



Berkshire Hathaway Homestate Companies

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Nursing Home Supplemental Application Workers Compensation Insurance

****COMPLETE SEPARATELY FOR EACH LOCATION ****

General Information

Name of business:

Address:

How long owned by applicant?

Privately owned Publicly owned

Profit Not for profit

Describe any affiliations:

If facility is not operated by building owner, describe relationship:

How many times has facility changed ownership in the last 5 years?

Has facility declared bankruptcy in the last 5 years? yes no

Any license suspended or revoked in past 5 years? yes no if yes, please explain:

List all licenses and accreditations:

Building Information

Age of building:

No. of stories:

Elevator: yes no

Back up generator: yes no

Sprinklered: yes no

Describe Fire Detection system:

Where is smoking permitted inside the building?

Occupancy

	No. of Beds <u>Certified</u>	Current <u>Census</u>	<u>Level of Care</u>	Current <u>Census</u>
Medicare/Medicaid	<input type="text"/>	<input type="text"/>	Skilled	<input type="text"/>
Private Pay	<input type="text"/>	<input type="text"/>	Intermediate	<input type="text"/>
Total Beds	<input type="text"/>	<input type="text"/>	Independent Living	<input type="text"/>
			Total Beds	<input type="text"/>

Indicate the number of beds provided for residents with the following (included in the totals above)

Alzheimer/dementia

chemical dependency

HIV patients

mental retardation/ mental illness

Average census past 12 months for all residents:

Describe other services:

Home health care? yes no

Adult day care? yes no

Representing Financial Security and Integrity

Employees

Name of Administrator:

Number of years at facility?

Number of years as a licensed Administrator?

Number of different Administrators at this facility over the past 5 years?

Name of Director of Nursing or Charge Nurse:

Number of years at this facility?

Number of Nurses Stations:

EMPLOYEE BREAKDOWN

	<u>Full Time</u>	<u>Part Time</u>		<u>Full Time</u>	Part Time
Management			Physical Therapy		
Clerical			Dietary		
RN's			Maintenance		
LPN's			Laundry		
CNA's			Other		
			Totals		

In past 12 months, how often has a Temporary Agency been used to meet staffing needs? yes no

Turnover rate of CNA's?

Turnover rate for all other employees?

Describe benefits offered:

Percentage of participating employees for medical insurance?

How many volunteers each month and what do they do? Are they compensated in any way?

Hiring

Pre employment physicals? yes no

If yes, by whom?

References checked? yes no

Criminal background checked? yes no

Explain drug-testing program:

TB test done? yes no

Which Hepatitis vaccine is required?

Post-hire medical questionnaire completed? yes no

Training

Explain extent of new hire safety training and by whom:

Frequency of in-service training? By whom? What topics are covered?

Review of Universal Precaution and Hazardous Materials Training? yes no

How often?

By whom?

Do you have enforced written guidelines for proper lifting procedures covering all types of lifting? yes no

Do you have mandatory and enforced proper use of gait belts? yes no

What disciplinary actions do you take for violation of lifting guidelines?

Proper lifting mechanics:

Who trains?

How often reviewed?

All employees?

Re-training following an injury?

Describe shadowing program for new employees:

Personal Protective Equipment

Do you have an adequate number of lifting aids? yes no How many of what type?

Are they easily accessible throughout the facility? yes no Are there lifts on tubs? yes no

Do you require the use of safety syringes? yes no

In which departments do you require slip-resistant shoes?

Program in place for latex exposure? yes no

Safety Program and Accident Investigation

Safety Committee in place? yes no

How often are meetings?

Who are the members?

Are accidents reviewed? yes no

Do you interview injured employees? yes no

Procedure in place for immediate injury reporting to employer and insurance company? yes no

Does anyone complete an accident investigation form? yes no Who?

Suggestion Box for employee input? yes no

Any Safety Incentive Programs? Explain:

Has a physician group or panel of physicians been designated for medical treatment of work related injuries? yes no

Does a written Light Duty / Return to Work Program exist? yes no

Do formal written job descriptions exist for light duty return to work? yes no

Please attach a copy of most current audited financial statement, 5-year company loss runs, and experience rating worksheet.

Applicants Signature

Date