

July 18th, 2018

Mr. Vincent L. Davis, State Survey Agency Director
Tennessee Department of Health
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243

Dear Mr. Davis;

Signature HealthCARE of Putnam County is an Eden Alternative registered nursing home committed to culture change and person centered care. We have 175 beds and our occupancy rate is consistently between 80% - 85%. We are one of three nursing homes within the Cookeville city limits and have worked very hard to improve our reputation within the last 4 years since Signature HealthCARE took over management of this facility. We strongly believe in community and intergenerational involvement which is evidenced by the summer camp programs we have developed, as well as the homelike environment we have with our pets, plants, and core of volunteers.

We take great pride in the services we offer to the Elders within our facility. We have instituted programs which encourage our Elders to be active participants in their care decisions. We want them to be involved in all decisions, such as bed and wake times, when and what to eat, shower schedules, as well as outside community involvement. A strong focus we have had over the past few years was improving the dining experience which we have accomplished by renovating both dining rooms and changing the culture by offering buffet style dining. This enables the Elders to have a greater choice in what they eat. We also have purchased a new Turbo Chef oven which allows us to make a variety of meals quickly, thus improving our ability to offer meals made-to-order.

With all the changes we have made we next would like to purchase a new **Baby Grand Player Piano** and this is why we are applying for the CMP Funding Grant. The cost of the piano we wish to purchase is **\$10,645**. The feature that we are most excited about is the “player” option which will allow us to play pre-recorded piano music for our Elders while they eat, despite not having a pianist available. By purchasing this piano we hope to improve on two areas. First, we feel that having this piano will encourage more Elders to attend our meals in the dining room, thus eliminating the feeling of loneliness and boredom that many may experience by eating in their rooms, often alone. Second, we aim to increase our volunteer members within our community. Partnering with local music programs, as well as our local university, we feel we can target those who are currently learning to play the piano and give them an opportunity to play in public for small audiences. Thank you in advance for your gracious consideration of our application.


Lee Rooney, Administrator, SHC of Putnam County

REQUEST

Date of Application: 07 / 18 / 2018
MM DD YYYY

PART I: Background Information

Name of the Organization: Signature HealthCARE of Putnam County

Address Line 1: 278 Dry Valley Road

Address Line 2: _____

City, County, State, Zip Code: Cookeville, TN 38506

Tax Identification Number: 46-4759798

CMS Certification Number, if applicable:

4	4
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Medicaid Provider Number, if applicable:

4	4
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Name of the Project Leader: Lee Rooney

Address: 278 Dry Valley Road

City, County, State, Zip Code: Cookeville, TN 38506

Internet E-mail Address: admin.cookeville@signaturehealthcarellc.com

Telephone Number:

9	3	1
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5	3	7
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6	5	2	4
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Mobile Number:

9	3	1
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2	3	9
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9	6	4	6
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Have other funding sources been applied for and/or granted for this proposal? Yes No

If yes, please explain/identify sources and amount.

REQUEST, cont.

PART II: Applicable to Certified Nursing Home Applicants

Name of the Facility: Signature HealthCARE of Putnam County

Address Line 1: 278 Dry Valley Road

Address Line 2: _____

City, County, State, Zip Code: Cookeville, TN 38506

Telephone Number: - -

CMS Certification Number: -

Medicaid Provider Number: -

Date of Last Recertification Survey: $\frac{04}{MM} / \frac{23}{DD} / \frac{2018}{YYYY}$

Highest Scope and Severity Determination: (A - L) D

Date of Last Complaint Survey: $\frac{04}{MM} / \frac{12}{DD} / \frac{2018}{YYYY}$

Highest Scope and Severity Determination: (A - L) N/A



Currently Enrolled in the Special Focus Facility (SFF) Initiative? Yes No

Previously Designated as a Special Focus Facility? Yes No

Participating in a Systems Improvement Agreement? Yes No

Administrator's Name: Lee Rooney

Owner of the Nursing Home: SHC LP Holdings, LLC

CEO Telephone Number: - -

CEO Email Address: jsteier@signaturehealthcarellc.com

REQUEST, cont.Name of the Management Company: Signature HealthCARE Clinical Consulting Services, LLC

Chain Affiliation (please specify) Name and Address of Parent Organization: _____

Signature HealthCARE LLC, 12201 Bluegrass Parkway, Louisville, KY 40299Outstanding Civil Money Penalty? Yes NoNursing Home Compare Star Rating: 4 (can be 1, 2, 3, 4 or 5 stars)Date of Nursing Home Compare Rating: $\frac{07}{MM} / \frac{18}{DD} / \frac{2018}{YYYY}$ Is the Nursing Home in Bankruptcy or Receivership? Yes No

If an organization is represented by various partners and stakeholders, please attach a list of the stakeholders in the appendix.

NOTE: The entity or nursing home which requests CMP funding is accountable and responsible for all CMP funds entrusted to it. If a change in ownership occurs after CMP funds are granted or during the course of the project completion, the project leader shall notify CMS and the State Agency within five calendar days. The new ownership shall be disclosed as well as information regarding how the project shall be completed. A written letter regarding the change in ownership and its impact on the CMP Grant application award shall be sent to CMS and the State Agency.

Part III: Project Category

Please place an "X" by the project category for which you are seeking CMP funding.

- Direct Improvement to Quality of Care
- Resident or Family Councils
- Culture Change/Quality of Life
- Consumer Information
- Transition Preparation

ADDITIONAL IDENTIFICATION INFORMATION AS NECESSARY

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning 9/1/2018, and ending 8/31/2019.

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$10,645.00	\$0.00	\$10,645.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$10,645.00	\$0.00	\$10,645.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES							AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)		x		x		+	(Longevity, if applicable)	\$0.00
ROUNDED TOTAL							\$0.00	
PROFESSIONAL FEE/ GRANT & AWARD							AMOUNT	
Purchase of new Baby Grand Player Piano							\$10,645.00	
ROUNDED TOTAL							\$10,645.00	
TRAVEL/ CONFERENCES & MEETINGS							AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)							\$0.00	
ROUNDED TOTAL							\$0.00	
INTEREST							AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)							\$0.00	
ROUNDED TOTAL							\$0.00	
SPECIFIC ASSISTANCE TO INDIVIDUALS							AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)							\$0.00	
ROUNDED TOTAL							\$0.00	
DEPRECIATION							AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)							\$0.00	
ROUNDED TOTAL							\$0.00	
OTHER NON-PERSONNEL							AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)							\$0.00	
ROUNDED TOTAL							\$0.00	
CAPITAL PURCHASE							AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)							\$0.00	
ROUNDED TOTAL							\$0.00	

Job Descriptions for Key Personnel:

Lee Rooney, Administrator/CEO

- Oversee operation of facility
- Ensure policies and procedures are followed
- Develop new programs that increase quality of living
- Steer facility toward financial success

Angie McAllister, Director of Cultural Transformation – Hometown Segment

- Lead Eden development within Hometown Segment
- Create and sustain change on a daily basis
- Direct Regional Activity personnel
- Transform Hometown Segment culture

Shelley West, Quality of Life Director

- Plan, organize, and direct activities program
- Grow community involvement
- Meet physical and sensory requirements of Elders
- Develop and maintain active volunteer program

Heather Hoffman, Dietitian

- Assist in assessment of Elders and develop care plans
- Identify and participate in process improvement initiatives
- Ensure accuracy of Elders' diets
- Oversee dining experience

Quality Assessment and Assurance Team: Members Include

1. CEO - Lee Rooney – **Lead Coordinator for Project**
2. DON - Ruthie Birdwell
3. ADONs - Kim Stafford, Whitney Tayes, Cierra Woodard (Orchard)
4. Medical Director - Dr. Darryl Richards
5. Dietitian - Heather Hoffman – **Significant Collaborator**
6. Chaplain - Melinda Bilbrey
7. Activities - Shelley West – **Significant Collaborator**
8. Wound Care Nurse - Jennifer Hunter
9. HR – Ashton Rogers
10. Housekeeping – David Brandvold
11. Maintenance - James Flach
12. Case Management – Susan Pace
13. Social Services – Hannah Dixon
14. Therapy – Sara Bilbrey
15. Floor CNA's
16. Charge Nurses
17. Housekeeping Personnel

Angela McAllister – Curriculum Vitae

504 Pyles Ct
Columbia, Kentucky 42728
Phone: (561) 398-8493
E-mail: amcallister@signaturehealthcarellc.com

Angie has worked in long term care since 1995 when she entered the industry as a nursing assistant. During the past 22 years she has worked in many roles including that of an Activities Professional and most currently as Director of Cultural Transformation in the Hometown Segment of Signature HealthCare. Over the past five years, Angie has led a team who has assisted 40 Signature HealthCare communities to be placed on the Eden Alternative Registry. Through that process, her team has provided Eden Associate education for almost 2,000 individuals within the organization who form a powerful army to create and sustain change on a daily basis. Angie also serves as an Eden Educator and an Eden Mentor. She currently serves on the International Eden Alternative Board of Directors. She has served on the Tennessee Eden Alternative Coalition Board for the past three years as board member to assist with advancing culture change throughout the state of TN. Angie has recently published a five year study demonstrating how the Eden Alternative Principles can impact person directed care on the lives of elders living in her communities.

Education/Credentials

- Western KY University - BS Organizational Leadership (in progress)
- Eden Mentor - Eden Alternative - October 2012
- Certified Eden Educator (CEE) - Eden Alternative - August 2011
- Activity Consultant-Board Certified - April 2012 - present
- Activity Director-Board Certified - April 2012 - present
- National Certification for Dementia Practitioners - Certified Dementia Practitioner April 2011 - present

Work Experience

Director of Cultural Transformation – Signature HealthCare (July 2011-present)

Committees/Boards/Professional Organizations

- Eden Alternative International Board of Directors (March 2017-present)
- Tennessee Edenizing Foundation Board of Directors (November 2012-February 2017)
- Tennessee Edenizing Foundation (Jan 2009-present)

Awards

May 2014: Eden Alternative Nancy Fox Leadership Award Recipient

Project Title: Baby Grand Player Piano Project

Part VII: Expected Outcomes

Project Abstract:

Signature HealthCARE's mission as a company is to "change the landscape of healthcare forever". Signature HealthCARE of Putnam County believes the avenue to achieve this radical transformation is through continued development of services that we provide. We should never rest on our laurels and should always strive to grow and improve. Through this mindset, we will be able to give our Elders a home in which they can take pride, and one that gives each and every one a chance to LIVE each day. We want to create an environment where our Elders always have hope and expectancy, whether in an upcoming event, upcoming meal, or a visit from a special family member or friend.

As Administrator of this home, I will be responsible for the grant project. I became a Certified Eden Associate in 2015 and have worked hard to build strong culture over the past 3 years. Through this grant I hope to purchase a **Baby Grand Player Piano** which will be added to our main dining room which serves the majority of our population. Having this piano, we feel, will increase our ability to recruit community volunteers by 15%. This increase will be overseen by Shelley West, Quality of Life Director. Shelley will be able to target additional church groups as well as local music organizations to achieve this increase. In addition we anticipate that we will be able to grow our Elder population of those who attend meals in the dining room by 25%. Having the Player Piano (piano can play on its own); we can offer a wide variety of piano music to those eating in the main dining room. Music has been scientifically proven to have many benefits to its listeners, including increased physical performance, increased quality of sleep, increased chronic pain relief, improved mood and lowered stress, and improved brainpower. Overseeing the Elder participation in meals is Heather Hoffman, Dietitian. Other objectives would include a reduction in weight loss, and potentially a reduction in anti-psychotropic drug use. We will be able to monitor the growth of our volunteers and meal participation through monthly counts of participants. We will utilize both the well-being and warmth surveys to measure the depths of the effects of our efforts. We will also be able to use the Quality Indicators as a measurement tool to see improvements.

Statement of Need:

Currently we have a very old standup piano which faces a wall and does not allow the person playing to engage with their audience. Since this older piano is not a "player piano" the Elders only get to enjoy the sound of the piano when someone is present that knows how to play. Having the new **Baby Grand Player Piano** will allow the person playing to face their audience, which makes it much more enjoyable to play. This would increase our ability to recruit piano players in the community to come to our facility. In addition, having this new piano would allow us to move our old piano to another part of our facility (smaller dining room) where some of our Elders with dementia reside. The presence of a piano in this location would benefit our Elders

with dementia as they can use it or their family member or friends could use it as well. We could also utilize volunteers to play music for this population which may help to reduce our use of anti-psychotropic medications and eliminate unwanted behaviors. We chose to place the new piano in the main dining room, as opposed to the smaller dining room, due to the main dining room regularly servicing approximately 75% of our daily Elder population.

With the renovations we have made to our dining room over the past few years, the presence of a beautiful Baby Grand Player Piano will add to the ambiance and make the dining room much more appealing for our Elders to attend. We anticipate this new furniture piece will increase the desire for our Elders to attend meals and activities. We don't anticipate problems that may be encountered in the implementation of this project. If we are able to improve the quality for just one of our Elders then we feel it is justifiably worth the effort to add this new piano.

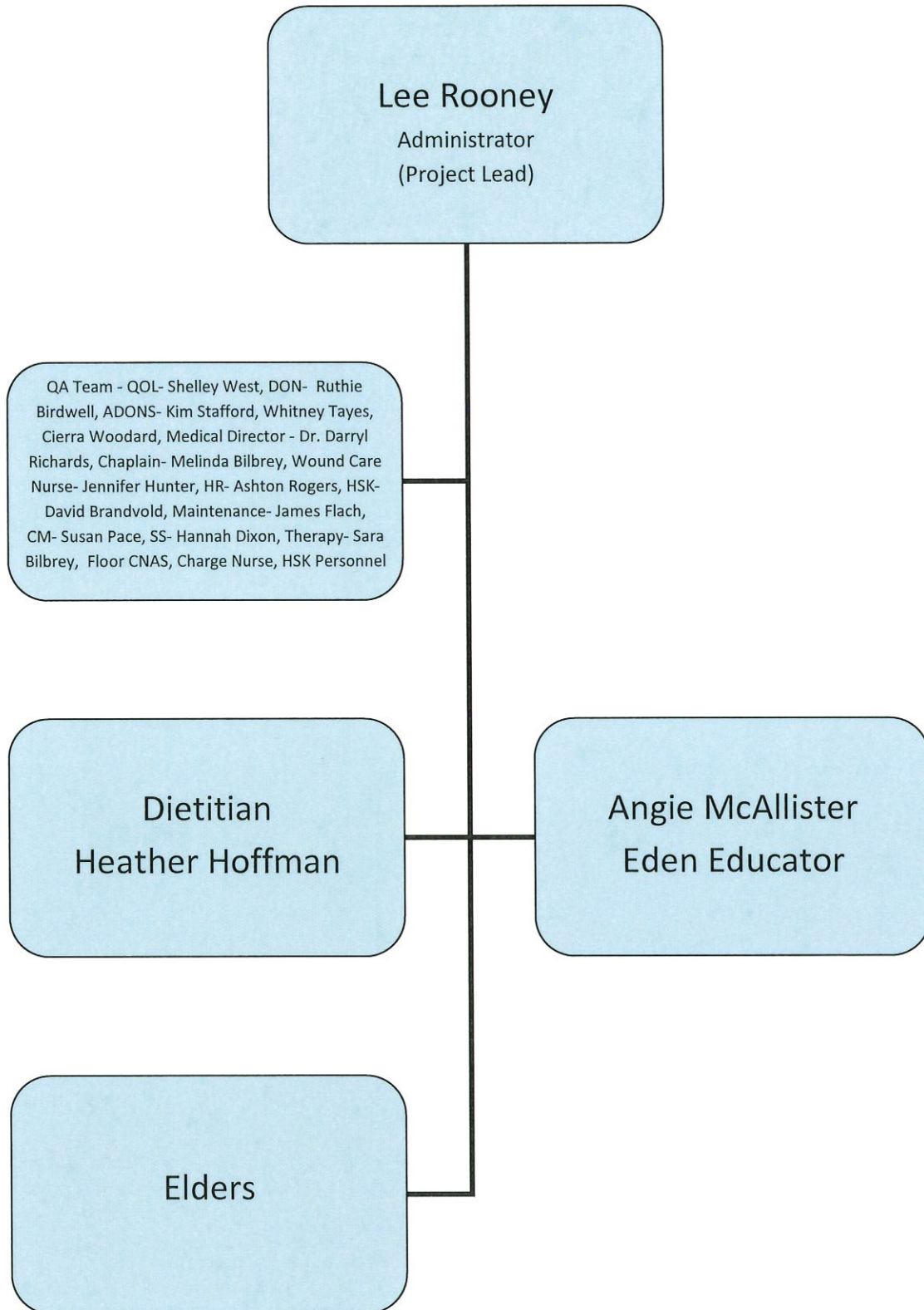
Program Description:

Signature HealthCARE of Putnam County started its Eden Alternative journey on February 20th, 2015. Within the last 3 years we have been able to obtain both Milestone 1 and Milestone 2. Currently we are working toward Milestone 3. Early in our journey we determined we needed to make a radical change within our facility. We put a strong focus on changing our culture by eliminating the clinical feel which you often experience within a skilled nursing facility. Our goal was to make our building feel like a home. We changed the dining program to replicate the experience you would have in an upscale restaurant. We eliminated a nurse's station so Elders could enjoy a more pleasant sitting and lounge area where they could congregate with their peers instead of having to overhear conversations between nurses and doctors. Our next goal is to increase our volunteer base and further develop our dining program for the enjoyment of our Elders. To achieve this goal we have determined that adding a **Baby Grand Player Piano** will be a key component toward meeting these goals.

Implementation Plan:

Education and implementation of the Eden Alternative Well Being Measurement Tool and Eden Alternative Warmth Surveys will be delivered by Angie McAllister, Eden Educator/Eden Mentor. This individual works within our company so no travel/salary costs would be incurred. Ms. McAllister has overseen education to over 2,000 Signature employees within the last 5 years within Signature HealthCARE, so we feel confident in her ability to lead our team. It is our understanding, if we are chosen to receive the grant funds; we will receive the payments spread over a specific timeline. The money received through CMS will be placed in an account until the total funds are received so that we can then purchase the piano outright. We will not be able to purchase the piano until the total amount is received from CMS.

Project Organizational Chart with Significant Collaborators:



Project Technical Timeframe:

Upon receipt of initial grant funding	Assemble QA Team comprised of key stakeholders and leaders with agenda to meet regarding grant details.	Responsibility of Administrator to assemble.
Within 1 month of initial grant funding (but before piano is purchased)	Educate QA Team and QOL Team on proper completion of Eden Alternative Warmth Surveys and Eden Alternative Well- Being Surveys.	Responsibility of Angie McAllister, Eden Educator/Eden Mentor. Coordination of education made by Administrator.
Within 2 months of initial grant funding (but before piano is purchased)	Complete baseline for Eden Alternative Warmth Surveys and Eden Alternative Well- Being Surveys for Elders and Families to gather baseline data.	Responsibility of QA Team and QOL Team to assist with completion of surveys.
Within 3 months of initial grant funding (but before piano is purchased)	Review Quality Measures with focus on Weight Loss and Anti-Psychotropic Medication use.	Responsibility of QA Team.
Within 3 months of initial grant funding (but before piano is purchased)	Obtain accurate count of current volunteer base to know how many new volunteers are needed to meet additional 15% threshold.	Responsibility of Shelley West, QOL Director.
Within 3 months of initial grant funding (but before piano is purchased)	Ensure accurate count of Elders who eat in the dining room for meals to know how many more Elders we need in the dining room to meet the additional 25% threshold.	Responsibility of Heather Hoffman, Dietitian.
Within 1 month of receiving final grant payment and after purchasing new piano (piano is in place in dining room)	Send out letters to churches, music centers, and local university music programs outlining ideas for our new piano and desire to have people from community come play.	Responsibility of QA Team.
Within 3 months of receiving final grant payment and after purchasing new piano (piano is in place in dining room)	Conduct recount of current volunteer base to recognize improvements toward our 15% increase goal.	Responsibility of Shelley West, QOL Director.

Within 3 months of receiving final grant payment and after purchasing new piano (piano is in place in dining room)	Conduct recount of current Elders who eat in the dining room for meals to recognize improvements toward our 25% increase goal.	Responsibility of Heather Hoffman, Dietitian.
Within 6 months of receiving final grant payment and after purchasing new piano (piano is in place in dining room)	Repeat Eden Alternative Warmth Surveys and Eden Alternative Well- Being Surveys for Elders and Families.	Responsibility of QA Team and QOL Team to assist with completion of surveys.
Within 12 months of receiving final grant payment and after purchasing new piano (piano is in place in dining room)	Review Quality Measures with focus on Weight Loss and Anti-Psychotropic Medication use.	Responsibility of QA Team.
Within 12 months of receiving final grant payment and after purchasing new piano (piano is in place in dining room)	Conduct recount of current volunteer base to recognize improvements toward our 15% increase goal.	Responsibility of Shelley West, QOL Director.
Within 12 months of receiving final grant payment and after purchasing new piano (piano is in place in dining room)	Conduct recount of current Elders who eat in the dining room for meals to recognize improvements toward our 25% increase goal.	Responsibility of Heather Hoffman, Dietitian.
Within 12 months of receiving final grant payment and after purchasing new piano (piano is in place in dining room)	Repeat Eden Alternative Warmth Surveys and Eden Alternative Well- Being Surveys for Elders/Families.	Responsibility of QA Team and QOL Team to assist with completion of surveys.

Part VIII: Results Management

We believe by providing a new **Baby Grand Player Piano** to our Elders we will be able to increase their overall well-being as they reside in our facility. Increasing our volunteer group will enable the Elder to have more choices in attending scheduled activities, during the week, on weekends, and in the evenings. If Elders have more opportunities to attend an activity which will encourage them to leave the confines of their room, interact with their peers, and help them become more active, then this can only help the Elders' overall condition. Having the ability to listen to soothing music during mealtimes, or when in the dining room before and after meals will help the Elder in many other ways. Science has proven that listening to music can help increase physical performance, increase quality of sleep, naturally ease chronic pain, improve mood and lower stress, and boost brainpower. We feel that all these effects will play a part in helping our Elders be as happy and healthy as they can be by helping to reduce weight loss, and potentially reduce anti-psychotropic drug use. We plan to measure overall wellbeing through the

use of the Eden Alternative Well-Being Measurement Tool. We will measure climate through the use of Eden Alternative Warmth Surveys. The combined scores from these two tools will be powerful in telling us if the desired outcomes of utilizing the new piano have been achieved. We will also collect data on key Quality Indicators such as Weight Loss and Anti-Psychotropic Drug Use. As a facility we plan on sharing our results with other Signature homes, not only within our region, but also companywide. The results, once tabulated, will be provided in graph format to the Regional Vice President of Signature HealthCARE's Hometown division. This Administrator will be available to discuss the results via webinar, or in person to ensure accuracy.

Part IX: Benefits to Nursing Home Residents

The main benefit of adding this **Baby Grand Player Piano** to our facility is such that it will enhance the quality of life for our Elders in our facility, for those that can attend activities in our main dining room, as well as attend meals in the main dining room. Having the new piano will also enhance our ability to increase our volunteer base which directly enhances the opportunities our Elders have to participate in community events. We want to encourage all our Elders to take part in events/activities that enhance their overall well-being. Having this new piano will also increase the Elders' sense of pride in where they reside. The Elder will be proud of their surroundings when family and friends come to visit, and they have an area where they can go and sit, relax, and enjoy each other's company. The location of the piano in the main dining room is also in the same location as a small sitting area where family/friends can talk and enjoy playing the piano or listening to it being played by the "player" option. The use of the player piano in our dining room will create a more pleasant atmosphere, increase the Elders' enjoyment of the dining experience, and encourage them to eat in the dining room rather than the solitude of their rooms. This increase in socialization will provide Elders opportunities to make new friends with whom they feel comfortable attending activities. Increased socialization and involvement combats the feelings of loneliness, helplessness, and boredom.

Part X: Consumer/Stakeholder Involvement

In order to grow this opportunity to attract more volunteers within our community, our plan is to send out informational letters, including a picture of the new piano, to all local churches, music stores, and piano teachers. We will outline our desire to have individuals and groups come play our new piano for our Elders. We will appeal to those in piano lessons and describe how they would have an opportunity to play in front of small audiences as they learn their craft. We will contact our local university's music programs to encourage their students to utilize our piano during their studies. Our staff will be educated on our desire to increase our volunteers so they can take this information to their local neighborhoods, churches, and families. The facility Quality Assurance team will monitor the outcomes of our attempts and steer the involvement of our consumers/staff in the direction that it needs to follow. The facility Resident Council representatives will be educated on our processes and we will listen to their ideas about growing our volunteer base, and increasing our attendance during meals in the dining room. When

needed, the facility will contract with a local piano tuner to ensure the new piano always plays as intended. This expense will be the responsibility of the facility.

Part XI: Funding

To achieve our goal of being able to purchase a **Baby Grand Player Piano** we are requesting a total of \$10,645 which is the purchase price plus shipping and handling of this furniture piece. The item in question is a Cameron and Sons, 4'11" CSM-50PD Manhattan Series player piano. A regular baby grand piano is less expensive; however we want the "player" feature which will enable the Elders to listen to the piano despite not having someone present to play it. We will not be receiving any co-funding for this project. I understand that, if approved, we will receive these funds spread out over a period of time. The funds will be kept in an account until which time we have the full amount to be able to purchase the piano. It is due to this condition that I listed our proposed period of support as 9/1/18 to 08/31/19.

Part XII: Involved Organizations

Signature HealthCARE of Putnam County
278 Dry Valley Road
Cookeville, TN 38506
(931) 537-6524

Lee Rooney, Administrator
admin.cookeville@signaturehealthcarellc.com

Educator:
Angie McAllister
561-398-8493
amcallister@signaturehealthcarellc.com

Commitment:

Signature HealthCARE of Putnam County is fully committed to utilizing the funds provided for this grant to purchase the **Baby Grand Player Piano** as outlined in this proposal. If, for whatever reason, there are funds left over after the purchase of the piano, the Administrator will utilize these funds to purchase items such as piano reading lamp, piano music books, etc. The facility will work very hard to ensure the success of this program.

Conflict of Interest/Attestation Statement:

There are no conflicts of interest regarding this grant application with Signature HealthCARE of Putnam County and Educators outlined in this grant project. We attest to use the CMP funds, should we get them, to promote quality of life in a manner as we have outlined in this application.

GENERAL ASSURANCES

Assurance is hereby provided that:

1. This program will be administered in accordance with all applicable statutes, regulations, program plans and applications:
 - a. The laws of the State of Tennessee;
 - b. Title VI of the federal Civil Rights Act of 1964;
 - c. The Equal Employment Opportunity Act and the regulations issued there under by the federal government;
 - d. The Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government;
 - e. The condition that the submitted application was independently arrived at, without collusion, under penalty of perjury; and,
 - f. The condition that no amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Agency in connection with any grant resulting from this application.
2. Each agency receiving funds under any grant resulting from this application shall use these funds only to supplement, and not to supplant federal, state and local funds that, in the absence of such funds would otherwise be spent for activities under this section.
3. The grantee will file financial reports and claims for reimbursement in accordance with procedures prescribed by the State of Tennessee Department of Health.
4. Grantees awarded grants resulting from this application process will evaluate its program periodically to assess its progress toward achieving its goals and objectives and use its evaluation results to refine, improve and strengthen its program and to refine its goals and objectives as appropriate.
5. If applicable, the program will take place in a safe and easily accessible facility.

CERTIFICATION/SIGNATURE

I, THE UNDERSIGNED, CERTIFY that the information contained in the application is complete and accurate to the best of my knowledge; that the necessary assurances of compliance with applicable state/federal statutes, rules and regulations will be met; and, that the indicated agency designated in this application is authorized to administer this grant.

I FURTHER CERTIFY that the assurances listed above have been satisfied and that all facts, figures and representation in this application are correct to the best of my knowledge.

Lee Rooney

Digitally signed by Lee Rooney
DN: cn=Lee Rooney, o, ou, email=admin.cookeville@shccs.com,
c=US
Date: 2018.07.23 10:25:28 -05'00'

7/23/2018

Signature of Applicant Agency Administrator

Date Signed (Month/Day/Year)

Signature HealthCare of Rutherford County

Applicants Name:

Page(s) #:	Required Element:	PASS	FAIL
1	Cover letter is included and addressed to: Vincent Davis, State Survey Agency Director Mainstream Drive, 2nd Floor TN 37243		
1	Cover letter is signed by facility administrator if nursing home or signed by project administrator if other.		
2-5	CMS Fillable Application (Attachment 1) is included and is signed by an individual who can legally sign a contract with the State of Tennessee.		
2-5	All applicable blanks are completed in CMS application including Tax Identification number, and if applicable, Medicare/Medicaid numbers.		
6-7	Submitted the completed Excel budget spreadsheet and budget details page (Attachment 2) for the project, along with a narrative explanation of the costs.		
8	Job descriptions for key personnel are included (one page limit).		
9	Biographical sketches/Curriculum Vitae for currently employed key personnel are included (one page limit).		
12	Project organizational chart is included and significant collaborators are identified.		
10	Project Title information is included per CMS application.		
10	Required Abstract information is included per CMS application.		
10-11	Statement of Need information is included per CMS application, and addresses possible problems and contingency plan.		
11-14	Project Description information is included per CMS application and includes projected outcomes, the timeline, deliverables, benchmarks, and dates.		
14-16	Results Measurements information is included per CMS application and identifies what data will be measured, how and when it will be measured, and who will measure it.		
16	Description of how the nursing home community and governing body will assist and provide support for the project which is included per CMS application.		
16	Identification and list of all organizations and subcontractors that will receive funds from this grant are included per CMS application (i.e., specific nursing homes, hospitals, local community agencies, etc.).		

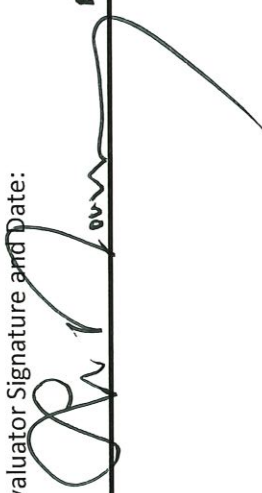
RFA 34305-22418
CMPQJ CHECKLIST

Letters of commitment/agreement from all organizations and subcontractors that will receive funds from this grant are included per Request for Application.
General Assurances form is included and signed per Request for Application.

16

17

Primary Evaluator Signature and Date:

 ASM 7/23/18