

MOUNTAIN CITY CARE & REHABILITATION CENTER

919 Medical Park Dr
Mountain City, TN 37683
Of: 423.727.7800 • Fx: 423.727.2496

MountainCityCare.com

April 21, 2016

Mr. Vincent L. Davis, MPH
Director, Office of Health Care Facilities
Tennessee Department of Health
665 Mainstream Drive
Nashville, TN 37243

Dear Mr. Davis:

Mountain City Care and Rehabilitation Center (MCCRC) is an Eden Alternative registered nursing home committed to culture change and person centered care. We have 120 beds and our occupancy rate is consistently 90% or above. We are the only skilled nursing facility in Mountain City and have a strong reputation. We strongly believe in community and intergenerational involvement which is evidenced by our presence and support at local events or by visiting our Little League T-ball field, for example.

We do not take lightly the task of caring for our elders in their home. We began our culture change journey several years ago and in 2013 became an Eden Alternative registered facility. The mission and vision of the Eden Alternative as well as the resources and training they provide aligns perfectly with our vision for our home. We have been able to transition to the neighborhood model which allows elders to have a voice in the day to day operations and events.

On August 31, 2015, our home began a journey to change the way care is delivered in nursing homes. We transitioned to the Holistic Caregiver model. This model of care places emphasis on relationship, total well-being (mental, physical, social and spiritual) and respecting the choices of those entrusted to our care. Elders have a consistent caregiver that provides personal care, cleans the room, assists with restorative nursing and provides meaningful quality of life activities. Department Managers are cross trained as Holistic Caregivers as well including C.N.A certification. This transition has been challenging but we are committed to doing what is best for our elders and we feel above all that this is the right thing to do!

We are seeking funds that would allow our remaining staff to become Certified Eden Associates. I have personally attended this training and not only was it one of the best I have ever attended but it is life changing. It challenges you not to settle for the way things have always been done in nursing homes and empowers and motivates you to be that change! This culture change education will support our Holistic Caregiver model, our culture change journey and empower our caregivers to promote change...

Care Redefined

all for the benefit of our elders. We are respectfully requesting \$31,000 to provide this valuable education. Your gracious consideration is appreciated.

Sincerely,

A handwritten signature in blue ink that reads "Diana Branch". The signature is written in a cursive style with a large, looped initial "D".

Diana Branch

Administrator

Mountain City Care & Rehabilitation Center

Part VII: Expected Outcomes:

Project Abstract:

Signature HealthCARE's mission and vision as a company is to "change the landscape of healthcare forever." Mountain City Care and Rehab believes the avenue to achieve this radical transformation is through the development of education and eventual culture change at the facility level. Since joining the Eden Alternative Registry in 2013, Mountain City Care and Rehabilitation has aggressively embraced culture change. As Administrator of the home, I will be responsible for the grant project. I became a Certified Eden Associate in 2013 myself and have worked to build strong culture over the past three years. The project's ultimate goal is to provide the three day Eden Associate training to 90% of our Stakeholders. We feel there is a great need for continued education in the long term care setting and this opportunity is rarely afforded to direct caregivers. Other objectives would include a reduction in anti-psychotropic drugs as well as stronger interactions between direct caregivers and Elders in our home. We will utilize the use of both well-being and warmth surveys to measure the depth of the effects of our education efforts. We will also be able to use the Quality Indicators as a measurement tool to connect the dots between quality of life and quality of care.

Statement of Need:

Currently we have been able to offer Certified Eden Associate training to approximately 10% of our Stakeholders. The 10% is primarily compiled of our facility leadership positions. We feel it is critical to have our direct caregivers become educated and become Certified Eden Associates. We believe that an increased number of Eden Associates will drive culture deeper in our home and allow us to hardwire systems for the future. We have been unable to achieve this in the past due to lack of funds.

We realize that this is the only the beginning of our commitment to further education and empowerment for our direct caregivers. We will continue to provide ongoing education on culture change initiatives ourselves to help facilitate our culture change goals.

Program Description:

Mountain City Care and Rehabilitation became an Eden Alternative certified building on October 8, 2013. The Eden Alternative consists currently of four Path to Mastery modules. Currently our home has completed two of those milestones. We are currently working on Milestone 3. We realized quickly that to facilitate personal transformation we would need to conduct massive amounts of education with every Stakeholder. We quickly held "Learning Congresses" for all our Stakeholders and offered informal education in other ways. Currently about 10% of our Stakeholders have been through Certified Eden Associate training. This has been a slow process due to lack of funds.

In 2015 we determined that we needed to make a radical change in our organizational structure. Our company (Signature HealthCARE) was offering pilot studies on a new care model titled

“Holistic Caregiver”. In this model positions are combined to care for Elders in a more intimate way. Our team determined this would be the path we should take and starting to make radical moves to change our internal organizational structure. We have been working on this alternative model of care for the past 12 months and have become successful in seeing it to fruition, however we lack one key component to have greater success. We believe that the success of this model depends on integration of Eden Alternative education among our direct caregivers. We know they hold the keys to the culture change kingdom in their hands and we want to empower them with additional education. We’d like to offer Eden education to the remaining 90% of our Stakeholders.

Implementation Plan:

Education will be delivered by Angie McAllister, Eden Educator/Eden Mentor and Ryan Myracle, Eden Educator/Eden Mentor. Both of these individuals work within our company so no travel/salary costs would be incurred and we would receive a discounted rate for this grant project through the Eden Alternative by having them teach our classes. They have graduated over 500 Certified Eden Associates within the last 2 years within Signature HealthCare so we feel confident in their ability to teach.

Trainees will consist of floor nurses, nursing assistants, dietary staff, housekeepers, and key administrative staff not yet certified. Initial trainees will be those who have seniority and are in place upon grant approval. New employees will attain training edibility after demonstrating commitment to our home at 180 days. We propose training 25 employees per quarter over the next four quarters in an effort to have everyone receive training by August 2017. We have 100 Stakeholders who are in need of training.

Timeline as follows:

Upon receipt of grant	Assemble Education Team comprised of key direct caregivers and leaders with an agenda to meet regarding grant details	Responsibility of Administrator to assemble.
2 months after grant is received	Complete baseline information for Eden Alternative Warmth Surveys and Eden Alternative Well-Being Surveys for Elders, Families and Stakeholders to gather baseline data.	Education team to complete surveys to be submitted with 1 st quarter report
3 months after grant is received	Complete Eden Associate Training for 25 Stakeholders	Education completed by Angie McAllister/Ryan Myracle. Administrator to set up dates/locations.
6 months after grant is received	Complete Eden Associate Training for 25 Stakeholders	Education completed by Angie McAllister/Ryan Myracle.

9 months after grant is received	Repeat Eden Alternative Well-Being Surveys along with Eden Alternative Warmth Surveys with Elders, Families, and Stakeholders	Education team to complete surveys to be submitted with 3 rd quarter report
9 months after grant is received	Complete Eden Associate Training for 25 Stakeholders	Education completed by Angie McAllister/Ryan Miracle.
12 months after grant is received	Complete Eden Associate Training for 25 Stakeholders	Education completed by Angie McAllister/Ryan Miracle.
12 months after grant is received	Repeat Eden Alternative Well-Being Surveys along with Eden Alternative Warmth Surveys with Elders, Families and Stakeholders	Education team to complete surveys to be submitted with 4 th quarter report

Part VIII: Results Measurement:

We believe that by providing Eden Associate Training to all of our direct caregivers, we will be able to increase overall well-being in our home. We also feel this will improve the climate of our home, causing it to more fertile ground for culture change practices in the future. We plan to measure overall well-being through the use of the Eden Alternative Well Being Measurement Tool. We will measure climate through the use of Eden Alternative Warmth Surveys. The combined scores from these two tools will be powerful in telling us the level of intimacy we have created among our Elders, Stakeholders and Families. We will also collect data on key Quality Indicators such as Falls, Weight Loss, Pressure Ulcers, Pain, Signs/Symptoms of Depression and Reduction of anti-psychotropic drug use quarterly to identify improvements.

Part IX: Benefits to Nursing Home Residents:

The benefits for moving to a Holistic Caregiver model are significant. We’ve realized this new model gives our Stakeholders additional time to build meaningful relationships with Elders. This improved interaction will hopefully assist with behaviors and the need for pharmaceutical interventions. We feel greater attention can be given to improvement of the quality indicators such as falls, wounds and weight loss.

We have fully implemented the Holistic Caregiver Model but are working to continually improve it. We have seen significant changes in the relationships between Elders and Holistic Caregivers already. Holistic Caregivers feel they are able to devote more time to meeting the individual needs of the Elder, creating spontaneous activities, and even sitting down to be a friend. This not only impacts quality of care but in reality is the essence of what it really is.

Finally, we feel that true quality of life is determined by our ability to give individualized care. The knowledge to understand the importance of person directed care relies heavily on the level of education given during the course of time. We feel that by providing more direct caregivers opportunities for better understanding of culture change we will create a model that breeds strong quality of care and quality of life.

Part X Consumer/Stakeholder Involvement:

We feel that by creating an Education Team to spearhead this grant process we will be able to get many more people involved. Elders will also have increased opportunities to attend Eden Associate Trainings as well as families. We also hope that people will recognize the need for education of this caliber and suggest additional methods of education they would love to have. This will help us to improve our relationships with all entities. Signature HealthCare has already trained between 600-800 Eden Associates at this time. As a company they are very involved in promoting and facilitating culture change in all of their homes. We feel they will support this effort by encouraging us to move forward with all grant processes.

Part XI Funding:

To achieve our goal of having 90% of our Stakeholders attend Eden Associate training we would need to have 100 people attend Eden Associate training over the course of the year. This will break down into 25 people per quarter for four quarters to meet our overarching goal. This will include costs for tuition and meals for stakeholders during the training days. We are requesting a total of \$31,000. This breaks down as \$27,500 for Eden Associate Education total and \$3,500 for food/beverage costs during in person meetings. Please see attached spreadsheet for detailed information.

Part XII Involved Organizations:

Mountain City Care and Rehabilitation

919 Medical Park Drive

Mountain City, TN 37683

(423) 727-7800

Diana Branch, Administrator

admin.mountaincity@signaturehealthcarellc.com

Educators:

Angie McAllister 561-398-8493 amcallister@signaturehealthcarellc.com

Ryan Miracle 502-612-4059 rmyracle@signaturehealthcarellc.com

Conflict of Interest/Attestation Statement:

There are no conflicts of interest regarding this grant application with Mountain City Care and Rehabilitation or Educators outlined in this grant project. We attest to use the CMP funds, should we get them, to promote quality of life/quality of care and exactly as we have submitted for them to be used for.

ATTACHMENT B
GRANT BUDGET
(BUDGET PAGE **NUMBER**)

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 DATE , and ending DATE .				
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	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$27,500.00	\$0.00	\$27,500.00
5	Supplies		\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping		\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance		\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$3,500.00	\$0.00	\$3,500.00
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
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²		\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$31,000.00	\$0.00	\$31,000.00

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: <http://www.tn.gov/finance/act/documents/policy3.pdf>).

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

ATTACHMENT B (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE NUMBER)

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

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Eden Alternative Education for 100 Stakeholders at \$275.00 per individual	\$27,500.00
ROUNDED TOTAL	\$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Food & Beverage for in person training for 100 people projected at 35\$ per day	\$3,500.00
ROUNDED TOTAL	\$0.00

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

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
	\$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
	\$0.00
ROUNDED TOTAL	\$0.00

Angela McAllister

504 Pyles Ct
Columbia, Kentucky 42728
Phone: (561) 398-8493
E-mail: amcallister@signaturehealthcarellc.com

Objective

To provide Elders with purpose, passion, and the highest level of Quality of Life available to them.

Education/Credentials

Eden Mentor-Eden Alternative-October 2012

Certified Eden Educator (CEE)-Eden Alternative
August 2011

Activity Consultant-Board Certified-April 2012-present

Activity Director-Board Certified-April 2012-present

National Certification for Dementia Practitioners-Certified Dementia Practitioner April 2011-present

Certified Eden Associate (CEA) –Eden Alternative
January 2009

National Certification Council for Activity Professionals-Certified ADPC
November 2008

MEPAP (Modular Education Program for Activity Professionals) Advanced Course Completed
September 2008

MEPAP (Modular Education Program for Activity Professionals) 90 Hour Course Completed
August 2007

KHASA State Approved Activity Director Course Completed
March 2002

Certified Nursing Assistant Certification Completed
January 1995

Western Kentucky University
1992-1994

Adair County High School-
May 1992 (graduated)

Work Experience

Director of Cultural Transformation-Rural
Signature HealthCare (July 2011-present)

Regional Quality of Life Coordinator (January 2010-July 2011)
Signature HealthCare
12201 Bluegrass Parkway
Louisville, Ky 40229

Quality of Life Director (April 2007-January 2010)
Pickett Care and Rehabilitation Center
129 Hillcrest Drive
Byrdstown, TN 38549
(931) 864-3162

Director of Activities (October 2001-April 2007)
Summit Manor Nursing Home
400 Bomar Heights
Columbia, Ky. 42728
(270) 384-2153

Restorative Aide (1999-2001)
Summit Manor Nursing Home
400 Bomar Heights
Columbia, Ky. 42728
(270) 384-2153

Certified Nursing Assistant (1995-1999)
Summit Manor Nursing Home
400 Bomar Heights
Columbia, Ky. 42728
(270) 384-2153

Committees/Boards/Professional Organizations

Tennessee Edenizing Foundation Board of Directors (November 2012-present)

Tennessee Edenizing Foundation (Jan 2009-present)

NAAP "Professional Development" Committee Member (April 2011-present)

AmeriChoice "Choices" Committee Chair (April 2010-present)

NAAP "Membership" Committee Member (April 2009-present)

American Cancer Society Relay for Life Activities Chair (2008-2010)
Columbia, Kentucky

American Cancer Society Relay for Life Team Recruitment Chair (2006,2007)
Columbia, Kentucky

Speaking Experience

Eden Alternative Conference 2014-Nashville, TN

Leading Age TN 2013-Nashville, TN

Pioneer Network Conference 2013-Seattle, Washington

Pioneer Network Conference 2012-Jacksonville FL

National Association of Activity Professionals 2012 Murfreesboro TN

Pioneer Network Conference 2011-St Charles, MI

National Association of Activity Professionals Conference 2011 Myrtle Beach

National Association of Activity Professionals Conference 2010-Milwaukee WI

Quality of Life Summit 2009-Celina, TN

Ryan A. Myracle, LAPSW, LNHA

1157 Campbell Street
Jackson, Tennessee 38301

Cell: 731-225-3888
Email: rmyracle7@gmail.com

SUMMARY OF QUALIFICATIONS

Experienced in Administration, Marketing, Social Services, Activities, and various aspects of Skilled and Long-term Eldercare; Deeply committed to the philosophy of Culture Change as it relates to Aging and Eldercare; Solid written and oral communication skills; Strong work and professional ethics; Value individual and team excellence

Education &

Certification: Master of Science in Social Work (MSSW) 05/05-05/06
University of Tennessee Health Science Center Memphis, TN
Licensed Advance Practice Social Worker (LAPSW)
License# TN 237

Bachelor of Social Work (BSW) 08/95 – 08/98
Freed-Hardeman University Henderson, TN

Nursing Home Administration 03/08 – 09/08
Administrator-In-Training, Douglas Nursing Home Milan, TN
NAB Exam passed 11/08
License# TN 3171

Qualified Activity Professional 09/08
THCA 48hr. Basic Training for Activity Directors Jackson, TN

Certified Eden Associate 10/2003
Eden Alternative Nashville, TN

Certified Eden Alternative Educator 01/2009
Eden Alternative Wimberley, TX

Certified Eden at Home Trainer/Educator 07/2009
Eden Alternative Indianapolis, IN

Mandatory Pre-Screening Agent 03/2012
State of TN Department of Mental Health Nashville, TN

Experience: Hometown Culture Change and Learning Manager 07/14-present
Signature Healthcare Louisville, KY
Remote Employee

- Work with Instructional and Graphic Designers to create instructor-led, virtual instructor-led, and e-learning modules related to culture change
- Serve as part of the senior leadership team for the Hometown Segment
- Conduct instructor-led and virtual instructor-led culture change related training for facilities
- Assist Culture Change Team with training and development
- Serve as a culture change resource for the Learning Department

Resource Director of Marketing and Elder Services

02/03-6/14

Cornerstone Health Care

Cary, NC
Milan, TN

- Develop and direct Marketing, Social Services, and Activities programs for 6 ICF/SNF Eldercare facilities
- Serve as Corporate Resource Director to Marketing, Social Services, and Activities Staff
- Coach all six facilities as they joined the Eden Registry and work toward the four Milestones on their Culture Change Journey
- Train and coach new Marketing, Social Services, and Activities staff
- Develop and implement policies and procedures related to Eldercare services
- Conduct audits and pre-surveys to prepare facilities for annual survey process
- Served as Corporate Compliance Officer (2007-2011)

Administrator

01/12-6/14, 07/10-09/10

Cornerstone Health Care

Oak Manor Health Care Center

McKenzie, TN

- Direct and oversee daily operations of a 66-bed licensed SNF/ICF facility
- Operate within budgetary guidelines set forth by the management company and explain any variances from those guidelines
- Maintain compliance with state and federal regulations while promoting a philosophy of culture change
- Complete Financial Variance Reports, Payroll Management Reports, Joint Annual Reports, and other assigned reports
- Respond to Elder and Family needs and monitor care by conducting daily rounds and random visits with Elders
- Mentor and grow Department Managers and Team Members

Director of Marketing, Admissions, and Social Work

01/02 – 2/03

Cornerstone Health Care (formerly Preston Health Care)

Pleasant View Health Care Center

Bolivar, TN

- Received and logged all inquiries regarding admissions according to Linton Law
- Assisted in completion of requirements for admissions
- Developed, edited and produced facility newsletter
- Developed Marketing Plan and implemented strategies
- Completed social histories, quarterly and annual assessments, and assisted with care plan process

Director of Admissions

08/99 – 01/02

Maplewood Health Care, Inc.

Jackson, TN

- Received and logged all inquiries regarding admissions according to Linton Law
- Assisted in completion of requirements for admissions
- Assisted Social Services Director as needed

Admissions Coordinator/Marketing Director

04/99 – 08/99

Tennessee State Veterans Home

Humboldt, TN

- Received and logged all inquiries regarding admissions according to Linton Law
- Assisted in completion of requirements for admissions
- Assisted Social Services Director as needed

Social Work Practicum

Summer 1998

Jackson-Madison County General Hospital

Jackson, TN

- Conducted patient assessments for nursing home placement and home health
- Handled the linking of patients with appropriate post-discharge services, i.e., equipment, hospice care, nursing home, home health, sitters and treatment centers
- Maintained inpatient progress notes and other documentation

**Organizations &
Activities:**

Health Care Social Workers of West Tennessee	04/1999 - Present
▪ President	01/2008 – 01/2010
▪ Vice President	01/2006 - 01/2008
▪ State Board Representative	01/2004 - 01/2006
▪ Voted Social Worker of the Year	11/2009
Eden Alternative Mentor	2009-Present
Eden Alternative Mentor Leader	2012-2013
Eden Alternative Social Media Advocate	2013-2014
TN Eden Alternative Coalition Board Member	2013-Present
▪ Vice Chair	2014-Present
THCA Jackson District Secretary/Treasurer	09/2012- 6/2014
THCA Jackson District Nursing Home Olympics Co-Chair	2012-6/2014
Camp W.I.N.G.S. Children's Grief Camp Support Staff	2006-2013

References Available Upon Request

REQUEST

Date of Application: $\frac{04}{MM} / \frac{21}{DD} / \frac{2016}{YYYY}$

PART I: Background Information

Name of the Organization: Mountain City Care and Rehabilitation Center

Address Line 1: 919 Medical Park Drive

Address Line 2: _____

City, County, State, Zip Code: Mountain City, TN 37683

Tax Identification Number: 26-0578472

CMS Certification Number, if applicable: 44-5214

Medicaid Provider Number, if applicable: 44-5214

Name of the Project Leader: Diana Branch

Address: 919 Medical Park Drive

City, County, State, Zip Code: Mountain City, TN 37683

Internet E-mail Address: dbranch@signaturehealthcarellc.com

Telephone Number: 423-727-7800

Mobile Number: 423-444-2719

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: Mountain City Care and Rehabilitation Center

Address Line 1: 919 Medical Park Drive

Address Line 2: _____

City, County, State, Zip Code: Mountain City, TN 37683

Telephone Number: - -

CMS Certification Number: -

Medicaid Provider Number: -

Date of Last Recertification Survey: $\frac{9}{MM} / \frac{16}{DD} / \frac{2015}{YYYY}$

Highest Scope and Severity Determination: (A - L) N/A

Date of Last Complaint Survey: $\frac{03}{MM} / \frac{01}{DD} / \frac{2016}{YYYY}$

Highest Scope and Severity Determination: (A - L) N/A



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: Diana Branch

Owner of the Nursing Home: LP CR Holdings LLC

CEO Telephone Number: - -

CEO Email Address: jsteier@signaturehealthcarellc.com

Name of the Management Company: Signature Healthcare Clinical Consulting Services, LLC

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

Signature Healthcare LLC 12201 Bluegrass Parkway Louisville, KY 40299

Outstanding Civil Money Penalty? Yes No

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

Date of Nursing Home Compare Rating: 03 / 31 / 2016
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

- 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: \$ 31,000

- | | |
|---|--|
| <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 type="checkbox"/> Over \$50,000 |

**Part V:
Proposed Period of Support**

From: $\frac{08}{MM} / \frac{01}{DD} / \frac{2016}{YYYY}$ (e.g. 06/01/2010) **To:** $\frac{08}{MM} / \frac{01}{DD} / \frac{2017}{YYYY}$ (e.g. 12/01/2010)

**Part VI:
Purpose and Summary**

PROJECT TITLE

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.