

Ohio Civil Money Penalty Reinvestment Program

Project Application: SNFClinic™

Recommended to CMS September 17, 2019

1. Purpose and Summary

SNFClinic™* (www.snfclinic.com) is an electronic learning management system (eLMS) that provides long-term care facilities with a wealth of resources necessary to provide quality resident care. The purpose of SNFClinic™ is to work as a partner with long-term care facilities to increase the quality of resident care by providing staff the necessary tools in:

- Basic, Intermediate, and Advanced Nursing Skills
- In-Service Training
- Training Progress Reports
- Policies and Procedures
- Assessments Database
- Survey Training and Tools
- CMS 2567 Plan of Correction Database
- Compliance Tracking
- PointClickCare Instruction

The development of SNFClinic™ was generally centered around the requirements of 42 CFR 483.5 and 483.10 which requires patient-centered care and enumerates the right of every long-term care facility resident to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The benefits to resident care provided by SNFClinic™ are discussed in greater detail in Section 4 below.

A beta version of SNFClinic™ was implemented at Legacy Hilo Rehabilitation and Nursing Center in Hilo, Hawaii (Provider No. 125065) (“Legacy Hilo”) in 2018. Legacy Hilo is a Special Focus Facility. Since instituting SNFClinic™, Legacy Hilo has completed two consecutive standard surveys (August, 2018 and February, 2019) with no deficiencies cited at a scope and severity level of “F” or greater. General feedback from Legacy Hilo regarding SNFClinic™ has been outstanding.

Pursuant to this proposal, SNFClinic™ seeks to install its program at 15 facilities in Ohio over a 36-month period. (See Section 7 Budget Table.) To date, five facilities have executed letters of interest/commitment (Appendix A):

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- Canton Christian Home
2550 Cleveland Avenue NW
Canton, OH 44709
Provider No. 366300
- Crestmont North Nursing Home
13330 Detroit Avenue
Lakewood, OH 44107
Provider No. 365875
- Crystal Care of Coal Grove
813½ Marion Pike
Coal Grove, OH 45638
Provider No. 366202
- Stow Glen Health Care Center
4285 Kent Road
Stow, OH 44224
Provider No. 366278
- Westpark Neurology and Rehabilitation Center
4401 West 150th Street
Cleveland, OH 44135
Provider No. 365796

A. Sustainability

SNFClinic™ will help decrease the monthly operating costs of facilities by reducing the need for in-service and overtime staff wages used for training. These savings will more than make up for the monthly fee of \$950, which for the typical long-term care facility represents a trivial fraction of monthly operating costs. The five facilities that have signed letters of interest are confident that they will continue to use SNFClinic™ after the CMP grant program as a permanent resource in improving the quality of care to their residents. (See Appendix A.)

B. Reporting

SNFClinic™ will provide the Ohio Department of Medicaid with quarterly progress reports during the time period the CMP grant is in effect. At the conclusion of the CMP grant period, SNFClinic™ will provide the Ohio Department of Medicaid with a final report detailing implementation of the technology, resident outcomes, changes in survey results both positive and negative, compliance with training modules, and lessons learned throughout the process.

2. Expected Outcomes

It is anticipated that the implementation of the SNFClinic™ project will have the following outcomes:

A. Increase in Resident Satisfaction and Person-Centered Care Through Staff Training (Outcome A)

First, to achieve an increase in overall resident satisfaction as evidenced by resident satisfaction surveys. Second, to obtain a compliance rate of 100% of facility staff successfully completing assigned training related to licensed professional staff being more mindful, informed, and focused on individual resident needs, preferences, and addressing resident medical, physical, mental and psychosocial needs. Lastly, to increase overall quality of person-centered care at each facility involved in the grant project as evidenced by quarterly CMS quality measures.

B. Reduction in Survey Deficiencies (Outcome B)

A 20% reduction in the number of survey deficiencies reported on the Department of Health and Human Services Centers for Medicare and Medicaid Services Form OMB NO. 0938-0391 (Form CMS 2567) for participating nursing facilities compared to prior reporting periods.

C. Improvement in Scope and Severity Tags (Outcome C)

A 20% improvement in the scope and severity of the deficiencies cited for participating nursing facilities, including a reduction of 50% in assigned Level G and above deficiencies.

D. Improvement in Compliance (Outcome D)

A 50% improvement in the compliance aspects of provider's development of Plans of Corrections that meet the requirements of the Department of Health and the survey team by improving the capabilities of the facility to design and draft plans that quickly address survey shortfalls.

3. Results Measurement

The following methods will be used to track and report on Outcomes A through D as specified in Section 2. Expected Outcomes.

A. Outcome A Measurement (Increase in Resident Satisfaction and Person-Centered Care Through Staff Training)

In order to measure the expected outcome defined in Section 2(A) above, the goal of increasing resident satisfaction will be measured by administering the Nursing Home Survey – Long-Stay Resident Instrument (<https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/nh/nursing-home-long-stay-eng-651a.pdf>) developed by the Consumer Assessment of

Healthcare Providers and Systems (CAHPS) prior to implementation of the grant project to establish a baseline. The survey will again be administered at the 12- and 24-month mark of the grant project in order to measure any improvements in resident satisfaction.

SNFClinic™ records the successful completion of staff training on clinical subjects. Successful completion of all questions in any given training module constitutes completion of the training. SNFClinic™ will track whether each facility has obtained a compliance rate of 100% of facility staff successfully completing assigned training. SNFClinic™ will supply the Ohio Department of Medicaid with computerized summaries of the staff assigned the task of training on specific subject matters, the time and date the training was undertaken and completed, and the participants' score on the tests associated with the training materials. This data will be collected at the 12- and 24-month mark of the grant project in order to determine increases or decreases in the percentage of successful completion of staff training.

In order to measure any increase in overall quality of person-centered care at each facility involved in the grant project, SNFClinic™ will track each facility's quality measures developed from Minimum Data Set (MDS)-based indicators on a quarterly basis. These measures are published quarterly by CMS (<https://data.medicare.gov/data/nursing-home-compare>). SNFClinic™ will track a subset of 13 quality measures for long and short-term residents that are in turn used to calculate a facility's overall nursing home rating. The 13 quality measures are:

- Percentage of long-stay residents whose need for help with daily activities has increased;
- Percentage of long-stay residents who self-report moderate to severe pain;
- Percentage of long-stay residents with a catheter inserted and left in their bladder;
- Percentage of long-stay residents with a urinary tract infection;
- Percentage of long-stay residents experiencing one or more falls with major injury;
- Percentage of long-stay residents who received an antipsychotic medication;
- Percentage of long-stay residents whose ability to move independently worsened;
- Percentage of high risk long-stay residents with pressure ulcers;
- Percentage of long-stay residents whose need for help with daily activities has increased;
- Percentage of long-stay residents who self-report moderate to severe pain;
- Percentage of short-stay residents who self-report moderate to severe pain;
- Percentage of short-stay residents who newly received an antipsychotic medication; and
- Percentage of short-stay residents who made improvements in function.

Baseline data will be established using CMS data for the above-listed 13 quality measures published for the quarter immediately preceding implementation of the grant project. CMS data for the 13 quality measures for each subsequent quarter during the grant period will be compared to baseline data to determine increases or decreases in the quality measure scores.

B. Outcome B Measurement (Reduction in Survey Deficiencies)

In order to measure the expected outcome defined in Section 2(B) above, each participating facility will provide SNFClinic™ with a copy of the facility's most recent annual survey results prior to implementation of the grant project. Using this information as a baseline, the number of baseline deficiencies will be compared by SNFClinic™ to the number of deficiencies reported for surveys conducted throughout the life of the grant program.

C. Outcome C Measurement (Improvement in Scope and Severity Tags)

In order to measure the expected outcome defined in Section 2(C) above, using the most recent annual survey results prior to implementation of the grant project, SNFClinic™ will compare the results of the ongoing surveys during the grant program project to calculate decreases and/or increases in the scope and severity of the survey citations. This will be measured using the scope and severity indexes currently published by CMS.

D. Outcome D Measurement (Improvement in Compliance)

In order to measure the expected outcome defined in Section 2(D) above, using the most recent annual survey results prior to the implementation of the grant program, SNFClinic™ will compare the acceptance rate of the initial submission of a Plan of Correction for all surveys conducted throughout the CMP period with those filed prior to the implementation of the program.

4. Benefits to Nursing Home Residents

The primary purpose and goal of SNFClinic™ is to provide comprehensive, accurate, and cost-effective tools to ensure that facilities are providing high quality care to their residents. SNFClinic™ will assist the facility in the development of systems to demonstrate better pathways contributing to better resident satisfaction and outcomes, benefitting both residents and the facility through evidenced-based educational trainings for the enhancement of care delivery for the resident. To help accomplish this goal, SNFClinic™ contains the following:

A. Basic, Intermediate, and Advanced Nursing Skills

SNFClinic™ provides over 150 interactive, engaging training videos in order to provide ongoing education on how to correctly perform nursing procedures. Clear, step-by-step demonstrations of key nursing procedures present the skills that staff members need in order to confidently provide outstanding resident care. Employees who receive and have access to this formal training are more productive and gain proficiency faster, and are therefore more likely to assist the facility in positive resident outcomes.

Comprehensive nursing training affects all aspects of long-term care required by 42 CFR 483.12 through 483.95. It also helps improve overall quality assurance (*i.e.* the specification of standards

for quality of service and outcomes, and a process throughout the facility for assuring that care is maintained at acceptable levels in relation to those standards).

For relevant screenshots of this function, please see Appendix B.

B. In-Service Training

In-Service training of staff plays an indispensable role in improving the quality of resident care. In addition, enhancing the effectiveness of in-service training of staff is an invaluable requirement. SNFClinic™ has developed an in-service training tool which includes required training addressing 42 CFR § 483.95 and the new ROP Phase 3 requirements, to educate, track, and record the completion of these essential requirements for participation.

In-service training affects all aspects of long-term care required by 42 CFR 483.12 through 483.95. It also addresses overall quality assurance as well as performance improvement (*i.e.* the continuous study and improvement of processes with the intent to better services or outcomes, and prevent or decrease the likelihood of problems, by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems or barriers to improvement).

For relevant screenshots of this function, please see Appendix C.

C. “What If?” Checklists

To improve patient safety and quality outcomes, SNFClinic™ contains “What If?” checklists to be used in response to common events and occurrences at any facility. Implementing a formalized process reduces errors caused by lack of information and inconsistent procedures. The “What If?” checklists creates a uniform approach to scenarios in the long-term care environment. “What If?” checklists help promote process improvement and increase resident safety. Facility staff will have a greater sense of confidence that the process is completed accurately and thoroughly, and follow through to the quality assurance and performance improvement discussion points.

The “What If?” checklists help facilities address all aspects of long-term care required by 42 CFR 483.12 through 483.95. It also addresses overall quality assurance and performance improvement by providing roadmaps for responding to common occurrences in long-term care facilities.

For relevant screenshots of this function, please see Appendix D.

D. Policies and Procedures Developed by Industry Leaders

Policies and procedures are constantly changing based on new regulations and standards of care. Policies and procedures must also be customizable to each facility. Well-written and managed policies and procedures can help ensure employees perform care tasks correctly and consistently.

When staff is following these policies and procedures, workplace accidents, resident accidents and incidents are less likely to occur. SNFClinic™ provides comprehensive policies and procedures written by industry leaders that are stored on each facility's fully-customizable and searchable database. SNFClinic™ is continuously reviewing and updating the policies and procedures to ensure compliance with Medicare and Medicaid Requirements of Participation (ROP). Because SNFClinic™ policies and procedures are customized and stored electronically, staff are able to easily access up-to-date documents with a click of the mouse. This ensures compliance in dealing with critical issues within the facility to ensure resident safety and quality of care.

Excellent policies and procedures are the cornerstone of all long-term care required by 42 CFR 483.12 through 483.95 and relates to overall quality assurance and performance improvement.

For relevant screenshots of this function, please see Appendix E.

E. F-Tag Training and CMS Form 2567 Plan of Correction Database

Compliance with CMS regulations and guidelines is the foundation for regulatory readiness and is critical to a facility's participation in the Medicare and Medicaid programs. These guidelines are essential for ensuring superior resident care. SNFClinic™ tracks, compiles, and continually updates the most prevalent F-Tag citations that skilled nursing facilities are receiving nationwide. In addition, SNF Clinic™ contains thousands of actual Form CMS 2567 Plans of Corrections submitted and approved by CMS. This vast online informational database assists facilities in identifying key issues to focus on a proactive approach to ensure compliance and assist in resident safety and well-being.

Being prepared for survey (and properly responding to survey tags) is critical to quality assurance and performance improvement. The F-Tag training and Plan of Correction database provided by SNFClinic™ assists facilities in these key compliance areas.

For relevant screenshots of this function, please see Appendix F.

F. Training Progress Reports

SNFClinic™ generates and stores the progress data and reports every facility needs in order to be compliant with federal regulations regarding resident care. SNFClinic™ allows each facility to monitor staff educational course completions with easy-to-use tracking tools. The powerful staff education and monitoring tools allow facilities to track and record completion of training, in-services, policies and procedures, messages, and "What If?" usage. These reports give the facility the ability to monitor employee proficiency to ensure residents are receiving competent, high-quality care.

Training progress reports will help facilities track and improve their training processes, prevent or decrease the likelihood of problems, and identify areas of opportunity for improvement. This function therefore helps improve overall performance improvement.

For relevant screenshots of this function, please see Appendix G.

G. Message Center and Updates

Effective communication is paramount to high quality resident care and relationships, team effectiveness, and employee engagement. SNFClinic™'s Message Center allows administrative staff to quickly communicate with all staff through email and text message. In addition, SNFClinic™ generates regularly scheduled news alerts and newsletters addressing key issues, news, and resources in the long-term care industry that can be effectively shared with all staff so that caregivers are always up-to-date. These functions all help facilities maximize quality assurance and performance improvement.

For relevant screenshots of this function, please see Appendix H.

H. Assessments Database

Assessments identify each resident's functional capabilities and ensure that facility staff is properly identifying health problems. Knowing how to complete a resident assessment is an integral component of the nurse's role and responsibility. To assist, SNFClinic™ provides hundreds of assessments that cover initial, focus, time-lapsed, and emergency assessments for review, modification, and use in each facility. By using these assessments, nurses are provided with a guide to gather the required subjective and objective data to ensure good resident care.

The Assessments Database relates directly to the requirements of 42 CFR 483.21 that facilities must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care.

For relevant screenshots of this function, please see Appendix I.

I. PointClickCare Training Database

PointClickCare is the premier health care platform used by long-term care facilities nationwide. PointClickCare is designed to improve resident care by assisting medical professionals make evidence-based decisions, eliminate medication errors, improve quality metrics, and become more compliant. Success in a facility is often contingent upon staff knowing and fully utilizing the PointClickCare system. SNFClinic™ provides critical links to instruction on how to properly access and use PointClickCare. By empowering staff and saving precious time, this allows caregivers to be better trained and provide superior resident care.

For relevant screenshots of this function, please see Appendix J.

5. Non-Supplanting

The SNFClinic™ project will in no way supplant the existing responsibilities of participating nursing facilities to meet current Medicare and Medicaid requirements or to meet other statutory or regulatory requirements.

6. Consumer and Other Stakeholder Involvement

Once SNFClinic™ is in place, leadership will work with staff to implement measured training goals. SNFClinic™ is designed to be used by all clinical and administrative staff at a facility, thus creating a comprehensive and proactive approach in dealing with and improving resident care.

7. Funding

In addition to the five facilities that have already committed (*see* Appendix A), SNFClinic™ has identified 212 One-STAR rated skilled nursing facilities in Ohio that will be the primary targets of its recruitment efforts. A list of said facilities is attached as Appendix K. SNFClinic™ aims to recruit 10 additional facilities for a total of 15 over a 36-month period (*i.e.* only 7% of the 212 one-star facilities identified). CMP grant program funding is being sought to cover 24 months of enrollment in SNFClinic™ for each facility.

The below budget reflects a modest enrollment rate that SNFClinic™ is confident it can achieve.

(Remainder of page intentionally left blank. Budget Table on following page.)

BUDGET TABLE

		State Fiscal Year One (8 Months) (5 Facilities)	State Fiscal Year Two (12 Months) (10 Additional Facilities)	State Fiscal Year Three (12 Months) (No Additional Facilities)	State Fiscal Year Four (4 Months) (No Additional Facilities)	Total Cost (36 Months) (15 Total Facilities)
Item & Description	Quantity and Cost per Unit					
Cumulative Number of Facilities		5	15	15	15	15
Monthly Subscription Cost per facility		950.00	950.00	950.00	950.00	
TRAINING						
Software Onboarding Fee: Encompasses and covers all post-sale implementation that ensures the site is operating properly in each facility, including analyzing system requirements, installation, configuration, customization, data entry, running, testing, systems integrations, user training, delivery and making any necessary changes.	\$2,000.00 one-time fee per facility.	10,000.00	20,000.00	-	-	30,000.00
Subscription Fee	\$950.00 per month per facility. Grant pays 24 months of subscription fee for each facility.	38,000.00	152,000.00	133,000.00	19,000.00	342,000.00
CATEGORY TOTAL		48,000.00	172,000.00	133,000.00	19,000.00	372,000.00
PERSONNEL						
Two (2) Full-Time Facility Representatives: One representative will focus on clinical support such as working with facilities to provide ongoing instruction and training to clinical staff. The second representative will focus on technical support such as onboarding, ongoing staff training, troubleshooting and software updates.	\$24.04 per hour salary Estimate 400 hours per facility per year.	33,060.00	132,240.00	132,240.00	33,060.00	330,600.00
Facility Representative Payroll Taxes	Payroll Taxes FICA, FUTA, SUTA and Worker's Compensation	4,016.79	16,067.16	16,067.16	4,016.79	40,167.90
CATEGORY TOTAL		37,076.79	148,307.16	148,307.16	37,076.79	370,767.90
DATA COLLECTION, ANALYSIS AND REPORTING						
Data Collection	\$33.65 per hour salary, Estimated at 2 hours per year per facility. Final year 25 hours to draft and file report	252.38	1,009.50	1,009.50	967.44	3,238.81
Data Collection Payroll Taxes	Payroll Taxes FICA, FUTA, SUTA and Worker's Compensation	30.66	122.65	122.65	117.54	393.52
CATEGORY TOTAL		283.04	1,132.15	1,132.15	1,084.98	3,632.33
TOTAL FUNDING REQUESTED		85,359.83	321,439.31	282,439.31	57,161.77	746,400.23

Curricula vitae for the two expected Facility Representatives (Tamera L. Weis and Ben Hall) are attached as Appendix L. Any other Facility Representatives hired during the course of the grant program will have similar qualifications and experience.

8. Involved Organizations

SNFCLINIC™ is owned by Long-Term Care Consultants, LLC, an Ohio limited liability company (LTCC). LTCC's primary business address is 3637 Medina Road, Suite 95LL, Medina, OH 44256 and has representatives in Ohio and California.

9. Contacts

Robert R. Pumphrey, CPA
 3637 Medina Road, Suite 95LL
 Medina, OH 44256
 Tel: 330-952-2600
 Email: bob@rpumphrey.com

Benjamin Meeker, Esq.
 2131 Palomar Airport Road, Suite 218
 Carlsbad, CA 92011
 Tel: 760-790-4800
 Email: blm@blmeekerlaw.com

APPENDIX A



3637 Medina Road, Suite 95LL
Medina, OH 44256
www.snfclinic.com

SNF CLINIC™ INTEREST LETTER

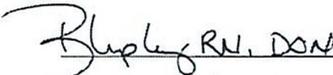
From: Canton Christian Home
2550 CLEVELAND AVENUE NW
CANTON, OH 44709

Canton Christian Home (the "Facility") has reviewed a demonstration of the SNFCLINIC™ electronic learning management system (eLMS) that provides long-term care facilities with resources relevant to providing quality resident care. The Facility has also had an opportunity to speak with SNFCLINIC™ representatives about how the system can be of great benefit to its operations.

The Facility would like to be included among the facilities participating in the SNFCLINIC™ Ohio Civil Money Penalty (CMP) Reinvestment Program application. We understand that the program will provide the Facility with free access to SNFCLINIC™ for 24 months. The Facility believes that when instituted, SNFCLINIC™ will help increase the quality of resident care.

The Facility is confident that after the initial 24-month period, it will continue to use SNFCLINIC™ as a permanent resource in improving the quality of care provided to its residents.

Dated: 7-18-2019



Bonnie Lepley
(print name)
RN, DON

(print title)

SNF CLINIC™ INTEREST LETTER

From: Crestmont North Nursing Home
13330 Detroit Avenue
Lakewood, Ohio 44107
Phone: 216.228.9550

Ohio Medicaid Provider # 0880793

Crestmont North Nursing Home (the "Facility") has reviewed a demonstration of the SNFclinic™ electronic learning management system (eLMS) that provides long-term care facilities with resources relevant to providing quality resident care. The Facility has also had an opportunity to speak with SNFclinic™ representatives about how the system can be of great benefit to its operations.

The Facility would like to be included among the facilities participating in the SNFclinic™ Ohio Civil Money Penalty (CMP) Reinvestment Program application. We understand that the program will provide the Facility with free access to SNFclinic™ for 24 months. The Facility believes that when instituted, SNFclinic™ will help increase the quality of resident care.

The Facility is confident that after the initial 24-month period, it will continue to use SNFclinic™ as a permanent resource in improving the quality of care provided to its residents.

Dated: 7/18/19



ELIAS J. COURY
(print name)
PRESIDENT

(print title)

SNF CLINIC™ INTEREST LETTER

**From: CRYSTAL CARE OF COAL GROVE
813 1/2 MARION PIKE
COAL GROVE, OH 45638**

Crystal Care of Coal Grove (the "Facility") has reviewed a demonstration of the SNFclinic™ electronic learning management system (eLMS) that provides long-term care facilities with resources relevant to providing quality resident care. The Facility has also had an opportunity to speak with SNFclinic™ representatives about how the system can be of great benefit to its operations.

The Facility would like to be included among the facilities participating in the SNFclinic™ Ohio Civil Money Penalty (CMP) Reinvestment Program application. We understand that the program will provide the Facility with free access to SNFclinic™ for 24 months. The Facility believes that when instituted, SNFclinic™ will help increase the quality of resident care.

The Facility is confident that after the initial 24-month period, it will continue to use SNFclinic™ as a permanent resource in improving the quality of care provided to its residents.

Dated: 7/26/19

Tara Givens
Tara Givens
(print name)
Administrator
(print title)

SNF CLINIC™ INTEREST LETTER

**From: STOW GLEN HEALTH CARE CENTER
4285 KENT RD
STOW, OH 44224**

Stow Glen Health Care Center (the "Facility") has reviewed a demonstration of the SNFclinic electronic learning management system (eLMS) that provides long-term care facilities with resources relevant to providing quality resident care. The Facility has also had an opportunity to speak with SNFclinic representatives about how the system can be of great benefit to its operations.

The Facility would like to be included among the facilities participating in the SNFclinic Ohio Civil Money Penalty (CMP) Reinvestment Program application. We understand that the program will provide the Facility with free access to SNFclinic for 24 months. The Facility believes that when instituted, SNFclinic will help increase the quality of resident care.

The Facility is confident that after the initial 24-month period, it will continue to use SNFclinic as a permanent resource in improving the quality of care provided to its residents.

Dated: July 18, 2019



Tammy L. Denton

(print name)

President & CEO

(print title)

SNF CLINIC™ INTEREST LETTER

From: Westpark Neurology and Rehabilitation Center
4401 West 150th Street
Cleveland, Ohio 44135
Phone 216.252.7555

Ohio Medicaid Provider # 2784705

Westpark Neurology and Rehabilitation Center (the "Facility") has reviewed a demonstration of the SNFCLINIC™ electronic learning management system (eLMS) that provides long-term care facilities with resources relevant to providing quality resident care. The Facility has also had an opportunity to speak with SNFCLINIC™ representatives about how the system can be of great benefit to its operations.

The Facility would like to be included among the facilities participating in the SNFCLINIC™ Ohio Civil Money Penalty (CMP) Reinvestment Program application. We understand that the program will provide the Facility with free access to SNFCLINIC™ for 24 months. The Facility believes that when instituted, SNFCLINIC™ will help increase the quality of resident care.

The Facility is confident that after the initial 24-month period, it will continue to use SNFCLINIC™ as a permanent resource in improving the quality of care provided to its residents.

Dated: 7/18/19



ELIAS J. COURY

(print name)
PRESIDENT

(print title)

APPENDIX B

Nurse Training: From Basic to Advanced Skills

SNFClinic's® library of over 150 interactive, engaging training videos provides ongoing education on how to correctly perform nursing procedures. Clear, step-by-step demonstrations of key nursing procedures present the skills your facilities staff needs to confidently provide outstanding resident care.

Partial list of Trainings:

Basic Skills

- Transferring from bed to wheelchair using transfer belt
- Transferring from bed to a stretcher
- Applying elastic stockings
- Performing passive range-of-motion exercises
- Assisting with ambulation using a gait belt
- Using a sequential compression device
- Using a hydraulic lift
- Assisting with Elimination
- Assisting with a urinal
- Applying a condom catheter
- Administering a cleansing
- Providing catheter care
- Assisting with meals
- Taking aspiration precautions
- Personal Hygiene & Grooming
- Performing oral hygiene for an

Intermediate Skills

- Infection Control
- Establishing & maintaining sterile field
- Pouring a sterile solution
- Using a pre-packaged sterile kit
- Enteral Nutrition
- Inserting a nasogastric tube
- Providing enteral feedings
- Removing a feeding tube
- Ostomy Care
- Pouching a colostomy
- Pouching a ureterostomy
- Respiratory Care and Suctioning
- Ensuring oxygen safety
- Setting oxygen flow rates
- Applying a nasal cannula or face mask
- Providing tracheostomy care
- Performing oropharyngeal suctioning

Advanced Skills

- Safe Medication Administration
- The Six Rights of Medication Administration
- Administering oral medication
- Preventing medication errors
- Use of specialty medication administration systems
- Nonparenteral Medications
- Applying topical medications
- Administering eye medications
- Administering eardrops
- Use of metered-dose inhaler
- Dressing infusion site
- Discontinuing intravenous therapy
- Managing Intravenous Fluid Therapy
- Regulating intravenous infusions
- Changing intravenous tubing and fluids
- Changing intravenous dressings
- Intravenous Medications
- Administering medication by intravenous piggyback

Administering Intradermal Injections

Video
Safety
Equipment
Delegation
Preparation
Follow-Up
Documentation
Administering Intradermal Injections TEST

Video



- Procedure Videos let you watch and learn with over 150 videos of key nursing procedures that are performed by real nurses and feature the most current practices.
- Overviews present the purpose of the skills, safety precautions, and delegation guidelines to help you put skills in the context of patient care.
- Equipment familiarizes you with the most current equipment used for each procedure.
- Preparation includes patient assessment and any appropriate patient preparation needed before the procedure.
- Follow-up Care outlines appropriate assessment, evaluation, and interventions to ensure comprehensive patient care.
- Documentation provides guidelines on what and how to document care provided and patient response, and includes sample documentation that can be printed for review.
- Competency testing so you can evaluate and report compliance.

Procedure Guideline for Administering Intradermal Injections

1. Verify the health care provider's orders.
2. Prepare medications for one patient at a time, using aseptic technique; avoid distractions. Keep together all pages of the MAR or computer printouts for one patient, or look at only one patient's electronic MAR at a time. Check the label of the medication carefully against the MAR or the computer printout twice during preparation of the medication. You will do a third check at the patient's bedside.
3. Take the medication to the patient at the correct time (see age administration, apply the six rights of medication administration Skill "Ensuring the Six Rights of Medication Administration
4. Gather the necessary equipment and supplies. When preparing from the patient's bedside, be sure to label the syringe properly.
5. Perform hand hygiene.
6. Provide for the patient's privacy.
7. Introduce yourself to the patient and family if present.
8. Identify the patient using two identifiers. Compare these identifiers with the information in the patient's MAR or medical record. Ask the patient about allergies.
9. At the patient's bedside, again compare the MAR or the computer printout with the names of the medications on the medication labels and with

Student _____ Date _____
 Instructor _____ Date _____

PERFORMANCE CHECKLIST FOR ADMINISTERING INTRADERMAL INJECTIONS

S	U	NP	Comments
1. Verified the health care provider's orders.			
2. Prepared medications for one patient at a time, using aseptic technique. Checked the label of the medication carefully against the MAR or the computer printout twice during preparation of the medication.			
3. Took the medication to the patient at the correct time. Applied the six rights of medication administration.			
4. Gathered the necessary equipment and supplies. When preparing an injection away from the patient's bedside, made sure to label the syringe properly.			
5. Performed hand hygiene.			
6. Provided for the patient's privacy.			
7. Introduced self to the patient and family.			

APPENDIX C

In-Service Training

In-Service training of staff plays an indispensable role in improving the quality of inpatient care. Enhancing the effectiveness of in-service training of staff is an inevitable requirement.

SNF Clinic™ has developed the In-Service section to educate, track and record the completion of these essential requirements for participation.

Inservice	
Title	
Abuse	
Activities of Daily Living	
Assisting with Elimination	
Basic Infection Control	
Bathing	
Bedmaking	
Catheter Care	
Cognitive Impairment	
Fall Prevention	
Infection Control	
No Category	
Nutrition and Fluids	
Pain	
Personal Hygiene and Grooming	
Respiratory Care and Suctioning	
Safe Patient Handling	
Specimen Collection	
Urinary Catheter Management	
Vital Signs	
Wound and Pressure Ulcer Care	

- Large library of In-Service Training
- Add custom In-Service Training along with customizable tests
- Create new “What If” sections for processes in your facility
- Assign & Track to ensure employee review and understanding.
- Create reports of employee completion

Inservice	
Title	
Abuse	
Activities of Daily Living	
Assisting with Elimination	
Basic Infection Control	
Bathing	
Bedmaking	
Catheter Care	
Cognitive Impairment	
Delirium: The Under Recognized Medical Emergency (1.0)	
Dementia - Actions and Reactions (1.0)	
Dementia - Being with the Person (1.0)	
Dementia - Listening and Speaking (1.0)	

Dementia - Being with the Person (1.0)

Making a Difference Video

Dementia - Being with the Person TEST

Making a Difference Video



APPENDIX D

“What If” by SNFClinic®

To improve patient safety and quality outcomes, SNFClinic® has created the “What If” checklists. Implementing a formalized process reduces errors caused by lack of information and inconsistent procedures. The “What If” checklists creates a uniform approach to scenarios in the skilled nursing environment. “What If” checklists used in your skilled nursing setting will promote process improvement and increase patient safety. Employees will have a greater sense of confidence that the process is completed accurately and thoroughly.

- Multiple “What If” checklist on the most common scenarios in Skilled Nursing Facilities
- Each “What If” contains detailed checklist for individual staff
- Completely customizable
- Create new “What If” sections for processes in your facility
- Assign & Track to ensure employee review and understanding

What If

[New What If](#)

Title

Aspiration

Ate less than 25% of meal more than 3 times in 2 days

Bedsore - In-house

Bedsore - Readmission

Care Refused

Choking

Elopement

Fall

Fall Risk

Fracture

Meal Refused

Med - Error

New Foley placement

New Skin Condition - In-house

New Skin Condition - Readmission

No Bowel Movement, in 1 day, in 2 days, in 3 days

No voiding in 24

Fall

[Assign What If](#) [Edit](#)

INCIDENT INVESTIGATION WORKSHEET

SAFE ENVIRONMENT CHECKLIST

SAMPLE DOCUMENTATION

POST FALL CHECKLIST - NURSES

POST FALL CHECKLIST - CNA

FALL INVESTIGATION CHECKLIST

Complete

INCIDENT INVESTIGATION WORKSHEET

Incident Investigation Worksheet

Post Fall Quality Improvement

Resident Name _____ Room Number _____ Date/Time of Incident _____

Description of Incident _____

Resident's Response to Incident _____

Type of Incident

Observed on Floor Witnessed Fall Unwitnessed Fall Resident to Resident Altercation

Skin Tear Discolored Area Elopement Equipment Malfunction Injury of Unknown Origin Allegation of Abuse/Neglect

Allegation of Misappropriation Other _____

Location of Incident _____ Minor Injury Major Injury No Injury

If Yes, _____

Was A _____

Was P _____

Was P _____

Medic _____

An _____

An _____

Fall

INCIDENT INVESTIGATION WORKSHEET

SAFE ENVIRONMENT CHECKLIST

SAMPLE DOCUMENTATION

POST FALL CHECKLIST - NURSES

POST FALL CHECKLIST - CNA

FALL INVESTIGATION CHECKLIST

Complete

POST FALL CHECKLIST -CNA

Post Fall Checklist

For Certified Nurse Aides

1. Immediately have someone notify a Licensed Nurse.
2. Stay with the resident until help arrives.
3. Get pen and paper assist nurse with documenting findings at the scene.
4. Have someone grab the crash cart if situation requires.
5. Assist with retrieving vital signs: BP, HR, T, RR, O2.
6. Assist Nurse with Skin Check.
7. Complete Witness Statement.
8. Turn in any documentation to Licensed Nurse.

APPENDIX E

Policies and Procedures developed by industry leaders

Policies and procedures are constantly changing based on new regulations and standards of care. During the survey process, well-written and managed policies and procedures can eliminate citations and financial penalties. With SNFClinic®, all policies and procedures are stored on your facility's fully customizable and easily searchable database.

Policy / Procedures

Title	Code
Administrative Policies	
Admissions, Transfers and Discharges	
Appendices	
Assessments and Care Planning	
Behavior, Mood and Cognition	
Cardiovascular Conditions	
Diabetic Care	
Dietary Services	
Disaster Emergency Preparedness	
Disaster Emergency Response	
Documentation	
Emergency and First Aid	
Employee Health and Safety	
Gastrointestinal Conditions	
Infection Control	
Intravenous Therapy	

Policy / Procedures

Title	Code
Administrative Policies	
Admissions, Transfers and Discharges	
Appendices	
Assessments and Care Planning	
Acute Condition Changes – Clinical Protocol	F636; F684; F710; F713; F841
Apical Pulse, Measuring	
Assisting the Nurse in Examining and Assessing the Resident	F636; F684
Blood Pressure, Measuring	
Care Area Assessments	F641
Care Planning – Interdisciplinary Team	F655; F656; F657
Care Plans – Baseline	F655

Care Planning – Interdisciplinary Team - F655; F656; F657

[Assign Policy and Procedure](#)
[Edit Page](#)

Assessments and Care Planning

Care Planning – Interdisciplinary Team

Policy Statement

Our facility's Care Planning/Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident.

Policy Interpretation and Implementation

- A comprehensive care plan for each resident is developed within seven (7) days of completion of the resident assessment (MDS).
- The care plan is based on the resident's comprehensive assessment and is developed by a Care Planning/Interdisciplinary Team which includes, but is not necessarily limited to the following personnel:
 - The resident's Attending Physician;
 - The Registered Nurse who has responsibility for the resident;
 - The Dietary Manager/Dietician;
 - The Social Services Worker responsible for the resident;
 - The Activity Director/Coordinator;
 - Therapists (speech, occupational, recreational, etc.), as applicable;
 - Consultants (as appropriate);
 - The Director of Nursing (as applicable);
 - The Charge Nurse responsible for resident care;
 - Nursing Assistants responsible for the resident's care; and
 - Others as appropriate or necessary to meet the needs of the resident.
- The resident, the resident's family and/or the resident's legal representative/guardian or surrogate are encouraged to participate in the development of and revisions to the resident's care plan.
- Every effort will be made to schedule care plan meetings at the best time of the day for the resident and family.
- The mechanics of how the Interdisciplinary Team meets its responsibilities in the development of the interdisciplinary care plan (e.g., face-to-face, teleconference, written communication, etc.) is at the discretion of the Care Planning Committee.

References	
OBRA Regulatory Reference Numbers	483.21(a)(9)
Survey Tag Numbers	P655; P656; P657
Other References	
Related Documents	Care Plans, Comprehensive Person-Centered
Version	1.1 (HSMA/PLD/108)

Features Include:

- Assign Policy Review to Staff
- Customize Policy to your facility
- Library of Forms and Checklists
- Administrative Policies
- Operational Policies
- Nursing Services Policies
- Infection Control Policies
- Critical Element Pathways
- F-Tag Reference

APPENDIX F

Survey Tools and CMS Form 2567 Database

Compliance with CMS regulations and guidelines is the foundation for regulatory readiness and is critical to your facility's participation in the Medicare and Medicaid programs. The experts at SNFClinic® track, compile, and continually update the most prevalent F-Tag citations that skilled nursing facilities are receiving nationwide. This information is housed in an online database containing up-to-date training on avoiding survey tags and thousands of actual CMS Forms 2567 and approved Plans of Correction.

F-Tag

Title	F-Tag #
ADL Care Provided for Dependent Residents (F677)	F677
Accidents (F689)	
Assessments (F636) and Accuracy of Asses	
Bowel/Bladder Incontinence, Catheter, UTI	
Care Plan Timing and Revision (F657)	
Develop/Implement Comprehensive Care P	
Food Safety Requirements (F812)	
Freedom from Abuse, Neglect, and Exploita	
Infection Control (F880)	
Labeling of Drugs and Biologicals (F761)	
Pharmacy Services/Procedures/Pharmacist	
Quality of Care (F684)	

Accidents (F689)

Overview	Guidelines and Commentary
Statutory Authority	In addition to the following, review all sample policies and procedures related to accidents.
Definitions	Numerous and varied accident hazards exist in everyday life, and not all accidents are avoidable. The frailty of some residents increases their vulnerability to hazards in the resident environment and can result in life-threatening injuries. It is important that all facility staff understand the facility's responsibility, as well as their own, to ensure the safest environment possible for residents.
Guidelines and Commentary	The facility is responsible for providing care to residents in a manner that helps promote quality of life. This includes respecting residents' rights to privacy, dignity and self-determination, and their right to make choices about significant aspects of their life in the facility.
Key Elements of Noncompliance	An effective way for the facility to avoid accidents is to develop a culture of safety and commit to implementing systems that address resident risk and environmental hazards to minimize the likelihood of accidents. A facility with a commitment to safety:
Deficiency Categorization	<ul style="list-style-type: none"> Acknowledges the high-risk nature of its population and setting; Develops effective communication, including a reporting system that does not place blame on the staff member for reporting resident risks and environmental hazards; Engages all staff, residents and families in training on safety, and promotes ongoing discussions about safety with input from staff at all levels of the organization, as well as residents and families;
Example Tags and Plans of Correction	

- 689 - failed ensure residents were provided adequate supervision to ensure residents with behaviors were adequately monitored
- 689 - failed to assess a resident when he was found on the floor without anyone witnessing how he got out of the wheelchair and onto the floor
- 689 - failed to ensure Resident #25 and #232 were not permitted to have cigarette lighters in their possession in their rooms
- 689 - failed to ensure Resident #35 did not have food inappropriate for his diet accessible to the resident
- 689 - failed to ensure Resident #4 received adequate supervision during smoking when Resident #4 brought a partially lit cigarette back into the facility where it smoldered and charred his shirt
- 689 - failed to ensure Resident #62's wheelchair was maintained in good repair to prevent a fall

department of health and human services centers for medicare & medicaid services		form approved omb no. 0938-0391	
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365481	(X2) MULTIPLE CONSTRUCTION a. headline _____ b. wing _____	(X3) DATE SURVEY COMPLETED 09/20/2018
name of provider or supplier ALTERCARE NEWARK NORTH INC.		street address, city, state, zip code 151 PRICE ROAD NEWARK OH, 43055	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 0689	Continued From page 5	F 0689	
F 0689	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices	F 0689	Altercare Newark North Inc. has prepared the plan of correction below. Please note, this plan of correction is not meant to establish any standard of care, contract, obligation, or position. Altercare of Thornville reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.
SS=D	§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and		
			09/28/2018

APPENDIX G

Training Progress and Reports

Always be prepared with the progress data and reports your facility needs for compliance. SNF Clinic allows your facility to monitor staff educational course completions with easy to use tracking tools. SNF Clinic's powerful staff education and monitoring tools allow your facility to track and record completion of Training, In-services, Policies and Procedures, "What If" and Messages.

Reports

➕ Assign Multiple Tasks

	Date Assigned	Due Date	Total Assigned	Completed	Not Com	ind
In-Service						
Fall Prevention (.75)	2/4/19	2/7/19	10	10	0	100%
Living with Alzheimer's and Dementia (1.0)	2/5/19	2/8/19	6	3	3	50% Remind
Messages						
Clean Lockers	2/1/19		20	20	0	100%
Need shift coverage for 4/12/19	2/12/19		50	10	40	20% Remind
Policies & Procedures						
Activation of Emergency Management Plan	2/1/19	2/12/19	100	75	25	75% Remind
Training						
Administering IV Medication by Piggyback	3/1/19					
Administering a Cleansing Enema	3/2/19					
Applying a Tourniquet	3/3/19					
Using a Hoyer Lift	3/4/19					
What If						
Fall	3/6/19					
Resident Altercation	3/7/19					

- Easy to read reports to track employee compliance
- Easily send reminders to employees to complete tasks

Section	Title	Date Assigned	Completed/Assigned	% Complete
What If	Fall	3/1/19	10-Apr	40%
Completed				
Users	Title	Department	Email	Completed
Janet Adams	RN	Nursing	jjakc@aol.com	3/2/19
Shannon Bellet	CNA	Nursing	Ann@aol.com	3/2/19
Jim Conners	Admin	Administration	Geor@aol.com	3/2/19
Greg Jones	CNA	Activities	greg@aol.com	3/2/19
Users	Title	Department	Email	Completed
Jon Allioing	RN	Nursing	jjakc@aol.com	Send Reminder
Ann Bow	CNA	Nursing	Ann@aol.com	Send Reminder
George Cox	Admin	Administration	Geor@aol.com	Send Reminder
Andre Hurst	CNA	Activities	ahurst@aol.com	Send Reminder
Steven Smith	CNA	Nursing	steve@aol.com	Send Reminder
Ellie Tollers	CNA	Nursing	Ellie@gmail.com	Send Reminder

Individual Employee Screen

Andre Hurst

Facility: Legacy Hilo

➕ New Write Up
Edit User

Department: NURSING	Position: CNA	License Number: 78896
Address:	Email Address: hurstandre@icloud.com	Phone Number: 7608896074
DOB: 1-22-18	DOH: 12-4-56	Expiration Date: 12-7-2024

User Documents Legacy Hilo Documents User Roles Assigned Sections ⁶ Completed Sections

Assigned Sections ⁶

Name	Date Assigned	Assigned By
Inservice		
Fall Prevention Inservice TEST	04-04-2019 02:21	Legacy Hilo - Karen Sawyer
Living with Alzheimer's and Dementia TEST	04-04-2019 02:14	Legacy Hilo - Karen Sawyer
Policies and Procedures		
Activation of Emergency Management Plan	03-25-2019 18:15	Legacy Hilo - Andre Hurst
Training		
Administering IV Medication by Piggyback TEST	03-25-2019 18:14	Legacy Hilo - Andre Hurst
Whatif		
Resident Altercation	04-04-2019 05:44	Legacy Hilo - Andre Hurst

APPENDIX H

Message Center and Updates

In the long-term care community, effective communication is paramount to resident care and relationships, team effectiveness, and employee engagement. SNF Clinic's Message Center allows your administrative staff to quickly communicate with all staff through email and text message. In addition, our experts prepare a weekly update on key issues, news and resources in the skilled nursing industry so that your staff is always up-to-date.

Assign - Assignment / Task

Only send a message

Task / Announcement Name Start Date Date Due

Email Text Send reminder every N days Facility

Users To Be Assigned

Name	Notify
Legacy Hilo	<input type="checkbox"/> Notify all for Legacy Hilo
› Activities Aide	<input type="checkbox"/> Notify all Activities Aide
› Administrative Assistant	<input type="checkbox"/> Notify all Administrative Assistant
› Administrator	<input type="checkbox"/> Notify all Administrator
› CNA	<input type="checkbox"/> Notify all CNA
› COTA	<input type="checkbox"/> Notify all COTA
› Cook	<input type="checkbox"/> Notify all Cook
› Dietary Aide	<input type="checkbox"/> Notify all Dietary Aide
› Dietary Manager	<input type="checkbox"/> Notify all Dietary Manager

Sections To Be Assigned

Name	Assign
› Policies and Procedures	<input type="checkbox"/> Assign all Policies and Procedures
› Trainings	<input type="checkbox"/> Assign all Trainings
› Inservices	<input type="checkbox"/> Assign all Inservices
› What If	<input type="checkbox"/> Assign all What If

Note for email being sent:

File Edit View Insert Format

Helvetica 12pt **B** *I* A

p » span Powered by Tiny



- ASSIGNMENTS & MESSAGES ARE SENT VIA EMAIL AND TEXT INSTANTLY
- DUE DATES ARE ASSIGNED WITH REMINDER NOTIFICATION
- MESSAGES CAN BE SENT WITH ATTACHMENTS FOR EASY FACILITY COMMUNICATION

APPENDIX I

Assessments Database

Assessments identify each resident's functional capabilities and ensure that your staff is properly identifying health problems. Medicare requires your facility to complete assessments on your residents. To assist you in this process, we have compiled hundreds of assessments that you will have access to and implement into your facility.

- Assessments created by industry experts
- Easily implement into your facility

Assessment's Search

Title

General

- Activities Initial/Historical Information
- Admit/Readmit Screener
- Altered Mental Status
- Behavior Data Collection Tool
- Bowel and Bladder Program Screener
- Brief Interview for Mental Status
- Cardiac Symptoms/Status
- Care Conference for the Long Stay Resident
- Care Plan Conference for Short Stay Resident
- Catheter Data Collection Tool
- Change in status Cardiac/Respiratory Event
- Change in status altered mental status
- Change in status fever
- Change in status urinary elimination
- Change in status weight loss
- Congestive Heart Failure Symptoms
- Constipation Symptoms
- Dehydration Symptoms
- Dental / Vision Admission Data Collection Tool
- Depression Rating Data Collection Tool
- Depression in Demential Data Collection Tool
- Discharge Summary
- Discharge Summary (Recap of Stay)
- Elopement Data Collection Tool
- Fall Risk Data Collection Tool
- Fever Symptoms
- Gastrointestinal Symptoms
- Infection- clostridium difficile (CDI)
- Infection- urinary tract (UTI)
- Interim plan of care/ guidelines for baseline care plan

Gastrointestinal Symptoms*

Resident:	Effective Date:	Location:
Initial Admission:	Admission:	Date of Birth:
Score: NA	Category: NA	Physician:

A. Clinical Event:
Experiencing new onset or change in digestive, intestinal, or bowel symptoms

1. Most Recent Admission:

3. Notes/Comments:

B. Data Collection:

Objective and Subjective Information

4. Check all that apply

- a. Indigestion
- b. A stool specimen testing positive for pathogen (salmonella, shigella, e-coli, campylobacter species, rotavirus)
- c. Nausea
- d. Norovirus
- e. C-Diff
- f. Vomiting (2 or more episodes within 24 hours)
- g. Diarrhea (3 or more loose, liquid, or watery stools above what is normal for the resident within a 24 hour period)
- h. Constipation(No BM in 3 days)
- i. Blood in stool or vomit
- j. New onset or change in complaints of abdominal pain
- k. Distended abdomen
- l. Absent bowel sounds
- m. Hyperactive bowel sounds

5. Most Recent Temperature
Temperature: _____ Date: _____
Route: _____

6. Most Recent Pulse
Pulse: _____ Date: _____
Pulse Type: _____

7. Most Recent Respiration
Respiration: _____ Date: _____

8. Most Recent Blood Glucose
Blood Glucose: _____ Date: _____

9. Most Recent Pain Level
Pain Level: _____ Date: _____
Pain Scale: _____

10. Additional Comments:

APPENDIX J

PointClickCare® Training

PointClickCare® is the number one health care platform used by skilled nursing facilities nationwide. Success in a facility is often contingent upon staff knowing and fully utilizing PointClickCare®. SNFClinic® training is designed to empower your staff to complete all operations within PointClickCare®

PCC's

Title

ADMISSION/TRANSFER/DISCHARGE

Allergies Tab

Assessments Management

Assessments Tab

Care Plan Tab

Census Tab

Census/Rates Tab

Documents

Home Screen

Immunization Tab

MDS 3.0

Medical Diagnosis Tab

Notes Tab

Orders Tab

Orders Tab - Batch Update

Orders Tab - New Order

Orders Tab - Reports

Point of Care (POC)

Progress Notes

Resident Dashboard

Resident Profile Tab

Resident Profile and Identifiers

Results Tab

Tasks Tab

Therapy Minutes

Weights and Vitals Tab

Orders Tab - New Order

Order Details

Advanced Directive Order

Creating Other Order

New Diet Order

New Diet Order

New Enteral Feed Order

New Laboratory Order

New Pharmacy Order (Overview for all Orders)

New Supplement Order

Scheduling Details

STAT or One Time Only

Titration Dose Orders

Creating Pharmacy Orders Quick Reference Guide



This screen contains items required to navigate the Order Entry screen.

You can create new pharmacy orders for a resident or search from a list of order templates. Order templates are pre-built orders with all or some of the order entry fields populated making order entry faster and more efficient.

From the resident's chart > Orders tab, do one of the following:

- Click **New**.
- Use the search to Create an Order using an Order Template.

- All training provided through PointClickCare®
- Searchable system to quickly find the subject you are looking for
- Video and step by step instructions

APPENDIX K

365325	CENTERBURG RESPIRATORY & SPECIALTY CTR	365364	GARDEN COURT NURSING AND REHAB CENTER	365195	MCNAUGHTEN POINTE NURSING AND REHAB	365499	SUMMIT'S TRACE HEALTHCARE CENTER
366041	ADDISON HEIGHTS HEALTH AND REHAB	366044	GARDENS OF PAULDING THE	365605	MILCREST NURSING CENTER	366288	SUNRISE MANOR AND CONVALESCENT CENTER, INC
365890	ALTERCARE COSHOCTON INC.	365118	GERIATRIC CENTER OF MANSFIELD	365327	MONTGOMERY CARE CENTER	366000	SYCAMORE GLEN HEALTH CENTER
365481	ALTERCARE NEWARK NORTH INC.	366095	GLENWOOD CARE AND REHABILITATION	365293	MT AIRY GARDENS REHABILITATION CENTER	365898	SYLVANIA CENTER
366196	ALTERCARE NEWARK SOUTH INC.	365716	GRAFTON OAKS NURSING AND REHAB CENTER	365425	NEWARK CARE AND REHABILITATION	365005	THE CHATEAU AT MOUNTAIN CREST NURSING & REHAB CTR
366369	ALTERCARE THORNVILLE INC.	365390	HAMIDEN HEALTH CARE VENTURES	365148	OAK PAVILION NURSING CENTER	365466	THE LAURELS OF MIDDLETON
366429	ALTERCARE ZANESVILLE INC.	365564	HARBOR HEALTHCARE OF IRONTON	366141	OAKHILL MANOR CARE CENTER	365457	THE LAURELS OF WALDEN PARK
366253	AMBERWOOD MANOR	365601	HARMONY CENTER FOR REHABILITATION	366051	OAKS AT NORTHPOINTE	365379	THE LAURELS OF MIDDLETON
365474	ARBORS AT CARROLL	366220	HARMONY COURT REHAB AND NURSING	365795	OASIS CENTER FOR REHABILITATION	365446	THE PAVILION AT PIKETON
365689	ARBORS AT FAIRLAWN THE	365813	HAWTHORN GLEN NURSING CENTER	366203	ORRVILLE POINTE	366158	THE PAVILION REHABILITATION AND NURSING CENTER
365348	ARBORS AT GALLOPOLIS	365780	HEARTLAND OF MARIETTA	365810	PARK EAST CARE AND REHAB CENTER	365832	UNIVERSITY MANOR HEALTH & REHA
365687	ARBORS AT MARIETTA	366304	HEARTLAND OF MARION	365766	PARKSIDE HEALTH CARE CENTER	365365	URBANA HEALTH & REHABILITATION CENTER
365675	ARBORS AT MILFORD	365620	HEARTLAND OF RIVERVIEW	365363	PARKSIDE NURSING AND REHABILITATION	366160	UTICA CARE CENTER
365450	ARBORS AT POWEROY	365566	HERITAGE CENTER FOR REHAB CARE	365297	PAVILION CARE CENTER	366306	VALLEY OAKS CARE CENTER
365718	ARBORS AT STREETSBORO	365589	HICKORY CREEK OF ATHENS	365624	PERRYSBURG CARE AND REHABILITATION	365823	VISTA CENTER AT THE RIDGE
365496	ARBORS AT WOODSFIELD	365849	HOLLY GLEN HEALTHCARE	365636	PICKERINGTON CARE AND REHABILITATION	365821	WALNUT CREEK NURSING CENTER
365440	ARLINGTON CARE CENTER	365998	HOLZER SENIOR CARE CENTER	366324	PINE KIRK CARE CENTER	365705	WALTON MANOR HEALTH CARE CENTER
366150	ASTORIA PLACE OF CINCINNATI	366251	HOME AT HEARTHSTONE, THE	365607	PIQUA HEALTHCARE	365808	WESTLAKE REHAB AND NURSING CENTER
365740	ASTORIA PLACE OF CLYDE, LLC	365420	HOMESTEAD HEALTHCARE CENTER	365584	PORTSMOUTH HEALTHCARE	365597	WESTMORELAND PLACE
365754	ASTORIA PLACE OF COLUMBUS	365022	HOSPITALITY CENTER FOR REHABILITATION	365925	PREMIER ESTATES OF CINCINNATI-RIVERSIDE	365796	WESTPARK NEUROLOGY AND REHABILITATION CENTER
365476	ASTORIA PLACE OF SILVERTON	365874	HUDSON ELMS NURSING HOME	365530	PREMIER ESTATES OF CINCINNATI-RIVERVIEW	366014	WHISPERING HILLS REHABILITATION AND NURSING CENTER
365747	ASTORIA PLACE OF WATERVILLE	365044	HYDE PARK HEALTH CENTER	365648	PREMIER ESTATES OF MIDDLETOWN	365748	WHITE OAK MANOR
366391	ASTORIA SKILLED NURSING AND REHAB	365884	KENT HEALTHCARE AND REHABILITATION.	365577	PRESTIGE GARDENS REHABILITATION CENTER	366178	WIDOWS HOME OF DAYTON
366091	AUTUMN YEARS NURSING CENTER	365843	KENTON NURSING AND REHABILITATION	365480	RESIDENCE AT SALEM WOODS, THE	365343	WILLARD HEALTHCARE
366400	BEAVERCREEK HEALTH AND REHAB	365623	LAKE POINTE HEALTH CARE	365448	REST HAVEN NURSING HOME INC	365828	WILLOW PARK CONVALESCENT HOME
366195	BEGHLY OAKS CENTER FOR REHAB	365441	LAKE POINTE REHABILITATION AND NURSING	365952	RIDGEWOOD MANOR	365644	WINCHESTER CARE & REHABILITATION
365324	BELDEN VILLAGE HEALTHCARE	366145	LAKERIDGE VILLA HEALTH CARE CENTER	366130	RIVERSIDE LANDING NURSING AND REHAB	365707	WINDSOR NURSING & REHAB
365626	BELBROOK HEALTH AND REHAB	366359	LARCHWOOD VILLAGE RETIREMENT COMM	365877	RIVERSIDE NURSING AND REHABILITATION	365681	WINDSOR LANE HEALTHCARE CENTER
365615	BELLEFONTAINE HEALTHCARE	365725	LAURELS OF HILLIARD THE	365392	ROCKY RIVER GARDENS REHAB AND NURSING	365458	WOOD HAVEN HEALTH CARE SENIOR LIVING & REHAB
365218	BLUE ASH CARE CENTER	366363	LAURELS OF STEUBENVILLE THE	365559	ROLLING HILLS REHAB AND CARE CTR	366028	WOODSIDE VILLAGE CARE CENTER
365370	BLUE STREAM REHAB AND NURSING	366013	LEXINGTON COURT CARE CENTER	366231	ROSELAWN GARDENS NURSING & REHAB	365673	WOODVIEW CARE AND REHABILITATION
365858	BRIARWOOD THE	366427	LIBERTY NURSING CENTER OF COLERAIN INC	365789	SANCTUARY AT WILMINGTON PLACE	365779	WYANT WOODS CARE CENTER
365422	BROOKHAVEN NURSING & REHABILITATION	365936	LIBERTY RETIREMENT COMMUNITY OF LIMA	365320	SAPPHIRE HEALTH AND REHAB	365187	XENIA HEALTH AND REHAB
365933	BUCKEYE TERRACE REHABILITATION CENTER	365202	LIMA REHAB AND NURSING CENTER	365978	SCARLET OAKS NURSING AND REHAB CENTER		
366092	BURTON HEALTH CARE CENTER	365336	LOCUST RIDGE NURSING HOME INC	366259	SCIOTO COMMUNITY		
366182	BUTLER COUNTY CARE FACILITY	365435	LOGAN CARE AND REHABILITATION	366313	SCIOTO POINTE		
365770	CAMBRIDGE CARE AND REHABILITATION	365241	LONDON HEALTH & REHAB CENTER	366302	SHILOH SPRINGS CARE CENTER INC		
365353	CANDLEWOOD HEALTHCARE	365354	LONGMEADOW CARE CENTER	365922	SIENNA HILLS NURSING & REHABILITATION		
365658	CARDINAL WOODS SKILLED NURSING	365186	MADEIRA HEALTHCARE	365694	SIGNATURE HEALTHCARE OF CHILLICOTHE		
366175	CARECORE AT THE MEADOWS	366201	MANOR AT WHITEHALL THE	366099	SPRINGFIELD NURSING & INDEPENDENT LIVING		
365342	CARRIAGE INN OF CADIZ INC	366346	MANOR OF GRANDE VILLAGE	366410	ST CLARE COMMONS		
365271	CARRIAGE INN OF STEUBENVILLE	365557	MAPLE GARDENS REHABILITATION CENTER	365714	ST LEONARD HCC		
365579	CARROLL HEALTHCARE CENTER INC	366227	MAPLE VIEW MANOR	366241	STEBENVILLE COUNTRY CLUB MANOR		
365377	CELINA MANOR	366122	MARY SCOTT NURSING CENTER	365215	SUBURBAN HEALTHCARE AND REHABILITATION		
366299	CENTERBURG POINTE	365634	MCCREA MANOR NSING AND REHAB CTR LLC	365612	SUMMIT ACRES NURSING HOME		

APPENDIX L

Tamera L. Weis, RN, BA

*Certified Case Manager, Certified Managed Care Nurse
Certified Six Sigma Lean Professional, Certified Change Management Specialist, Certified Dementia Practitioner*

CAREER SUMMARY

A skilled executive leader with clinical, operational and marketing experience. Demonstrated ability to oversee a multi-layered, multi-state company with over 2000 employees with responsibility for over 1700 patients. Acted as owner's representative on construction projects totaling 4 million dollars, doubled the size of the company in 4 years from 11 facilities to 22, successfully navigated a new hospital and new nursing home through licensing and survey processes, reduced turnover by more than 10%.

CORE COMPETENCIES

- Leadership and Team Building
- Employee Relations
- Operations
- Training
- Lean Six Sigma Certification
- Big picture thinking and extreme brainstorming

EMPLOYMENT

Capital City Medical Innovations **7/18/to Present**
5445 Welbourne Place
New Albany, Ohio 43054

Owner/Consultant

Artower Consulting 8/19 to Present
Act as clinical consultant for an Artower Project – hospital owned SNF considering high acuity ventilator program addition to the facility.

Susan G. Komen Columbus 9/18 to 6/19
Acted as interim Development Director filling an open position from September until December. Filled in as Event Coordinator coordinating the largest race for the cure in the county with over 35,000 attendees. Stayed on once position filled until execution of the race on May 18, 2019.

Peregrine Health Services 9/18 to Present
Consultant in the Sales, Marketing, Admissions and Managed Care areas for a company of 16 skilled nursing facilities and assisted living facilities

Apex Healthcare Solutions 7/18 to Present
Continue to monitor 6 email accounts, correspondence and be available to previous employer during the wind down of their entire company.

Apex Healthcare Solutions
1425 McHenry Road, Suite 209
Buffalo Grove, IL 60089

09/11 to 7/18

Contractor for wrap up

7/18 to present

Chief Executive Officer
Executive Vice-President, Hospital Development

9/14 to 7/18
09/11 to 9/14

Report to: Apex Board of Directors – Thomas Neshek and Glenn Lefkovitz

Responsible for:

As CEO: Asked to step in as CEO at the termination of previous CEO and take the family owned business through a sale process and full company wrap up. Responsible for all operations, staff, residents, clinical, care and function of all entities under Apex Healthcare control. Sold 4 Illinois supportive living facilities 1/1/16, 2 Utah and 1 Colorado SNF facilities on 2/1/16, transitioned control from Apex back to family of a Colorado facility on 5/1/16 and sold 4 North Carolina SNFs on 6/1/16. Continuing wrap up of AR, AP, Medicare and Medicaid change in ownership, data collection and storage, ongoing audits, 401k audit and wind-down as well as tax implications.

As EVP: Creation of new business opportunities, construction of projects including Skilled Nursing Facilities and Rehab Hospitals. Managed full outfitting of FF and E package of an already under construction project in Parker, Colorado totaling 1.6 million dollars. Developed Ventilator program for Utah facilities and worked with architect to complete. Put together a deal for a 60 bed SNF and 20 bed Rehab Hospital involving 45 physicians as real estate owners and Apex as the operator. Worked with Web Designer to revamp company's 15 facility websites and overall corporate website. Reworked all print material to create one cohesive image, color scheme, logos, etc. to present one image. Worked with facilities to secure managed care contracts and to work within contract guidelines. Assisted facilities in marketing and admissions problem solving.

Communicare Health Services
4700 Ashwood Drive, Suite 200
Cincinnati, Ohio 45241

8/02 to 8/11

Executive Vice-President, Acute Care Division
Executive Vice-President of Business Development
Vice President of Business Development
Regional Director of Marketing

1/09 to 8/11
10/06 to 1/09
2/03 to 10/06
8/02 to 2/03

Report to: Ronald Wilhelm, President Acute Care Division 2010-2011
Stephen Rosedale, CEO 2009-2010
Kena Minnick, President and Chief Operating Officer 2002-2009

Responsible for:

Business Development Role: Census development, Revenue generation, Sales and Marketing oversight and business development for company facilities including 1 LTACH, 1 IRF, 5 Assisted Living, 2 ICF-MR and 43 Skilled Nursing facilities with specialties such as Behavioral health, Alzheimer's Dementia, Ventilator Support, Hemodialysis and Hospice and locations across 4 states. Oversee the Marketing and Admissions functions through the Vice President of Business Development, who provides support to regional managers. New facility acquisition and program development. Oversee collateral development and processing and publications. Function as a team member on the Executive Team to provide operational oversight to all company functions with direct operational oversight of the LTACH and IRF. Oversee all managed care contracting and case management functions for the company through the AVP of Case Management and Managed Care.

Acute Care Role: developed clinical programs of both LTACH and IRF. Oversee all aspects of operation including clinical, financial, regulatory and human resources.

Accomplishments while assigned: Grew company census from 83% to 94%. Increased managed care census from 3% to 8% company-wide. Assisted in growing the company from 22 facilities to 52 facilities. Construction responsibilities for the company's first LTACH (Long Term Acute Care Hospital) in Toledo, Ohio which opened in April 2008. Design, construction, interior and budget responsibilities. Completed project on time and under budget by \$500,000. Continued operational support to the LTACH and the IRF. Generated a 24% margin from the LTACH in 2010.

TransHealth Inc.
Formerly Aegis Healthcare
1661 Old Henderson Road
Columbus, Ohio 43220

8/00 to 8/02

CORPORATE DIRECTOR OF BUSINESS DEVELOPMENT (AEGIS)
REGIONAL DIRECTOR OF BUSINESS DEVELOPMENT (TRANS)

Report to: Divisional President, Mary O'Meara (Aegis)
Senior Vice President and Principal, Lisa Maclean (THI)

Responsible for: Development of corporate marketing strategies, policies and procedures. Improving overall census in facilities; maintaining and improving Q mix. Support and training of all facility marketing and admissions personnel; develop and implement new strategies to increase market share; increase managed care contracts and improve managed care census and margin. Strategic planning and Budgeting. Provide Regional support to 24 facilities in Ohio as well as 6 Senior Directors of Marketing. Assist Regional Directors of Operations with problem solving and census development in each facility.

Accomplishments while assigned: Developed policy and procedure for training and functions of marketing directors. Presented 3 day training to administrators, marketing and admissions personnel. Worked with corporate attorneys to provide standardized admission packet for all facilities. Improved overall facility census from 71% company-wide to 76% company-wide in the Aegis facilities prior to purchase. Increased census from 83% company-wide to 87%. Developed a standardized wound care and hospice program for facilities. Provided support and direction on marketing to administrators and regional managers. **Acted as a member of the executive operational management team. Built 3 new buildings with Aegis – The Gardens at Wapakoneta (2000), St. Henry (2001) and Celina (2002). Also assisted in development of the companies first LTAC- The Greenbrier Hospital- in Boardman, Ohio (2002).** Developed image based marketing plan and implemented in two facilities. Created advertising and collateral material for these campaigns. Standardized corporate brochures and collateral. Provided reports to President for tracking and trending of census issues. Responsible for Customer Service training

and development of a Customer Satisfaction Tool. Collate results quarterly and provide report for CEO.

Weis and Associates
11511 Smith Road
Canal Winchester, Ohio 43110

11/99 to 8/00

CONSULTANT

*The Kronos Group: (Dr. John Sperling- Phoenix, AZ) 12/99 to 2/00 **Completed**
Operational evaluation of their clinical product as well as day to day operations, process and quality of the pharmacy and clinic. Made recommendations to complete turn around of poor financial performance.*

Sharon McQuillan, MD(Columbus, OH and Phoenix, AZ) 2/00 to 5/00 Assisted with production of anti-aging medicine protocols, development of manual for physicians, customer service training, PowerPoint presentations, etc..

Aegis Healthcare: (Columbus Ohio) 5/18/00 Gave a 3- hour talk on management of managed care patients in a long term care environment including 4 case studies completed with the group.

Dr. Sharon McQuillan, MD: (Columbus, OH) 6/00 to present Development of business tools, brochures, marketing and business plans, etc. Case Studies for board examination.

Columbus Community Hospital: (Columbus, OH) 3/00 to 6/00 Assist in Case Management process; streamline procedures; review retrospective cases for managed care; provide training for new Case Management Manager.

Bariatric Treatment Centers of Ohio, Inc.
Columbus, Ohio 43207

8/98 to 11/99

PROGRAM ADMINISTRATOR

Report to: President, Connie Gallaher

Responsible for: Start up program of all administrative aspects and management of a surgical specialty program in an acute care hospital. This includes day to day operations, quality assurance, JCAHO readiness, budgeting, staffing, discipline, education and training for nurses, scheduling, pre-admission testing process, surgical schedule, OR and nursing unit.

Accomplishments while assigned: Developed the first operating budget for the Columbus site using a zero based system. Developed operating systems to streamline paper flow and compiled the first database of cases to promote CQI review. Prepared the site for JCAHO survey including operating rooms, preop assessment areas, outpatient testing areas and inpatient clinical areas. Assured compliance with CMS hospital regulations and guidelines. Worked closely with coding to assure reimbursement. Oversaw 4 surgeons and all staff associated with the hospital. Regulated HPPD as well as controlled costs PPD while assuring corporate standards were met. Acted as a liaison between our organization and the acute care hospital.

Arbor Healthcare Company
7001 Post Road, 3rd floor, North Bldg.
Dublin, Ohio 43016

9/96 to 8/98

DIVISIONAL CLINICAL ACCOUNT MANAGER

10/97 to 8/98

Report to: Divisional Vice President, Kayleen Berger, RN

Responsible for: The managed care business for the 41 buildings in our Division. This included contracting, business development, managing accounts receivable with Health Plans, strategic planning and budgeting, tracking, trending and reporting utilization and satisfaction as well as a major component of training and education for the centers. Provided support to the 6 Regional Referral Managers as well as Directors of Marketing.

Accomplishments while assigned: Increased managed care utilization by 18% in 9 months. Collected \$95,000 in 265 day old, outstanding Health Plan revenue for one center. Renegotiated and / or added facilities to 4 existing contracts. Added 7 new managed care contracts. Provided training to all new managers/administrators in the Division on a quarterly basis. Developed 4 continuing education programs for nurses and social workers. Developed a continuum of care program/partnership with a local home health agency and began marketing the program to managed care companies. Created presentations of managed care data for the Division and presented to upper management monthly and summarized quarterly.

DIRECTOR OF BUSINESS DEVELOPMENT
Columbus Rehabilitation and Subacute Institute
(An Arbor Healthcare Facility)

9/96 to 10/97

Report to: Executive Director, Bob Brooks

Responsible for: Revenue generation, gross margin and census of the facility. Specific focus on generation of managed care census and revenue. Direct supervision of the marketing and admissions department. Strategic planning, marketing and management support for the facility.

Accomplishments while assigned: Maintained census at or above budgeted targets. Increased managed care revenue by 12% over previous year. Won the company award for the "Most Managed Care Days" in 1996. Also won the company sales award for "Highest Insurance Revenue" in a facility in 1996. Increased the overall acuity of our patient population from 5th to 2nd highest in the company. Implemented a new Margin-Driven Clinical Model including the pre-admission process of clinical involvement. Promoted to a corporate role.

Columbus Community Hospital
1430 South High Street
Columbus, Ohio 43207

10/95 to 9/96
9/96 to 5/00
(contingent)

CASE MANAGEMENT, MANAGER

Report to: Director of Quality/Risk Management, Carol Lindley, RN
Director of Medical Records, Debbie Brown

Responsible for: Utilization management, certification with third parties, discharge planning and all other case management duties. Case management member of clinical pathway team. Responsible for documentation of variances and monitoring of clinical pathways. Collection of utilization review data and reported to the hospital UR committee.

Accomplishments while assigned: Performed utilization management functions for a case load of from 10 – 40 patients daily. Rounded with physicians. Maintained current certifications on all Insurance primary payers. Completed necessary retrospective reviews and appeals for all payers. Decreased overall hospital length of stay by 1.5 days. **Oversaw the Utilization Management Committee and provided data to Administration and other appropriate committees as well as created necessary slide presentations, graphs, etc. Supported methodologies to change patterns and reduce LOS.**

**Wendt Bristol Home Health Care
280 North High Street, Suite 760
Columbus, Ohio 43215**

**9/95 to 4/97
(contingent only)**

CASE MANAGER

Report to: Director of Clinical Services, Kris Bohn, RN

Responsible for: Home health care of patients. Timely follow up to issues while on-call. Maintaining adequate and accurate Medicare/Medicaid documentation for surveys.

Accomplishments while assigned: Acted as the IV/Infusion support for all case managers. Performed on-call support every other weekend.

**Aetna Health Plans
4151 Executive Parkway
Westerville, Ohio 43081**

8/88 to 9/95

HEALTH SERVICES SUPERVISOR

7/90 to 9/95

Report to: Health Services Manager, Barbara Hard, Susan Truitt

Responsible for: Day to day operation of a multi-functional staff of from 12 to 25. Case management as well as certification and assignment of lengths of stay outpatient pre-certifications and managed second opinions. Retrospective review of medical records and claims for medical necessity, over-utilization, un-bundling, investigational procedures and fraud. Handling of all customer complaints for the unit. Telephone *service in a unit that handled 300-500 incoming phone calls per day.*

Accomplishments while assigned: Reduced SNF retrospective chart review backlog from 700 charts to 100 charts in 3 months. Initiated the NCQA process for the Health Services units. Supervised the Training and Quality Assurance department for 1 year. Accepted a lateral move to supervise a new product line and a large account with that product. Maintained telephone service factor of > 85%. (>85% of callers speak with a live person within 1 minute). Created a software based tool to collect the quality and outcomes data that our customers required.

CASE MANAGER

8/88 to 7/90

Report to: Utilization Management Supervisor, Sandra O'Neill, RN

Responsible for: Answering incoming lines to maintain a telephone service factor above 85%. Certify lengths of stay according to medical necessity. Provide case management support to members. Review claims and records retrospectively to determine medical necessity.

Accomplishments while assigned: Won an award for saving over 1 million dollars in 1 year through individually case managing patients. Asked to assume lead case management role to

assist other nursing staff. Wrote all denial and appeal responses for the division. Answered all Ohio Department of Insurance Complaints for the Division.

Ohio State University Hospitals
410 W. 10th Street
Columbus, Ohio 43210

2/86 to 8/88

Staff Nurse Interdisciplinary Oncology Unit and Bone Marrow Transplant

Report to: Elaine Glass – IOU, Phyllis Kaldor - BMT

Responsible for: Direct Patient Care of Oncology/Hematology Patients

Accomplishments while assigned: Certified ICU nurse, Defibrillator Certified, Chemotherapy certified and completed training on the BMT specialty unit

St. Anthony Medical Center
1492 E. Broad Street
Columbus, Ohio 43215

9/80 to 2/86

Report to: Nursing Supervisor

Responsible for: Direct Patient Care. Worked on a variety of units. Weekend option on the Hematology/Oncology floor for 2 years. Worked 2 years as the only full-time float nurse in the hospital.

Accomplishments while assigned: Chemotherapy certified. Floated to the Oncologist office to administer chemotherapy to cover during his staff's vacations, etc. Worked on different units of the hospital each day or week, depending on the need. Covered the total joint replacement unit for 6 weeks during the opening of their new program. Staffed an overflow unit with one LPN, Unit Clerk and myself during times of high census and lack of bed availability.

DEVELOPMENT

Capital University
Columbus, Ohio

1997

Major: Public Administration and Health Care Policy
Graduated: *Magna cum Laude*)

Columbus State Community College
Columbus, Ohio

1981

Major: Nursing

Continuing Education: Maintain Continuing Education far above the State requirement in diverse topics affecting my practice. Also maintain continuing education requirements to maintain Certified Case Manager Certification. Attend at least 3 major conferences in my specialty per year. Completed the Health Insurance Association of America (HIAA) examinations.

Speaking Engagements:

- 8/2007
To 8/15
**Twice a year-
February &
August**
- Administrator in Training- Core of Knowledge,
Ohio State University**
“Sales, Marketing and Admissions Module”
Consistently score above 6 on a 7 point scale
- 9/3/97
- The Ohio Health Care Association “Access- 2000 Seminar”**
“The Importance of a Case Manager in a Subacute Environment”
- 12/4/97
- The Ohio Association of Healthcare Quality Assurance**
“Managing Costs by Managing Care”
- 10/3/98
- The Ohio Health Care Association Annual Social Worker Conference**
“The Role of Social Workers in Pre-admission in a PPS World”
- 10/27/98
- Miami Valley Long Term Care Association**
“The Importance of a Case Manager in a Subacute Environment: How to
Manage Care without a Dedicated FTE
- 5/18/00
- Aegis Healthcare Regional Meeting**
“The Importance of Care Management in a Long Term Care Environment. How
to manage cases without a dedicated FTE.”
- 8/25/00
- CMSA Central Ohio Chapter**
“Multi-Drug Resistant Organisms in Healthcare”
- 1/24/01
- Gibsonburg Healthcare Center/NW Ohio DC Planners**
“Multi-Drug Resistant Organisms in Healthcare”
- 2/22/01
- Wapakoneta YMCA**
“Preparing for Future Healthcare Needs: The Benefits of Aging in Place”
- 9/13/02
- AOPHA Annual Convention, Columbus, Ohio**
“How to attain a Mutually Beneficial Relationship with Hospice”
Co-presented with Jackie Langley, Jeff Lycan and Cherry Meier
- 10/30/02
- OHCA Council of Social Workers Annual Convention
Columbus, Ohio**
“Attaining and Maintaining a Mutually Beneficial Relationship with Hospice in
the LTC setting”. Co-presented with Jackie Langley and Jeff Lycan.
- 4/15/03
- PARSEL Breakfast
Saint Louis, Missouri**
“Understanding Medicare and Medicaid”
- 11/21/03
- Ohio Hospice and Palliative Care Convention
Columbus, Ohio**
“Attaining and Maintaining a Mutually Beneficial Relationship with Hospice
and Long-Term Care” Co-Presented with Jeff Lycan.
- 5/05/04
- OHCA Annual Convention**

“Attaining and Maintaining a Mutually Beneficial Relationship with Hospice and Long-Term Care” Co-Presented with Jeff Lycan and Jackie Langley.

- 3/08/05 **Central Ohio Hospice and Palliative Care Nurses Association**
Member of panel discussion regarding the role of hospice in LTC and how to improve the relationship for the betterment of patient care.
- 5/03/07 **Ohio Healthcare Association Annual Convention**
Marketing and Admissions Roundtable Moderator
- 7/26/07 **“Understanding Ohio’s Managed Medicaid Program”**
Elyria Memorial Hospital- Elyria, Ohio
- 8/02/07 Marymount Hospital- Cleveland, Ohio
- 8/15/07 Akron General Hospital- Akron, Ohio
- 8/22/07 Aultman Hospital- Canton, Ohio
- 8/23/07 Massillon Hospital- Massillon, Ohio
- 2/28/08 **Ohio Healthcare Association – Assisted Living Training Course**
“Customer Service in the Assisted Living Environment”
- 5/6/08 – 5/8/08 **Ohio Healthcare Association Annual Convention**
- 5/6/08 “Hot Topics in Marketing LTC and AL”
- 5/8/08 “Extreme Case Management – The Managed Medicaid Environment in Ohio”
- Ohio Healthcare Association Annual Convention**
- 5/5/09 “Hot Topics in Marketing”
- 5/6/09 “Breast Health 101”

Professional Memberships:

Case Management Society of America.

Local Chapter: President 1999-2000, Vice-President 1998-1999, Board member 2000-2002.
Past-chairman of the education and membership committees.

American Association of Managed Care Nurses. National Chapter.

OHCA- Ohio Healthcare Association.

Member of task force for “Hospice in Long-term Care”. Committee made recommendations to state legislators regarding rules changes effective October 2002. Member of Facility Standards Committee 2004-2007

Convention Task Force Committee member 2004-2010. Committee Chair 2007-2008.

International Who’s Who of Professionals

Acute Long Term Hospital Association (ALTHA)

Board of Independent Hospitals – Board Member 2009- 2011

National Clinical Committee – Member 2009 to 2011

Board Member Advanced Specialty Hospital of Greenbriar Rehabilitation, Boardman, Ohio,
Advanced Specialty Hospital of Toledo, Toledo Ohio.

Publications: Continuing Care Magazine. April 1998 “Coordinating Care: An Interdisciplinary Team Approach Enhances Positive Outcomes in Subacute Care”, pgs. 28-33, T.L. Weis, RN, BA.

Certifications: **Certified Case Manager, CCM #00034975**

Certified Managed Care Nurse, CMCN #03-8456
Certified Change Management Specialist
Certified Six Sigma Lean Professional

Civic Affiliations: **Susan G. Komen for the Cure Breast Cancer Foundation- Komen Columbus**
Education Committee Member, Board of Directors, Survivor Council, Medical Advisory Board
2008-2015 (Met Term Limit)

- Annual Participant in Race for the Cure
- Awarded the 2007-2008 New Volunteer of the Year Award
- Board Officer (Secretary) 2008-2009 (Vice-President 2009-2010)
- Honor Roll Member in fundraising for Race for the Cure (top 100) each year 2008-2019. Additionally in the top fundraisers for the new Athens Race for the Cure in 2015-2019.
- Chairperson of Committed to the Cure Breast Cancer Summit 2009
- Enlisted Corporate Sponsorship by the Mark H. Zangmeister Center. Came on board as Presenting Sponsor of a previously un-sponsored event. (\$25,000)
- Conducted Survivor Focus Group as a part of 2009 and 2010 Community Profile
- Ongoing speaking engagements related to Breast Health and Early Detection

Honorary Race for the Cure Chairperson 2011 Race May 14, 2011

- Survivor Ceremony Sub-Committee Chair 2013 - 2018

Honored by the Governor of Ohio, John Kasich, to sign with him on HB 112 October 2013.

- Volunteer of the Month Komen Columbus October 2013

LifeCare Alliance, Central Ohio 2016-2019

- Strategic Planning Committee for the largest meals on wheels in the country as well as the Columbus Cancer Clinic, LA Catering, Visiting Nurse Association, Impact Safety, Help at Home and Project Open Hand. Recently acquired Central Ohio Diabetes Association.
- Provide volunteer holiday coverage for meals on wheels delivery

The Woods at Sugar Run HOA – Finance Committee 2013-Present. Board of Directors, Treasurer term 2017- 2020

Ben Hall

Senior Software Developer – JS + Ruby

9985 SW Ledgestone Ct.
Beaverton, OR 97007
(480) 414-8157
benhall2121@yahoo.com

EXPERIENCE

LTC Consultants — *Software Developer and Trainer*

Nov 2017 - Present

Health Care Training Management system for Nursing Facilities.

Using Ruby on Rails, Javascript libraries, Postgres, linux servers

Benerino Studios — *Software Developer*

Apr 2011 - Present

Benerino Studios develops websites for all types of clients. We have done proof of concepts sites for startups, quick updates for companies looking for some quick help, sites for established companies, etc.

Using Ruby on Rails, Javascript libraries (jQuery, React, ect), MySQL, Postgres, linux servers (Linode.com and AWS)

Skrittle.com — *Developer*

Feb 2012 - Feb 2013

Skrittle is here to help us users find new sites to explore and connect to the entertainment they are craving but can't find.

Using Ruby on Rails, Javascript (jQuery), Postgres, linux servers

Happeo.com — *Sr. Software Developer*

Oct 2010 - Apr 2011

Happeo was a social network competing with Facebook. We had the circles built out before Google+ and the timelines before facebook. Unfortunately, Facebook was well ahead of us.

EDUCATION

California State University - East Bay, Hayward, CA — *Bachelors of Science, Computer Science*

2005 - 2008

SKILLS

Ruby on Rails

Javascript

- jQuery

- React

- Bootstrap

Databases

- Postgres

- MySQL

Servers (Linux)

- Linode.com

- AWS