD Administrative staff, the DPS or designee and as required for local, state and or federal audits.

**References**

- Title 10 Health NYCRR section 703.6 (c) (viii) –Part-time clinics (7/7/10) and 751.6 Personnel (7/31/13)
- TCHD Personnel Employee Health Policy & Procedures (TCHD Administration)
- HIPAA Policies & Procedures (TCHD Administration)
- Board of Health Bylaws (TCHD Administration)

Original: 8/26/14

Community Health Quality Assurance Committee: 9/16/14

Board of Health Approval: *pending 10/28/14*



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**

October 20, 2014

Michael McEver  
22 Station Road  
Spencer, NY 14883

**Re: Tompkins County Board of Health Draft *REVISED* Resolution # 14.20.14  
22 Station Road, T-Danby (Tax Map # 17.-1-18)**

Dear Mr. McEver:

Resolution #14.20.14, adopted by the Tompkins County Board of Health on August 26, 2014, requires replacement of your sewage system by October 3, 2014. This office has drafted a revised resolution in response to your letter requesting an extension to the deadline for installation of the sewage system.

Enclosed is a copy of the Draft Revised Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, October 28, 2014**. 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

Enclosures – Draft Resolution, Request for Extension Letter, Case Summary

pc: F:\EH\SEWAGE (SSW)\Facilities (SSW-7)\Danby\#2-17.-1-18 - 22 Station Road\Draft Resolution 14.20.14.docx  
ec: Tompkins County Board of Health (via; Shelley Cornisi, TCHD)  
CEO T-Danby; Supervisor T-Danby; Daniel Klein, TC Legislature;  
TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Steve Maybee,  
P.E.; Cindy Schulte; Steven Kern; Skip Parr; Brenda Coyle  
scan: Signed copy to eh and Accela

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

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

**DRAFT REVISED RESOLUTION # 14.20.14 FOR**

**Michael McEver  
22 Station Road, Town of Danby  
Tax Map # 17.-1-18  
Spencer, NY 14883**

**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 January 16, 2014, and periodically since July 22, 2008, TCHD staff observed sewage on the ground or discharging at 22 Station Road, T-Danby; **and**

**Whereas**, on March 25, 2014, the Board of Health approved the request to waive the sewage system permit application fee the property; **and**

**Whereas**, on April 24, 2014, a letter and permit were sent to Michael McEver requiring the replacement of the sewage system at 22 Station Road, T-Danby, to be installed by June 16, 2014; **and**

**Whereas**, Michael McEver, Owner, failed to meet the June 16, 2014, deadline and, on July 15, 2014, signed a Stipulation Agreement with Public Health Director's Orders agreeing that that the property at 22 Station Road, T-Danby, violated this provision of the Tompkins County Sanitary Code; **and**

**Whereas**, on August 26, 2014, the Board of Health adopted Resolution #14.20.14 requiring the replacement of the sewage system in accordance with the OWTS Construction Permit by October 3, 2014; **and**

**Whereas**, on September 17, 2014, Michael McEver and Heather VanHousen submitted a letter to the Tompkins County Health Department requesting an extension for replacement of the sewage system; **and**

**Whereas**, the continued discharge of sewage to the ground surface causes an unsanitary condition on or adjacent to the premises thereof so as to constitute a nuisance as defined by Article V Section 5.05 of the Tompkins County Sanitary Code;  
**now therefore be it**

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

1. Until the sewage system is replaced, continue to fence the area of surfacing sewage in order to prevent access to the area and apply lime to area for odor control.
2. Until the sewage system is replaced, continue to prevent the discharge of sewage to the ground surface by keeping the septic tank pumped as needed by a licensed septic hauler.
3. Submit available contact information for Laura McEver **by November 15, 2014.**
4. a) Complete the replacement of the sewage system in accordance with the OWTS Construction Permit by **December 2, 2014**  
- or -
4. b) Owner and all persons claiming right, title or interest in or right to possess the subject premises shall vacate the premises **on or before December 2, 2014.**

RECEIVED  
Tompkins County  
Health Department

9-17-14

This letter is to address the issue of the Sewage System at 22 Station<sup>rd</sup> Spencer NY 14883. Their has not been anyway I can figure out to get the system replaced as soon as we would all want. I have done everything I can possibly do. Their has been fencing put up, lyme put down and pumping. These are all ways we can temporarily remedy the problem. The winter is coming I am very fearful that this will cause our family of nine three months on up to 17 and us parent to become homeless. This is ~~my~~ completely consuming me. I have even went as far as to try and look for another place for us to live. Their is no where for us to go that would not completely up root and possibly

RECEIVED

SEP 18 2014

destroy our family. TOMPKINS COUNTY HEALTH DEPARTMENT  
is only one way I can even  
come up with for this to get  
done as soon as possible.  
That is we continue to  
pump as necessary/needed,  
and continue to apply the  
lyme. Then when we get  
our tax money we will  
have it done as soon as  
the contractor is able  
to start. There has been  
such an issue with the  
financial aspect because all  
of the contractors want  
at least about six to  
eight thousand dollars  
down. There has not  
been any luck with  
the estimates. They are  
all right about ten-thousand  
dollars and over. There has  
even been much thought  
put into selling what little  
we do have to try and

get this done. The fact is it all has little money value and would also be extremely detrimental to our family. I hope and pray that all of you can be ok with what we are able to do and all that I have done. This will be the only thing I have haunting me until there is some sort of resolution and its fixed, I think I've said all there is to say and really need for this to be in some way figured out.

RECEIVED

SEP 18 2014

TOMPKINS COUNTY  
HEALTH DEPARTMENT

Thank You  
Heather VanHousen  
Heather VanHousen

Mike McEwen  


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

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

**CASE SUMMARY – FOR RESOLUTION # 14.20.14**

**Michael McEver  
22 Station Road, Town of Danby  
Tax Map # 17.-1-18  
Spencer, NY 14883**

**Compiled October 2014**

| <b>Date</b> | <b>Action</b>  |
|-------------|--|
| 9/18/14     | TCHD received letter from owner and Heather VanHousen requesting extension until they receive tax refund.  |
| 8/26/214    | BOH Orders 14.20.14 issued requiring replacement of the sewage system by 10/3/2014.  |
| 8/22/14     | Field visit by TCHD staff. Fencing and liming not completed as per the stipulation requirements.   |
| 7/15/14     | Stipulation agreement signed by Mr. McEver requiring replacement of the sewage system by 9/8/2014.   |
| 4/25/14     | Permit issued and letter sent by TCHD requiring installation by 6/16/14.   |
| 3/25/14     | BOH approves Mr. McEver's request to waive the sewage system permit application fee.   |
| 2/21/14     | Email from Better Housing received by TCHD stating that Mr. McEver qualifies for assistance but deed problems will prevent assistance.   |
| 1/29/14     | Mr. McEver's application and request to waiver sewage application fee received by TCHD.  |
| 1/21/14     | TCHD sent a Notice of Violation to the owner. Application and fees due 2/21/14.  |
| 1/16/14     | During a field visit, TCHD staff observed discharge of sewage and odors were present. Sewage system failure was apparent and application for Better Housing of Tompkins County was left. TCHD staff observed apparent sewage solids accumulating down slope of the pipe. |
| 1/14/14     | TCHD received complaint regarding sewage discharge to ground surface from 22 Station Road in Danby. Notes pipe discharges directly to ground surface at edge of a bank.  |
| 3/29/11     | Field visit by TCHD staff. No surfacing sewage observed and no odors detected at 22 Station Road.  |
| 3/28/11     | Complaint regarding strong odor of sewage from 22 Station Road.  |
| 3/17/11     | Field visit by TCHD staff. No sewage observed surfacing. The McEvers were told that TCHD would continue to monitor. <b>McEvers indicated that they intended to move in a couple of months after school was out.</b>  |
| 3/9/11      | Field visit by TCHD staff. Sewage was observed. Lisa McEver stated they forgot about office conference and did not have money to pump or replace sewage system.  |
| 3/8/11      | Mr. McEver did not present for office conference.  |

*Inclusion Through Diversity*

|                   |  |
|-------------------|--|
| 2/16/11           | Stipulation Agreement sent by TCHD to Mr. McEver. Office conference was scheduled for 3/8/11.  |
| 2/7/11            | Notice of Violation issued by TCHD staff during field visit for discharge of sewage to ground surface.   |
| 2/3/11            | TCHD received complaint from neighbor regarding sewage odors.  |
| 7/30/10           | TCHD issued a sewage system construction permit to Mr. McEver.   |
| 7/29/10           | TCHD received complaint from neighbor regarding surfacing sewage and odors.  |
| 7/13/10           | Field visit by TCHD. Observed discharge in steep area of bank. Sewage System Permit Application received by TCHD from Mr. McEver and fee of \$100 paid.                              |
| 7/9/10            | Complaint received by TCHD regarding sewage surfacing onto neighbor's property.  |
| 6/29/10           | Field visit by TCHD. Discharge was verified. Sewage observed running onto neighbor's property.   |
| 6/28/10           | Complaint received by TCHD regarding sewage discharge at 22 Station Road.  |
| 1/21/10 & 2/12/10 | Field visit by TCHD. No one answered door. Unable to confirm surfacing sewage. Further action suspended.   |
| 7/6/09            | Notice of Violation issued by TCHD. Replacement of system required to be completed by 8/14/09.   |
| 7/1/09            | Field visit by TCHD. Surfacing sewage observed.  |
| 7/22/08           | Complaint received and field visit by TCHD. Cesspool observed overflowing across yard. Owner stated that septic tank is laid up cinder blocks and a pipe comes out on the east side. |
| 5/15/06           | Home purchased by Laura and Michael McEver from Michael Apgar.   |

Notes: House constructed in 1955; foreclosed on in 1977. Home is listed as having 4 bedrooms, 1 bath, 1 kitchen. Lot acreage is 0.13, No record of sewage system on file.



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**

October 16, 2014

Richard Clark  
Clark's Shur Fine  
P.O. Box 652  
33 North Street  
Dryden, NY 13053

**RE: Tompkins County Board of Health Draft Resolution # 14.40.22  
Violation of Adolescent Tobacco Use Prevention Act (ATUPA)  
Clark's Shur Fine, V-Dryden**

Dear Richard Clark:

Thank you for signing the Stipulation Agreement on September 17, 2014, for Clark's Shur Fine.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, October 28, 2014**. 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

Enclosures – Draft Resolution, Stipulation Agreement and Orders

pc: F:\EH\TOBACCO\ATUPA\Facilities - Violations\Clark's Shur Fine\Draft BOH Resolution.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)  
Mayor Zimmer, V-Dryden; Michael Lane, TC Legislature; Elizabeth Cameron, P.E., Director of Environmental Health;  
Frank Kruppa, Public Health Director; Eric Shearer, TCHD; Steven Kern, TCHD; Skip Parr, TCHD; Brenda Coyle, TCHD  
scan: Signed copy to EH

**DRAFT RESOLUTION # 14.40.22 FOR**

**Clark's Shur Fine  
Richard Clark, Operator  
33 North Street, V-Dryden  
Ithaca, NY 14850**

**Whereas**, the representative of a business that sells retail tobacco products must comply with the regulations of Article 13-F, Section 1399-cc of the New York State Public Health Law (NYSPHL); **and**

**Whereas**, on August 26, 2014, the Tompkins County Health Department observed the sale of a tobacco product to a minor at Clark's Shur Fine; **and**

**Whereas**, Richard Clark, Owner, signed a Stipulation Agreement with Public Health Director's Orders on September 17, 2014, agreeing that Clark's Shur Fine violated Article 13-F, Section 1399-cc of the NYSPHL; **now therefore be it**

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

1. Pay a penalty, not to exceed \$450 plus a \$50 state mandatory surcharge for this violation, due by **December 15, 2014**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department); **and**
2. Prohibit the sale of tobacco products to minors.

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

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

**STIPULATION AGREEMENT AND ORDERS # 14.40.22**

**Clark's Shur Fine**  
**Richard Clark, Operator**  
**33 North Street, V-Dryden**  
**Ithaca, NY 14850**

RECEIVED  
SEP 3 3 2014  
TOMPKINS COUNTY  
HEALTH DEPARTMENT

I, Richard Clark, as a representative for Clark's Shur Fine, agree that on August 26, 2014, the facility was in violation of New York State Public Health Law, Article 13F, Section 1399-cc for selling tobacco to a minor.

I understand that the facility will be assigned two points for this violation of the ATUPA law unless I can demonstrate that the employee completing the sale possessed a certificate from a state certified tobacco sales training program. In that case, I will be assigned one point. These points will be removed in three years.

I understand that at least three inspections will be conducted each year for the next three years. If I am assigned a total of three or more points due to future sales to a minor, the facility's registration to sell tobacco and, if the facility is a lottery agent, the facility's lottery license, will be suspended for 6 months.

I agree to pay a penalty, not to exceed \$450 plus a \$50 surcharge for this violation, 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. To prohibit the sale of tobacco products to minors.

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: Richard Clark Date: 9/17/14

Dave Jacobson is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Frank Kruppa Date: 9/23/14  
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

**CERTIFIED AND REGULAR MAIL**

October 16, 2014

Jay Bramhandkar  
Garuda Hotels Inc.  
2303 N Tripphammer Rd  
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # 14.14.25  
County Inn and Suites, Temporary Residence Food Service Establishment, T-Ithaca**

Dear Mr. Bramhandkar:

Thank you for signing the Stipulation Agreement on October 6, 2014 for the Country Inn and Suites.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, October 28, 2014**. 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

Enclosures – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\TEMPORARY RESIDENCE (TR)\Facilities (TR-4)\Country Inn & Suites\Enforcement-Legal\#14.14.25\Draft Resolution 14.14.25.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)  
CEO T-Ithaca; Supervisor T-Ithaca; Will Burbank, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health;  
Frank Kruppa, Public Health Director; Adriel Shea; Kristee Morgan; Skip Parr; Brenda Coyle  
scan: Signed copy to eh

**DRAFT RESOLUTION # 14.14.25 FOR**

**Country Inn and Suites  
Jay Bramhandkar, Garuda Hotels Inc., Owner/Operator  
1100 Danby Road  
Ithaca, NY 14850**

**Whereas**, the owner operator of a Temporary Residence Food Service Establishment must comply with the regulations established under Subparts 7-1 and 14-1 of the New York State Sanitary Code; **and**

**Whereas**, on July 22, 2014, the Tompkins County Health Department observed critical violations which included failure to provide and maintain enough refrigeration storage to maintain potentially hazardous food at or below 45°F. Approximately 35 containers of yogurt were observed at temperatures 51°F in the small on-counter refrigerator; **and**

**Whereas**, on September 9, 2014, the Tompkins County Health Department observed critical violations which included failure to provide and maintain enough refrigeration storage to maintain potentially hazardous food at or below 45°F. Approximately 30 containers of yogurt were observed at temperatures between 47°F and 51°F in the small on-counter refrigerator; **and**

**Whereas**, Jay Bramhandkar, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on October 6, 2014, agreeing that Country Inn and Suites 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 Jay Bramhandkar, Owner/Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, due by **December 15, 2014**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Provide an adequate amount of refrigeration storage to maintain Potentially Hazardous Food at or below 45°F at all times during cold storage.
3. Provide proof of repair of existing cooler next to the grill in the front of the restaurant by a commercial refrigeration repair specialist or provide proof of purchase of replacement refrigeration equipment that is commercial grade and meets NSF (National Sanitation Foundation) standards to the Health Department by **October 22, 2014**.
4. Establish and maintain a temperature monitoring log to record potentially hazardous food temperatures twice a day during cold and hot holding. The temperature monitoring log shall contain the name of the food checked, the temperature of the food, the person's initials taking the food temperatures, and the time the food temperature is taken. The log shall be available during business hours.
5. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



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

**STIPULATION AGREEMENT AND ORDERS # 14.14.25**

**County Inn and Suites  
Jay Bramhandkar, Garuda Hotels Inc., Owner/Operator  
1100 Danby Road  
Ithaca, NY 14850**

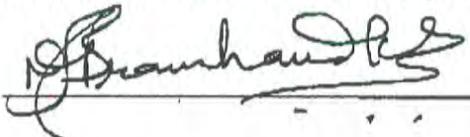
I, Jay Bramhandkar, as a representative for Country Inn and Suites, agree that on July 22, 2014, and September 9, 2014, Country Inn and Suites was in violation of Subpart 7-1 and Subpart 14-1 of the New York State Sanitary Code for failure to provide and maintain refrigeration equipment to hold potentially hazardous foods at required temperatures during cold storage.

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:

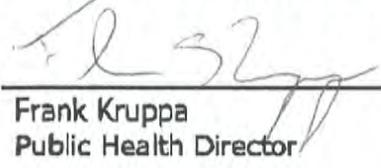
1. Provide an adequate amount of refrigeration storage to maintain Potentially Hazardous Food at or below 45°F at all times during cold storage.
2. Provide proof of repair of existing cooler next to the grill in the front of the restaurant by a commercial refrigeration repair specialist or provide proof of purchase of replacement refrigeration equipment that is commercial grade and meets NSF (National Sanitation Foundation) standards to the Health Department by **October 22, 2014.**
3. Establish and maintain a temperature monitoring log to record potentially hazardous food temperatures twice a day during cold and hot holding. The temperature monitoring log shall contain the name of the food checked, the temperature of the food, the person's initials taking the food temperatures, and the time the food temperature is taken. The log shall be available during business hours.
4. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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: 10/6/14

Jay Bramhandkar is hereby ordered to comply with these Orders of the Public Health Director.

Signed:   
Frank Kruppa  
Public Health Director

Date: 10/6/14



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 #14.14.25**

**Country Inn and Suites  
Garuda Hotels Inc., Jay Bramhandkar, Owner/Operator  
1100 Danby Road, T-Ithaca  
Ithaca, NY 14850**

**October 2014**

| <b>Date</b> | <b>Action</b>   |
|-------------|---|
| 10/7/2014   | TCHD notified Cate Soule of Country Inn and Suites that the specifications of the refrigerator purchased did not indicate that it was commercial grade or NSF approved.   |
| 10/6/2014   | Signed stipulation and receipt for new refrigerator received by TCHD.   |
| 9/26/2014   | Stipulation Agreement and Orders sent by TCHD. Office conference scheduled for 10/8/14.   |
| 09/09/2014  | Re-inspection by TCHD: Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or above 45°F during cold holding. Products in a cooler were observed at 47-50°F.              |
| 07/22/2014  | Inspection by TCHD: Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or above 45°F during cold holding. Products in a cooler were observed at 51°F.                    |
| 12/11/2013  | Re-inspection by TCHD: Violations observed during inspection of 11/19/2013 were corrected.  |
| 11/19/2013  | Inspection by TCHD: Potentially hazardous foods were not kept at or below 45°F during cold holding. Products out for customer service were inadequately iced and were observed to be at 56-57°F.                                |
| 03/02/2012  | Inspection by TCHD: No critical violations observed.  |
| 10/21/2011  | Re-inspection by TCHD: Violations observed during inspection of 09/26/2011 were corrected.  |
| 09/26/2011  | Inspection by TCHD: Toxic chemicals were stored so that contamination of food could occur. Potentially hazardous foods were not stored under refrigeration. Products on a counter for customer use were observed to be at 75°F. |
| 12/09/2010  | Re-inspection by TCHD: Violations observed during inspections of 09/02/2010 and 09/17/2010 were corrected.  |
| 11/18/2010  | Resolution #10.13.44 adopted by BOH requiring a penalty of \$400 by December 20, 2010, and to monitor food temperatures on a log sheet twice a day during business hours.   |
| 10/15/2010  | Draft Resolution #10.13.44 sent by TCHD.  |
| 10/12/2010  | Stipulation agreement signed.   |
| 09/17/2010  | Re-inspection by TCHD: Potentially hazardous foods were not stored under refrigeration. Products for customer use were observed at 54°F.  |
| 09/02/2010  | Inspection by TCHD: Accurate thermometers were not available to measure food temperatures. Potentially hazardous foods were not stored under refrigeration. Products for customer use were observed at 70°F.                    |
| 07/07/2009  | Inspection by TCHD: No critical violations observed   |
| 07/07/2009  | Inspection by TCHD: No critical violations observed.  |
| 12/05/2008  | Inspection by TCHD: No critical violations observed.  |
| 05/19/2008  | Permit to operate issued to Country Inn & Suites.   |

*Inclusion Through Diversity*



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, REGULAR, & ELECTRONIC MAIL**

October 16, 2014

Stavros Stavropoulos  
Stavropoulos Inc  
428 W State Street  
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # 14.10.26  
State Diner, Food Service Establishment, C-Ithaca**

Dear Stavros Stavropoulos:

Thank you for signing the Stipulation Agreement on September 30, 2014, for the State Diner.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, October 28, 2014**. 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

Enclosures – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\State Diner\Enforcement\Draft Resolution 14.10.26.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)  
Mike Niechwiadowicz, Ithaca Building Department; Mayor Svante Myrick; Leslyn McBean-Clairborne, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director;  
Adriel Shea; Kristee Morgan; Skip Parr; Brenda Coyle  
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 # 14.10.26 FOR**

**State Diner  
Stavros Stavropoulos, Stavropoulos, Inc, Owner/Operator  
428 W. State Street  
Ithaca, NY 14850**

**Whereas**, the owner/operator of a Food Service Establishment must comply with the regulations established under Part 14-1 of the New York State Sanitary Code; **and**

**Whereas**, on July 29, 2014, the Tompkins County Health Department observed critical violations which included failure to provide and maintain enough refrigeration storage to maintain potentially hazardous food at or below 45°F. Raw hamburger patties, sliced tomatoes, sliced cheese, tuna salad and chicken salad were observed at temperatures between 48°F and 54°F in the cooler next to the grill in the front of the restaurant; **and**

**Whereas**, on September 8, 2014, the Tompkins County Health Department observed critical violations which included failure to provide and maintain enough refrigeration storage to maintain potentially hazardous food at or below 45°F. Approximately eight raw hamburger patties were observed at temperatures between 48°F and 55°F in the cooler next to the grill in the front of the restaurant;

**Whereas**, Stavros Stavropoulos, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on September 30, 2014, agreeing that the State Diner violated this provision of the New York State Sanitary Code and/or the Tompkins County Sanitary Code; **now therefore be it**

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

1. Pay a penalty of \$400 for these violations, due by **December 15, 2014**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Provide an adequate amount of refrigeration storage to maintain Potentially Hazardous Food at or below 45°F at all times during cold storage.
3. Provide proof of repair of existing cooler next to the grill in the front of the restaurant by a commercial refrigeration repair specialist or provide proof of purchase of replacement refrigeration equipment that is commercial grade and meets NSF (National Sanitation Foundation) standards to the Health Department by **October 15, 2014**.
4. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



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

**STIPULATION AGREEMENT AND ORDERS # 14.10.26**

**State Diner  
Stavros Stavropoulos, Stavropoulos, Inc, Owner/Operator  
428 W. State Street  
Ithaca, NY 14850**

I, Stavros Stavropoulos, as a representative for State Diner, agree that on July 29, 2014, and September 8, 2014, I was in violation of Subpart 14-1 of New York State Sanitary Code for failure to provide and maintain refrigeration equipment to hold potentially hazardous foods at required temperatures during cold storage.

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. Provide an adequate amount of refrigeration storage to maintain Potentially Hazardous Food at or below 45°F at all times during cold storage.
2. Provide proof of repair of existing cooler next to the grill in the front of the restaurant by a commercial refrigeration repair specialist or provide proof of purchase of replacement refrigeration equipment that is commercial grade and meets NSF (National Sanitation Foundation) standards to the Health Department by **October 15, 2014**.
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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: 9/30/14

Stavros Stavropoulos is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 9/30/14  
Frank Kruppa  
Public Health Director



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 #14.10.26**

**State Diner**

**Stavropoulos Inc., Stavros Stavropoulos, Owner/Operator  
428 West State Street, C-Ithaca  
Ithaca, NY 14850**

**September 2014**

| Date       | Action   |
|------------|--|
| 10/6/2014  | Receipt for cooler repair received by TCHD.  |
| 9/30/2014  | Office Conference held and Stipulation Agreement signed by Mr. Stavropoulos.   |
| 9/17/2014  | Stipulation Agreement and Orders sent by TCHD. Office conference scheduled for 9/30/14.  |
| 09/08/2014 | Re-inspection by TCHD: Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or above 45°F during cold holding. Products in a cooler were observed at 48-55°F.   |
| 07/29/2014 | Inspection by TCHD: Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or above 45°F during cold holding. Products in a cooler were observed at 48-54°F.  |
| 12/23/2013 | Re-inspection by TCHD: Violations observed during inspection of 12/12/2013 were corrected.   |
| 12/12/2013 | Inspection by TCHD: Potentially hazardous foods were not stored under refrigeration. Products were observed on a shelf in the grill area at 58-68°F.   |
| 07/02/2013 | Inspection by TCHD: No critical violations observed.   |
| 2012       | Facility closed for second half of 2012 and first half of 2013 due to fire.  |
| 03/12/2012 | Re-inspection by TCHD: Violations observed during inspection of 02/23/2012 were corrected.   |
| 02/23/2012 | Inspection by TCHD: Potentially hazardous foods were not cooled by an approved method. Product being cooled did not reach 70°F within 2 hours. Enough refrigerated storage equipment was not maintained to keep potentially hazardous foods at or below 45°F during cold holding. Products in a cooler were observed at 49-50°F. |
| 06/22/2011 | Inspection by TCHD: No critical violations observed.   |
| 02/03/2011 | Re-inspection by TCHD: Violations observed during inspection of 01/19/2011 were corrected.   |
| 01/19/2011 | Inspection by TCHD: Cooked or prepared foods were subject to cross-contamination from raw foods. Raw sausage patties were observed stored above coleslaw and cooked potatoes in the walk-in cooler. Whole shell eggs were observed stored next to tomatoes.  |
| 08/05/2010 | Inspection by TCHD: No critical violations observed.   |
| 02/18/2010 | Re-inspection by TCHD: Violations observed during inspection of 02/01/2010 were corrected.   |
| 02/01/2010 | Inspection by TCHD: Potentially hazardous foods were not kept at or above 140°F during hot holding. Products in a hot table were observed to be at 120-127°F.  |
| 07/14/2009 | Inspection by TCHD: No critical violations observed.   |
| 02/11/2009 | Inspection by TCHD: No critical violations observed.   |

*Inclusion Through Diversity*

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

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

**CERTIFIED AND REGULAR MAIL**

October 17, 2014

Jennifer Foster, Manager  
Comfort Inn Ithaca  
356 Elmira Road  
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # 14.14.27  
Violation of Board of Health Orders #14.14.12  
Comfort Inn, Temporary Residence, C-Ithaca**

Dear Ms. Foster:

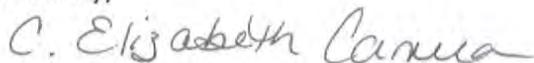
On August 29, 2014, Health Department staff inspected the food service operation at the Comfort Inn and observed and recorded a violation of Subpart 14-1 of the New York State Sanitary Code (NYSSC). The Critical Violation included failure to provide an accurate thermometer to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding. There was no thermometer available at the time of the inspection.

On September 23, 2014, Health Department staff re-inspected the Comfort Inn and again observed and recorded a violation of Part 14-1 of the NYSSC for failure to provide an accurate thermometer. One roasting thermometer was observed but no probe thermometer was available to measure cold holding temperatures of potentially hazardous foods.

With these violations, Country Inn and Suites has also violated Board of Health Orders #14.14.12 adopted on June 24, 2014, which required compliance with all the requirements of Subpart 14-1 of New York State Sanitary Code.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, October 28, 2014**. 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

Enclosures – Draft Resolution, BOH Orders #14.14.12, and Case Summary

pc: F:\EH\TEMPORARY RESIDENCE (TR)\Facilities (TR-4)\Comfort Inn\Enforcement\Draft Resolution 14.14.27.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)  
Satish Duggal, Ithaca Airport Hospitality; Ithaca City Building Department; Mayor Myrick C-Ithaca;  
Leslyn McBean-Clairborne, TC Legislature; TCHD; Elizabeth Cameron, P.E., Director of Environmental Health;  
Frank Kruppa, Public Health Director; Kristee Morgan; Adriel Shea; Steven, Kern; Skip Parr; Brenda Coyle  
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 # 14.14.27 FOR**

**Comfort Inn Ithaca  
Ithaca Airport Hospitality, LLC, Owner/Operator  
356 Elmira Road  
Ithaca, NY 14850**

**Whereas**, the owner operator of a Temporary Residence Food Service Establishment must comply with the regulations established under Subparts 7-1 and 14-1 of the New York State Sanitary Code (NYSSC); **and**

**Whereas**, on June 24, 2014, the Tompkins County Board of Health adopted Resolution #14.14.12 ordering Jennifer Foster to comply with all the requirements of Subpart 7-1 and Subpart 14-1 of NYSSC; **and**

**Whereas**, on August 29, 2014, the Tompkins County Health Department found a critical violation which included failure to provide an accurate thermometer to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding. There was no thermometer available at the time of inspection; **and**

**Whereas**, on September 23, 2014, the Tompkins County Health Department found a critical violation which included failure to provide an accurate thermometer to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding. One roasting thermometer was observed but no probe thermometer was available to measure cold holding temperatures of potentially hazardous foods; **and**

**Whereas**, Comfort Inn has failed to comply with all the requirements of Subpart 14-1 of NYSSC as required in the Board of Health Orders issued on June 24, 2014; **and**

**Whereas**, Jennifer Foster, Operator, violated these provisions of the New York State Sanitary Code and of the Tompkins County Board of Health Orders adopted on June 24, 2014; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,  
That Jennifer Foster, Operator, is ordered to:**

1. Pay a penalty of \$1000 for these violations, **due by December 15, 2014**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Provide an accurate, metal stem-type thermometer on-site to monitor cold holding and cooking temperatures of potentially hazardous foods at all times; **and**
3. Comply with all the requirements of Subpart 7-1 and Subpart 14-1 of NYSSC.



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

**RESOLUTION # 14.14.12 FOR**

**Comfort Inn Ithaca  
Ithaca Airport Hospitality, LLC, Owner/Operator  
356 Elmira Road  
Ithaca, NY 14850**

**Whereas**, an owner of a temporary residence must comply with regulations established by the NYS Sanitary Code, Subpart 7-1, Section 11; **and**

**Whereas**, this code section requires a plan to be approved by the Health Department for food service facilities and require the food service operation to be constructed, maintained and operated to comply with Part 14 of NYS Sanitary Code; **and**

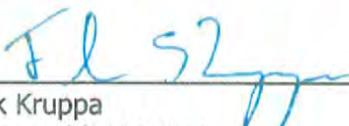
**Whereas**, May 1, 2014, the Tompkins County Health Department found violations of NYS Sanitary Code, Subparts 7-1 and 14-1 for operating a food service establishment without a valid permit; **and**

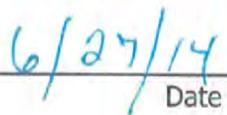
**Whereas**, Jennifer Foster, Operator, signed a Stipulation Agreement with Public Health Director's Orders on June 4, 2014, agreeing that Comfort Inn Ithaca violated these provisions of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,  
That Jennifer Foster, Operator, is ordered to:**

1. Pay a penalty of \$500 for these violations, **due by August 15, 2014; and**
2. Submit applicable fees with an approvable food service plan for review by the Tompkins County Health Department and obtain an updated permit with the appropriate condition for food service issued by the Tompkins County Health prior to serving food to customers that requires preparation or temperature control. Until a revised permit is issued, Comfort Inn can only provide self-service food requiring no preparation or temperature control to customers; **and**
3. Comply with all the requirements of Subpart 7-1 and Subpart 14-1 of NYSSC.

**This action was adopted by the Tompkins County Board of Health at its regular meeting on June 24, 2014.**

  
\_\_\_\_\_  
Frank Kruppa  
Public Health Director

  
\_\_\_\_\_  
Date

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

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

**CASE SUMMARY – FOR RESOLUTION # 14.14.27**

**Comfort Inn Ithaca  
Ithaca Airport Hospitality, LLC., Owner/Operator  
356 Elmira Road  
Ithaca, NY 14850**

**Compiled October 2014**

| Date       | Action  |
|------------|---|
| 09/23/2014 | Food Service Establishment re-inspection by TCHD. <b>Critical violation observed:</b> An accurate thermometer was not available to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding.   |
| 08/29/2014 | Food Service Establishment inspection by TCHD. <b>Critical violations observed:</b> Potentially hazardous foods were not kept at or below 45°F during cold holding. Product on the counter for customer service was observed at 51°F. Enough refrigerated storage was not maintained so that potentially hazardous foods were kept at or below 45°F during cold holding. Products in two coolers were observed at 48-56°F. <i>An accurate thermometer was not available to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding.</i> |
| 6/24/2014  | Board of Health adopts Resolution #14.14.12 requiring a \$500 penalty and compliance with Subparts 7-1 and 14-1.  |
| 6/4/2014   | Signed stipulation received by TCHD.  |
| 5/29/2014  | Satisfactory pre-operational inspection for food service area performed by TCHD. Approved to serve medium risk food.  |
| 5/27/2014  | Submitted plans approved by TCHD for food service.  |
| 5/21/2014  | Stipulation Agreement sent by TCHD.   |
| 5/1/2014   | Temporary Residence inspection performed at Comfort Inn Ithaca. <b>Violation observed:</b> TCHD staff observed temperature controlled food being served to customers (eggs, sausage and waffles).   |
| 10/3/2013  | <b>Notice of Violation issued</b> by TCHD to Comfort Inn Ithaca requiring a food service plan to be submitted by October 18, 2013.  |
| 9/30/2013  | Temporary Residence inspection performed at Comfort Inn Ithaca. TCHD staff observed breakfast including eggs, sausage and waffles being served to guests.   |
| 3/22/2013  | Temporary Residence inspection performed at Comfort Inn Ithaca.   |
| 11/1/2012  | Permit issued by TCHD to Ithaca Airport Hospitality, LLC for operation of a Temporary Residence valid through October 31, 2013. No provisions for food service.   |
| 4/4/2012   | Temporary Residence inspection performed at Comfort Inn Ithaca.   |
| 11/1/2011  | Permit issued to Ithaca Airport Hospitality, LLC for operation of a Temporary Residence valid through October 31, 2012. No provisions for food service.   |

*Inclusion Through Diversity*