



CATTARAUGUS COUNTY BOARD OF HEALTH

1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department
Established 1923

Joseph Bohan, MD, President

Giles Hamlin, MD, Vice-President

*Zahid Chohan, MD
Sondra Fox, RN
Richard Haberer
Julie Hamacher
Theresa Raftis
David L. Smith
James Snyder*

MINUTES

November 2, 2016

The 851st meeting of the Cattaraugus County Board of Health was held at The Point Restaurant, 800 East State Street, Olean, New York on November 2, 2016.

The following members were present:

Dr. Joseph Bohan
Dr. Zahid Chohan
Dr. Giles Hamlin
Mrs. Sondra Fox, RN

Mr. Richard Haberer
Ms. Theresa Raftis
Mr. David Smith
Mr. James Snyder

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director
Mark Howden, County Attorney
Richard Helmich Jr., County Legislator
Sue Labuhn, County Legislator
Robert Neal, County Legislator
Donna Vickman, County Legislator
Paul Schwach MD, Clinic Physician
Gilbert Witte, MD, Medical Director
Dave Porter, Hearing Officer
Rick Miller, Olean Times Herald
Susan Andrews, Director of Nursing
Kathy Ellis, Administrative Officer
Raymond Jordan, Sr. Public Health Sanitarian
Debra Lacher, Secretary to Public Health Director
Eric Wohlers, Director of Environmental Health

The meeting was called to order by Dr. Bohan. The roll was called and a quorum declared. Dr. Hamlin made a motion to approve the minutes of the Board of Health (BOH) meeting held on October 5, 2016, it was seconded by Mr. Smith and unanimously approved.

DIRECTORS REPORT: Dr. Watkins reported that for the last three weeks influenza activity has been categorized as geographically sporadic. The number of patients hospitalized statewide with laboratory confirmed influenza was (24) a 9% increase over last week. To date, there has been no influenza pediatric deaths reported in New York State this season. Only (1) laboratory confirmed influenza case has been reported to date in Cattaraugus County this season, which was a positive influenza B.

"Public Health for Healthy Communities"

All health department nursing and nursing home personnel that chose to have the influenza vaccine were vaccinated as per state regulations. Those who declined the vaccination will be required to wear a face mask during the influenza season once the State Health Commissioner declares influenza to be widespread in New York State.

Dr. Watkins stated that the department is putting the finishing touches on the accreditation corrective action plan which will be submitted by the end of the week. A decision about the accreditation status should be reached by the end of this month. He remarked that he is very optimistic that this corrective action plan will be accepted and the department will get awarded its accreditation status.

Dr. Watkins reported that the community health assessment and community health improvement plan is nearly completed. This plan describes the department's efforts to implement interventions, and strategies to address the community's health priorities. New York State has asked each county to choose (2) of (5) priority areas from the New York State Prevention Agenda. The Cattaraugus County steering committee has chosen a.) prevent chronic disease and b.) promote mental health and prevent substance abuse as the two priority areas from NYS Prevention Agenda for improving the health status of residents of Cattaraugus County based upon the results of the community surveys and the focus groups conversations. Dr. Watkins remarked that the community health assessment was developed in collaboration with Olean General Hospital. He added that although the community health assessment and the community health improvement plan was to be presented at today's BOH meeting, after reviewing the report, it appears that the department still needs time to corroborate the data in the nearly (200) page document before presenting this document to the Board. He stated that the Board will receive this document on a flash drive for their review prior to the December meeting.

Dr. Watkins reported that last week the department was informed of a child who presented to the emergency room with a possible diagnosis of measles. He stated that the department is still investigating the case and preliminary tests are still pending. In this case, the child was not vaccinated against the measles virus. Dr. Watkins briefed the board on the signs, symptoms and transmission of the measles virus. He stated that measles is a highly contagious virus that lives in the nose and throat mucosa of an infected person. Measles can spread to others through coughing, or sneezing and can live up to 2 hours in the air space that the infected person coughed or sneezed. If other people breathe this air or touch a contaminated surface and then touch their eyes, nose, or mouth they can also become infected. Measles are so contagious that if one person has it 90% of people close to that person who are not immunized will become infected. Symptoms usually occur 10-12 days after a person is exposed to measles. Symptoms include but are not limited to a high grade fever, cough, runny nose, red watery eyes, and a maculopapular rash which begins around the hairline, moves to face, neck, and down the body to the arms and legs. The tight cluster rash gives the skin a splotchy red appearance and usually appears 2 to 4 days after the fever begins and lasts 5 to 6 days. Dr. Watkins stated that situations like this are becoming all too common and continues to be a public health problem for those who choose not to get vaccinated whether due to religious, philosophical, or personal reasons. Although rare, measles still can be deadly, causing a subacute sclerosing panencephalitis (SSPE) which is a neurological brain complication that can be progressive, debilitating, and fatal. He stated that nationwide, in 2014 there were (667) cases of measles reported, last year there were (189) cases of measles reported, and this year, to date, there has been (54) cases of measles reported.

Dr. Watkins updated the Board on the progress of the Heroin/Opioid taskforce. He discussed the progress through a flow chart that was created for the taskforce and distributed to all that were in attendance. He explained that applications for two major grants were being prepared and if awarded, will assist the community in obtaining more treatment beds, and possibly a resource navigator. He stated that the raw data that was being received from County Departments, community based organizations, law enforcement, and other entities within the county was really making a difference in estimating the severity of the heroin/opiate use within the county. He went on to say that the five sub-committees formed by the taskforce are making progress toward their goals and objectives and after reviewing the Narcan data chart, which was also distributed to all that were in attendance, he remarked that the number of calls for heroin/opioid overdoses had markedly decreased which leads the task force to believe that either the users have moved on to other drugs, users are receiving treatment, or the supply is becoming increasingly more difficult to obtain within the community.

Dr. Bohan asked Dr. Watkins if he was pleased with the progress that the task force is making. Dr. Watkins stated that overall he has been pleased with the efforts of this task force. Dr. Bohan asked about the flow of heroin into our community. Dr. Watkins responded that the sheriff's department has had several large heroin busts in the community which seems to reflect why the community is seeing a decrease number of calls for heroin/opioid overdoses. He added that unfortunately the sheriff's office is seeing an increase number of methamphetamine labs within our area and this could be problematic as these labs can be erected anywhere. Mr. Snyder inquired about a timeframe for the additional beds within our community. Dr. Watkins stated that notification of the grant awards should happen at the end of this year or the beginning of next year and if the Council on Addiction and Recovery Services (CAREs) is awarded the capital grant to expand their residential beds, the agency should be completed with the expansion project between 12-18 months after receipt of the grant. Mr. Snyder asked if these beds would be tied to the hospital. Dr. Watkins responded that these beds would be an extension to the number of beds that CAREs already has but CAREs would work in collaboration with the hospital to help educate individuals admitted to the hospital emergency room and the behavior health unit about treatment opportunities in this new CAREs facility. Mrs. Fox asked if the crisis hotline which is used as a suicide hotline and already in place could be dovetailed into a resource hotline for residents needing information for heroin/opiate addiction. Dr. Watkins stated that he was not certain but he thought that the suicide hotline was grant funded and such funds were earmarked strictly for suicide services, but he thinks it's a great idea to investigate if the two services could be combined at a reasonable price.

Dr. Watkins reviewed the Cattaraugus County Health Department Strategic Plan Progress Report handed out to those in attendance. Dr. Watkins explained that there were a total of seven goals on the strategic plan and today's review would only focus on the objectives of the second goal. The board reviewed the second goal, "to increase revenue and improve cost control" and its three objectives and recognized that one third of the achievements were met and two thirds of the objective were still in progress.

NURSING DIVISION REPORT: Mrs. Andrews updated the Board on the recent reportable communicable diseases for Cattaraugus County. She stated that for the month of October there was (1) campylobacter (2) cryptosporidiosis, (1) strep B and (1) confirmed influenza B reported. In addition, there were (3) suspected Lyme cases reported however, the results are still pending. Mrs. Andrews commented that 2016 appears to be a year for a record high number of cases for Lyme disease, to date there has been 29 reported cases compared to last year where there were 12 reported cases. Mrs. Andrews stated that Acute Hepatitis C numbers are declining, our rates had been as high as 3.1 (for the year of 2013) and now we are down to zero for both 2015 and for 2016. Chronic Hepatitis C cases are still high, at one time we were as high as 88.5 (the average for years 2013-2015) this year we are at 66.2. Mrs. Andrews commented on the measles case previously discussed by Dr. Watkins and stated that measles still kills over 160,000 people worldwide, which is a potential for a public health crisis. The results of the first test related to this measles investigation was negative for measles, and other tests results including an enterovirus test is still pending. This child was not immunized against the measles virus because the child was only (11) months old (recommended age for the first dose of the measles vaccine is 12 to 15 months). She stated that when she looked at the pictures taken of the child's rash she did not believe it looked like measles, Dr. Witte stated he agreed that the pictures of the rash did not look like the typical measles rash. Mrs. Andrews reported that this year, eight people were tested at the department for Zika virus, and there have been no positive results however, in New York City, (80) pregnant women have tested positive for Zika virus. She went on to say that today is the last day of the department's (13) community flu clinics, and there are a few additional closed clinics scheduled for private facilities. Mrs. Andrews reported that there were (3) post exposure rabies cases for October which were all cat related, bringing the total post exposure rabies cases to (49) for the year. There was (1) new elevated blood lead level case in October. The child had a fairly high initial lead level of 26ug/dl (normal is 9ug/dl) and a joint visit to the child's home was made by both the nursing and environmental health divisions.

Mrs. Andrews shared that after several years of not being named in the top 25% of homecare providers in the nation, the department has finally achieved that status once again. Basically this is determined by both clinical and financial performance.

Dr. Bohan inquired about the percentage of children that was not immunized within Cattaraugus County. Mrs. Andrews stated that our numbers are quite high due to the Amish population but she did not know the exact number. If the Amish were excluded there would be approximately a 95% participation in vaccinations throughout the county.

Dr. Chohan asked if there was a hypothetical measles outbreak did the county have an emergency preparedness plan. Dr. Watkins responded affirmatively that the department has an emergency operation plan for such a scenario. Legislator Helmich asked if the post exposure rabies cases were centralized in any specific location. Mr. Wohlers, and Mrs. Andrews agreed that the cases were spread randomly throughout the county.

ENVIRONMENTAL DIVISION REPORT: Mr. Wohlers reported that the new tobacco 21 local law went into effect yesterday. He stated that letters were sent to all licensed retail establishments that sell tobacco products, providing them with new signage. He added that tobacco compliance checks are on-going and a formal enforcement action will be taken against a merchant who employee was recently caught selling cigarettes to a minor.

Mr. Wohlers informed the Board that the new regulations requiring all schools to test their drinking water for lead are now in effect. The health department staff has participated in webinars, and training has been provided for school officials. All school buildings serving children in pre-kindergarten through grade five must collect a sample from each identified sampling location for testing by September 30, 2016. Any schools serving children in grades six through twelve that are not also serving children in younger grades must complete collection of samples by October 31, 2016. For new schools which begin operations after the effective date of this regulation, initial samples must be performed prior to occupancy. Results must be posted on the schools website for the public to view, and schools must notify their local health departments of all elevated results, and they must designate individuals within their school district who will be responsible for posting these results onto the new statewide reporting system. All results are required to be posted by November 11th. The environmental health division is preparing a mailing that will go out tomorrow reminding the school systems of all their obligations making sure that if they have any questions or need technical assistance they may contact the Health Department.

Dr. Bohan asked if there was any new information on the legionella cases in Niagara County. Dr. Watkins stated the (9) individuals that tested positive are being treated, and one water cooling tower that tested positive for the legionella bacteria has been cleaned up.

Dr. Bohan informed the Board that there were no enforcement cases to review.

There being no further business to discuss, a motion to adjourn was made by Mr. Haberer, and seconded by Mrs. Fox and unanimously approved.

Respectfully submitted,



Kevin D. Watkins, M.D., M.P.H.
Secretary to the Board of Health



CATTARAUGUS COUNTY HEALTH DEPARTMENT



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department

Established 1923

1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737

Kevin D. Watkins, M.D., MPH, Public Health Director

Gilbert N. Witte, M.D.
Medical Director

Susan A. Andrews, RN, MSN, FNP
Director of Patient Services

Certified and Long Term Home Health Agency
Professional Advisory Committee
October 19, 2016

Present:

Dr. Gilbert Witte, Medical Director, BOH
Dr. Giles Hamlin, BOH
Susan Andrews, DPS, RN
Carrie Ruffner, PT
Tim Mager, OT
Elizabeth Bless, MSW
Sandra Fox, RN, BOH
Barb Parish, RN QAPI
Moiria Khetry, Case Manager, OGH

Absent:

Dr. Kevin Watkins, Public Health Director, BOH
Michele Phelps, NUTR
Carolyn Woodhead, SLP

The Professional Advisory Committee (PAC) meeting was held in the Cattaraugus County 2nd floor conference room on Wednesday October 19, 2016 at 12:30 PM. Attendance was taken as recorded above.

- I. Review of Tier 1 Potentially Avoidable Events(PAE): August 2015 – July 2016 – Susan stated that we are looking at a longer time period which gives us a larger sample size of (1,639) cases, so we can get a better picture –
 - a. Emergent Care for Injury Caused by Fall
A significant reduction in falls from the prior report and the report is better than the national reference. May-June 3 falls during this time period-100% charts reviewed -1 quality trigger (P13XX5) details discussed include:
 - Start of Care (SOC) 11/13/15, 75 year old female- History of Atrial Fibrillation (AF)/ Coronary Artery Disease (CAD)/Diabetes Mellitus (DM)/open wounds toes, Chronic Kidney Disease (CKD), hypothyroidism. Was relatively stable until 6/10 routine skilled nursing (SN) visit when patient was noted to be on new antibiotic for Urinary Tract Infection (UTI), new antidepressant, and an increase in hypoglycemic dose. These changes were result of 6/9 Primary Care Physician (PCP) visit. No follow up call or visit by RN until 06/17. Patient had been admitted to hospital the day before for a fall. Circumstance of fall not documented, resulted in fractured (FX) hip - patient died in facility on 07/06.Summary-change in status documented on 06/10 (on new meds or increased dose) - no new interventions, no follow up calls to patient, or no change in visit frequency by case manager. We did not alter our approach to patient despite changes her in status.

b. Emergent Care for Wound

As with falls, emergent care for wounds showed a significant reduction and was better than the national average. 2 cases-100% reviewed – 1 quality trigger (P11XX) the details discussed include:

- 60 yr. old male on dialysis, long history of non-adherence, previous leg amputation, failed kidney transplant, SOC May 2016 for chronic leg wound. Was admitted after long hospital and Skilled Nursing Facility (SNF) stay and actually had not been home since Feb. SOC was done on same day as SNF Discharge (D/C) due to known history of non-adherence. Was D/C home without meds/scripts. Moira adds that this patient had multiple transportation issues also and questions whether patient can manage on own when family not involved. Barb raised question if RN took a more assertive role - more frequent RN visits vs LPN visits for wound care/assessment, could this have affected outcome. Dr. Witte commented that it is hard to treat someone when they don't want to be treated. Mrs. Fox stated that she felt we did so much. Susan states that we could deny home care admission to this person and others with demonstrated non-adherence, but that historically the health department has accepted people of all types that other agencies will not.

II. Review of Tier 2 Potentially Avoidable Events: May 2016 – June 2016

- a. Development urinary tract infection (UTI) – Susan states moving in right direction with this measure as there were zero cases for May and June.

III. Re-hospitalization Graphs and Audits

- a. Susan reviewed bar graphs for risk adjusted claims based hospitalizations for most recent data – overall hospitalization in first 60 days is similar to our prior and national reference. Emergency Department without hospitalization during the first 60 days is improved from our previous but remains higher than national. Re-hospitalization during first 30 days show that Cattaraugus County Health Department (CCHD) is consistently lower than national, which is good to see, however our emergency department use without hospital readmission recurring first 30 days is higher than national. Question posed by Carrie Ruffner as to whether emergency department visit helped to prevent future hospitalization.
- b. Susan and Barb presented specifics of 30 Day Hospital Readmits as audits of current and closed charts.

- In July there were 24 readmits and 100% of these were reviewed-23 had no quality triggers, felt comfortable that CCHD had done everything appropriately. 96 year old admitted 7/14 with bilateral pneumonia. Initial nurse visit documented abnormal lung sounds and edema, Physical Therapy (PT) started 7/15 and reported elevated respiratory rate to supervisor, follow-up nurse visit made 7/16 and patient was sent to hospital for Congestive Heart Failure (CHF)/pneumonia. Due to patient age and SOC findings, patient may have benefited from follow-up nurse visit on 7/15, perhaps patient was discharged from hospital too soon? Susan states that would also be helpful if hospital discharge information included actual Vital Signs (VS), lung sounds and edema as recorded in hospital just before discharge (D/C).

- Aug-15 cases-100% review-14 had no quality triggers, one concern:
74 year old – pneumonia/Chronic Obstructive Pulmonary Disease (COPD) 9/9 SOC revealed abnormal findings – nurse unsuccessful in reaching MD and asked that patient receive follow-up nursing visit over weekend. Follow up nurse visit on 9/11 also found abnormal findings and notified on call Health Care Provider (HCP) who advised to call primary in AM or go to emergency department (ED). Nurse called primary 9/12 and antibiotic was started. Follow-up nurse visit on 9/13 indicated that patient was feeling better and declined further visits for the week. No other visits or contact until 9/22 when patient “very ill looking” nurse called MD and spoke with answering service only and advised wife to call MD. Nurse left voice mail for MD on 9/23 - no other follow-up until 9/28 when patient was in hospital. Concerns over case management

- September-15 cases-100% review-13 had no quality triggers

SOC on 09/10 for patient with diagnosis of end stage COPD – nurse notified MD of changes in lung sounds and MD ordered antibiotic – nurse did not make any follow-up visit, Home Health Aide (HHA) reported that patient is refusing care due to shortness of breath so nurse advised patient to go to ED, patient refused so nurse stated she would be there in AM to draw blood - outcome may have been improved in this person had nurse made timely visits instead of making phone calls.

Resumption of care (ROC) on 9/21 for patient with pneumonia who had been in hospital three times since June – nursing visit on 9/26 found abnormalities but MD not notified, PT visit on 9/28 also found abnormalities but did not notify anyone as believed patient was seeing MD 9/29. On 9/30 nurse received call from patient stating that did not go to MD appointment because he was too weak. Nurse made visit and had to call 911. Patient was admitted to hospital with CHF/hyperkalemia. On review it was felt that frequency of visits were not tailored to history of frequent hospital admits, MD not notified of changes and visits were not increased when changes were identified.

c. Patient Satisfaction

a. Home Health Consumer Assessment of Healthcare Providers and Systems (HH-CAHPS) for July and August 2016. Susan commented that there are fewer reports than usual and that they appear different due to difficulty getting data from website

- Q25- Would you recommend this agency to family and friends – 80 % responded definitely/yes
- Q21- What number would you use to rate care – 88.1% said 9 or 10 on scale of 10.
- Q4 – Did someone from the agency talk to you about your medications – 97.62 said yes.
- Q5 – Did someone ask to see all of your medications – 95.12 answered yes. Medication review and reconciliation have been areas where we have made efforts to improve and it seems to be making a difference

b. There were (2) patient complaints for 3rd quarter 2016 including patient/family concerned over interpretation of Medicare eligibility criteria and patient complaint that nurse had “dropped “him on the floor. Latter was found to be unsubstantiated. We became aware of another complaint from previous quarter during a routine record review - intake had documented that patient did not want to use our agency again. Susan states did not yet investigate.

IV. Agency Occurrences 3Q 2016 – Susan summarized occurrences which included:

- RN did not communicate care of Stage 2 pressure ulcer to Licensed Practical Nurse (LPN)
- Three reported thefts in (2) households, (2) regarding medications and (1) money, patients declined police involvement
- International Normalized Ratio (INR) > 8 (normal is between 2 and 3) and upon investigation pill minder was found to have 5mg Coumadin.
- Missed Visits
 - Contracted licensed practical nurse (LPN) missed dressing change
 - CCHD RN missed 3 visits due to computer schedule problem, no reschedule after Not Home Not Found (NHNF) and declination
- Staff Exposure/Injury
 - County employed nurse repositioned patient instead of asking for help
 - Dog bite – minor - staff had warnings

V. Review of Agency Patient –Related Characteristics Reports – Susan started out by reviewing significance levels with one asterisk indicating that 99% or more that the difference is real and two asterisks indicating that 99.9% probability that the difference is real. Looked at reason for hospitalization where agency had 14.22% for respiratory infection and 16.63% for other respiratory with both of these having 2 asterisks. Susan also commented that dehydration at 6.56% and one asterisk is a diagnosis that we don’t like to see because patients are readmitted to the hospital as we should be able to prevent the admission. Reason for emergent care showed similar results with statistically significant increase for other respiratory infections. As backed by previously presented data, the agency has fewer patients, than other agencies, that have no emergent care.

VI. New/Revised Policies

- a. Prevention of Infestations During Home Visits – basics of policy is that agency does provide services to patients with infestations while trying to resolve the infestation and protect staff and other patients – includes detailed procedure for staff to take - policy approved without changes

VII. Discussion/Recommendations

Susan provided letter to committee that had been presented to patient outlining pending discharge due to agency being unable to meet patient's needs and patient/caregiver treatment of staff, Susan assured that patient would not be discharged until a safe plan in place. No dissent from Professional Advisory Committee (PAC) members

VIII. Adjournment

Next meeting Scheduled: January 18, 2017
3rd Wednesday 12:30-1:30-County Building-Olean 2nd Floor Conference Room



CATTARAUGUS COUNTY HEALTH DEPARTMENT

1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department

Established 1923

Kevin D. Watkins, M.D., MPH, Public Health Director

Gilbert N. Witte, M.D.
Medical Director

Kathleen M. Ellis
Administrative Officer

**Cattaraugus County Health Department Family Planning Program
Educational Materials Advisory Committee
Cattaraugus County Health Department – Conference Room - Olean
10-19-16
1:15-1:30-pm**

Present:

Dr. Gilbert Witte, Medical Director, BOH
Dr. Giles Hamlin, BOH
Susan Andrews, DPS, RN
Carrie Ruffner, PT
Tim Mager, OT
Elizabeth Bless, MSW
Sandra Fox, RN, BOH
Barb Parish, RN QAPI
Moiria Khetry, Case Manager, OGH

Absent:

Dr. Kevin Watkins, Public Health Director, BOH
Michele Phelps, NUTR
Carolyn Woodhead, SLP

Evaluation of Facebook ad of picture of skull (for Halloween) made of white condoms on black background with "No matter how you're dressed this Halloween, Wear a condom" with link to Cattaraugus County Health Department (CCHD) Family Planning (FP). Most found interesting and outreach ad was approved unanimously.

Next Meeting January 18 2017



CATTARAUGUS COUNTY HEALTH DEPARTMENT



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department

Established 1923

1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737

Kevin D. Watkins, M.D., MPH, Public Health Director

*Gilbert N. Witte, M.D.
Medical Director*

*Kathleen M. Ellis
Administrative Officer*

COUNTY OF CATTARAUGUS STATE OF NEW YORK

ENFORCEMENT LIST

Hearing Officer: David Porter

November 8, 2016

DOCKET #16-031

Respondent: Kenneth Kibler, 1462 Genesee Rd., Arcade, NY 14009 Violation: Chapter 11 Section 16.6.1 of the Sanitary Code of the Cattaraugus County Health District a sewage discharge was documented by CCHD. A violation letter was sent to the respondent with a compliance date of October 11, 2016. The violation was not corrected the discharge was a rental property owned by the respondent at 12 Delevan Ave., Delevan, NY

Administrative Hearing: 11-8-16

Public Health Sanitarian: Rhonda Kelley appeared for CCHD and was sworn in.
Respondent: Kenneth Kibler, respondent appeared.

Testimony of Ms. Kelley:

- a.) Enf.-1 and civil compromise describing the situation, and offering a monetary civil compromise was entered and identified as Peoples Exhibit #1.
- b.) Letter to respondent dated September 9, 2016 I.D. as P.E. #2. The letter explained a complaint was received, a dye test was performed, the tank was pumped and a follow up dye test was performed. Also failing, confirming an illegal discharge of sewage the date to correct was October 11, 2016.
- c.) Complaint investigation was entered and I.D. as P.E. #3. Described extensive communication and effort by CCHD personnel to fix problem from July 28, 2016 to October 12, 2016 resulting in enforcement.

Mr. Ray Jordan participated in the following portion of the hearing.

Respondent's comments and testimony:

- a.) Admits to faulty sewage system.
- b.) Will continue pumping until fixed
- c.) Cut down tree in vicinity of system-complete
- d.) Moving tenants out by December 16, 2016- Eviction for failure to pay using attorney.
- e.) Will pay and submit application for on-site treatment system construction system November 8, 2016 complete I.D. as R-#1.

DOCKET #16-031 (continued)

Time line was prepared and agreed to:

- 1.) Permit obtained and paid for November 8, 2016
- 2.) Perk test 0900 November 16, 2016 Respondent and R. Kelley
- 3.) System installed, approved by CCHD by December 19, 2016 weather permitting or
- 4.) Dwelling vacated by December 19, 2016 and remain empty until system installed and approved by CCHD personnel
- 5.) Pump septic system as required to prevent illegal discharge from continuing.

Hearing Officer Finding: The Respondent is in violation of Chapter 11 Section 16.6.1 of the sanitary code of CCHD at 12 Delevan Ave., Delevan, NY.

Recommendation: If the respondent meets the conditions and dates of the timeline then the case would be closed due to full compliance. The respondent failing to meet the conditions and dates of the timeline be fined \$150.00 to be paid on or before December 31, 2016 with a \$10.00 per day per diem for every day late and not in compliance with the timeline conditions and dates.

DOCKET #16-035

Respondent: Robert A. Reed, 4033 Newton Street, Salamanca, NY 14779. Violation: Sanitary code of the CCHD Section 8.4 Respondent failed to submit proof of the required workman's compensation and NYS disability insurance information by October 3, 2016 which was condition #2 on the permit to operate issued September 24, 2016.

Administrative Hearing: 11-8-16

Public Health Sanitarian: Ray Jordan appeared for CCHD and was sworn in.

Respondent: Respondent was properly served but did not appear.

Testimony of Mr. Jordan:

- a.) Enf.- #1 notice of administrative hearing was read and affirmed I.D. as P.E. #1
- b.) Civil compromise that was offered to the respondent entered and I.D. as P.E. #2
- c.) Requirements and how to obtain workers comp and disability insurance for obtaining a temporary food establishment permit I.D. as P. E. #3
- d.) Permit to operate a temporary food operation granted to the respondent on September 24, 2016 at 2016 12th annual Bonagany showing (2) conditions #2 Being workers comp and disability ins. Or exemption by October 3, 2016 I.D. as P. E. #4.
- e.) Temporary food service establishment inspection report dated September 24, 2016 at 12th annual Bonagany to respondent I.D. as P.E. #5.

Hearing Officer Findings: The Respondent is in violation of sanitary code of the Cattaraugus County Heath District Section 8.4

Recommendations: 1.) The Respondent pay a fine of \$100.00 to the CCHD by December 31, 2016. Failure to pay will result in a \$10.00 per day per diem for every day late.
2.) The Respondent not be issued a permit to operate a temporary food operation unless the fine is paid, a late fee paid if applicable and workers comp and disability ins. or exemption is in effect and valid when applying.



CATTARAUGUS COUNTY HEALTH DEPARTMENT



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department

Established 1923

1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737

Kevin D. Watkins, M.D., MPH, Public Health Director

Gilbert N. Witte, M.D.
Medical Director

Kathleen M. Ellis
Administrative Officer

COUNTY OF CATTARAUGUS STATE OF NEW YORK

ENFORCEMENT LIST

Hearing Officer: David Porter

November 15, 2016

DOCKET #16-032

Respondent: Hermelando Feria Bastista, 305 N. Union St, Olean, NY 14760. Violation: Sanitary code of the CCHD Sec. 8.4 respondent failed to meet condition #2 on the permit to operate issued 10/11/16. (Failure to provide current proof of NYS Workman's Compensation and NYS Disability Ins.)

Administrative Hearing: 11-15-16

Sr. Public Health Sanitarian: Ray Jordan, appeared for CCHD and was sworn in.

Respondent: Hermelando Feria Bastista, respondent did not appear even though properly served.

Testimony of Ray Jordan:

- a.) Enf.-1 read and affirmed to be true identified as Peoples Exhibit #1.
- b.) Stipulation with \$50.00 civil compromise I.D. as P.E. #2.
- c.) Permit to operate with two conditions expires 11-30-16. Proof of must be provided to the Health Dept. by October 21, 2016 I.D. as P.E. #3.
- d.) Proof of service 10-23-16 P.E. #4
- e.) Coverage history by respondents name and/or business for insurance. (disability ins. and workman's comp. ins.) shows insurance cancelled on 11-8-15 and not renewed identified as P.E. #5, P.E. #6.

Hearing Officer Finding: The Respondent is in violation of the sanitary code of the CCHD Sec. 8.4

Recommendation: 1.) If the respondent renews NYS Disability and workman's comp. ins. by 11-30-16 and therefore able to have his permit to operate reinstated the fine to be assess is \$50.00 to be paid on or before 12-31-16. Failure pay the fine would result in a \$10.00 per day per diem for every day late.

2.) If the respondent does not renew his NYS Disability ins. and workman's comp. ins. by 11-30-16 therefore not having a valid permit to operate the restaurant in question the fine assessed would be \$100.00. The respondent would not be able to get a permit to operate without paying the fine and having proof of insurance. Failure to pay the fine, obtain NYS Disability ins. and workman's comp ins and renew the permit to operate by 12-31-16 would result in a \$10.00 per day per diem. For every day after. In addition the health dept. would review the respondent's ability to continue operating said establishment.

CATTARAUGUS COUNTY HEROIN/OPIOID TASK FORCE FLOWCHART

I. CASE MANAGEMENT	II. EXPANDING ACCESS TO TREATMENT	III. NALOXONE TRAINING
a.) Crisis Hotline-Erie Co. b.) Family Navigator (OASAS Grant)	a.) Seneca Strong-Peer Advocate responding to all opiate overdose calls. b.) PAARI c.) CARes (OASAS Grant)	a.) STOPP has trained 847 individuals. b.) STOPP has distributed 669 Narcan kits
IV. TRAINING FOR PHYSICIANS	V. PARENT SUPPORT GROUP	VI. EDUCATION
a.) CME trainings being developed b.) Free SAMHSA CME's are available c.) Protocols for acute/chronic opiate prescriptions are being developed	a.) CARes (weekly support group 8 week series) b.) Cindy Irish- home group meetings	a.) CDC brochures b.) Seneca Strong c.) CARes
VII. DATA QUALITY INFORMATION	VIII. OPIATE TASK FORCE	IX. RESOURCES
a.) List of various County depts. & Community Based Organizations -Community Services -Dept. of Social Services -Health Department -Probation Dept. -Sheriff's Dept. -Olean General Hospital Behavioral Unit -PAARI -Pharmacies -Seneca Strong -STHCS -CARes	a.) Formation of 5 committees -Data Surveillance/Naloxone Access Funding Comm. -OASAS Committee -PARRI Committee -Parent Support Committee -Provider Education Committee	a.) Updated resource list

MISSION: To provide a framework for organizations and individuals from across the opiate overdose continuum to collaborate, develop and share best practices and provide for timely sharing of information. 9/2016

Cattaraugus County Opioid Task Force Data Surveillance/Naloxone Access Subcommittee

STOPP – Southern Tier Overdose Prevention Program

The Southern Tier Overdose Prevention Program (STOPP), a program of Southern Tier Health Care System, is a community-based opioid overdose prevention and Narcan distribution program supported by the New York State Department of Health and amFAR. Through its STOPP program, Southern Tier Health Care System provides free training in the use of Narcan and free Narcan kits to non-EMS firefighters, basic life support first responders, members of law enforcement and the friends and family members of those most likely to suffer an overdose from heroin and prescription opiates like oxycodone. STOPP was created to save lives.

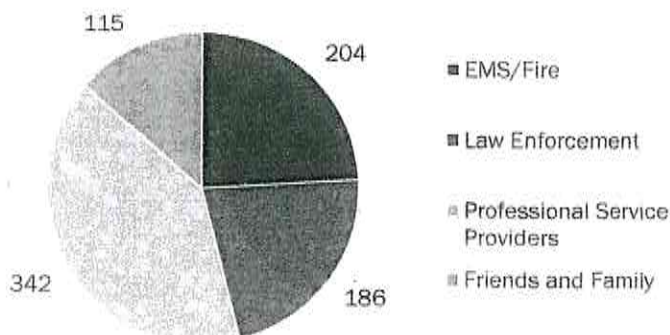
Participants in Narcan training learn how to:

- Recognize the signs and symptoms of overdose
- Distinguish between different types of overdose
- Perform rescue breathing
- Call emergency medical services
- Administer intranasal Narcan

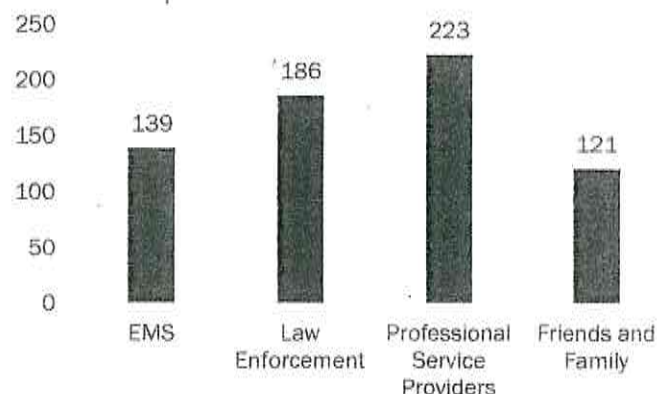
For more information about what you can do to help prevent an opioid overdose, please visit www.sthcs.org and click on STOPP.

Narcan Training Data

Number of Individuals Trained to Administer Intranasal Narcan



Number of Narcan Kits Distributed (Each Kit Contains 2 Doses)

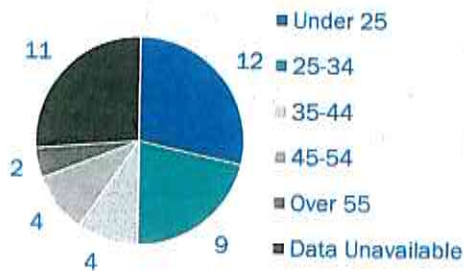


Narcan Usage Data

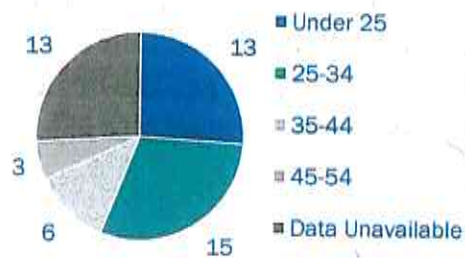
Total cases in Cattaraugus County for 2015 - 42

Total cases in Cattaraugus County for 2016 (as of 9/27/16) - 51

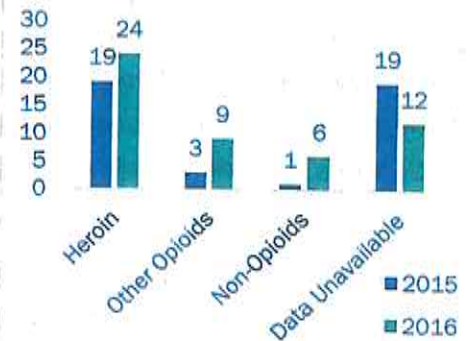
Age of Those Aided in
2015



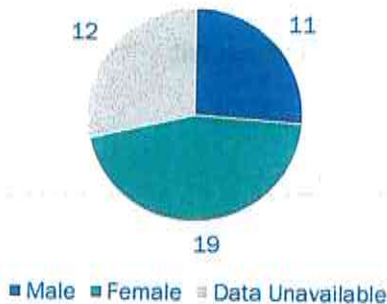
Age of Those Aided in
2016



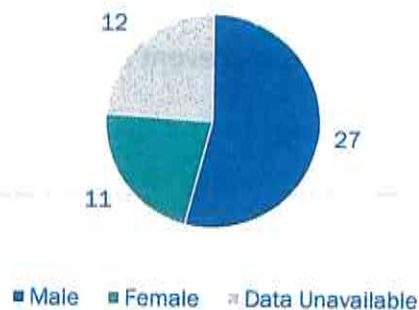
Substances Reported
for Overdose



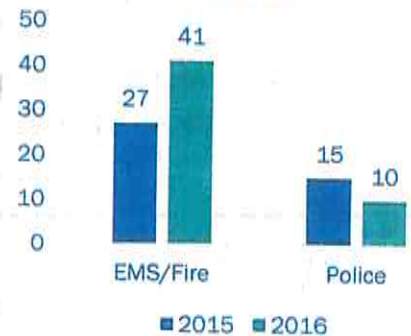
Gender of Those Aided
in 2015



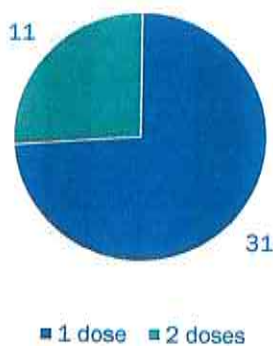
Gender of Those Aided
in 2016



Agency Administered
Narcan



Doses Administered in 2015



Doses Administered in 2016

