

**Proposal For Services for
Shaker Place
Rehabilitation and Nursing Center**

RFP #2020-054 - Pharmacy Consultant

**Submitted by:
Guardian Consulting Services, Inc.
William C. Hallett, Pharm.D, MBA, CGP, C-MTM
3333 New Hyde Park Road – Suite 202
New Hyde Park, NY, 11042
(516) 775-6235 (518) 708-8101**

Section I

Table of Contents

Section II: Qualifications/Experience	Page 2-8
Section III: References	Pages 9-12
Section IV: Plan Implementation	Pages 13-31
Section V: Cost Proposal	Page 32-35
Section VI: Mandatory Documents	Pages 36-42

Section II:

Qualifications of Proposer

Guardian Consulting Services, Inc. is a New York State S-Corporation that has provided Consultant Pharmacist services to Long Term Care facilities continuously since 1990. The founder is Dr. William C. Hallett, Pharm.D., MBA, CGP, C-MTM. Dr. Hallett serves as the President and Chief Executive Officer. The firm currently provides Consultant Pharmacist services to over 100 Long Term Care facilities in New York State.

Professional Staff Members who will be involved in the County Engagement are William C. Hallett, Pharm.D., Julie Cross-Briggs, BS Pharm, and Krystal Scofield, Pharm.D.. Dr. Hallett and the firm possess well over 30 years of Long Term Care experience. (Please see attached resumes.) On site services will be performed at Shaker Place Nursing and Rehabilitation Center, however Guardian Consulting Services, Inc. maintains business offices in New Hyde Park, NY and a satellite office at 90 State Street, Suite 700, Albany, NY. A reference list of similar projects currently under contract with Guardian Consulting Services, Inc. is attached.

Dr. William C. Hallett is authorized to bind the Proposer. All correspondence should be directed to Guardian Consulting Services, Inc. 3333 New Hyde Park Road, Suite 202, New Hyde Park, NY 11042.

William C. Hallett, Pharm. D., MBA, CGP
403 Littleworth Lane
Sea Cliff, New York 11579
(516) 775-6235

Curriculum Vitae

Education: Doctor of Pharmacy, 2003
Bernard J. Dunne College of Pharmacy
Shenandoah University, Winchester, Virginia.

Master's Degree in Business Administration, 1988.
Adelphi University, Garden City, New York.

Bachelor of Science in Pharmacy, 1983.
St. John's University College of Pharmacy and Allied Health Professions,
Jamaica, New York.

Licensure: New York, License #035415, Connecticut, License #7611

Academic Appointments: Preceptor – Advanced Rotations, 1996-Present
St. John's University
College of Pharmacy and Allied Health Professions
Jamaica, New York

Adjunct Clinical Instructor, 2003 - 2010
Mercy College
Division of Health Professions
Dobbs Ferry, New York

Board Certifications: Board Certified Geriatric Pharmacist
Commission for Certification in Geriatric Pharmacy
Certification #0037 January, 1998. Re-certification January 2003, February 2011,
June 2016

Experience:
1989-Present **President, Guardian Consulting Services, New Hyde Park, New York.**
Responsibilities include:

- Day to Day Direction and Long Range Planning of Corporate Operations
- Coordination of provision of Pharmacy Consulting Services to Nursing Homes, Assisted Living Facilities, Adult Homes, Adult Day Health Care Centers and Hospitals

- Design, Development, and Implementation of Clinical Investigative Studies for Industry
- Chairman, Pharmacy and Therapeutics Board (Corporate Level)
- Member, Pharmacy and Therapeutics Committee (Facility Level)
- Performance of Medication Regimen Review (Facility Level)

1986-89:

Assistant Director of Pharmacy, Yonkers General Hospital, Yonkers, New York.

- Responsible for supervising all dispensing activities and personnel in the Pharmacy Department, as well as coordination of scheduling, hiring of personnel, and maintaining Quality Assurance criteria as per JCAHO requirements.
- Member of the Pharmacy and Therapeutics Committee and Pharmacy/Nursing Committee.

1983-86:

Satellite Pharmacist, Mercy Hospital, Rockville Centre, New York.

- Responsible for providing comprehensive Pharmacy Services to the O.R., R.R., D.R. and E.R., including participation on Code Response Team.
- Extensive involvement in the Unit dose and IV Additive programs.

Professional Organizations:

American Society of Consultant Pharmacists

- Member, 1988 – present
- New York State Chapter Downstate Director, 1998 – 2015

1 / 2

JULIE CROSS-BRIGGS

3101 Lone Pine Rd, Schenectady, NY 12303 (518)881-8300

jcrossbriggs@gmail.com

I anticipate the next chapter of my career to broaden my scope of practice, putting me on the leading edge of pharmacy. I hope to practice in an environment that strives for progressive and patient-driven healthcare.

EXPERIENCE

05/2018-PRESENT

SUPERVISING PHARMACIST, ALBANY MEDICAL CENTER PHARMACY

Supervising a staff of 3 pharmacists, 5 technicians and 2 cashiers in performance of their duties. Non-sterile compounding especially pediatric compounding. Communication with providers, case managers, staff and patients to prepare and provide discharge planning support. Special patient population support including HIV and pediatric addiction recovery services.

11/2017-05/2018

SUPERVISING PHARMACIST, WINDHAM PHARMACY

Effectively navigated takeover from previous owners. Including monitoring all legal and regulatory compliance issues. Supervised all staff in performance of their duties. Formed relationships with local providers and re-established immunization program.

04/17-11/17

PHARMACIST, PORT EWEN PHARMACY

Supervised technicians in the performance of their duties. Prepared and verified approximately 400 prescriptions per day. Became proficient in preparing and packaging comingled medications.

11/14-04/17

PHARMACIST, HOERNING PHARMACY

Received and prepared prescriptions, verifying accuracy with 8 point check. Established a monitoring program for dispensing of C-2 medications. Provided clear and concise information for patients and providers. Pharmacy closed in April of 2017.

09/14-11/17

LINCOLN PHARMACY

Participated in the implementation of a "pass-pack" system that allows for co-mingling of patient medications. MTM therapy consultations with MIRIXA. Assisted in the instruction of IPPE and APPE students.

2 / 2

09/92-06/14

PHARMACY MANAGER, RITE AID PHARMACY

Directly managed all aspects of the pharmacy. Held shrink to less than 1% for 3 years. Growth in the pharmacy averaged 2 to 3 percent above plan. Founded lasting professional relationships with area providers, becoming a valuable resource for information. Oversaw all aspects of the dispensing process. Created and enforced policies and procedures to streamline workflow and minimize errors. MTM consultations using both MIRIXA and outcomes. Exemplified patient-oriented, comprehensive clinical pharmacy services. Established a primary role in the employment of pharmacy staff.

Education

JUNE 1992

B.S PHARMACY, ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES

Graduated with a degree in pharmacy.

SKILLS

Ability to work both independently and

With supervision

- * Experience managing a busy pharmacy
- * With a diverse patient population.
- * Dedicated to profession
- * Team-player

ACTIVITIES

Volunteer at Capital City Rescue Mission free clinic.

Emergency Medical Technician (1992-2004) recognized by REMO for successful resuscitation of a 3 month old baby.

Working with elementary school students in a reading program.

Working with AMC Volunteers to provide hand-made items for NICU patients

Krystal Scofield, PharmD, AE-C

Email: kay403@yahoo.com

Mailing Address: 1005 Di Bella Drive Schenectady, NY 12303

Phone: 518-522-7263

NY-licensed pharmacist with 11 years of experience in delivering high-quality pharmaceutical care in retail and community settings. Combine clinical skills with patient engagement to increase patient outcomes, with a focus on medication adherence and management. Dedicated to providing the highest quality patient care possible and maintaining positive relationships with customers, medical professionals and insurance providers.

EDUCATION:

University at Buffalo, School of Pharmacy and Pharmaceutic Sciences, Buffalo, New York

Doctor of Pharmacy, May 2008

Strength and Capabilities:

Retail Pharmacy Operations • Drug Utilization Review • Final Quality Assurance Checks and Inventory Control • APhA MTM certified • Pharmacy Marketing and Promotions • Patient Counseling • Database Management • HIPAA Trained • Team Leadership & Development • Microsoft: Word, Excel, PowerPoint, & Outlook • Creative Problem Solving • Knowledge of Medicare and Medicaid Regulations • Excellent Communication/Customer Service Skills • CPR Certification • Immunization Certified • Certified Asthma Educator

PROFESSIONAL EXPERIENCE:

The Collaboratory @ Albany College of Pharmacy

(Oct 2018-Oct 2019)

Public Health Pharmacist

- Leads and manages the public health pharmacy team
- Supervises two certified pharmacy technicians and supports their professional development
- Participated in community education events to optimize health outcomes
- Conducted health and wellness screenings and provided advice on healthy lifestyle
- Served as a liaison and advocate for clients and their health
- Researched for and helped produce a South Ends healthcare needs assessment
- Maintain clinical pharmacy services in a medically underserved population
- Became an AE-C to provide and bill for the services aligned with the Asthma Initiative of ACPHS while working at the Collaboratory
- Developed an asthma education program and provider seminar in collaboration with ACPHS students
- Facilitated an asthma labeling initiative for AMC with multiple chains engaged and participating
- Certified trainer of Narcan delivery for NYS' Opioid Overdose Prevention Program
- Drafted a Grant Proposal for A Transdisciplinary Approach to Asthma Care in the South End of Albany
- Implemented medication review and education in collaboration with LifePath at its meal centers
- APhA certified Medication therapy management provided to 65 patients on a monthly basis and others as needed.
- Investigated and implemented an MTM platform and services for clients at the Collaboratory
- Documented all patient interactions for continuum of care and collaborative efforts
- Did HIV education and ART high leverage compliance in partnership with the Damien Center.
- Developed and ran a MedaCube deployment program into the community to high risk patients.
- Preceptor of two PGY-2 residents in Ambulatory Care
- Prepared and presented for Public Health Live! Pharmacists: Indispensable in Managing Chronic Disease Jan 2019
- Collaborated with AMC, DOH, Lincoln Pharmacy, CVS, Price Chopper, Wal-Mart, Damien Center, and CDPHP for initiatives

Rite Aid/Walgreens, Albany, New York

Staff Pharmacist

(Aug 2008 – Oct 2018)

- Extended patient engagement with extra counseling and follow-up adherence calls.
- Assisted customers for over-the-counter products and provided healthcare counseling.
- Complied with state and federal laws and regulations while performing routine tasks.
- Handled and resolved customer issues, questions and complaints.
- Built lasting customer trust and loyalty.
- Increased customer compliance through performed MTM services and addressing patient concerns.
- Provided excellent community outreach to increase sales and decrease deleted/abandoned prescriptions
- Championed staff morale through 3 manager and 1 corporate transitions
- Preceptor to multiple ACP students over tenure in position

- proficiently executed mandatory monthly monitoring programs into the overall daily workflow
- Conduct drug utilization reviews, drug interventions, and therapy management.
- Efficiently answered multi-line phone and processed high volume of order requests from nurses and doctors.
- Manage ancillary staff in fulfilling high volume prescriptions weekly.
- Dispensed prescriptions as per established operating procedures.
- Identified and corrected medical-related problems.
- Assisted manager with staff scheduling and personnel conflict resolution
- Manage drug inventory levels, order medications and supplies for replenishment, verify deliveries against purchase orders, and resolve any discrepancies.
- Trained and guided 6 pharmacy technicians, improving overall performance for faster turnaround time
- Implemented new guidelines and process workflow that minimized administrative errors
- Oversee the pharmacy technician's drug preparation and distribution activities to provide safe, efficient care for patients.
- Collaborate closely with healthcare professionals to monitor and assess the quality and effectiveness of drugs or drug regime.
- Direct operations to increase efficiency and minimize patient wait times.
- Safely administer immunizations, medication therapy management and other specialty programs.
- Consulted with physicians and patients regarding medication dosage, drug interactions, medical equipment, disease management and potential side effects of prescription and OTC medications.
- Dispensed and compounded prescriptions, and maintained accurate patient records, dosing information and directions for use.
- Maintained proper pharmacy and general safety procedures and standards, including department cleanliness.

GUARDIAN CONSULTING SERVICES, INC.
References

A. Holly Patterson Extended Care Facility (599 beds)
875 Jerusalem Avenue
Uniondale, New York 11553
(516) 572-1400
Fax # (516) 572-1762
Mr. Robert Heatley, Administrator
Karen McGlynn, DNS

Beach Gardens Rehab. & Nursing Center (163)
1711 Brookhaven Avenue
Far Rockaway, NY 11691
(718) 869-8037
Israel Wulliger, Administrator
Pam Quintana, DNS

Beach Terrace Care Center (182)
640 West Broadway
Long Beach, NY 11561
(516) 431-4400
Fax # (516) 431-1622
Mr. Zwick, Administrator
Ms. Alice Mironovsky, DNS

Beacon Rehabilitation & Nursing Center (125) **(Formerly Ocean Promenade)**
140 Beach 113th Street
Rockaway Park, New York 11694
(718) 945-6350
Fax # (718) 945-1206
Miriam Kessler, Administrator
Ms. Mary Ryan, DNS

Bedford Center for Nursing & Rehab. **(formerly KESER)** (200)
40 Hayward Street
Brooklyn, New York 11249
(718) 858-6200
Fax # (718) 858-2375 – 834-0417
Abraham Tyberg, Administrator
Maria Badajor, DNS

Beechtree Center for Rehabilitation & Nursing (120)
318 South Albany Road
Ithaca, New York 14850
(607) 273-4166

Mark Williams, Administrator
Valery Lynch, DNS

Belair Care Center (102)
2478 Jerusalem Avenue
North Bellmore, New York 11710
(516) 826-1160
Fax # (516) 826-1163 – 826-1500
Andrew Yandoli, Administrator
Theresa Paganini, DNS

Beth Abraham Health Services (448)
612 Allerton Avenue
Bronx, New York 10467
(718) 519-4125
Fax # (718) 519-4010
Moshe Blackstein, Administrator
Kayanne Tayloe, DNS

Bishop Rehabilitation & Nursing Center (450)
918 James Street
Syracuse, NY 13203
315-474-1561
Fax 315-476-6435
Theresa Bulone, Administrator
Chris Bumpus, DNS

Bove Health Center LTC & Asst. Living (120)
500 Mather Drive
South Setauket, New York 11720
(631) 650-2600 & (631) 650-2700 (LTC)
Fax # (631) 650-3254
Anthony Comerford, Administrator
Richelle Rugolo, DNS

Bridgewater Center for Rehabilitation & Nursing (356)
159-163 Front Street
Binghamton, New York 13905
(607) 722-7225
Brendan Maloney, Administrator
Casey Rivera, DNS

Bronx Gardens Rehab. & Nursing Center (199)
2175 Quarry Road
Bronx, New York 10457

(718) 960-3910
Abdul Abubakar, Administrator
Sherry Cruz-Flores, DNS

Bronx Park Rehabilitation & Nursing Center (240)
3845 Carpenter Avenue
Bronx, NY 10467
(718) 798-1100
Fax # (718) 798-3549
Mr. Steven Freifeld Administrator
Ms. Adel Busante, DNS

Brookhaven Rehabilitation & Health Care Center (298)
250 Beach 17th Street
Far Rockaway, New York 11691
(718) 471-7500
Fax # (718) 327-2097
Leslie Mason, Administrator
Ms. Esther Agpalo, DNS

Brookhaven Health Care Facility (160)
801 Gazzola Drive
Patchogue, New York 11772
(631) 447-8800
Fax # (631) 447-8830
Alexandra LaMothe, Administrator
Ms. Kellie Burrige, DNS

Brookside MultiCare Nursing Center (**Formerly Avalon Gardens**) (350)
7 Route 25 A
Smithtown, New York 11787
(631) 724-2200
Kevin Cahill, Admin.
Karen Irwin, DNS

Buena Vida Continuing Care & Rehab. Center (240)
48 Cedar Street
Brooklyn, New York 11221
718-928-3500
Fax 718- 452-7681
David Blumenkrantz, Administrator
Joneb Alday, DNS

Caring Family Nursing & Rehab. Center (**Formerly New Surfside**) (183)
22-41 New Haven Avenue
Far Rockaway, NY 11691

(718) 471-3400
Fax # (718) 471-0799
Mitchell Wechter, Administrator
Ellaine Tangapa, DNS

Cayuga Ridge (160)
1229 Trumansburg Road
Ithaca, New York 14850
(607) 273-8072
Fax (607) 273-0373
Maureen Cerniglia, Administrator
Dawn Fox, DNS

Central Island Healthcare (202)
825 Old Country Road
Plainview, New York 11803-4979
(516) 433-0600
Fax (516) 433-5512
Arthur Boden, Administrator
Rose Gilles, DNS

Cliffside Rehabilitation & Residential Health Care Center (220)
11919 Graham Court
Flushing, New York 11354-1047
(718) 886-0700
Shmuel Freedman, Administrator
Cherly Phoenix, DNS

Cobble Hill Health Center (364 beds)
380 Henry Street
Brooklyn, New York 11201
(718) 855-6789
Fax (718) 247-5285
Donny Tuchman, Administrator
Menucha Ackerman, DNS

Crown Heights Center (**Formerly Marcus Garvey**). (220)
810 St. Marks Avenue
Brooklyn, New York 11213
(718) 467-7300
Fax # (718) 467-0103
Kevin Carey, Administrator
Lourdes Isidro, DNS

Additional References available upon request.

Section IV – Plan Implementation/Scope of Services

Guardian Consulting Services, Inc. proposes to provide on-site Consultant Pharmacist Services to Shaker Place Rehabilitation and Nursing Center with specifically assigned NYS licensed Pharmacist, supported by the full team of Guardian Pharmacists, including 24 hour availability. All required New Admission Drug Regimen Reviews will be performed by specifically assigned and specially trained NYS licensed Pharmacist. All reports shall be produced using our proprietary Guardian-PharmPro Consulting Software. All reports shall be provided to the facility Medical Director, Attending Physicians, Director of Nursing, and facility Administration as required.

Attached please find examples of our reports, including:

- Nursing Unit Inspection form
- Nursing Referral Findings form
- Medication Regimen Review-Physician Referral Findings form
- Nursing Unit Inspection 12 Month Summary Report
- Quarterly QA Summary Report
- Psychotropic Medication Use 12 Month Trending Report
- Monthly Psychotropic Unit Line Listing Report
- Psychotropic Comparative Statistics Report

In addition, we intend to fulfill the bid requirements and our professional obligations through attendance at facility meetings; review of current and proposed policies and procedures related to medication use, control, and accountability as necessary; as well as the provision of inservice education and performance of Medication Pass Observations. Please see the accompanying examples, as follows:

- Inservice Education Outline: “Appropriate Use, Monitoring, and Tapering of Antipsychotic Drugs in LTC”
- Medication Pass Observation Form

It is important to note that we work diligently on assisting facilities in survey preparation, and will continuously keep the facility administration and staff updated on the latest Pharmacy related survey trends and findings.

Also, in addition to making all necessary recommendations to prescribers regarding unnecessary medications, we work equally hard at streamlining the medication pass and medication pass technique education, in order to minimize the med pass burden and assist nursing in the timely and accurate completion of this important task.

Consultant Pharmacists for Healthcare Organizations, Industry and the Community

MEDICATION AREA INSPECTION

Metro Area Healthcare Facility (Sample)

Unit/Location: 5 Date: 2/25/15

I. MEDICATION ROOM CARTS AND CABINETS

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
A. Medication Room locked?	<u>✓</u>	<u> </u>	<u> </u>
B. Medication cart(s) locked when not in use?	<u>✓</u>	<u> </u>	<u> </u>
C. Medication carts, cabinets, and floor stock clean and orderly?	<u>✓</u>	<u> </u>	<u> </u>
D. Expired medications present in cart(s), cabinets, or other medication storage areas?	<u>x</u>	<u> </u>	<u> </u>
E. Discontinued medications present in cart(s), cabinets, or other medication storage areas?	<u>x</u>	<u> </u>	<u> </u>
F. Medications appropriately packaged and labeled?	<u>✓</u>	<u> </u>	<u> </u>
G. Internal medications stored separately from external preparations?	<u>✓</u>	<u> </u>	<u> </u>

Comments: *Expired sorbitol liquid on cart, I removed and discarded.
Discontinued blisterpacks noted in cart, removed and returned to
nursing office.*

II. MEDICATION REFRIGERATOR

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
A. Refrigerator clean and orderly?	<u>✓</u>	<u> </u>	<u> </u>
B. Expired medications present in refrigerator?	<u> </u>	<u>✓</u>	<u> </u>
C. Discontinued medications present in refrigerator?	<u> </u>	<u>✓</u>	<u> </u>
D. Unauthorized food products present in refrigerator?	<u> </u>	<u>✓</u>	<u> </u>
E. All open PPD vials indicate date of opening?	<u>✓</u>	<u> </u>	<u> </u>
F. Any open and dated PPD vials available for use beyond 30 day expiration?	<u>x</u>	<u> </u>	<u> </u>
G. All open Lantus vials indicate date of opening?	<u>✓</u>	<u> </u>	<u> </u>
H. Any open and dated Lantus vials available for use beyond 28 day expiration?	<u> </u>	<u>✓</u>	<u> </u>
I. All other multiple dose injection vials indicate date of opening?	<u>✓</u>	<u> </u>	<u> </u>
J. Any open/dated multidose vials available for use beyond specifications for expiration after opening?	<u> </u>	<u>✓</u>	<u> </u>
K. Any partially used open single dose vials available for use?	<u> </u>	<u>✓</u>	<u> </u>
L. Any medications in refrigerator that should be stored at room temperature?	<u> </u>	<u>✓</u>	<u> </u>
M. Thermometer available and working?	<u>✓</u>	<u> </u>	<u> </u>
N. Refrigerator between 36-46 degrees F? (Indicate Temp)	<u>✓</u>	<u> </u>	<u> </u>

Comments: *PPD Vial open beyond 30 day expiration, I removed/discarded.
40 deg F*

Consultant Pharmacists for Healthcare Organizations, Industry and the Community

Date: 2/25/15 Unit: 5

III. EMERGENCY BOX	Yes	No	N/A
A. Emergency Box available on unit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Emergency Box locked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are any medications listed as expired? (If yes list all. If no list first to expire/exp date.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. More than 5 non-injectable medications plus Nitroglycerin sublingual available in box?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. More than a 24 hour supply of each non-injectable medication available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments: First to expire: Diphenhydramine Inj 9/2015

IV. CONTROLLED SUBSTANCE STORAGE AND ACCOUNTABILITY	Yes	No	N/A
A. Controlled Substance cabinet(s) locked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Cabinet made of metal construction with two doors and two different keys?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Expired medications in cabinet(s)? (If YES list all.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Discontinued medications in cabinet(s)? (If YES list all.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. If expired or d/c'd meds present nurse reminded to send meds to nursing office as soon as possible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Items other than controlled substances in cabinet(s)? (If YES list all.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Spot check three controlled substance counts. Does inventory match descending count sheet total?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Are any change of shift signatures missing? (If YES list all.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Inspect each blisterpack. Integrity intact with no tape or evidence of tampering?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Refrigerated controlled substances under double lock with an affixed interior lock box?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Diluadid for resident MR discontinued, please return to Nursing Office as soon as possible.

V. REFERENCES	Yes	No	N/A
A. Current drug reference sources available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Poison Control telephone number posted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Grid Score: 89%

Legend: ☒ Criteria met ☒ Criteria not met

Digitally Signed and Submitted by: William C. Hallett, Pharm.D.

Date: 2/25/2015

Charge Nurse:

Date:

Director of Nursing:

Date:

Consultant Pharmacists for Healthcare Organizations, Industry and the Community

Drug Regimen Review: *Nursing Referrals/Findings*

Facility: Metro Area Healthcare Facility (Sample)

Unit: 5

Medication Charting Omission Summary

Resident	Bed	Consultant's Comments	Follow-up Comments
Towsen, Joan	501A	Sertraline 02/07/2018 9A	
Harrison, William	503A	Amlodipine 02/08/2018 5A	
Harrison, William		Quetiapine 02/08/2018 5P	
Ferrante, Elizabeth	504A	Risedronate 02/06/2018 6A	
Ferrante, Elizabeth		Allopurinol 02/02/2018 9A	

Vital Sign Charting Omission Summary

Resident	Bed	Consultant's Comments	Follow-up Comments
Towsen, Joan	501A	Fingersticks (FS) 02/05/2018 4P	
Harrison, William	503A	Orthostatic BP 02/04/2018 9A	
Ferrante, Elizabeth	504A	Blood Pressure (BP) 02/02/2018 9A	

Labwork Unavailable

Resident	Bed	Consultant's Comments	Follow-up Comments
Towsen, Joan	501A	Digoxin Level was ordered on 02/01/2018, results not located on chart. Please follow up and obtain a duplicate copy, or consider reordering, if necessary.	

Medication(s) Unavailable

Resident	Bed	Consultant's Comments	Follow-up Comments
Harrison, William	503A	Epoetin Alfa was noted as unavailable on MAR for 2/2/2018, without documentation of actions taken. Please investigate, document actions taken, and initiate a medication incident report if necessary.	

Digitally Signed and
Submitted by:

William C. Hallett, Pharm.D.

Date: 2/9/2018

Reviewed by:

Date: _____

Consultant Pharmacists for Healthcare Organizations, Industry and the Community

Medication Regimen Review

Physician Referrals/Findings

Facility: Metro Area Healthcare Facility (Sample)

Unit: 5

Dear Dr. Ronald Fine:

The Medication Regimen Review performed for the resident(s) listed below has identified the following potential medication irregularities or other medication concerns. Your follow-up on these recommendations are required.

Resident / Room #	Consultant Pharmacist Recommendations	Physician/Prescriber Response
Harrison, William 503A	Currently receiving Amlodipine (Norvasc) 2.5mg twice daily. Please consider consolidate to 5mg once a day, if appropriate. Package insert and clinical studies indicate equivalent efficacy, and this dosing strategy is less expensive, and provides greater ease of administration.	<input type="checkbox"/> Agree; Will do <input type="checkbox"/> <i>Disagree; State Reason:</i>
Harrison, William 503A	Currently receiving Meloxicam (Mobic). Also noted to be receiving Warfarin. Please note: concurrent use is not recommended long term due to increased risk of bleed. Please evaluate and discontinue Meloxicam (Mobic), if appropriate.	<input type="checkbox"/> Agree; Will do <input type="checkbox"/> <i>Disagree; State Reason:</i>
Harrison, William 503A	Currently receiving Donepezil (Aricept) with recent, documented falls. Please note, cholinesterase inhibitors may increase risk for falls by slowing the heart rate. Please evaluate possible causal relationship. Consider trial taper and discontinue Donepezil (Aricept), if appropriate.	<input type="checkbox"/> Agree; Will do <input type="checkbox"/> <i>Disagree; State Reason:</i>

Digitally Signed and

Submitted by: William C. Hallett, Pharm.D.

Date: 2/9/2018

License and Prescriber

Title: _____

Date: _____

DO NOT DISCARD: Per Federal Regulations, this form with the prescriber response is part of the resident's permanent medical record.

Consultant Pharmacists for Healthcare Organizations, Industry and the Community

Medication Regimen Review

Physician Referrals/Findings

Psychoactive Medication Use Recommendations

Facility: Metro Area Healthcare Facility (Sample)

Unit: 5

Dear Dr. Ronald Fine:

The Medication Regimen Review performed for the resident(s) listed below has identified the following potential medication irregularities or other medication concerns. Your follow-up on these recommendations are required.

Resident / Room #	Consultant Pharmacist Recommendations	Physician/Prescriber Response
Harrison, William 503A	Currently receiving Quetiapine (Seroquel) 25mg twice daily for behaviors associated with dementia. No recent behavior problems or recent attempt at gradual dose reduction (GDR) noted. Please evaluate current dosing, consider trial GDR taper to 25mg once daily, if appropriate, or document inability to do so.	<input type="checkbox"/> Agree; Will do <input type="checkbox"/> <i>Disagree; State Reason:</i>

Digitally Signed and

Submitted by: William C. Hallett, Pharm.D.

Date: 2/9/2018

License and Prescriber

Title: _____

Date: _____

DO NOT DISCARD: Per Federal Regulations, this form with the prescriber response is part of the resident's permanent medical record.



**Guardian
Consulting
Services, Inc.**

Consultant Pharmacists for Healthcare Organizations, Industry, and the Community.

Metro Area LTC Facility (Sample)
Quarterly Quality Improvement Summary
Consultant Pharmacist Actions and Findings

April 1, 2019

Period: 01/19 - 03/19

Actions and Findings:

1. Drug Regimen Reviews. Drug Regimen Reviews for each resident were performed monthly to assess compliance with Federal Indicators, appropriate laboratory monitoring of medication use, and opportunities to taper or discontinue unnecessary medications. The reviews resulted in 287 comments to the Physicians by the Consultant Pharmacist for follow-up or evaluation for the quarter, compared with 249 for the prior quarter. Any comments not responded to were referred to the Medical Director for follow-up. A breakdown of the comments is as follows:

Consultant Pharmacist Recommendations	<i>1Qtr19</i>	4Qtr18	3Qtr18	2Qtr18
Recommended Labwork Monitoring:	<i>26</i>	36	28	29
Recommendation to D/C Standing Order	<i>59</i>	53	56	50
Recommendation to D/C PRN Med	<i>25</i>	16	16	14
Recommendation to Taper Medication:	<i>55</i>	30	21	24
Recommendation to Switch Admin Times:	<i>15</i>	16	19	16
Rec to Use Alternative Med, Clinical	<i>51</i>	46	45	44
Cost Containment/Formulary Compliance	<i>46</i>	38	46	38
Taper lab or Vital Sign	<i>7</i>	10	3	6
Other Recommendations:	<i>3</i>	4	2	2

2. Psychotropic Medication Use Monitoring. Monitoring of all residents receiving antipsychotic and anxiolytic medications continued during this quarter. Charts for each resident receiving psychoactive medications were reviewed for documentation of continued need, the ability or lack of ability to taper dosages, and documentation of the presence or absence of side effects. Recommendations for additional documentation, AIMS testing, or attempts at tapering were made, where necessary. This area will continue to be monitored on a regular basis.

3. Nursing Unit Inspections. Nursing Unit Inspections were performed each month by the Consultant Pharmacist on all Units. 33 specific criteria were reviewed on each unit each month, including such items as: Monitoring for food in medication refrigerators, a review for expired/expiring medications in carts, cabinets, and refrigerators; and a review of Emergency Box and Narcotic Cabinet contents and expirations.

a. Summary of Nursing Unit Inspection Grid Scores

Each monthly Nursing Unit Inspection is assigned a “grid score” upon completion, based on the identified criteria. A summary of scores is presented below.

Nursing Unit Inspections

Unit	January	February	March	Avg 1Qtr19	Avg 4Qtr18	Avg 3Qtr18	Avg 2Qtr18
1	88%	100%	100%	96%	99%	99%	99%
2	91%	91%	100%	94%	97%	100%	99%
3	97%	91%	82%	90%	92%	89%	92%
4	100%	100%	100%	100%	99%	99%	99%

b. Summary of Frequently Cited Criteria on Nursing Unit Inspections

The five most frequently cited missed criteria are presented below. Please see individual monthly Nursing Unit Inspection forms for specific details.

5 Most Frequently Cited Criteria (*past three months*)

Criteria	# Citations
1. Medications appropriately packaged and labeled? (I,F)	11
2. Expired medications present in cart(s), cabinets, or other medication storage areas? (I,D)	4
3. Discontinued medications present in refrigerator? (II,C)	4
4. Discontinued medications present in cart(s), cabinets, or other medication storage areas? (I,E)	3
5. All open PPD vials indicate date of opening? (II,E)	2

4. Medication Administration Record Audits.

a. Medication Charting Omissions

All active medication administration records (MAR's) are assessed each month for medication charting omissions. There were 62 charting omissions noted for the quarter, compared with 65 for the prior quarter. A breakdown of the findings is as follows:

Medication Charting Omissions (*# Residents with at least one*)

Unit	January	February	March	Total 1Qtr19	Total 4Qtr18	Total 3Qtr18	Total 2Qtr18
1	1	5	6	12	11	13	6
2	3	7	0	10	13	4	5
3	11	13	11	35	31	30	38
4	2	3	0	5	10	12	9

b. Vital Sign Charting Omissions

All active medication administration records (MAR's) are assessed each month for vital sign charting omissions. Each instance is documented and line listed for the facility by the consultant pharmacist. There were 36 vital sign charting omissions noted for the quarter, compared with 25 for the prior quarter. A summary of the findings is as follows:

Vital Sign Charting Omissions (# Residents with at least one)

Unit	January	February	March	<i>Total 1Qtr19</i>	Total 4Qtr18	Total 3Qtr18	Total 2Qtr18
1	1	2	1	4	5	4	2
2	2	5	2	9	14	7	8
3	9	5	0	14	6	4	4
4	3	5	1	9	0	2	8

All findings regarding charting omissions and other Nursing concerns were referred to the DNS for evaluation and follow-up. Please see individual monthly reports for specific details.

5. Monitoring of Lab and Consult Orders. In the course of performing Medication Regimen Review, the consultant Pharmacist looks for lab orders related to medication use as well as consults related to medication use. The following charts present the number of instances where either labwork or consults were ordered by the physician where results or finding could have been available, but were not available at the time Medication Regimen Review was performed. *Please note: The availability of labs or consults unrelated to medication use is neither audited nor reflected in these statistics.*

a. Labwork Related to Medication Use Unavailable (# of Residents with at least one)

Unit	Jan	Feb	Mar	1Qtr2019	4Qtr2018	3Qtr2018	2Qtr2018
1	0	0	2	2	1	1	0
2	0	0	0	0	2	2	5
3	1	0	1	2	0	0	0
4	3	2	2	7	7	3	1

b. Consult Related to Medication Use Unavailable (# of Residents with at least one)

Unit	Dec	Jan	Feb	1Qtr2019	4Qtr2018	3Qtr2018	2Qtr2018
1	0	0	0	0	0	2	0
2	2	1	2	5	3	2	0
3	1	0	1	2	2	1	0
4	0	2	3	5	0	0	0

6. Medication Pass Observations. On going Med Pass observations were performed this quarter, in coordination with facility in-service educator. Please see individual reports on file in the nursing office for specific details.

7. Adverse Drug Reaction Reports. Two Adverse Drug Reactions were identified and documented by the Consultant Pharmacist for the prior three months. A breakdown is as follows:

Drug / Unit / Month	Suspected Reaction
Bactrim DS/42B/April	Rash all over body
Nitrofurantoin/423A/May	Rash and vomiting

All reports were forwarded to the nursing office and pharmacy for follow-up and evaluation.

8. Supplemental Medication Reviews . Eight Supplemental Medication Regimen Reviews were performed this quarter. Please see individual reports on file in the nursing office for specific details.

9. Medication Regimen Reviews for Newly Admitted Residents . 82 recommendations were made for newly admitted residents this quarter. Please see individual reports on file in the nursing office for specific details.

Respectfully submitted,

Dr. William C. Hallett, Pharm.D., MBA, BCGP
Guardian Consulting Services, Inc.
gcs\qtr.mtg\Sample QARreport2019

Grid of Missed Criteria on Nursing Unit Inspection, by Unit - Last 12 Months

Time Period: January 2018 - December 2018

Unit Name: 4- Olakino

X=Criteria Missed, Blank = Criteria Met

MEDICATION ROOM CARTS AND CABINET:	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18	Jan 18
Medication Room locked?												
Medication cart(s) locked when not in use?												
Medication carts, cabinets, and floor stock clean and orderly?												
Expired medications present in cart(s), cabinets, or other medication storage areas?	X	X										
Discontinued medications present in cart(s), cabinets, or other medication storage areas?												X
Medications appropriately packaged and labeled?			X							X		
Internal medications stored separately from external preparations?												

MEDICATION REFRIGERATOR	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18	Jan 18
Refrigerator clean and orderly?												
Expired medications present in refrigerator?												
Discontinued medications present in refrigerator?			X	X					X			
Unauthorized food products present in refrigerator?												
All open PPD vials indicate date of opening?					X							
Any open and dated PPD vials available for use beyond 30 day expiration?	X											
All open Lantus vials indicate date of opening?			X									X
Any open and dated Lantus vials available for use beyond 28 day expiration?					X							
All other multiple dose injection vials indicate date of opening?								X		X		X
Any open/dated multidose vials available for use beyond specifications for expiration after opening?	X		X			X						
Any partially used open single dose vials available for use?												
Any medications in refrigerator that should be stored at room temperature?												
Thermometer available and working?												
Refrigerator between 36-46 degrees F? (Indicate Temp)												

Grid of Missed Criteria on Nursing Unit Inspection, by Unit - Last 12 Months

Time Period: January 2018 - December 2018

Unit Name: 4- Olakino

X=Criteria Missed, Blank = Criteria Met

EMERGENCY BOX	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18	Jan 18
Emergency Box available on unit?												
Emergency Box locked?			X									
Are any medications listed as expired? (If yes list all. If no list first to expire/exp date.)												
More than 5 non-injectable medications plus Nitroglycerin sublingual available in box?												
More than a 24 hour supply of each non-injectable medication available?												
CONTROLLED SUBSTANCE STORAGE AND	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18	Jan 18
Controlled Substance cabinet(s) locked?												
Cabinet made of metal construction with two doors and two different keys?												
Expired medications in cabinet(s)? (If YES list all.)												
Discontinued medications in cabinet(s)? (If YES list all.)					X							
If expired or d/c'd meds present nurse reminded to send meds to nursing office as soon as possible?												
Items other than controlled substances in cabinet(s)? (If YES list all.)												
Spot check three controlled substance counts. Does inventory match descending count sheet total?												
Are any change of shift signatures missing? (If YES list all.)	X	X	X									
Inspect each blisterpack. Integrity intact with no tape or evidence of tampering?												
Refrigerated controlled substances under double lock with an affixed interior lock box?												
REFERENCES	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18	Jan 18
Current drug reference sources available?												
Poison Control telephone number posted?												

Psychotropic Medication Use Comparative Statistics

September 2019

Methodology: Presented below are the facility's psychotropic medication use statistics as collected by the Consultant Pharmacist during the monthly drug regimen review. The most recently available State and National averages as published by CMS are presented for comparison purposes, as well as data for similarly sized facilities currently being serviced by Guardian

Facility Size	Comparator Grouping	State
156 Beds	121 to 239 Beds	CT

Antipsychotics: CMS calculates the Long Stay Quality Measure on Antipsychotic Medication Use by the following formula:

Number of residents on antipsychotics in the absence of schizophrenia, divided by the total number of residents in house greater than 100 days. Statistics are presented both as a total use percentage (meaning all residents regardless of diagnosis) as well as current percentage when use for schizophrenia is removed.

Antipsychotics	Percentage
Facility percentage, excluding Schizophrenia*	7.69%
Comparator Group percentage, excluding Schizophrenia	11.47%
State Average (excludes Schizophrenia)	16.31%
National Average (excludes Schizophrenia)	14.33%
Facility TOTAL USE %, including Schizophrenia	11.54%
Comparator Group TOTAL USE %, Including Schizophrenia	19.92%

Antianxiety/Hypnotic Medications: CMS calculates the Long Stay Quality Measure on Antianxiety and Hypnotic medications by the following formula: *Number of residents on antianxiety and/or hypnotic medications divided by the total number of residents in house greater than 100 days.* There are no exclusions for any diagnosis.

Antianxiety/Hypnotic Medications	Percentage
Facility percentage*	11.54%
Comparator Group percentage	19.49%
State Average	18.93%
National Average	20.18%

Other Psychotropics: Although all psychotropics must be evaluated for possible gradual dose reductions under F758, CMS does not publish statistics on the use of "Other Psychotropics" such as Divalproex, Gabapentin, and other medications that are being used as psychotropics for the purposes of controlling mood or behaviors. The percentage below is calculated by the following formula: *Number of residents on other psychoactive medications divided by the facility total number of beds.* Antidepressants for the treatment of Major Depressive Disorder are excluded.

Other Psychoactives	Percentage
Facility percentage	12.18%
Comparator Group percentage	17.29%

*Please note that facility and comparator group percentages presented above are unofficial tabulations.
Your CMS reported statistics on your current Quality Measures Report may differ.



3333 New Hyde Park Road
Suite 202
New Hyde Park, NY 11042
Tel: 516.775.6235 Fax: 516.775.627

Consultant Pharmacists for Healthcare Organizations, Industry and the Community

Total Residents with Orders for Psychoactives - Last 12 Months

Time Period: February 2018 - January 2019

Facility Totals:

Category	Jan 19	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18
Antipsychotic	38	38	42	40	44	44	42	48	43	45	44	51
Anxiolytic	28	29	28	27	30	31	24	25	25	26	24	26
Sedative/Hypnotic/Sleep Induction	1	1	1	1	1	3	2	4	3	4	4	6
Other Psychoactive	21	21	22	21	22	22	19	23	22	23	24	25

Unit: Amber

Category	Jan 19	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18
Antipsychotic	1	2	1	2	3	3	4	4	3	3	2	4
Anxiolytic	4	2	2	2	5	3	1	0	2	2	1	1
Sedative/Hypnotic/Sleep Induction	1	1	1	1	1	2	1	2	1	1	1	2
Other Psychoactive	2	1	2	2	2	2	2	3	2	2	2	1

Unit: Brantly

Category	Jan 19	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18
Antipsychotic	7	8	9	9	9	9	8	10	8	8	9	11
Anxiolytic	5	7	7	8	8	9	7	8	5	6	6	7
Sedative/Hypnotic/Sleep Induction	0	0	0	0	0	0	1	2	2	2	2	4
Other Psychoactive	5	5	5	5	5	5	4	5	4	5	4	6

Unit: Crystal

Category	Jan 19	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18
Antipsychotic	6	5	5	4	6	7	7	8	8	9	9	8
Anxiolytic	6	7	7	7	7	7	6	5	7	6	5	7
Sedative/Hypnotic/Sleep Induction	0	0	0	0	0	0	0	0	0	0	0	0
Other Psychoactive	6	7	7	6	7	7	6	7	7	6	7	7

Quality Assurance: Psychoactive Medication Use Monthly Summary December, 2018

UNIT: 3

The following residents had active orders for antipsychotics on the date(s) during which Medication Regimen review was performed for this unit in the month listed above.

CATEGORY: Antipsychotic

Resident/Rm#	Medication	Dx On Physicians Order	Status/Date	Last Psych Eval
Armstrong, Alsidro / 314A	Haloperidol	Schizophrenia	New Admission and/or Start of Tracking / 04-27-17	12-01-18
Atresino, Lucy / 312A	Quetiapine	Schizoaffective Disorder	Dose Increase / 08-12-18	10-06-18
Confessor, Maria / 306B	Quetiapine	Schizophrenia	New Admission and/or Start of Tracking / 03-07-16	12-01-18
Diaz, Mario / 307	Quetiapine	Bipolar Disorder	New Admission and/or Start of Tracking / 09-12-18	11-03-18
Gorman, John / 308	Quetiapine	Bipolar Disorder	Dose Taper / 10-06-18	11-03-18
Gutierrez, Mireya / 319C	Quetiapine	Bipolar Disorder	Dose Taper / 11-03-18	11-03-18
Lang, Jeanette / 304A	Olanzapine	Schizophrenia	New Admission and/or Start of Tracking / 03-07-16	10-06-18
Marrero, Francisco / 302A	Haloperidol	Dementia with behavioral disturbances	Dose Taper / 11-04-18	11-03-18

CATEGORY: Anxiolytic

Resident/Rm#	Medication	Dx On Physicians Order	Status/Date	Last Psych Eval
Atresino, Lucy / 312A	Buspirone	Anxiety	New Start of Medication / 07-15-18	10-06-18
Walsh, Sheila / 304B	Buspirone	Anxiety	Dose Taper / 08-12-18	12-01-18

CATEGORY: Other Psychoactive

Resident/Rm#	Medication	Dx On Physicians Order	Status/Date	Last Psych Eval
Atresino, Lucy / 312A	Trazodone (For Psy Use other than Depression)	Dementia with behavioral disturbances	Dose Increase / 08-12-18	10-06-18
Confessor, Maria / 306B	Divalproex-ER (for psy/behaviors)	Schizophrenia	New Admission and/or Start of Tracking / 03-07-16	12-01-18
Duman, Rafael / 316A	Divalproex (for Psy/Behaviors)	Bipolar Disorder	New Admission and/or Start of Tracking / 01-04-18	11-18-18
Gutierrez, Mireya / 319C	Divalproex (for Psy/Behaviors)	Mood Disorder	New Admission and/or Start of Tracking / 09-28-18	11-03-18
Natale, Mabel / 312B	Divalproex (for Psy/Behaviors)	Bipolar Disorder	Dose Taper / 07-29-18	11-18-18

CATEGORY: Sedative/Hypnotic/Sleep Induction

Resident/Rm#	Medication	Dx On Physicians Order	Status/Date	Last Psych Eval
Wu, Nancy / 315B	Ramelteon	Insomnia	New Admission and/or Start of Tracking / 09-23-18	12-01-18



Antipsychotic Medication Use in LTC

Presented By: Dr. William C. Hallett, Pharm.D., MBA, CGP, C-MTM

- I. Introduction
 - a. Antipsychotics – Overview
 - i. Why do these meds remain the focus of the surveyors
 - 1. Side Effect Profile/History of overuse
 - 2. Misuse: Significant Cost to the system
 - ii. Regulatory Guidance on Antipsychotics
 - 1. Major Focus since OBRA 89 guidance first issued
 - a. Multiple revisions with an ever increasing focus on use and misuse in dementia
 - 2. Most recent CMS guidance updated November, 2017
 - a. Key Tags: F757 and F758
 - iii. Reporting, and Impact on Nursing Home Reimbursement
 - 1. Antipsychotic Drug Use, Long Stay and Short Stay
 - a. Available to Consumers on CMS “Nursing Home Compare” website
 - b. Factored in to a facility’s “5 Star” Quality Rating!
- II. Evaluating Survey Risk: When and where the F758 Gradual Dose Reduction (GDR) guidance applies
 - a. Must differentiate: Use in Behaviors associated with Dementia vs. Use for Chronic or Acute Psychiatric Conditions
 - 1. Use in Chronic Conditions: Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Bipolar Mania, Severe Depression; Delusional Disorder – GDR does NOT apply
 - a. Must only monitor for clinical effectiveness and the development of side effects
 - 2. Use in Acute Psychiatric Conditions: Acute delirium (secondary to medical illness or treatment related psychosis; e.g. high dose steroid use); Psychosis *in the absence of Dementia*
 - a. GDR guidelines apply: Must monitor for resolution of the acute condition and taper/discontinue accordingly
 - 3. Use in Behaviors Associated with Dementia (aka: BPSD: Behavioral or Psychological Symptoms of Dementia)
 - a. GDR Guidelines apply.

- b. The TRUE target of CMS: Use is “off-label”, “black boxed”, and is costly!
- c. Agitation is an acute condition!
 - i. Are we (and have we been) treating acute conditions as if they are chronic?
 - ii. What happens to a dementia resident who has a bad night/weekend?

III. Strategies for reducing and eliminating Antipsychotic use in dementia residents:

- a. Identify your population
 - i. Separate out Behavior/Dementia uses from Acute and Chronic Psychiatric Uses.
 - 1. Insure for psychiatric uses, that the DX on the MAR MATCHES the Dx on the psych consult!
 - 2. For “mixed” diagnoses, always list the chronic diagnosis FIRST
 - 3. Look for “Low Dose” as a marker!
- b. For “Long Term” use in behaviors associated with dementia
 - i. Identify residents that have been behavior free for more than 30 days – consider tapering
 - ii. Identify Residents that have shown no improvement – consider making a change
- c. For Newly Emergent Behaviors
 - i. Implement a program of non-drug interventions to be tried BEFORE calling the physician – and INSIST on documentation.
 - 1. CLEAR survey Target!
 - ii. Consider using a “Behavioral Intervention Log” prior to calling physician for medication orders (See attached)
 - 1. Insist that when the physician is called, that orders for a medical and psychosocial workup are taken at the same time!
 - 2. Insist that med orders for newly emergent behaviors be short TIME LIMITED orders (either a stat dose or up to 7 days MAX.)
 - iii. Routinely evaluate ALL new orders for antipsychotics started on evenings and weekends in morning report for guideline adherence!
- d. Use of Antipsychotics in New Admissions
 - i. Must evaluate and make a determination of ability or lack of ability to taper within 2 weeks of admission
- e. AVOID “PRN” Antipsychotic Medication Use!
 - i. CLEAR, easy survey target
 - ii. Promotes lack of communication
 - iii. Opens the door for lack of documentation of what was tried first

IV. Latest Continued Focus/Enforcemet: Anxiolytics and Sedatives



**Guardian
Consulting
Services, Inc.**

Consultant Pharmacists for Healthcare Organizations, Industry, and the Community.

MEDICATION PASS AUDIT TOOL

Facility Name: _____

Date: _____

Nurse Observed: _____

I. Preparation for Medication Distribution

Yes No N/A

- A. Cart clean and orderly? _____
- B. Checks supplies prior to start of med pass. _____
- C. Washes hands prior to start of med pass. _____
- D. Sharps container available? _____

Comments: _____

II. Technique Assessment: General

Yes No N/A

- A. Introduces self to resident/knocks prior to entering room. _____
- B. Identifies resident by name and arm band. _____
- C. Compares each medication label to M.A.R., insures each order is correct for: medication, strength, route and time prior to pouring medication. _____
- D. Does not touch medication with hands. _____
- E. Observes that each resident has swallowed meds/Does not leave meds at bedside. _____
- F. Unlocked cart kept within view at all times. _____
- G. Informs resident of medications being administered. _____
- H. Medication given before, with, or after meals when so ordered by physician. _____
- I. Observes proper hand washing intervals and techniques. _____
- J. Prepares each med just prior to administration. (Has not prepoired medications.) _____
- K. Completes med pass within allotted 2-hour time frame. _____

Comments: _____

III. Technique Assessment: Oral Medications

Yes No N/A

- A. Measures liquid medications at eye level. _____
- B. Shakes suspensions well prior to administration. _____
- C. Individually prepares and administers each crushed medication. _____
- D. Only products suitable for crushing are crushed. (Enteric coated, sustained release and sublingual products are not to be crushed). _____
- E. Dilutes or administers meds with proper amount of fluid, where needed. _____

Comments: _____

IV. Technique Assessment: Ophthalmic Medications

Yes No N/A

- A. Washes hands before and after each administration. _____
- B. Cleans eyelids/lashes prior to administration when necessary. _____
- C. Allows 3-5 minutes between drops in the same eye. _____



**Guardian
Consulting
Services, Inc.**

Consultant Pharmacists for Healthcare Organizations, Industry, and the Community.

IV. Technique Assessment: Ophthalmic Medications, *continued*.

- D. Insures dropper tip does not touch eye.

Comments: _____

V. Technique Assessment: Injectable Medications

Yes No N/A

- A. Dates multiple dose vials when opened. _____
- B. Disinfects rubber stopper on vial prior to withdrawing medication. _____
- C. Mixes product properly to avoid bubble formation. (Vial rolled, not shaken.) _____
- D. Rotates and charts injection site. _____
- E. Checks site of previous injection for reaction. _____
- F. Disposes of needles/syringes in sharps container. (Needles MUST NOT be recapped prior to disposal). _____
- G. If administration requires adjusting resident's clothing to expose site (abdomen, buttocks, upper thigh), privacy is provided. _____

Comments: _____

VI. Technique Assessment: Medications via Gastric Tube

Yes No N/A

- A. Checks tube for placement and patency. _____
- B. Administers each medication individually. _____
- C. Administers Phenytoin separately from enteral feeding. _____
- D. Flushes tube before, between, and after medications. _____
- E. Administers meds in private room/area (i.e. curtain drawn). _____

Comments: _____

VII. Technique Assessment: Metered Dose Inhalers

Yes No N/A

- A. Shakes well prior to administration. _____
- B. Instructs resident to exhale prior to activation. _____
- C. Allows at least one minute between puffs. _____
- D. Gloves worn when in contact with respiratory secretions. _____

Comments: _____

VIII. Charting and Documentation

Yes No N/A

- A. Initials M.A.R. immediately after administration. _____
- B. Takes and records vital signs where required prior to med administration. _____
- C. Documents need/effect of each PRN dose administered on back of M.A.R. _____

Comments: _____

Audit performed by: _____ Date: _____

Results reviewed and discussed with Nurse: _____ Date: _____

COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Pharmacy Consultant

RFP Number: 2020-054

THIS PROPOSAL IS SUBMITTED TO:

Karen A. Storm, Purchasing Agent
Albany County Department of General Services
Purchasing Division
112 State Street, Room 1000
Albany, NY 12207

1. The undersigned Proposer proposes and agrees, if this Proposal is accepted, to enter into a Contract with the owner in the form included in the Contract Documents to complete all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Proposal and in accordance with the Contract Documents.
2. Proposer accepts all of the terms and conditions of the Instructions to Proposers, including without limitation those dealing with the Disposition of Proposal Security. This Proposal may remain open for ninety (90) days after the day of Proposal opening. Proposer will sign the Contract and submit the Contract Security and other documents required by the Contract Documents within fifteen days after the date of County's Notice of Award.
3. In submitting this Proposal, Proposer represents, as more fully set forth in this Contract, that:

- (a) Proposer has examined copies of all the Contract Documents and of the following addenda: (If none, so state)

Date

Number

NONE .

(receipt of all of which is hereby acknowledges) and also copies of the Notice to Proposers and the Instructions to Proposers;

- (b) Proposer has examined the site and locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Proposer deems necessary;

- (c) This Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham Proposal; PROPOSER has not solicited or induced any person, firm or a corporation to refrain from Proposing; and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over the owner.

4. Proposer will complete the Work for the following prices(s): (Attach Proposal)
5. Proposer agrees to commence the Work within the number of calendar days or by the specific date indicated in the Contract. Proposer agrees that the Work will be completed within the number of Calendar days or by the specific date indicated in the contract.
6. The following documents are attached to and made a condition of this Proposal:
- (a) Non-Collusive Bidding Certificate (Attachment "A")
 - (b) Acknowledgment by Bidder (Attachment "B")
 - (c) Vendor Responsibility Questionnaire (Attachment "C")
 - (d) Iranian Energy Divestment Certification (Attachment "D")

7. Communication concerning this Proposal shall be addressed to:

WILLIAM C. HALLETT
GUARDIAN CONSULTING SERVICES, INC
3333 NEW HIDE PARK RD, NEW HIDE PARK, NY 11042
Phone: 516 775-6235

8. Terms used in this Proposal have the meanings assigned to them in the Contract and General Provisions.

COUNTY OF ALBANY

COST PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Pharmacy Consultant

RFP Number: 2020-054

COMPANY: GUARDIAN CONSULTING SERVICES, INC.
ADDRESS: 3333 NEW HIDE PARK ROAD - SUITE 202
CITY, STATE, ZIP: NEW HIDE PARK, NY 11042
TEL. NO.: 516 775-6235
FAX NO.: 516 775-6273
FEDERAL TAX ID NO.: 11-3008315
REPRESENTATIVE: WILLIAM C. HALLETT
E-MAIL: WHALLETT@GUARDIANCONSULTING.COM
SIGNATURE AND TITLE W.C. Hallett, PRES/CEO
DATE 4/13/2020

Cost Proposal

Monthly Drug Regimen Review
New Admission and Readmission Medication Regimen Reviews
Nursing Unit Inspections
Medication Administration Record Review Audits
Medication Pass Audits
QA/Pharmacy Committee Meeting Attendance and Participation
Quality Assurance Performance Improvement Reports
Monthly Psychotropic Medication Use Reports

Guardian Consulting Services, Inc. proposes to provide Monthly Drug Regimen Reviews, Monthly Nursing Unit Inspections, Monthly Medication Administration Record Review Audits, up to 2 Medication Pass Audits per month, quarterly attendance at the QA/Pharmacy Committee meetings, and all necessary quality assurance performance improvement reports for the following fee schedule:

Year 1: \$3139.50 per month

(Note: This represents no proposed increase from current contract year's rate)

Year 2: \$3218.00 per month

Year 3: \$3298.50 per month

**New Admission Medication Regimen Reviews and
Supplemental Medication Regimen Reviews**

Guardian Consulting Services, Inc. proposes to provide New Admission Medication Regimen Review Services for all newly admitted and readmitted residents in accordance with F756 and MDS Section a cost of \$24 per occurrence. Reviews shall be conducted within the first 1 to 3 days of admission, and submitted to the facility electronically in the usual and customary format, as identified in the previous section of this RFP.

Guardian Consulting Services, Inc. similarly will provide the required Supplemental Medication Regimen Reviews for residents experience significant, unexplained changes in conditions (as specified in F756) upon the request of the facility at \$24 per occurrence. Reviews shall be conducted promptly with finding submitted to the facility electronically in the usual and customary format, as identified in the previous section of this RFP.

Additional Services

Additional services that are not covered under the terms of this contract will be billed at \$125 per hour, and will only commence upon the express approval of the administration of Shaker Place Rehabilitation and Nursing Center.

ATTACHMENT "A"
NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO
SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW

A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organizations, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation


Signature


Title


Company Name


Date

ATTACHMENT "B"
ACKNOWLEDGMENT BY PROPOSER

If Individual or Individuals:

STATE OF _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally appeared _____ to me known and known to me to be the same person(s) described in and who executed the within instrument, and he (or they severally) acknowledged to me that he (or they) executed the same.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Corporation:

STATE OF New York)
COUNTY OF NASSAU) SS.:

On this 16 day of April, 2020, before me personally appeared William C Hallett to me known, who, being by me sworn, did say that he resides at (give address) 3333 New Hyde Park, New Hyde Park, NY 11042; that he is the (give title) President of the (name of corporation) Guardian Consulting Services Inc., the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.

GERARD DeGREGORIS, JR.
Notary Public, State of New York
No. 30-4671570
Qualified in Nassau County
Commission Expires March 30, 192022

Gerard DeGregoris, Jr.
Notary Public, State of New York

Qualified in NASSAU

Commission Expires MARCH 30, 2022

If Partnership:

STATE OF _____)
COUNTY OF _____) SS.:

On the _____ day of _____, 20____, before me personally came _____ to me known to be the individual who executed the foregoing, and who, being duly sworn, did depose and say that he / she is a partner of the firm of _____ and that he / she has the authority to sign the same, and acknowledged that he / she executed the same as the act and deed of said partnership.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

ATTACHMENT "C"
ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE

1. VENDOR IS: <input checked="" type="checkbox"/> PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME GUARDIAN CONSULTING SERVICES, INC.		3. IDENTIFICATION NUMBERS a) FEIN # 11-3008315 b) DUNS #	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:		5. WEBSITE ADDRESS (if applicable) GUARDIANCONSULTING.COM	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE 3333 NEW HYDE PARK ROAD, SUITE 202 NEW HYDE PARK, NY 11042		7. TELEPHONE NUMBER 516 775-6235	8. FAX NUMBER 516 775-6273
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i>		10. TELEPHONE NUMBER	11. FAX NUMBER
12. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name WILLIAM C. HALLETT Title PRES/CEO Telephone Number 516 775-6235 Fax Number 516 775-6273 e-mail			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME WILLIAM C. HALLETT	TITLE PRES/CEO	b) NAME	TITLE
c) NAME	TITLE	d) NAME	TITLE
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.			
14. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, or D/B/A OTHER THAN THOSE LISTED IN ITEMS 2-4 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 			
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRICIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS: <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> a) An elected or appointed public official or officer? <i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service.</i> </div> <div style="width: 15%; text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individuals name, business title or consulting capacity and the official political position held with applicable service dates.</i> </div> <div style="width: 15%; text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> </div> </div>			

16.	<p>WITHIN THE PAST (5) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a)	<p>1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process;</p> <p>2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;</p> <p>3. entered into an agreement to a voluntary exclusion from bidding/contracting;</p> <p>4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles;</p> <p>5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract;</p> <p>6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited;</p> <p>7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract;</p> <p>8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or</p> <p>9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b)	<p>been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c)	<p>been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of:</p> <p>1. federal, state or local health laws, rules or regulations.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	<p>IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES ¹ HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	<p>DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO:</p> <p>a) file returns or pay any applicable federal, state or city taxes? <i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i></p> <p>b) file returns or pay New York State unemployment insurance? <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i></p> <p>c) Property Tax <i>Indicate the years the vendor failed to file.</i></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	<p>HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES ¹ WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES REGARDLESS OF THE DATE OF FILING?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20.	<p>IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

21.	IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES ¹ :	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;		
Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.			

¹ "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

**ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN #

State of: NEW YORK)
County of: NASSAU) ss:

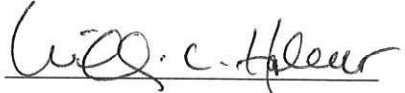
CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the County of Albany in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the County may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- Has not altered the content of the questions in the questionnaire in any manner;
- Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- Is knowledgeable about the submitting vendor's business and operations;
- Understands that Albany County will rely on the information supplied in the questionnaire when entering into a contract with the vendor;
- Is under duty to notify the Albany County Purchasing Division of any material changes to the vendor's responses.

Name of Business
GUARDIAN CONSULTING SERVICES, INC
Address
3333 NEW WIDE PARK ROAD - SUITE 202
City, State, Zip
NEW HYDE PARK, NY 11042

Signature of Owner 
Printed Name of Signatory WILLIAM C. HALVETT
Title PRESIDENT / CEO

Sworn before me this 16 day of April, 2020


Notary Public

GERARD DeGREGORIS, JR.
Notary Public, State of New York
No. 30-4671570
Qualified in Nassau County
Commission Expires March 30, 192022

Printed Name

Signature

Date

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
 2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.