

MIDWESTERN INSURANCE ALLIANCE
WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION (NURSING HOME)

P. O. BOX 436909 • LOUISVILLE, KY • 40253-6909 • (502) 429-9990



General Information

Company Name			
Business Address			
Website Address			
Years in Business		List/Explain Additional Services Provided (Such as home health care, adult day care)	
Public or Privately-Owned			
Profit of Not-for-Profit Entity			
Has ownership changed in past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List/explain any license suspended or revoked in past 5 yrs (Indicate "None" if applicable)			
List Licenses and Accreditations			
Number of vehicles used by employees in the course of employment	Passenger Van(s)	Car(s)	Other (describe)

Occupancy

Resident Payment Method		Beds	<p align="center"><u>Definitions Applicable to this Section</u></p> <p>Skilled Care - Professional nursing care, 24 hours by licensed nurses. Residents require one or more of the following kinds of care: physical therapy, routine intravenous/intramuscular medications, routine wound care, enteral tube feeding, routine oxygen and inhalation therapies, urinary catheter insertion and sterile irrigation, and/or routine tracheotomy care. Residents are isolated for infectious disease precautions.</p> <p>Intermediate Care - Nursing care during day shift, 7 days a week. No complex nursing care. Residents require administration of oral medications and some intramuscular and subcutaneous injects. Residents require assistance with turning/positioning. Residents have dependencies with activities of daily living. Residents are provided maintenance rehabilitative services by nurses.</p> <p>Assisted Living - Residents are ambulatory with possible minor disorders, provided protected environments (meals and planned programs. Residents are eligible for incidental healthcare services including assistance with medications. Designed for individuals needing help with activities of daily living, but not skilled medical care.</p> <p>Personal Care - Security, nutritional meals, transportation, recreation, self administration or assistance with medications, guidance with activities of daily living (ADL's—bathing, dressing, eating walking). Residents normally not safe to stay by themselves.</p>
Medicare/Medicaid		Beds	
Private Pay		Beds	
Level of Care	Skilled	Beds	
	Intermediate	Beds	
	Assisted Living	Beds	
	Personal Care	Beds	
Special Circumstances	Alzheimer/dementia	Beds	
	Chemical dependency	Beds	
	HIV patients	Beds	
	Non-Ambulatory	Beds	

Administration

	Experience in Position	Length of Employment	Is the facility operated by a contracted management company (If yes, provide the following information)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administrator				
Dir. of Nursing			Name of management company	
Medical Director			Expiration date of the current contract	
Risk Manager			Length of time under current management company	

Hiring and Employee Retention

Pre-placement Physicals Exams <i>(to assess applicant's ability to perform essential physical functions of the job for which applying)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Turnover Ratio for Nursing Staff <i>Calculated by total new hired divided by total on staff for last 12 months.</i>	RN
Pre-placement Drug-Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No		LPN
Pre-placement Criminal Background Check	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments Regarding Employee Turnover	CNA
Pre-placement TB Test	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Staffing

	Full Time	Part Time		Day Shift Ratio	Evening Shift Ratio	Night Shift Ratio
Management			Example	1RN/20 residents	1RN/40 residents	1 RN/40 residents
Clerical			RN			
RN			LPN			
LPN			CNA			
CNA			In the past 12 months, how often has a temporary staffing agency been used to meet staffing needs?			
Physical / Occ. Therapy						
Dietary			How many volunteers are used each month?			
Maintenance			Are volunteers compensated in any way?			
Laundry			Describe tasks performed by volunteers			
Other						
Total						

Safety Management

Do you have enforced written guidelines for proper lifting procedures covering all types of lifting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a written bloodborne pathogens exposure control plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there formal training for all nursing staff in the proper use of mechanical lifting aids.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a documented emergency action plan that addresses evacuation and sheltering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have mandatory and enforced proper use of gait belts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a new-hire safety orientation process that effectively addresses the job hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In which departments do you require slip-resistant footwear?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a written "Modified Duty/ Return-to-Work Policy"	<input type="checkbox"/> Yes <input type="checkbox"/> No

To the best of my knowledge, all of the information I have given about my business is true and correct. If information is found to be different as the result of my knowingly attempting to defraud the insurance company, or if information is concealed for the purpose of misleading, or another person files an application for insurance containing materially false information, the insurance company may send direct notice of cancellation.

Officer or Owner of Business

Date