



2015

KAHCF

Quality Awards

REMINDERS

1. In the categories of Administrator, Director of Nursing, Medical Director, and Professional Achievement – 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.

2. Please follow word count limits on the narratives.

Failure to follow this requirement will result in a nomination being disqualified.

3. For all entries, submit the original and keep a copy. Facility of the Year is the only entry that will be returned to the facility.

ENTRIES MUST BE POSTMARKED BY MONDAY, JUNE 15, 2015

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



Facility of the Year Rules of Entry

KAHCF's Facility of the Year Competition is designed to recognize Kentucky's nursing 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. Judges will be orientated to rate entrants in these areas.

Also, as the profession continues to focus on providing and measuring quality care, the Facility of the Year competition will reflect this emphasis on quality care. All facilities entering the Facility of the Year competition must meet the following criteria.

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 November 18, 2015.
- Working on meeting AHCA Quality Initiatives. Entrants must give details on how they are meeting these initiatives and how it is impacting residents.
- Complete the KAHCF Facility of the Year Customer 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 fall below a 3-star rating, the facility will be disqualified.

Competition judging will be in these three areas: *Written entry*
Customer satisfaction survey
On-site judging

Participating facilities will be judged initially on their written entry and the KAHCF customer Satisfaction Survey. The scores of these two parts will be added together. Based upon these scores, a maximum of five facilities will advance to statewide on-site judging. The customer satisfaction survey scores will be carried forward and added to the on-site judging score to determine the winner.

On-site judging will take place in late September or early October. The week of the on-site judging will be announced, but the specific day and time will not. Judges will enter the facility no earlier than 9:00 a.m. and depart no later than 6:00 p.m. without the permission of the facility.

Statewide Facility of the Year winners are not eligible to re-enter the competition for three years following their win.

Customer Satisfaction Survey

A new component to the Facility of the Year judging this year is a Customer Satisfaction Survey, which replaces the Mystery Shop Customer Service component. KAHCF has partnered with OzzCare and Eastern Kentucky University to develop a Customer Satisfaction Survey unique to the Facility of the Year competition. **This survey is at no charge to the facility.** In July, facilities vying for Facility of the Year will provide a list of families/residents. Those names will receive a letter on behalf of the facility explaining the reason for the survey and that it is competing for Facility of the Year. Those families/residents will then receive the survey to complete. The facilities will receive a summary of the customer satisfaction reports. Returned surveys will be scored and will count for one-half of the overall score.

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Written Entry - **DO NOT use sheet protectors**

The written entry must be typed and submitted in a plain three-ring binder with each section clearly labeled. Photographs and other decorations are not allowed on the outside or the inside of the binder. The facility's name may be placed on the outside front of the binder. The **9 sections** to be included in your written entry need to be in the following order and each section labeled accordingly. Nominations that do not follow the required format may be returned to the facility for correction.

1. **Application**

2. **Facility Introduction**

Provide a typewritten cover letter from the administrator explaining why your facility chose to enter the competition and is worthy of the award. (Limit 500 words)

3. **Testimonial Letters**

Include testimonial letters from facility residents, family members, and/or community leaders stating how the facility has made an impact on them and why your facility should be selected as Facility of the Year. Please ask those completing these letters to focus on the positive aspects of your facility, not the perceived short-comings of others. No more than 4 testimonial letters may be submitted. (Limit 1 page per letter)

4. **Employee Appreciation, Recognition and Retention**

Explain how you recognize employees' contribution to the residents, families, and staff. Also provide details on efforts to retain staff. (Limit 500)

5. **Affiliations and Awards**

List of local, state and/or national groups with which your facility and staff are affiliated and any awards received from these groups. The list is not limited to health care-related affiliations.

6. **Innovative Program**

Describe a program in the facility that has benefited residents and improved the quality of care. (Limit 500 words)

7. **AHCA Quality Initiatives**

Describe how your facility is working to meet these initiatives and how it is impacting residents. (Limit 500 words)

8. **Customer Service and Marketing**

Describe the facility's efforts to promote itself to the community. This can include newsletters, social media, special events, and media coverage. (Limit 500 words, not including examples, i.e. newsletters, media coverage, Facebook page, etc.,

9. **Activities**

Provide a copy of the facility's activity calendar for 3 consecutive months. Describe how the activities program contributes to the quality of life for the residents. (Limit 500 words)

On Site Judging

The Facility of the Year judges volunteer their time to read the entries and to visit the facilities. These individuals often have influence in the areas of education and advocacy, and experience in long term care making their participation beneficial to the long term care profession. The knowledge and experience they gain during the judging process is also invaluable to them.

Judges will receive orientation and training about the criteria for entering and the long term care profession prior to the judging. They will be escorted to the facilities by a KAHCF representative and be prohibited from discussing any scoring of the ballots. The judges will not be allowed to review any confidential facility or patient records, or check residents for wound care treatment and healing.

The onsite judging will last no more than two hours and will include an introduction and guided tour of the facility, and a group interview with up to 10 people chosen by the administrator. This can include department heads, staff, families, and community supporters. Finally, the judges will have unaccompanied time in the facility for the judges to visit with residents, family, staff and community members. Under no circumstances will the judges be allowed to remain in the facility for more than two hours. **NO PARTING GIFTS FOR JUDGES AND/OR STAFF!** The time breakdown for each of these three segments is as follows:

1. Introduction and guided tour of the facility by the administrator (*45 minutes*)
2. Group Interview (*30 minutes*)
3. Free **unaccompanied** time during which the judges may visit with residents, staff, family members, and community leaders (*45 minutes*)

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Facility of the Year Application

Facility Name _____

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 _____

1. What is the facility's mission statement/operating philosophy? (If corporate mission statement is different, please provide both)

2. What unique programs/activities does the facility currently conduct in order to support this mission/philosophy?

3. List other quality programs (i.e. AHCA Quality Step Awards) which the facility is participating in or has been initiated at your facility.

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

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Administrator of the Year

Through the Administrator of the Year Competition, KAHCF strives to recognize administrators for outstanding contributions to their facility, their community and the long term care profession. KAHCF recognizes those individuals that have demonstrated the highest professional standards as a long term care administrator.

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
 - **Three** letters of support for the administrator on plain paper – NO letterhead
 - two letters 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 and minimum of two years at their current facility as of June 1, 2015 and still be actively employed in long term care within the nominating facility or corporation as of November 1, 2015.
4. If any facility where the administrator 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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Administrator of the Year Nomination Form

Name of Administrator _____

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 administrator worked in the long term care profession?
2. How long has the administrator worked at this facility?
3. **Resident Care and Administration (Limit to 500 words)**
 - a. Give specific **examples and results** of programs your administrator has implemented to enhance patient care and administration at your facility or at a previous facility as the administrator.
 - b. From a supervisory standpoint, give specific examples of how your administrator interacts with staff.
 - c. Give specific examples of how your administrator interacts with residents and their families.
4. **Community Involvement (Limit to 500 words)**
 - a. List up to 3 specific examples of community activities your administrator has participated in, and how these activities have improved your facility and its relationship with the community.
 - b. List the organizations (local, state and national) in which your administrator is involved.
5. **Education/Research (Limit to 250 words)**
 - a. Give specific examples of the continuing education and /or professional development programs attended by your administrator in the past year.
 - b. Give specific examples of the contribution your administrator has made through in-service training and/or as a lecturer, or in another similar role at your facility or in your community.

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Director of Nursing Rules of Entry

The Director of Nursing (DON) plays a critical role in your long term care facility. It is through their leadership and guidance that high quality nursing care is provided to your residents. The DON must be flexible, adaptable, and a good problem solver and manager. Through the presentation of this award, KAHCF recognizes these special individuals for the service they provide to their residents, and the leadership they provide to their staff.

1. Nominations must be submitted by the nursing facility administrator.
2. Each entry should include:
 - A completed, typed nomination form
 - Completed answers to each question, observing the word count limit
 - **Three** letters of support for the DON on plain paper – NO letterhead
 - two letters 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. Entries should be neatly assembled and the original plus one copy submitted in one pocket folder with the facility name and competition category displayed on the cover.
4. Nominees must have a minimum five years experience as a DON and minimum of two years at their current facility as of June 1, 2015, and still be actively employed in long term care within the nominating facility or corporation as of November 1, 2015.
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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Director of Nursing of the Year Nomination Form

Name of DON _____

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 DON worked in the long term care profession?
2. How long has the DON worked at this facility?
3. **Resident Care and Administration (Limit to 500 words)**
 - a. Give specific **examples and results** of programs your DON has implemented to enhance patient care and administration at your facility or at a previous facility as the DON.
 - b. From a supervisory standpoint, give specific examples of how your DON interacts with staff.
 - c. Give specific examples of how your DON interacts with residents and their families.
4. **Community Involvement (Limit to 500 words)**
 - a. List up to 3 specific examples of community activities your DON has participated in, and how these activities have improved your facility and its relationship with the community.
 - b. List the organizations (local, state and national) in which your DON is involved.
5. **Education/Research (Limit to 250 words)**
 - a. Give specific examples of the continuing education and /or professional development programs attended by your DON in the past year.
 - b. Give specific examples of the contribution your DON has made through in-service training and/or as a lecturer, or in another similar role at your facility or in your community.

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Medical Director of the Year Rules of Entry

Through the Medical Director of the Year Competition, KAHCF strives to recognize medical directors for outstanding contributions to their facility, their community and the long term care profession, and promoting and providing quality care for their residents. KAHCF recognizes those individuals that have demonstrated the highest professional standards as a long term care facility medical director.

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
 - **Three** letters of support for the administrator on plain paper – NO letterhead
 - two letters 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 medical director and minimum of two years at their current facility as of June 1, 2015 and still be actively serving in that role as of November 1, 2015.
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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Medical Director of the Year Nomination Form

Name of Medical Director _____

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 medical director served the facility in this capacity?
2. Give specific examples of how the medical director interacts with staff (250 Words)
3. Give specific examples of how the medical director interacts with residents and their families (250 words)
4. Give up to 3 specific examples of how the medical director has embraced quality care efforts, including AHCA Quality Initiatives, and worked with staff, residents and families on implementing these quality care efforts (500 words)

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

The Professional Achievement Awards will be presented in a different format this year. Districts have been eliminated, as has the Professional Achievement Awards Celebration. Instead, the top 10 in each category will be recognized the night of the banquet, 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, 2015 and be actively employed at the nominating facility or corporation as of November 1, 2015.
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 _____

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

Facility _____

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, 2015.

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 2014 through May 2015) _____
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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Better Life Award

The professionals working in Kentucky's long term care facilities are important to providing quality patient care. However, our profession also credits the countless people **outside the long term care facility** who make meaningful contributions on behalf of our residents.

KAHCF's Better Life Awards are a way to recognize these people for their efforts to promote long term care and the residents we serve. This award differs from others given by KAHCF in that there is no certainty that Better Life Awards will be presented every year. Entries must be truly exceptional to qualify. This award is not given simply for doing a good job, but for those who go above and beyond the call of duty.

Better Life Awards are considered for contributions in the following areas. The Public Relations Committee will determine if nominees meet a criteria threshold.

Education	For contributions in the area of geriatric or gerontology training for nursing home personnel or persons entering the profession. (examples: university professors, in-service speakers, etc.)
Senior Advocate	For representing the needs of nursing home residents and staff through participation in an established senior citizens organization. The nominee must be at least 65 years of age (examples: members of AARP, Kentucky Association of Gerontology, local senior organizations, etc.)
Family Involvement	For family involvement in facility programs/events that have enhanced the facility's involvement with its residents and/or the community.
Corporate Involvement	For individuals from a facility's corporate office who have shown profound support and dedication to the long term care profession as a whole . The corporate office can be located outside of Kentucky. (examples: regional nurse, director of operations, vice president, president, controller, etc.)
KAHCF Vendor Involvement	For vendors, who are members of the association, serving Kentucky's long term care facilities who have enhanced the care delivered by the facility, and/or have shown profound support and dedication to the long term care profession.

Rules of Entry

1. The enclosed nomination form must be typed, and a maximum of 2 pages of narrative outlining the nominee's contributions should be attached to this form. Supportive materials as further evidence of the nominee's mentioned contributions are permitted.
2. **Submit only the original**, and the facility should keep a copy.

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Better Life Award Nomination Form

Please type the following information

Name of Nominee _____

Occupation _____

Facility Submitting Nomination _____

Facility Contact Person _____

Home Address _____

City _____ State KY Zip Code _____

Phone Number _____ Fax Number _____ E-mail _____

CATEGORY

____ Education

____ Corporate Involvement

____ Family Involvement

____ Media

____ Senior Advocate

____ Vendor Involvement

For each nomination submitted, please provide the following:

A typewritten summary of the contributions the nominee has made to the long term care profession as a whole. Be sure to include specific examples of activities/projects in which the nominee has been involved. (For example, if a nomination has been submitted in the area of Education, outline the nominees' accomplishments in this area and specify the positive outcomes that have resulted from this contribution.)

For each entry you may submit no more than two typewritten pages summarizing the nominee's accomplishments. Supportive materials are permitted and do not count in the two-page limit. No more than three pieces of supportive material may be included.

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Photograph of the Year Rules of Entry

A picture is worth more than a thousand words; it's worthy of an award! Tell your residents' story by submitting an entry for this year's photograph award.

Photos may be of an event, a staff member assisting a resident, or a typical day at the facility. The photographer may be an employee, family member, volunteer, visitor, resident, newspaper photographer, or professional photographer.

Photographs may be submitted via email (resolution must be 1 MB, set camera or scanner to highest image size or resolution possible) or mailed to KAHCF. Please include a self-addressed, stamped envelope if you would like the photograph returned.

Rules of Entry

- Acceptable formats for submitting electronic photos include: JPEG, EPS, PDF or GIF. (Polaroid or cell phone photographs cannot be accepted).
- Photographs must have been taken between June 30, 2014 and June 1, 2015, and must include at least one resident of a KAHCF member facility.
- A dated and signed release form from the resident, family and/or guardian of the resident pictured must be on file at the facility. The release should allow for the photograph to be used by the facility and/or KAHCF in this program and other promotions. Please submit a copy of the release.
- Please provide (either typed or handwritten) the name and title of the photographer, the names and titles of everyone in the photo, a description of what is taking place in the photo and why it is significant. If there is a newspaper story in which the photograph appeared, please include it.
- Each entry should include a completed, typed nomination form.

Entries will be judged on the following:

Quality of picture – Is it sharp and in focus?

Does it tell a story – Can someone look at the picture and tell what is happening?

Does it match the description – Once someone reads the story behind the photo, does it match what is described?

Does it depict an event that reflects life at the facility?

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Photograph of the Year Entry Form

Type the following information

Facility Name _____

Address _____

City _____ State KY Zip _____

Nomination submitted by (name & title) _____

Phone Number _____ Fax Number _____ 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 _____

Name of individuals featured in photograph

ENTRIES MUST BE POSTMARKED BY MONDAY, JUNE 15, 2015

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



Public Relations Award

Rules of Entry

The Public Relations Award replaces the Community Outreach and Newsletter awards to reflect 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, 2014, through June 1, 2015. Facilities can submit nominations in only one 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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Outstanding Personal Care Home Rules of Entry

This competition is designed to recognize Kentucky's Personal Care Homes (PCH) and Providers, and educate community leaders about many aspects of the personal care industry. The competition addresses the single most important factor of personal care — the loving and compassionate way that a PC staff cares for residents. In this sense, judging is conducted in the manner that family members might use when seeking placement for a loved one.

In addition to honoring outstanding personal care, this competition gives PCHs and providers the opportunity to educate the judges about this industry. Judging teams consist of community leaders, government representatives, educators, lawmakers, advocates of quality long term care, etc. After the judging process, these individuals have a heightened awareness of the personal care industry.

Judging

As outlined above, judging teams are made up of key members of the community. These individuals often have influence in the areas of legislation and advocacy, making their participation beneficial to the personal care industry. The education and experience they gain during the judging process is also invaluable to them.

If only one Personal Care Home entry is received, a competition will not be held in this category. However, a certificate will be issued by KAHCF recognizing the facility for their efforts.

Only one outstanding Personal Care Home or Provider will be selected as the statewide winner.

All judges will be trained and oriented in detail about the judging criteria, PCHs, and the personal care industry prior to the judging. They will be escorted to the facilities by a KAHCF representative, be prohibited from discussing any scoring of the ballots and will not be allowed to review any confidential facility or patient records.

1. To be eligible to enter this competition, the facility 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 or Type B Citations. Also, SNF or NF facilities wishing to enter their PC beds must be in good standing with no Substandard Quality of Care, no Immediate Jeopardy, or no Type A or Type B citations.
2. Competition judging will be divided into two areas:
 - written entry – 30 percent
 - on-site judging – 60 percent
3. Written entry must be typed and submitted in a plain three-ring binder with each section clearly labeled. Photographs and other decorations are not allowed. The facility's name may be placed on the outside front of the binder. Nominations that do not follow the required format will be returned to the facility.

The 5 sections to be included in your written entry are:

- The completed application form typed on plain white paper, no letterhead
- A typewritten cover letter from the administrator explaining why your PCH chose to enter the competition. (Limit 2 pages)
- Testimonial letters from residents, resident's guardian, family members, and members of the community stating the impact your PCH has had on the family and/or community, and/or resident, and why your PCH should be selected as Outstanding Personal Care Home. Please ask those completing these letters to focus on the positive aspects of your facility, not the perceived short-comings of others. No more than eight testimonial letters may be submitted. (Limit 2 pages per letter)
- List of local, state and/or national groups with which the administrator or staff is affiliated and any awards received from these groups. The list is not limited to health care-related affiliations
- Other information requested in the Application Form (patient profile, activity calendar, etc.)

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4. The 90 minute on-site judging includes an introduction to the facility by the administrator, a tour of the facility, a group discussion with staff members, and free unaccompanied time in the facility to visit with residents, family, staff and/or community members. The time breakdowns for each of these segments is left to the discretion of the facility administrator, escort, and judges, however, under no circumstances will the judges be allowed to remain in the facility for more than 90 minutes. The length and order of each portion of the on-site visit will be agreed upon by the facility administrator, judges and escort at the start of the 90 minute on-site visit. KAHCF recommends the following time frames and order be followed during the on-site judging:
 - An introduction to the PCH with the administrator (15 minutes)
 - A guided tour of the PCH (20 minutes)
 - A group discussion with department heads/staff members (25 minutes)
 - Free, unaccompanied time during which the judges may visit with residents, family members and/or community leaders (30 minutes)
5. Participating PCHs will be judged based upon their written entry and on-site visit. Only the facilities with the top four scores on their written entry will advance to on-site judging. The written entry score will be added to the on-site judging score to determine the statewide winner. We anticipate that judging will be held in September and October. All on-site judging will be announced. PCHs will be given at least one week's notice of the date and time of their on-site judging. Judges will enter the PCH no earlier than 9:00 a.m. and depart no later than 7:00 p.m.
6. If only one Personal Care Home entry is received, a competition will not be held. However, the facility will receive a certificate from KAHCF at the awards banquet recognizing the facility's efforts.
7. All participating PCHs will be recognized at the Annual Awards Banquet. A press release will be sent to all print and broadcast media statewide by the KAHCF office announcing the winning Personal Care Home. An email will be sent with sample press releases and photographs of the award winners, will be mailed to the winning PCH.
8. 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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