



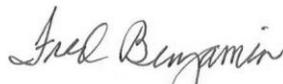
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KHCA/KCAL
64th Annual Convention & Trade Show
2014 Awards Nomination Packet
Winners honored in Wichita, KS on Thursday, October 23, 2014.

The 2014 Award and Recognition Program will be one of our best yet! Our yearly awards ceremony is just a small way of honoring some of the great men and women that we work with throughout the year. Please take time from your busy schedules to nominate folks from your home.

Thank you,


Fred Benjamin
KHCA Chairman


Shelley Gromer
KCAL Chair

2014 Rules

You **MUST** be a member facility, current on your dues, and must register for the convention and trade show. Facilities may only nominate one person per category. Previous award winners are not eligible.

Submit your nominations by:

Mail:
KHCA/KCAL
1100 SW Gage Blvd.
Topeka, KS 66604

Email:
churst@khca.org

Fax:
785-267-0833

Homes will receive an email confirmation

Please include a photo of your nominee and indicate if you would like it returned. Need help sending an electronic copy of the photo? Call us and we will help with solutions

Deadline Date: Friday, August 15, 2014

Selection Process

KHCA/KCAL Committees will review all nominations and make a selection. You will be contacted by phone if your nominee has been selected as a category winner. You will be contacted by email if your nominee is an honorable mention. Category winners will be recognized during the Convention Award Luncheon on October 23, 2014 in Wichita. Details on the ceremony, seating arrangement and cost of extra lunch tickets will be provided closer to the event. Individuals receiving an honorable mention will receive a certificate. However, they will not receive individual recognition during the luncheon because of time constraints.

Categories

Award categories and a **suggested** staff person completing each nomination are as follows:

KHCA and/or KCAL	KHCA Only	KCAL Only
Activity Professional <i>ADM or DON</i>	Administrator <i>Staff or corporate office</i>	Assisted Living Operator <i>Staff or corporate office</i>
Food Service Employee <i>ADM</i>	DON/ADON <i>ADM or corporate office</i>	Assisted Living Worker <i>ADM or staff</i>
Nurse Aide (CNA or CMA) <i>ADM or DON (must include recommendation from the DON)</i>	Charge Nurse/MDS Nurse <i>DON or Staff</i>	Assisted Living Nurse <i>ADM or staff</i>
Environmental Service Worker <i>ADM</i>		
Social Worker/SSD <i>ADM or DON</i>		
Volunteer <i>Activity Director</i>		
Support Staff i.e. <i>Business Office, Consultants, Staff Development, Marketing, ADM, DON or Corporate Staff</i>		

Nominating Criteria:

The goal is to select individuals who are compassionate and caring in dealing with the residents, their families, and staff. These nominees should show dedication and enthusiasm, as well as innovation in the delivery of services in the long term care setting. Each nominee must have been employed at the member home for at least one year at the time of nomination.

Below are some suggestions of what to ask about the individuals being nominated. There is no right or wrong way to do this, just tell their story. This can include contributions to the overall facility, improve the quality of life of the residents, and elevate the profession of long term care

KHCA/KCAL Categories:

KHCA/KCAL Activity Professional:

- What seminars/workshops has the nominee attended in the last year?
- Is he/she active in any civic organizations in the community?
- What special projects has he/she coordinated in the facility?
- List a few activities the nominee has successfully initiated for your residents.
- What personal assets or qualities does he/she have that makes him/her a success?
- How long has he/she been in long term care? How long at your facility?

KHCA/KCAL Food Service Employee:

- Is he/she accommodating to residents' meal preferences?
- Does he/she display knowledge of residents' restrictions and encourage them to adhere to the appropriate diet?
- Does he/she make meal time enjoyable?
- Does he/she go above and beyond the daily job requirements to enhance the dining experience for the residents?
- How long has he/she been in long term care? How long at your facility?

KHCA/KCAL Nurse Aide:

- What training has the nominee completed relating to aging or long term care?
- Is the nominee an active and eager participant during in-service programs?
- Does he/she have a good attendance record? Is he/she punctual?
- Does he/she strive to fulfill the job responsibilities and exceed the expectations?
- What personal qualities does the person possess that makes him/her a success?
- Highlight any attributes that demonstrate your nominee is aware of culture change practices.
- How long has he/she been in long term care? How long at your facility?

KHCA/KCAL Environmental Service Worker:

- Describe how the nominee contributes to the appearance and safety of the residents' facility.
- How does he/she enhance the residents' quality of life?
- To what would you attribute his/her success?
- How long has he/she been in long term care? How long at your facility?

KHCA/KCAL Social Worker/SSD:

- Describe how the nominee uses good listening and problem solving skills to focus on the residents' strengths and coping mechanisms, then supports the resident.
- How does the nominee promote and enhance the dignity of the residents?
- How does the nominee use knowledge of the aging process – physically, emotionally, socially, and spiritually – to encourage a holistic approach in treating the residents?
- Describe the personal characteristics of the nominee (i.e. caring, warm, honest etc).
- How long has he/she been in long term care? How long at your facility?

KHCA/KCAL Support Staff:

- Describe how the nominee contribute to the overall operator of the home?
- How does the nominee promote person centered care for the residents?
- How does the nominee use knowledge of the aging process – physically, emotionally, socially, and spiritually – to encourage a holistic approach in treating the residents?
- Describe the personal characteristics of the nominee (i.e. caring, warm, honest etc).
- How long has he/she been in long term care? How long at your facility?

KHCA/KCAL Volunteer:

- How often does the nominee serve at the facility?
- What kind of volunteer sessions does he/she participate in (crafts, religious, group, educational, movie time or refreshments, etc.)?
- Does he/she provide personal services (grooming, shopping or reading, transportation) for the residents?
- Does he/she bring any of his/her talents to residents (playing an instrument, singing, etc.)?
- How long has he/she been volunteering in long term care? How long at your facility?

KHCA Categories:

KHCA Administrator:

- Is the nominee an active and eager leader during resident programs?
- Does he/she possess a good working relationship with staff, residents and families?
- How does he/she promote resident centered care?
- In what ways does he/she go above and beyond the call of duty to enhance the facility environment to the benefit of the residents and the staff?

KHCA DON/ADON

- Nurse must be an RN or LPN.
- Position that he/she holds
- How many years in long term care?
- How many years at this facility?
- Why did this nurse choose long term care?
- What one word best describes this nurse?
- Briefly describe the contributions of this nurse above and beyond job requirements that enhance the quality of life at your facility.
- Describe the contributions of this nurse that make this nurse a leader and an example of professionalism in nursing that others follow.

KHCA Charge Nurse/MDS Nurse of the Year:

- Must be an RN or LPN
- Position that he/she holds
- How many years in long term care?
- How many years at this facility?
- Why did this nurse choose long term care?
- What one word best describes this nurse?
- Briefly describe the contributions of this nurse above and beyond job requirements that enhanced the quality of life at your facility.

KCAL Categories:

KCAL Operator of the Year:

- What is their background and how did they come into long term care?
- Is he/she an active and enthusiastic leader during resident programs?
- Describe their working relationship with staff, residents and family members.
- List specific ways the nominee assists in managing the AL/RHC that exceeds the normal day-to-day responsibilities.
- What personal qualities make the nominee a success?
- How long has he/she been in long term care? How long at your facility?

KCAL Worker:

- What types of training has the nominee completed relating to aging and/or the AL/RHC setting?
- Is he/she an active participant during the resident programs?
- Describe his/her attendance and efforts to fulfill job requirements as established by the facility, and does he/she exceed those requirements?
- List the personal strengths that make him/her a success at work.

KCAL Nurse/Resident Care Coordinator:

- Must be an RN or LPN.
- Position that he/she holds
- How many years in long term care?
- How many years at this facility?
- Why did this nurse choose long term care?
- What one word best describes this nurse?
- Briefly describe the contributions of this nurse above and beyond job requirements that enhanced the quality of life at your facility.

2014 KHCA/KCAL Award Nomination Form

Please copy this form for each category you wish to nominate.
Use the selection criteria to describe the person(s). Please mark the box next to the category for which you are submitting a nomination.

KHCA or KCAL

- | | |
|--|---|
| <input type="checkbox"/> Activity Professional | <input type="checkbox"/> Social Worker/SSD |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Food Service Employee |
| <input type="checkbox"/> Nurse Aide (CNA or CMA) | <input type="checkbox"/> Environmental Service Worker |
| <input type="checkbox"/> Support Staff (Job Title) _____ | |

KHCA ONLY

- | | |
|---|---|
| <input type="checkbox"/> DON/ADON of the Year | <input type="checkbox"/> Charge Nurse/MDS Nurse |
| <input type="checkbox"/> Administrator | |

KCAL ONLY

- | | |
|---|--|
| <input type="checkbox"/> Assisted Living Operator | <input type="checkbox"/> Assisted Living Nurse/RCC |
| <input type="checkbox"/> Assisted Living Worker | |

Name of Nominee: _____

Administrator: _____
(Or person nominating and title)

Facility Name: _____

Address, City, ZIP _____

Telephone: _____

Facility Contact: _____

**In 250 words or less, please tell us about your nominee!
Please attach your printed pages to the above nomination cover sheet.**