



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.

ENTRIES MUST BE POSTMARKED BY FRIDAY, JUNE 15, 2018

All KAHCF Awards Forms are available on the KAHCF website — www.kahcf.org.

Under What's New, click on Awards Forms. Each Category is in MS Word format and available to complete via computer



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.**

ENTRIES MUST BE POSTMARKED BY FRIDAY, JUNE 15, 2018

All KAHCF Awards Forms are available on the KAHCF website — www.kahcf.org.

Under What's New, click on Awards Forms. Each Category is in MS Word format and available to complete via computer