



2018

KAHCF

Quality Awards

UPDATES FOR 2018

1. **THE BEST OF KENTUCKY - NURSING AND REHABILITATION:** Easy application process. Follow the rules of entry (INCLUDING THE FACILITY must be a 4- or 5-star facility), and the Association will conduct family and resident satisfaction surveys. Those scores will determine who will be recognized at the Quality Awards Banquet. **There will be no employee satisfaction surveys conducted this year. Facilities can be recognized on a yearly basis.**
2. **LEADERSHIP AWARD – This Award will go to Administrators and Directors of Nursing demonstrating outstanding leadership.**
3. **CARE PARTNER AWARD – This Award will recognize medical directors, dietitians, nurse practitioners, therapists, physician assistants and pharmacists.**
4. **For the Leadership Award, Care Partner Award and Professional Achievement categories – In the narrative, DO NOT reveal the name of the nominee, facility, any staff (including administrator), facility name, city, or any reference that would reveal the nominee or facility.**

The only place to identify the nominee, facility, administrator (or other staff) is on the Nomination Form. On the letters of support from staff for administrator and director of nursing, only use the title of the staff (i.e. Administrator, MDS Coordinator, Nurse Aide)
Failure to follow this requirement will result in a nomination being disqualified.
5. **Statewide Leadership, Care Partner, Volunteer and Public Relations Award winners are not eligible to re-enter the competition for three years following their win. Overall Professional Award Winners are not eligible to re-enter the competition for three years; those finishing 2-10 are not eligible for one year.**
6. **Please follow word count limits on the narratives.**
Failure to follow this requirement will result in a nomination being disqualified.
7. For all entries, submit the original and keep a copy.

ENTRIES MUST BE POSTMARKED BY FRIDAY, JUNE 15, 2018

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“The Best of Kentucky - Nursing and Rehabilitation”

Rules of Entry

KAHCF’s “The Best of Kentucky - Nursing and Rehabilitation” Competition is designed to recognize the best of Kentucky’s nursing and rehab facilities and to educate community leaders about our profession. This competition addresses the most important factors in long-term care - the loving and compassionate way that a facility’s staff cares for their residents and what the facility is doing to continue to provide quality care and meet residents’ needs.

- There will be NO onsite judging.
- Facilities only have to submit a short application.
- The Association will conduct resident and family satisfaction surveys. These scores will determine who will be recognized at the Quality Awards Banquet.
- **Instead of one Facility of the Year, ALL the facilities meeting the benchmark score will be recognized, and they can be recognized on a yearly basis.**

Criteria

The minimum requirements for the facility to enter are:

- Be a 4 or 5 star facility, according to the CMS’ 5-Star Rating System, at the time of entry and maintain no less than a 3 star rating by the time of the banquet.
- Complete the KAHCF Facility of the Year resident and family Satisfaction Survey. KAHCF staff will contact facilities with details. This survey is at **NO CHARGE** to the facility.

All participating facilities must have had (*for their past three annual surveys or during any other investigations conducted during the last three years*):

- No Substandard Quality of Care citations
- No Immediate Jeopardy citations
- No Type A citations

If at any point prior to the Quality Awards Banquet a facility receives any of the above citations, or falls below a 3-star rating, the facility will be disqualified.

The KAHCF Resident and Family Satisfaction Survey scores will be used to determine the benchmark score facilities must meet to be recognized. **Facilities meeting the benchmark will be recognized at the Quality Awards Banquet.**

“The Best of Kentucky – Nursing and Rehabilitation” facilities are eligible to re-enter on a yearly basis.

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**“The Best of Kentucky - Nursing and Rehabilitation”
Application**

Facility _____

Facility Address _____

City _____ State KY Zip Code _____

Phone _____ Fax _____ E-mail _____

Operational Information

Number of years facility has been in operation _____

Facility owner(s) _____

Number of years under this ownership _____

Facility management company (if applicable) _____

Number of years under this management _____

Number of Beds (fill in all that apply) ____ NF ____ PC ____ IC ____ SNF ____ NH ____ Other ____

What is your current CMS star rating? _____

Have you had any Immediate Jeopardy or Type A citations, or Substandard Care citations, in the past three years?

-
1. What is the facility’s mission statement/operating philosophy and what unique programs/activities does the facility currently conduct in order to support this mission/philosophy? (250 words)

 2. List any specialty units/special services provided by your facility.

 3. On a separate sheet, please describe what makes your facility deserving to be among the Best of Kentucky Nursing and Rehab. You can describe services, awards and recognitions, and anything else that makes your facility stand out. (500 words)

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KAHCF LEADERSHIP AWARD

KAHCF strives to recognize administrators and directors of nursing for outstanding contributions to their facility and the long term care profession. KAHCF will recognize the top scorers, based on scores and number of entries, in this category during the Quality Awards Banquet.

1. Nominations must be submitted by the nursing facility staff.
2. Each entry should include:
 - A completed, typed nomination form
 - Completed answers to each question, observing the word count limit
 - **Two** letters of support for the nominee on plain paper – NO letterhead
 - one letter from facility department heads or staff members
 - one letter from a resident or family member
 - Letters should contain **only the title** of the staff and there should be no reference to the facility, name of administrator, city, etc. (Limit 250 words per letter)
3. Nominees must have a minimum five years experience as a long term care administrator or director of nursing and minimum of two years at their current facility as of June 1, 2018, and still be actively employed in long-term care within the nominating facility or corporation at the time of the awards banquet.
4. If any facility where the administrator or director of nursing has been employed during the past 3 years has had any substandard quality of care, Immediate Jeopardy, Type A Citations, or is a Special Focus Facility, the nomination must disclose and explain the citation. Also if the administrator's current facility has experienced the same during the past 3 years, the nomination must disclose and explain. Although disclosure will not automatically exclude the administrator, it is important that the judges and the association be aware of those citations.
5. **Submit only the original, and the facility should keep a copy. Any entry which does not follow this format will NOT be accepted.**

Statewide award winners recognized in this category are not eligible to re-enter the competition for three years following their win.

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KAHCF Leadership Award Nomination Form

Name of Nominee _____

Title of Nominee _____

Facility _____

Facility Address _____

City _____ State KY Zip _____

Contact Person Submitting Nomination _____

Phone _____ Fax _____ E-mail _____

I acknowledge this entry has been completed by myself and/or employees of this facility and the information is true and accurate.

Administrator's Signature _____ Date _____

If you do not use the online forms, retype each question and provide responses to the following. Entries that do not follow this format will not be accepted. **DO NOT** reveal the identity of your nominee, facility name, city, county, or any reference that would identify the nominee in the narrative.

1. How long has the nominee worked in the long term care profession?
2. How long has the nominee worked at this facility?
3. Give specific **examples and results** of how the nominee's leadership has impacted the quality of care/life for residents and staff. **(Limit to 250 words)**
4. Give examples of the leadership qualities the nominee demonstrates in the facility regarding employees/staff. **(Limit 250 words)**
5. Give examples of how the nominee supports the long-term care profession in their community and other groups. **(Limit 250 words)**
6. Give specific examples of why the nominee deserves the recognition **(Limit 250 words)**
7. **Describe the nominee in one word.**

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Care Partner Award Rules of Entry

The Care Partner Award recognizes Medical Directors, Dietitians, Pharmacists, Therapists, Nurse Practitioners, and Physicians' Assistants who work in our member facilities. This award will honor them for their work in providing quality care, with demonstrated evidence of their effort. Multiple winners will be recognized based on scores and number of entries.

1. Nominations must be submitted by the Administrator or the Director of Nursing.
2. Each entry should include:
 - A completed, typed nomination form
 - Completed answers to each question, observing the word count limit
 - **One** letter of support from the administrator or director of nursing on plain paper – NO letterhead
 - Letters should contain **only the title** of the nominee and there should be no reference to the facility, name of administrator, city, etc. (Limit 250 words per letter)
3. **Nominees must have a minimum five years experience in the role they are being nominated for and minimum of two years at their current facility as of June 1, 2018, and still be actively serving in that role at the time of the banquet.**
4. Submit only the original, and the facility should keep a copy. Any entry which does not follow this format will NOT be accepted.

Statewide award winners recognized in this category are not eligible to re-enter the competition for three years following their win.

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Care Partner Award Nomination Form

Name of Nominee _____

Position / Title _____

Facility _____

Facility Address _____

City _____ State KY Zip _____

Contact Person Submitting Nomination _____

Phone _____ Fax _____ E-mail _____

If you do not use the online forms, retype each question and provide responses to the following. Entries that do not follow this format will not be accepted. **DO NOT** reveal the identity of your nominee, facility name, city, county, or any reference that would identify the nominee in the narrative.

1. How long has the nominee served the facility in this capacity?
2. Give up to 3 specific examples of how the nominee has embraced quality care efforts at the facility and improve quality of care/life for residents. (500 words)
3. Give specific examples of how the nominee interacts with staff/residents and their families (500 Words)
4. Describe the nominee in one word.

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Professional Achievement Awards

Rules of Entry

Kentucky's long-term care facilities employ over 25,000 professionals who care for more than 31,000 residents. These employees are the backbone of our profession, with facilities relying on dedicated teamwork and skills to provide quality care and compassion to residents and families. KAHCF's Professional Achievement Awards are designed to honor those individuals who have excelled in providing outstanding care in a cooperative spirit of teamwork.

There are three categories in which you can nominate staff.

NURSING CARE

- Administrative Nurse
- Licensed Practical Nurse
- Registered Nurse

CAREGIVING

- Kentucky Medication Aide
- PC Caregiver
- State Registered Nurse Aide

SUPPORTIVE CARE

- Activities
- Dietary
- Environmental Services
- Social Services/Admissions
- Support Services – Administrative Assistant, Bookkeeping/Billing, Medical Records, Other Related Supportive Services

The Professional Achievement Awards will continue to be presented at the banquet as a top 10 list in each category, starting at No. 10 and counting backwards.

1. Each nominee must have held a full-time nursing home position for a minimum of two years at the nominating facility/corporation and two consecutive years in the category for which they are being nominated, as of June 1, 2018, and be actively employed at the nominating facility or corporation as of the KAHCF Quality Awards Banquet.
2. Facilities can nominate as many employees as they wish in each of the 3 categories, but each facility will only have 1 finalist on each list. For example, Facility X can nominate three in direct care, four in nursing care and five in support services. But only one nominee from Facility X can be on the Top 10 in each list.
3. Each entry should include a completed, typed nomination form, including completed answers to the questions.
4. **Submit only the original**, and the facility should keep a copy. Any entry which does not follow this format will NOT be accepted

The overall state winners in any of these categories are not eligible to re-enter the competition for three years following their win; those finishing 2-10 are not eligible to re-enter the competition for one year.

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Professional Achievement Awards Nomination Form

Name of Nominee _____

Job Title _____

Facility _____

Number of years in employed at this facility/corporation ____ Number of years employed in this position

Category:

- NURSING CARE
- CAREGIVING
- SUPPORTIVE CARE

Contact Person Submitting Nomination _____

Job Title _____

Phone _____ Fax _____ E-mail _____

*I acknowledge this entry has been **completed by myself and/or employees of this facility** and the information is true and accurate.*

Administrator's Signature _____ Date _____

If you do not use the online forms - Retype each question and provide responses to the following questions.

DO NOT reveal the identity of the nominee, the name of the facility, city, county, administrator name, or any reference that would identify the nominee in the narrative.

1. What is the title of the nominee? (Required)
2. What qualities make the nominee excel at his/her job? (Limit to 250 words)
3. Give an example of a personal or professional challenge that affected their job and how they overcame the challenge. (Limit to 250 words)
4. How does the nominee provide a sense of teamwork? (Limit to 250 words)
5. What one word would you use to describe this nominee? **One word only. Do not add narrative.**

Any entry that does not follow this format will NOT be accepted

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Volunteer of the Year

Words cannot describe the lasting effects that volunteers have on long term care residents and staff. Volunteers are exceptional people who give the greatest gift — their time.

KAHCF's Volunteer of the Year Competition seeks to recognize the best volunteers in Kentucky's long term care facilities, and, while honoring these unique individuals, we offer thanks to the hundreds of other dedicated volunteers who make facilities special.

Nominations can include adult, youth, and group. Up to 5 winners may be chosen representing any combination of these three categories. Award presentations may include photos, video, and/or testimonies. Volunteers must have served in the facility for at least one year as of June 1, 2018

The top 3 – 5 scoring nominees will be recognized at the KAHCF awards banquet in November.

Rules of Entry

1. Each entry should include a completed, typed nomination form, including completed answers to the attached questions. **DO NOT** use facility letterhead.
2. **Submit only the original**, and the facility should keep a copy.
3. The volunteers of the year will be recognized at the Quality Awards Banquet in an expanded format, including photographs and testimonials. Facilities with a volunteer of the year will be contacted to provide the additional information.

Award winners recognized in this category are not eligible to re-enter the competition for three years following their win.

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Volunteer of the Year Nomination Form

Name of Individual Volunteer or Group _____

Facility Submitting Nomination _____

Address _____

City _____ State KY Zip _____

Phone Number _____ Fax Number _____ E-mail _____

Nomination Submitted by _____
(Name and title)

If you do not use the online forms, retype each question and provide responses to the following. Entries that do not follow this format will not be accepted. **DO NOT** reveal the identity of your nominee, facility name, city, county, or any reference that would identify the nominee in the narrative.

1. How long has the nominee(s) been volunteering at your facility? _____
2. How frequently does the nominee(s) visit your facility? _____
3. Number of hours nominee(s) volunteered at your facility during the past 12 months (June 2017 through May 2018) _____
4. In no more than 500 words, summarize the major responsibilities and accomplishments of the nominee(s) as a volunteer. Please include specific examples of the following:
 - a. How does this volunteer help residents reach their potential?
 - b. In what ways has the volunteer helped residents become active members of the facility community or the larger local community?
 - c. What makes this volunteer's contributions unique?
 - d. How have residents acknowledged the value of your nominee's contributions to them?

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Public Relations Award

Rules of Entry

The Public Relations Award reflects the growing use of technology and new ways facilities have to communicate and promote their work, residents and staff. KAHCF's Public Relations Award Competition seeks to recognize the best PR efforts in Kentucky's long term care facilities.

Nominations can include any of the following. Top-scoring nominees may be chosen representing any combination of these categories. Award presentations may include photos, video, computer screenshots, and/or testimonies. These entries must have been printed, posted or occurred in the time frame from June 1, 2017 through June 1, 2018. Facilities can submit nominations in only one of the following areas:

- Newsletters, print or electronic (Up to 3 consecutive issues)
- Social media, primarily Facebook pages (Up to 3 screen shots of various posts and pages OR link to Facebook page)
- Facility websites (A screen shot OR link to website)
- Community education programs (Promotion material and summary)
- Community events, i.e., annual fish fry, Relay for Life fund-raisers (Promotion material and summary)

The entries will be judged on, among other criteria:

- Effective content – Does the material effectively deliver on its goal?
- Creativity – Does the material invite the public into the content to learn more about the facility, residents and long term care?
- Promotion of long term care – Does the material promote a positive, caring image of long term care?
- Composition – Does the material use graphics, photos and words to effectively tell the story it is intended to tell?

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Public Relations Award Nomination Form

Facility _____

Address _____

City _____ State KY Zip _____

Phone Number _____ Fax Number _____ E-mail _____

Nomination Submitted by _____
(Name and title)

Type of submission

Electronic Newsletter

Print Newsletter

Facebook Page

Website

Community Education

Community Event

If you do not use the online forms, retype each question and provide responses to the following. Entries that do not follow this format will not be accepted. **DO NOT** reveal the identity of your nominee, facility name, city, county, or any reference that would identify the nominee in the narrative.

1. How frequently does the material/event occur (monthly, yearly)? _____
2. In no more than 500 words, summarize the following:
 - a. What was the intended goal of the material/event?
 - b. How do you market the material/event? (Who receives newsletter, how promote your website/Facebook, how advertise the event?)
 - c. Who else contributes to putting together the material/event? Does any other facility staff or community groups help?
 - d. What was the result of the PR effort (how many attended event, feedback on newsletter, likes on Facebook)?

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KAHCF Nelda Barton Collings Community Service Award Nomination Form

The Kentucky Association of Health Care Facilities (KAHCF) occasionally honors an individual who has distinguished himself or herself as a community leader through involvement in civic and political groups. This award is named for Nelda Barton Collings, a woman who was active both in the long term care profession and on boards and executive committees of philanthropic and business organizations. She was the first recipient of the award in 1992.

Type the following information

Name of Nominee _____

Nominee's Address _____

City _____ State KY Zip _____

Nominee's Phone Number _____ Email _____

Number of Years in Long Term Care Industry _____

Facility/Business _____

Person Submitting Nomination:

Name _____

Facility _____

Address _____

Phone _____ Fax _____ Email _____

Signature _____ Date _____

RETYPE EACH QUESTION and provide responses to the following.

1. List current and past contributions to KAHCF/positions held on KAHCF committees/board.

2. List current and past contributions to philanthropic, community and/or business organizations/ positions held.

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