



Application for Nursing Home Gold Seal Award



Refer to sections 400.235, Florida Statutes and 59A-4.200, Florida Administrative Code for regulations. Attach additional pages as necessary to respond to information requested.

Note: There is a 50 page maximum limit on supplemental information included with this application for review.

*Please do not include resident privileged and confidential and/or protected health information (PHI) which may be subject to protection under the law, including the Health Insurance Portability and Accountability Act of 1996, (HIPAA).

Please send letter of recommendation, attachments and completed application to:

Agency for Health Care Administration
Long-Term Care Unit
2727 Mahan Drive, MS 33
Tallahassee, Florida, 32308
Phone: (850) 412-4303 Fax: (850) 410-1512

A. Nursing Home Information

Facility Name:		
Address:	City:	Zip Code:
Telephone:	Web Site:	
Facility Licensee Name:		

Facility Contact Person for Gold Seal Information

Name:	Title:
Telephone:	E-mail:

B. Recommending Person or Organization - Section 400.235(6), F.S.

Name:
Profession/Type of Organization:

C. Financial Soundness and Stability - Section 400.235(5)(b), F.S. and Rule 59A-4.200(5), F.A.C.

Attach evidence of financial soundness and stability in accordance with the protocol contained in agency rule 59A-4.200(5), F.A.C.

D. Regulatory History will be verified- Section 400.235(7), F.S.

Has the facility been licensed and operating for the past 30 months? ☐ Yes ☐ No
Date the current licensee became licensed to operate this facility. _ _ _ _ _

E. Consumer Satisfaction - Section 400.235(5)(c), F.S. and Rule 59A-4.200(2)(a)4.a., F.A.C.

Attach evidence, within the 30 months preceding this application, demonstrating consumer satisfaction in your facility and demonstrate that information is elicited from residents, family members, and guidance in accordance with this section of the Florida Statutes.

F. Community / Family Involvement - Section 400.235(5)(d), F.S. and Rule 59A-4.200(2)(a)4.b., F.A.C.

Describe or attach evidence of the regular involvement of families and members of the community in the facility for the period of 30 months preceding this application.

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G. Stable Workforce - Section 400.235(5)(e), F.S. and Rule 59A-4.200(6), F.A.C.

☐ Provide information demonstrating the facility's effort to maintain a stable workforce and to reduce turnover of licensed nurses and certified nursing assistants.

Attach evidence of meeting at least one of the following:

☐ A turnover rate no greater than 40 ~~50~~ percent for the most recent 12 month period ending on the last workday of the most recent calendar quarter prior to submission of an application (turnover rate will be computed in accordance with Rule 59A-4.200(6)(a)1., F.A.C.); or

☐ A stability rate to include that at least 50 percent of its staff have been employed at the facility for at least one year (stability rate will be computed in accordance with Rule 59A-4.200(6)(a)2., F.A.C.).

H. Target In-service - Section 400.235(5)(g), F.S. and Rule 59A-4.200(2)(a)4.c., F.A.C.

Describe or attach information demonstrating how in-service training meets the training needs identified by internal or external quality assurance efforts for the period of 30 months preceding this application.

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I. Best Practices

Describe the facility's best practices and the resulting positive resident outcomes.

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J. Presentation to the Governor's Panel on Excellence in Long-Term Care

☐ Our facility would like an opportunity to make a presentation to the Governor's Panel on Excellence in Long-Term Care.

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Signature of Person Completing Application

Date

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Printed Name

Date