

Civil Monetary Penalty Reinvestment Reporting Tool

Please select the report type or types you are submitting for this reporting period. Questions associated with each report type will appear. Please answer each question and/or upload the appropriate documents associated with each question.

Please note that the "Program Expense Report" is included in your contract as Attachment 4 or Attachment 5, depending on when your contract was established. Please reference the CMP Reinvestment Program Instruction Packet if you have any questions related to reporting requirements.

Thank you!

Response was added on 01/21/2021 1:29pm.

Please select the type of report you are submitting.
Select all that apply.

- Quarterly Narrative Report
 Quarterly Expense and Budget Report (Expenditure Form)
 Annual Expense and Budget Report
 Follow-up Monitoring Report
 Final Progress Report

Reporting Period:

May 15, 2020 - December 31, 2020
(Example: January 1, 2019-March 31, 2019)

CMS Project Number

2018-04-TN-0904
(This number can be found on your CMS approval letter.)

TDH Contract Number

Z19194158 (1941158)
(This number can be found on the first page (bottom right hand corner) of your TDH contract.)

Project Name

CMPQI
(Please enter your specific project name. Do not enter "CMP".)

Project Contact Name

Lee Rooney

Project Contact Email

admin.cookeville@signaturehealthcarellc.com

If any agreements or subcontracts were developed to ensure completion of project activities, please attach.

Total number of staff trained during the entire duration of the project (If applicable):

0
(Only enter a numerical value)

Project Category:

- Direct Improvement to Quality of Care
 Resident or Family Councils
 Culture Change/Quality of Life
 Consumer Information
 Transition Preparation
 Training
 Resident Transition due to Facility Closure or Downsizing
 Other

Focus area(s):

- Healthcare-Associated Infections
- Emergency Preparedness
- Preventable Hospitalizations
- Improving nursing facilities' overall star rating
- Residents' Rights (Elder Abuse/Neglect or Alzheimer's disease and other dementias)
- Person-Centered Care and/or Trauma-Informed Care
- Distressed and At-Risk Counties
- Quality Measures
- Culture Change
- Other

Total approximate number of nursing home residents impacted throughout the duration of the project: 60
(Total number impacted for all reporting periods)

Total number of nursing homes impacted throughout the duration of the project: _____
(Total number impacted for all reporting periods)

What success stories have resulted from the project and how do you plan to showcase successes with stakeholders?

Due to Covid dining and quality of life restrictions, which were put in place in March 2020, the true value/benefits of the piano cannot be measured as the facility has not had a fine dining program. The intended purpose of the piano was to reduce weight loss, increase socialization, decrease falls, and increase our volunteer program.

Please provide any feedback that has been received from staff, family, or residents as a result of the project.

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Please attach any materials, meeting minutes, or attendee lists that have resulted from the project. Examples: toolkits, process documents, training materials, marketing materials, photos, etc.

Do you have additional materials to upload?

Yes
 No

What do you consider to be the greatest impact(s) of the work performed utilizing CMP funds?

Prior to Covid restrictions the facility experienced a reduction of weight loss and falls, and an increase in socialization with the addition of the piano. (Please review past submissions)

What best practices resulted from the project and how can other facilities or other organizations duplicate the project?

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What activities have occurred to ensure sustainability since the completion of the project?

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Describe any plans for moving forward and what, if anything, you will do differently.

Will resume utilizing the piano as its intended purpose once Covid restrictions have lifted.

Please list the major goals and objectives of the project and answer the following questions for each:
-Did you meet the outlined goal or objective? Why or why not? Please provide a detailed response.
-What impact did your activities targeted at meeting the outlined goal or objective had on nursing home residents in the facility or facilities?

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Please list any project deliverables that are outlined in the project description and answer the following for each:
-Did you meet the project deliverable? Why or why not? Please provide a detailed response.
-What impact did your activities targeted at achieving the project deliverable have on nursing home residents in the facility or facilities?

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Results Measurement(s): Please indicate what measurement methods you utilized to track progress and project success. Please provide a summary of measurable project results.

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Results Measurement: Please upload any relevant data or graphs related to project final outcomes and/or success. Please segment all data as appropriate.
Examples:
-Unidentified MDS data for residents participating in the program before and after implementation;
-Infection rates at baseline and after project implementation;
-Number of participating residents each quarter;
-Pre and post survey results;
-Costs savings.

Do you have additional results measurement documentation to upload?

Yes
 No

Please provide any additional information you would like to include in your final report.

Please upload any additional documentation you would like to share in your final report.