

Vincent Davis, State Survey Agency Director
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243

Mr. Davis,

Please see the enclosed application and support materials pertaining to the CMPQI program implementation funding opportunity: RFA 34305-22318. This application is presented by the Cookeville Regional Charitable Foundation on behalf of dozens of Upper Cumberland organizations partnering for the proposed Project. The Project focuses on strategies to prevent Healthcare Associated Infections (HAIs) and reduce avoidable hospital readmissions among nursing home residents by providing the following to nursing home facilities throughout the fourteen counties of the region:

- environmental hygiene training
- industry standard environmental services equipment
- environmental cleaning and disinfection monitoring devices
- standardized resident isolation caddies/carts

The Project will coordinate and unify regional efforts by 1) providing standardized environmental hygiene and disinfection training and equipment to EVS/housekeeping staff at nursing homes, 2) providing tools to monitor cleanliness, and 3) providing standard infection control isolation equipment for use by staff and visitors.

Environmental hygiene is integral to preventing the spread of infections among nursing home residents, staff and visitors and is a crucial part of any effective infection control program. The CDC's *Guidelines for Environmental Infection Control in Health-Care Facilities* states that cleaning and disinfecting environmental surfaces as appropriate is fundamental in reducing their potential contribution to the incidence of healthcare-associated infections. We believe that standardizing environmental hygiene training and providing best-practice tools will improve infection control outcomes for the entire Upper Cumberland region and reduce negative HAI performance outliers among nursing homes.

Fundamentally, this project is about shifting haphazard individual facility infection control and environmental cleaning efforts toward a more standardized and organized, regional approach to infection control and resident directed care. This represents an essential cultural change throughout our region for many organizations, and staff members within them. We believe an organized, regional approach to nursing-facility infection control will greatly benefit nursing home residents and healthcare workers in the Upper Cumberland.

Sincerely, 

John Bell, Executive Director
Cookeville Regional Charitable Foundation

Standardizing Infection Control for Upper Cumberland Nursing Facilities

Expected Outcomes: Project Abstract: This project will offer standardized environmental hygiene training, environmental monitoring tools and related appropriate equipment to Skilled Nursing Facilities (SNFs) and Long Term Care Facilities (LTCFs) throughout fourteen counties included in the Upper Cumberland region of Middle Tennessee. The project will be operated and overseen in collaboration between key regional healthcare leaders including the Upper Cumberland Healthcare Preparedness Coalition (UCHPC) and Cookeville Regional Charitable Foundation (*The Foundation*), with input from area SNFs-LTCFs, and insight from infection control professionals at Cookeville Regional Medical Center (CRMC), Cumberland Medical Center and Riverview Regional Medical Center.

Project goals include: 1) training nursing home EVS/housekeeping on proper cleaning and disinfection practices, 2) equipping them with industry standard cleaning tools and monitoring devices and 3) providing infection control isolation caddies/carts. Anticipated outcomes include lower rates of Health Acquired Infections (HAIs) originating at a SNFs-LTCFs and lower Medicare only Discharge Rates for patients returning to SNFs-LTCFs from medical facilities.

The project will offer SNFs-LTCFs from fourteen counties access to industry recommended environmental hygiene cleaning and disinfection training. Environmental hygiene trainings will be offered by face-to-face classroom settings held at a central geographic location. The same class offering will be held on two dates to allow all staff the opportunity to participate. Industry standard equipment will be provided to participating SNFs-LTCFs once training is complete. Equipment purchase will ensure that newly trained staff has appropriate equipment to implement newly-learned environmental cleaning strategies which will include: industry standard ATP monitoring systems, isolation caddies, and microfiber equipped janitor carts. These tools and training will allow for standardization of infection control strategies among SNFs-LTCFs in the region and enable healthcare providers to improve quality of care and quality of life for residents by reducing HAIs and preventable hospital admissions.

Project success will be measured by evaluating key metrics from several sources within the region. Readmission rates from SNFs-LTCFs will be measured by partnering hospitals. Project administration and fiduciary responsibilities will be conducted by *The Foundation*. Project oversight and evaluation will be overseen by the UCHPC. Project Personnel include: John Bell, Foundation Director; Kristi Langford UCHPC Director; Alexis Green, Public Health Nurse; Jeremy Stoner, NHC Cookeville Administrator; Patricia Anderson, Riverview Regional Medical Center Chief Nursing Officer; Michelle Zachary and Stephanie Etter, CRMC Infection Control Staff; and David Bowling, Director of CRMC Case Management. Environmental Hygiene training will be performed by instructors from CleanHealth Environmental.

Statement of Need: HAIs are one of the top ten causes of death in the United States. The TN Department of Health identifies both surveillance and prevention activities as key components to reducing HAIs. Regionally, HAI prevalence negatively impacts quality of life for patients, leads

to untimely death, and cumulatively costs Upper Cumberland medical providers millions of dollars annually.

Regional rates of HAIs vary widely. For example, Urinary Tract Infections for long-term residents benchmark at 4.7% for Tennessee SNFs and 3.7% nationally. In the Upper Cumberland region, SNFs percentage of long-term residents with UTIs varies widely with recent 2017 reports three SNFs showing 4.9%, 6.1% and 3.6% via quality of resident reports available on www.Medicare.gov. Major contributors to these volatile figures are the lack of: standard infection control training, standard cleaning and disinfection practices, and proper equipment at facilities in the Upper Cumberland.

Program Description: The Project will focus on standardized training and equipping of nursing home staff to prevent and reduce HAIs.

Training is focused on infection prevention through comprehensive environmental cleaning and disinfection practices for housekeeping personnel and environmental services staff at SNFs-LTCFs. Training will be led by certified instructors from CleanHealth Environmental, www.CleanHealthENV.com. The proposed course curriculum includes classroom setting training, video displays, interactive experiences, detailed demonstrations, and in-depth course materials which will cover topics including: occupational hazards, microorganisms and infectious agents, cleaning methods, blood-borne pathogens, quality monitoring techniques, interacting with residents, communication with staff, and relevant technology.

The project will be open and inclusive to all SNFs-LTCFs in the fourteen counties of the Upper Cumberland Region. Project coordinators have identified twenty-three care facilities in the region that will partner with the project. Trainings will be offered on two dates, so each facility will have the option to include multiple staff at training sessions without running the risk of being short staffed. Once facility representatives receive certificates of training completion, then their facility administrator may request purchase of proposed equipment through this Project. The UCHPC will oversee coordination of training activities, conference registration, and equipment sourcing and distribution. *The Foundation* will act as fiduciary for the project, fulfilling purchase requests and keeping record of appropriate documentation for reporting to the State.

Equipment provided to SNFs-LTCFs after training will include: ATP monitoring systems (Hygiena System Sure Plus Luminometer), isolation door caddies (Isodoorcaddy) and microfiber equipped janitor carts. The items will help standardize infection control outputs across the region by providing all facilities (who receive training) with equipment which will enable staff to make the best use of knowledge acquired at training classes. We believe that offering standardized equipment as an accompaniment to training is critical for maximizing follow-thru and potential improvement of quality of life and quality of care for nursing home residents. Please see the attached letter of support from Dr. Pamela Talley.

Desired outcomes from program completion include: 1) regional decrease in the rate of HAIs for SNFs-LTCFs residents, 2) increase in patient satisfaction/quality of life, and 3) decrease in Medicare only Readmission Rates for hospital patient's being discharged to a SNFs-LTCFs.

Results: Performance Measures and Evaluation:

Project evaluation shall be measured by several key metrics. 1) The number of participating SNFs-LTCFs participating in the program vs. the number of such facilities operating in the region, with a target 90% Project completion rate. Each facility will have the opportunity for multiple staff to participate in trainings through this project. 2) Decrease the number of SNFs-LTCFs producing statistical outliers in relation to the TN average for HAIs such as UTIs, with the goal of no more than two outlier facilities within the region performing at levels above State average by conclusion of year one. 3) Lower Medicare only discharge rates to SNFs-LTCFs from 16.2% for regional hospital providers, to 15.6% by conclusion of year one.

All SNFs-LTCFs in the fourteen counties located in the Upper Cumberland region will be invited to participate in the project. The project has identified a target twenty-three facilities from fourteen counties. Eight of these, or 35%, have a CMS star rating of three or less. Site Administrators at these twenty-three facilities are aware of this effort to secure funding and have indicated interest in Project participation should it be funded.

Regional SNFs-LTCFs and medical centers will assist the UCHPC and *The Foundation* to create reports indicating trends in specific HAIs, such as UTIs. Data will indicate any underperforming facility in the area which is operating above the State average for specific HAIs, like UTI. ATP monitors come equipped with free software, SureTrend, to track and report results validating cleaning processes.

Infection control staff and administrators at area medical centers will assist *The Foundation* and UCHPC in creating reports which show trends in Medicare only discharge rates to SNFs-LTCFs. Regional trends and medical center specific data will be available.

Benefits to Nursing Homes: The project will significantly enhance the quality of life for patients residing in SNFs-LTCFs by: decreasing the prevalence of HAIs originating in such facilities, decreasing the likelihood of transfer of patients to medical centers due to HAIs, decreasing pain and discomfort for patients due to decrease in HAIs, and increasing the comfort and safety of patients in SNFs-LTCFs due to better trained and better equipped staff performing proper infection control strategies. Proper training and equipment will also better protect SNFs-LTCFs staff, decrease pathogen transfer likelihood between facilities, and help to standardize protocols and communication within the Upper Cumberland regional health system.

Consumer/Stakeholder Involvement: Participating SNFs-LTCFs will send their staff to appropriate training provided through this Project, adopt the use of equipment provided through this Project, then adjust policies and procedures to reflect best-practices learned at training and enabled by equipment provided through this Project.

Participating SNFs-LTCFs will submit quarterly to the Project coordinators ATP monitoring data results for 15 to 20 high touch surfaces (e.g., doorknobs, handrails, light switches, etc.) throughout the facility for the duration of the grant. Baseline ATP data will be obtained by the Project coordinators when the monitors are deployed at each facility.

Participating SNFs-LTCFs will be encouraged to engage newly trained staff with Resident and Family Councils along with appropriate governing bodies, to share and showcase information and best-practices learned during Project training, showcase quality-of-care improvements for residents made possible by Project equipment utilization; and encourage discussion concerning review of internal facility controls, policies, procedures, or strategies which may need to be revised to further the improvement of quality care.

Participating SNFs-LTCFs will be urged to engage appropriate Quality Assurance Performance Improvement committee members in Project training, and/or in committee review of lessons learned with trained staff members after Project completion.

Funding: The project focuses on providing training and tools for twenty-three SNFs-LTCFs. Proposed expenses for critical project components include: two 1-day environmental hygiene training conferences \$10,300 (Clean Health Environmental); janitor carts-four/facility \$41,768 (\$454 each); isolation door caddies 10/facility \$42,550 (\$185 each); ATP monitors 1/facility \$34,040 (\$1,480 each); salaries to conduct project \$5,364.00; and conference facility rental \$4,000. Costs are segmented by expense line item per the budget document. Total project cost is estimated at: \$138,022.00. Funds will be used for project activities within the time period and guidelines provided by the State. Documentation for purchases and expenditures, and appropriate reports, will be kept on file at *The Foundation*. *The Foundation* is audited annually by Pershing Yoakley and Associates.

Governing Body: The project will be operated in collaboration between key regional healthcare leaders including the Upper Cumberland Healthcare Preparedness Coalition and Cookeville Regional Charitable Foundation, with input from area long-term care facilities and insight from infection control leaders at Cookeville Regional Medical Center, Cumberland Medical Center, and Riverview Regional Medical Center. SNFs-LTCF's representatives are active members in the UCHPC, including representation on the executive committee of the UCHPC. Oversight of the Project will be provided by the Executive Committee of the Upper Cumberland Healthcare Preparedness Coalition. Additional information about the Coalition is at: www.uchcoalition.org.

Innovation and Replicability: This project does not recreate the wheel. It relies on the inherent capacity and expertise of differing entities within the healthcare community and the proven record of established infection-control training programs to fundamentally align infection control policies, procedures and protocols for SNFs-LTCFs in the entire Upper Cumberland Region. The project also takes advantage of the relationship of healthcare providers to the UCHPC and *The Foundation* as independent, neutral entities that can act as resources for collaboration and change in an industry that sometimes becomes competitive and fragmented.

This project could easily be replicated by other State healthcare coalitions in collaboration with their partnering fiduciary entity. We would be happy to provide lessons learned and impact statements detailing project outcomes, at the conclusion of the project, with the State or other interested parties.


Job Descriptions for Key Personnel: Kristi Langford and Alexis Green will facilitate and conduct the selection of appropriate training tracks for Project education activities, and facilitate and conduct the appropriate purchase and distribution of Project supplies after training. Both will also conduct follow-up training and compliance monitoring with SNFs-LTCFs. Patricia Anderson will offer oversight for the Project and guidance as a subject matter expert. John Bell will facilitate and coordinate fiduciary and record-keeping activities for the project. CRMC Infection Control Staff Michelle Zachary and Stephanie Etter will assist in the reporting process, helping to gather and understand infection-control related performance data, and offering general project assistance by providing expertise in the field of infection control.

Additional **Involved Organizations** represent the following counties in the Upper Cumberland: Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, VanBuren, Warren, and White.


This project is solely contingent on funds received through this proposal.

Below is a list of Upper Cumberland Nursing Facilities who support the **Standardizing Infection Control and EVS for Upper Cumberland Nursing Facilities** Project. If this grant is awarded, these organizations plan to be an active partner with the Project by sending appropriate staff to training sessions/conferences paid for through this grant, appropriately utilizing provided infection control and environmental services equipment purchased through this grant, incorporating lessons-learned and best-practices into organizational procedures and protocols in an effort to reduce HAI's and improve patient satisfaction, health and safety. Representatives understand that Nursing Facilities will not receive direct funds through this grant.

Woodbury Health and Rehab Center
119 West High Street, Woodbury




Good Samaritan Society
100 Samaritan Way, Crossville



Wharton Nursing Home
55 W Lake Road, Pleasant Hill

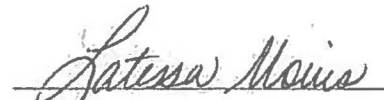
Signature Healthcare of Fentress County
208 N Duncan Street, Jamestown




Knollwood Manor
405 Times Ave, Lafayette



Celina Health and Rehab Center
120 Pitcock Lane, Celina



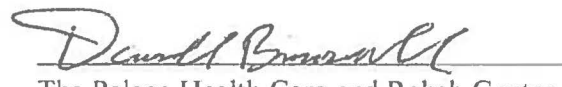
Life Care Center of Crossville
80 Justice Street, Crossville



Wyndridge Health and Rehab
456 Wayne Ave, Crossville



Mabry Health Care and Rehab
1340 N Grundy Quarles Hwy, Gainesboro



The Palace Health Care and Rehab Center
309 Main St, Red Boiling Springs

Billy Smith

Overton County Health and Rehab
318 Bilbrey St., Livingston

Pickett Care and Rehab Center
129 Hillcrest Dr., Byrdstown

Mar Shiri

Bethesda Health Care Center
444 One Eleven Place, Cookeville

David Brisco

NHC Healthcare of Cookeville
815 South Walnut Ave, Cookeville

James Hood

Signature Healthcare of Putnam County
278 Dry Valley Road, Cookeville

Al DuWatto

Standing Stone Care and Rehab Center
410 West Crawford Ave, Monterey

Debra Ledbetter m

Concordia Nursing and Rehab Center
112 Healthcare Drive, Carthage

[Signature]

Generations Center
87 Generations Drive, Spencer

Ben Holl

NHC Healthcare of McMinnville
928 Old Smithville Road, McMinnville

Raintree Manor
415 Pace Street, McMinnville

[Signature] ED

Life Care Center of Sparta
508 Mose Drive, Sparta

Breanna Pearson

NHC of Sparta
34 Gracey Street, Sparta

Clay Hill

NHC Smithville
825 Fisher Ave, Smithville

Biographical Sketches for Key Personnel

Kristi M. Langford, CHEP

1100 England Drive, Cookeville, TN 38501

(931) 646-7547, kristi.langford@tn.gov

Regional Coordinator, TN Department of Health

Upper Cumberland Healthcare Preparedness Coalition

- 1985-1989 Tennessee Tech University: BS in Business Management
- Certified Healthcare Emergency Professional

Alexis Green, RN, BSN

91 Maple Drive, Rock Island, TN 38581

(931) 646-7500, alexis.green@tn.gov

Public Health Nurse, TN Department of Health

Upper Cumberland Regional Health

- 2008-2010 Motlow State Community College: AAS in Nursing
- 2016-2018 Tennessee Technological University: BS in Nursing
- TN RN license RN0000177122

Patricia Anderson, RN, BSN, MBA

1453 Smith Bend Lane, Gainesboro, TN 38562

(615) 735-5172, patricia.anderson@lpnt.net

Chief Nursing Officer, Riverview Regional Medical Center

- 2014-2015 King University: MBA
- 1976-1978 University of Alabama: BS in Nursing
- 1974-1976 Tennessee Technological University
- TN RN license RN0000048003
- Certified Professional in Patient Safety
- Infection Control Practitioner Fundamentals of Surveillance

John Bell, MBA

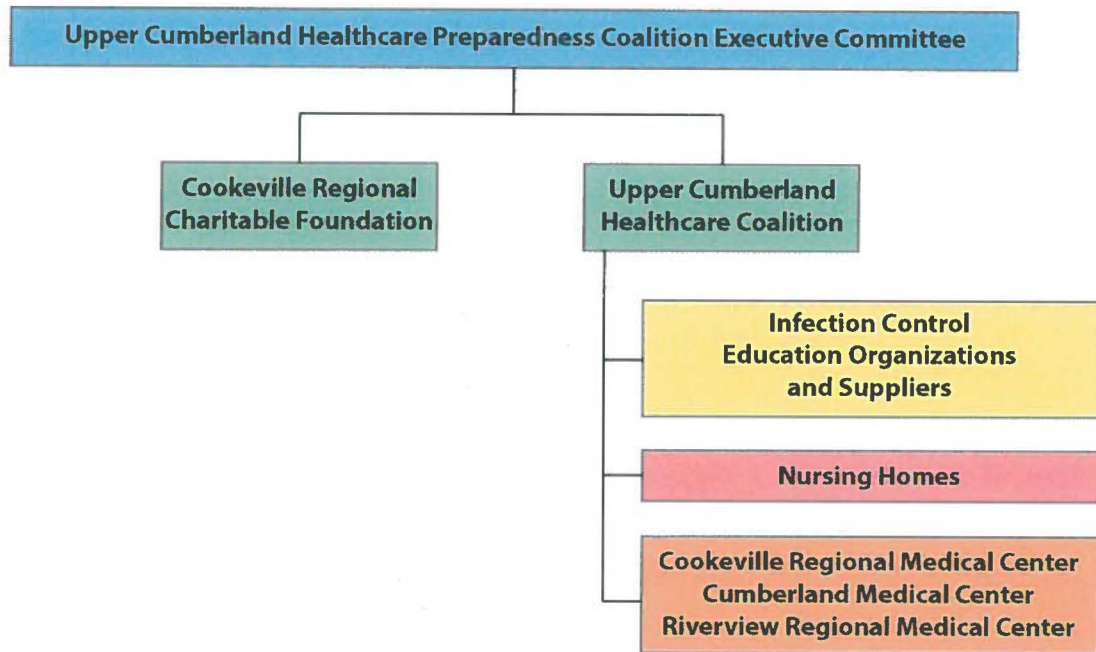
1 Medical Center Blvd, Cookeville TN 38501

(931) 783-2003, jbell@crmchealth.org

Executive Director, Cookeville Regional Medical Center Foundation

- 2003 Tennessee Tech University: MBA
- 2001 University of Tennessee, Knoxville: BA

Project Organizational Chart



REQUEST

Date of Application: $\frac{10}{MM} / \frac{1}{DD} / \frac{2018}{YYYY}$

PART I: Background Information

Name of the Organization: Cookeville Regional Charitable Foundation

Address Line 1: 1 Medical Center Blvd

Address Line 2: _____

City, County, State, Zip Code: Cookeville, TN 38501

Tax Identification Number: 20-1550666

CMS Certification Number, if applicable: -

Medicaid Provider Number, if applicable: -

Name of the Project Leader: John Bell

Address: 1 Medical Center Blvd

City, County, State, Zip Code: Cookeville, TN 38501

Internet E-mail Address: jbell@crmchealth.org

Telephone Number: - -

Mobile Number: - -

Have other funding sources been applied for and/or granted for this proposal? Yes No

If yes, please explain/identify sources and amount.

PART II: Applicable to Certified Nursing Home Applicants

Name of the Facility: _____

Address Line 1: _____

Address Line 2: _____

City, County, State, Zip Code: _____

Telephone Number: - -

CMS Certification Number: -

Medicaid Provider Number: -

Date of Last Recertification Survey: / /
MM DD YYYY

Highest Scope and Severity Determination: (A - L) _____

Date of Last Complaint Survey: / /
MM DD YYYY

Highest Scope and Severity Determination: (A - L) _____

Currently Enrolled in the Special Focus Facility (SFF) Initiative?
Yes No

Previously Designated as a Special Focus Facility?
Yes No

Participating in a Systems Improvement Agreement?
Yes No

Administrator's Name: _____

Owner of the Nursing Home: _____

CEO Telephone Number: - -

CEO Email Address: _____



REQUEST, cont.

Name of the Management Company: _____

Chain Affiliation (please specify) Name and Address of Parent Organization: _____

Outstanding Civil Money Penalty? Yes No

Nursing Home Compare Star Rating: _____ (can be 1, 2, 3, 4 or 5 stars)

Date of Nursing Home Compare Rating: ____/____/____
MM DD YYYY

Is the Nursing Home in Bankruptcy or Receivership? Yes No

If an organization is represented by various partners and stakeholders, please attach a list of the stakeholders in the appendix.

NOTE: The entity or nursing home which requests CMP funding is accountable and responsible for all CMP funds entrusted to it. If a change in ownership occurs after CMP funds are granted or during the course of the project completion, the project leader shall notify CMS and the State Agency within five calendar days. The new ownership shall be disclosed as well as information regarding how the project shall be completed. A written letter regarding the change in ownership and its impact on the CMP Grant application award shall be sent to CMS and the State Agency.

**Part III:
Project Category**

Please place an "X" by the project category for which you are seeking CMP funding.

- Direct Improvement to Quality of Care
- Resident or Family Councils
- Culture Change/Quality of Life
- Consumer Information
- Transition Preparation

REQUEST, cont.

- Training
- Resident Transition due to Facility Closure or Downsizing
- Other: Please specify _____

**Part IV:
Funding Category**

Please specify the amount and place an "X" by the funding category.

Amount Requested: \$ 138,022.00

- | | |
|---|---|
| <input type="checkbox"/> \$2,500 or less | <input type="checkbox"/> \$10,001 – \$25,000 |
| <input type="checkbox"/> \$2,501 – \$5,000 | <input type="checkbox"/> \$25,001 – \$50,000 |
| <input type="checkbox"/> \$5,001 – \$10,000 | <input checked="" type="checkbox"/> Over \$50,000 |

**Part V:
Proposed Period of Support**

From: $\frac{04}{MM} / \frac{1}{DD} / \frac{2019}{YYYY}$ (e.g. 06/01/2010) **To:** $\frac{03}{MM} / \frac{31}{DD} / \frac{2020}{YYYY}$ (e.g. 12/01/2010)

**Part VI:
Purpose and Summary**

PROJECT TITLE *Standardizing Infection Control for Upper Cumberland Nursing Facilities*

Include a cover letter to the State Agency Director with the application. The cover letter should introduce your organization, explain the purpose of the project and contain a summary of your proposal. The letter should include the amount of funding that you are requesting, the population it will serve, and the need it will help solve. Make a concerted effort to bring your project to life in the cover letter and actively engage the reader.

John Bell

ADDITIONAL IDENTIFICATION INFORMATION AS NECESSARY				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning 04/01/2019, and ending 03/30/2020.				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$5,364.00	\$0.00	\$5,364.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$10,300.00	\$0.00	\$10,300.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$4,000.00	\$0.00	\$4,000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$118,358.00	\$0.00	\$118,358.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$138,022.00	\$0.00	\$138,022.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 2)

SALARIES	Hourly Rate	Total Project Hours					AMOUNT	
John Bell - Reporting & Program Oversight	\$33/hr	x	64	x		+	(Longevity, if applicable)	\$ 2,112.00
Stephanie Etter, CRMC - Infection Preventionist - Evaluation and Consultation	\$35/hr	x	32	x		+	(Longevity, if applicable)	\$ 1,120.00
Michelle Zachary, CRMC - Infection Preventionist - Evaluation and Consultation	\$26/hr	x	32				(Longevity, if applicable)	\$832.00
Kirsten Powers, Foundation - Accounting Responsibilities	\$25/hr	x	52	x		+	(Longevity, if applicable)	\$1,300.00
ROUNDED TOTAL								\$ 5,364.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT	
EHCD-CleanHealth Training \$5,150.00 x 2 trainings	\$10,300.00	
ROUNDED TOTAL		\$10,300.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT	
Conference Facility Rental \$2,000 x 2 trainings	\$4,000.00	
ROUNDED TOTAL		\$4,000.00

INTEREST	AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00	
ROUNDED TOTAL		\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00	
ROUNDED TOTAL		\$0.00

DEPRECIATION	AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00	
ROUNDED TOTAL		\$0.00

OTHER NON-PERSONNEL	AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00	
ROUNDED TOTAL		\$0.00

CAPITAL PURCHASE	AMOUNT	
Janitor Carts \$454.00 x 4/facility x 23 facilities	\$ 41,768.00	
Isodoor Caddy & Door Hook \$185.00 x 10/facility x 23 facilities	\$ 42,550.00	
HyGiena SystemSure ATP Monitor \$1,480.00 x 1/facility x 23 facilities	\$ 34,040.00	
ROUNDED TOTAL		\$ 118,358.00

August 24, 2018

Mr. Vincent Davis
State Survey Agency Director
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243

Dear Mr. Davis,

As the deputy director of the Healthcare Associated Infections (HAI) and Antimicrobial Resistance Program at the Tennessee Department of Health, I am pleased to offer this letter of support for the grant proposal by the Upper Cumberland Healthcare Preparedness Coalition and the Cookeville Regional Charitable Foundation.

The Tennessee Department of Health HAI program has overseen surveillance of HAIs across the state since 2008 with the majority of the data gathered focusing on acute care hospitals. With the increasing focus on infection control in the long term care sector, HAI has been able to provide Infection Control Assessment and Response (ICAR) visits to various health care facility types across the state since the end of 2015. To date, we have performed 78 total ICAR visits. This number includes 37 long-term care facilities in Tennessee. These ICAR visits provide an overview of a facility's overall infection control program which includes a review of processes and observation of practices. Two major gaps identified through the ICAR visits specific to long-term care facilities across the state are lack of education and training of staff overseeing the infection control program and lack of appropriate education and training related to environmental services. Long-term care facilities would benefit from further education targeting environmental cleaning along with education of the person responsible for the infection control program.

Within the Upper Cumberland Region's 23 long-term care facilities, a total of 4 ICAR visits were performed. The findings at these facilities were consistent with the statewide findings which reflected a lack of understanding of some of the basic infection control concepts of separation of clean and dirty as well as lack of appropriate education within the environmental services departments. The grant applicant proposes to provide targeted environmental cleaning education along with provision of new industry standard cleaning equipment and auditing tools such as the ATP monitoring devices. Facilities would provide feedback of their ATP analysis to the regional health office to track trends after being provided with the appropriate tools to enhance and improve environmental cleaning within individual facilities in the region. This data would help to focus future educational offerings.

Through the efforts of the Upper Cumberland Healthcare Emergency Preparedness Coalition, infection control education and training have become an important focus for healthcare facilities within the region. An Infection Control Work Group began within the past few years and meets often to provide a forum to share best practices and educational opportunities to various healthcare facilities. Through this grant, the work already established would only be enhanced to provide for safer environments for the nursing home residents in the region.

Sincerely,



Pamela Talley, MD, MPH

Deputy Director

Healthcare Associated Infections and Antimicrobial Resistance Program

Andrew Johnson Tower

710 James Robertson Parkway

Nashville, TN 37243

GENERAL ASSURANCES

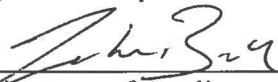
Assurance is hereby provided that:

1. This program will be administered in accordance with all applicable statutes, regulations, program plans and applications:
 - a. The laws of the State of Tennessee;
 - b. Title VI of the federal Civil Rights Act of 1964;
 - c. The Equal Employment Opportunity Act and the regulations issued there under by the federal government;
 - d. The Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government;
 - e. The condition that the submitted application was independently arrived at, without collusion, under penalty of perjury; and,
 - f. The condition that no amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Agency in connection with any grant resulting from this application.
2. Each agency receiving funds under any grant resulting from this application shall use these funds only to supplement, and not to supplant federal, state and local funds that, in the absence of such funds would otherwise be spent for activities under this section.
3. The grantee will file financial reports and claims for reimbursement in accordance with procedures prescribed by the State of Tennessee Department of Health.
4. Grantees awarded grants resulting from this application process will evaluate its program periodically to assess its progress toward achieving its goals and objectives and use its evaluation results to refine, improve and strengthen its program and to refine its goals and objectives as appropriate.
5. If applicable, the program will take place in a safe and easily accessible facility.

CERTIFICATION/SIGNATURE

I, THE UNDERSIGNED, CERTIFY that the information contained in the application is complete and accurate to the best of my knowledge; that the necessary assurances of compliance with applicable state/federal statutes, rules and regulations will be met; and, that the indicated agency designated in this application is authorized to administer this grant.

I FURTHER CERTIFY that the assurances listed above have been satisfied and that all facts, figures and representation in this application are correct to the best of my knowledge.



Signature of Applicant Agency Administrator

10/3/18

Date Signed (Month/Day/Year)