

# 2011 Excellence in Programming Awards Call for Nominations

The Excellence in Programming Award was instituted by the CAHF Board of Directors to recognize individual member facilities/homes for superior achievement in long term care.

Winning programs are selected based on the following criteria:

- Is the program creative, innovative and/or unique?
- How well does the program benefit the participants and/or improve their quality of life?
- How many participants are positively affected by the program?
- What is the frequency of the program?
- Can the program be easily replicated by other facilities/homes?

CAHF accepts nominations for a variety of program types, including, but not limited to:

- *Activities* -- One-time and ongoing activities that creatively and meaningfully meet the social and/or recreational needs of residents/clients.
- *Community Involvement* -- One-time and ongoing programs that facilitate a positive relationship among residents/clients, family, staff and community.
- *Family involvement* -- One-time or ongoing projects that foster a meaningful role in the facility/home for family members and significant others.
- *Quality Assurance* -- An ongoing quality assurance program that evaluates the quality of care, implements a plan of action and evaluates its effectiveness.
- *Resident Councils* -- An ongoing resident council program designed to provide residents with a sense of community spirit in the facility and independence.
- *Culture Change* – Special programs designed to enhance quality of life for residents and/or quality of work for staff.
- *Special Services* -- Special programs designed to meet the specific or unique needs of identified resident/client populations such as Alzheimer's programs, rehabilitation services, social services, etc.
- *Staff Development* -- One-time or ongoing motivational, educational, or recognition programs which contribute to superior staff performance.

## SELECTION PROCESS

To qualify for an Excellence in Programming Award, facilities/homes must be a CAHF member in good standing with a valid license and no pending decertification actions. Anyone may make a program nomination, including families, ombudsmen and employees. **Please use a separate nomination form for each entry.**

Selection will take place via a blind review (i.e., judges will not know the name of the facility/home). **Sample materials/photos may be provided, but are limited to no more than two 8 1/2 x 11" pages.**

Nominations must be submitted to CAHF by **August 31, 2011**. Winners will be notified by CAHF in September 2011.

# 2011 EXCELLENCE IN PROGRAMMING AWARD

*Award Nomination Form*

## Nominee Information

Name of Program: \_\_\_\_\_

Facility/Home Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Facility Administrator: \_\_\_\_\_

Is the Administrator aware of the nomination?  Yes  No

Staff member in charge of nominated program: \_\_\_\_\_

Type of home/facility:

SNF  ICF  SNF/STP  SNF/DD  ICF/DD  
 ICF/DD-N  ICF/DD-H  SNF/Secured, Geriatric of Alzheimer's Program  
 Other: \_\_\_\_\_

Number of beds: \_\_\_\_\_

Does the facility currently have a valid license?  Yes  No

Does the facility have decertification action pending?  Yes  No

Nomination completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

## 2011 EXCELLENCE IN PROGRAMMING AWARD

### Award Nomination Form

Because of the blind selection process, we ask that you do not include information which specifically identifies the name of the nominated facility on the following pages.

1. Name of nominated program: \_\_\_\_\_

2. Type of program nominated:

- |  |  |
|--|--|
| <input type="checkbox"/> Activity              | <input type="checkbox"/> Resident Council  |
| <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Special Services  |
| <input type="checkbox"/> Culture Change        | <input type="checkbox"/> Staff Development |
| <input type="checkbox"/> Family Involvement    | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Quality Assurance     |  |

3. Describe the program (250 words or less):

4. What is the purpose of the program and how does it benefit the participants and/or improve their quality of life??

5. How often does the program take place?

- Daily  Weekly  Monthly  Quarterly  Yearly  One-time only

6. How long has the program been in place?

7. On average, how many people participate?

8. Who are the participants, and how are they selected?

9. How was the program developed?

10. What are the costs of the program?

No cost    \$100 or less    \$101 - \$250    \$251 - \$500    \$500 or more

11. How is the program funded?

12. Is the local community aware of the program's success? If so, how?

13. If this program wins, a notice may be sent to local media. Please list up to 3 media sources (newspaper or TV) in your community to be contacted by CAHF:

Nominations must be submitted to CAHF by **August 31, 2011**. Submit one form for each nominee. Sample materials/photos may also be provided, but are limited to no more than two 8 1/2 x 11" pages.

Nominations may be submitted electronically an e-mail attachment to [jrye@cahf.org](mailto:jrye@cahf.org), or in hard copy, written format by mail to: CAHF, Attn: Jack Rye, 2201 K Street, Sacramento, CA 95816 or by fax to (916) 441-6441.

Questions? Call Jack Rye at (916) 441-6400, Ext. 116; or e-mail [jrye@cahf.org](mailto:jrye@cahf.org).

Thank you!