Virginia Health Care Association
Virginia Center for Assisted Living

Recognition Awards
2016 Nomination Forms

Supporting Those Who Make a Difference
In Long Term Care
RECOGNITION AWARDS

James G. Dunton Distinguished Service Award for Lifetime Achievement

VHCA-VCAL's highest honor, the James G. Dunton Distinguished Service Award for Lifetime Achievement, is named for Jim Dunton, former VHCA Executive Director and a truly great gentleman who led a life of distinction. This award is presented to a candidate who has been active with the association at least 10 years, risen to the top of the profession by pursuing excellence, expanding into new areas, and contributing to long term care in Virginia.

VHCA Nursing Facility Administrator of the Year Award

This award recognizes a nursing center administrator for outstanding statewide leadership who has been active in the association at least four years, has current direct supervisory responsibility, has demonstrated outstanding leadership ability, and has contributed significantly to the profession of long term care administration.

VCAL Assisted Living Administrator of the Year Award

This award recognizes an assisted living administrator for outstanding statewide leadership who has been active in the association at least two years, has current direct supervisory responsibility, has demonstrated outstanding leadership ability, and has contributed significantly to the profession of long term care administration.

VHCA-VCAL Director of Nursing of the Year Award

This award recognizes an individual who possesses and demonstrates clinical and managerial expertise, leadership skills in quality care with positive outcomes, respect for residents, co-workers and policy, integrity and a high standard of ethical behavior, the ability to maintain an efficient, professional environment, and availability to staff and family members.
**VHCA-VCAL Certified Nursing Assistant (CNA) of the Year Award**

This award recognizes the dedication and compassion among our center’s CNAs. The CNA of the year should demonstrate respect for residents, co-workers and the workplace, as well as, set and adhere to a high standard of personal ethics. The individual should exhibit leadership skills, mentor new staff, present a positive professional image, and maintain a positive and friendly relationship with family members and visitors, and exhibit a solid attendance record along with flexibility in work scheduling and duties.

**Volunteer of the Year Program Award**

Volunteers give of themselves freely with no thought of compensation beyond the joy of helping others. As a result, our resident’s and patient’s quality of life is enhanced by volunteer’s special programs and talents. Do you know of an individual or group who has made a difference in your center?

The Volunteer of the Year awards are given in three different categories:

- **Adult** – 20 years and older
- **Teen** – 13 to 19 years of age
- **Group** – Two or more individuals who volunteer regularly as a group
PAST AWARD RECIPIENTS

James G. Dunton Distinguished Service Award Recipients
2015  Jake Mast
2014  Patsy A. Hobson
2013  J. S. Parker Jones, IV
2012  Donna Duss

Nursing Facility Administrators of the Year
2015  Mandy Gannon
2014  William J. Belmonte
2013  Derrick Kendall
2012  Vernon Baker

Assisted Living Administrators of the Year
2015  Joan Thomas
2014  Elizabeth Dammeyer
2013  Pam Guthrie
2012  Susan O’Malley

Directors of Nursing of the Year
2015  Pamela Whorley, Envoy of Staunton
2014  Ann Jenkins, Lynn Care Center at Warren Memorial Hospital, Front Royal
2013  Susan Parks, Heritage Hall - Nassawadox
2012  Nancy Chila, Mount Vernon Nursing & Rehabilitation Center, Alexandria

Certified Nursing Assistants of the Year
2015  Sabrina Collins, Heritage Hall – Nassawadox
2014  Nancy Crickenberger, Dogwood Village of Orange County
2013  Janet Harris, The Healthcare Center at Brandermill Woods, Midlothian
2012  Sheila Plowden, The Sylvestery, McLean
James G. Dunton Distinguished Service Award for Lifetime Achievement Nomination Form

VHCA-VCAL’s highest honor is presented in recognition of a lifetime of outstanding contributions to long term care in the state.

Nominee ________________________________________________________________
Nominee’s Center/Company ________________________________________________
Address _________________________________________________________________
City, State & Zip Code _____________________________________________________
Nominated by _____________________________________________________________
Position _________________________________________________________________
Nominator’s Center/Company ______________________________________________
Phone ______________________ E-mail __________________________________________

In a typed narrative please explain why your nominee should be selected as recipient of the James G. Dunton Distinguished Service Award for Lifetime Achievement. Supporting letters and materials should be attached. Please use the following criteria as a guide.

Criteria

1. Has been active in the Association for a minimum of ten years;
2. Continued effective performance in one or more positions over an extended time period;
3. Personal expertise that sustains and improves quality in long term care;
4. Leadership qualities that might include the ability to identify, assess and resolve problems;
5. Provides leadership, constructive guidance, inspiration and respect; and
6. Has demonstrated a lifetime commitment to improving long term care services.

(over)
James G. Dunton Distinguished Service Award for Lifetime Achievement Nomination Form

Length of time at present center/company ____________________________

LTC Employment History (CV or resume may be attached) ________________________________

__________________________________________________________________________________

__________________________________________________________________________________

VHCA-VCAL Involvement, with dates ________________________________

__________________________________________________________________________________

Community or Civic Involvement ________________________________

__________________________________________________________________________________

How to submit your nomination:

1. Mail this nomination form and supporting materials to:

   VHCA-VCAL
   2112 West Laburnum Avenue, Suite 206
   Richmond, Virginia 23227

   If mailing your submission, please include high-resolution digital headshot of the nominee (e.g., tiff or jpeg) on a CD or thumb drive. You may also email the headshot to Doran Hutchinson at doran.hutchinson@vhca.org.

   OR

2. Scan and email the nomination form and supporting materials to Doran Hutchinson at doran.hutchinson@vhca.org. Please include a high-resolution digital headshot of the nominee (e.g., tiff or jpeg).

Applications must be received by June 1.
The Nursing Facility Administrator of the Year Award recognizes outstanding statewide leadership.

Eligibility
A licensed administrator of record in a VHCA member nursing center who:
1. Has been active in the Association for a minimum of four years;
2. Has current, direct supervisory responsibility;
3. Has demonstrated outstanding leadership ability; and
4. Has contributed significantly to the profession of LTC administration.

Application Requirements
The information requested in Part I of the criteria may be gathered in list form. Part II requires a typed essay, discussing the reasons for the candidate’s eligibility for this honor. Please include specific details. Both Part I and Part II are required. Supporting materials, letters, and a photograph of your nominee (tiff or jpeg file) should be attached.

Criteria
The following criteria will be considered during the evaluation of each nominee:

Part I (Required):
1. Date of licensure and Virginia license number;
2. Employment history in LTC - include current curriculum vitae or resume, if available, and length of time at present center;
3. Participation in VHCA - committee service, offices held and program attendance;
4. Public sector participation - community or civic involvement; and
5. High resolution digital, headshot provided on CD or via email to doran.hutchinson@vhca.org (tiff or jpeg format).

Part II (Required) Nominating Essay - please include specific evidence of the following:
1. Personal leadership and dedication to residents and staff;
2. Exceptional efforts to increase the quality of life in their center;
3. Cooperative and collaborative relationships with others to support the profession as a whole;
4. Ability to identify needs and develop creative solutions to routine as well as unique problems;
5. Competence in maximizing funds, people, goods and services;
6. Efficiency in planning and organization;
7. Initiating behavior that acquaints legislators and other state officials with the important issues facing LTC; and
8. Commitment to earn and extend respect to residents and colleagues.
Nursing Facility Administrator of the Year Nomination Form

Nominee ________________________________________________________________

Nominee’s Center/Company ________________________________________________

Address ________________________________________________________________

City, State & Zip Code ______________________________________________________

Phone (with area code) _____________________________________________________

Administrator License # ___________ Date of Issuance __________________________

Length of time at present NF _______________________________________________

LTC Employment History (CV or resume may be attached) _______________________

________________________________________________________________________

________________________________________________________________________

VHCA Involvement, with dates _______________________________________________

________________________________________________________________________

Community or Civic Involvement _____________________________________________

________________________________________________________________________

Nominated by _____________________________________________________________

Nominator’s Center/Company _______________________________________________

Address _________________________________________________________________

Phone _____________________________ E-Mail _________________________________

How to submit your nomination:

1. Mail this nomination form and supporting materials to:

   VHCA-VCAL
   2112 West Laburnum Avenue, Suite 206
   Richmond, Virginia 23227
   
   If mailing your submission, please include high-resolution digital headshot of the nominee
   (e.g., .tiff or .jpeg) on a CD or thumb drive. You may also email the headshot to Doran
   Hutchinson at doran.hutchinson@vhca.org.

OR

2. Scan and email the nomination form and supporting materials to Doran Hutchinson at
   doran.hutchinson@vhca.org. Please include a high-resolution digital headshot of the
   nominee (e.g., .tiff or .jpeg).

   Applications must be received by June 1.
VCAL Assisted Living Administrator of the Year Award Nomination Form

The Assisted Living Administrator of the Year Award recognizes outstanding statewide leadership among assisted living administrators in Virginia.

Eligibility

An administrator of record in a VCAL-VHCA member assisted living facility who:

1. Has been active in the VCAL-VHCA for a minimum of two years;
2. Has current, direct supervisory responsibility;
3. Has demonstrated outstanding leadership ability; and
4. Has contributed significantly to the profession of LTC administration.

Application Requirements

The information requested in Part I of the criteria may be gathered in list form. Part II requires a typed essay discussing the reasons for the candidate’s eligibility for this honor. You are encouraged to include specific details. Both Part I and Part II are required. Supporting materials and letters should be attached.

Criteria

The following criteria will be considered during the evaluation of each nominee.

Part I (Required):

1. Employment history in LTC - include curriculum vitae or resume, if available, and tenure in present center;
2. Participation in VCAL-VHCA - committee service, offices held, and program attendance;
3. Public sector participation - community or civic involvement; and
4. High resolution digital headshot provided on CD or via e-mail to doran.hutchinson@vhca.org (tiff or jpeg format).

Part II (Required) Nominating Essay - please include specific evidence of the following:

1. Personal leadership and dedication to residents and staff;
2. Exceptional efforts to increase the quality of life in their assisted living center;
3. Cooperative and collaborative relationships with others to support the profession as a whole;
4. Ability to identify needs and develop creative solutions to routine as well as unique problems;
5. Competence in maximizing funds, people, goods and services;
6. Efficiency in planning and organization;
7. Initiating behavior that acquaints legislators and other state officials with the important issues facing LTC; and
8. Commitment to earn and extend respect to residents and colleagues.

(over)
Assisted Living Administrator of the Year Nomination Form

Nominee ____________________________________________

Nominee’s Center/Company ____________________________________________

Address ____________________________________________

City, State & Zip Code ____________________________________________

Phone (with area code) ____________________________________________

Length of time at present ALF ____________________________________________

LTC Employment History (CV or resume may be attached) _____________

__________________________________________

VCAL/VHCA Involvement with dates ____________________________

Community or Civic Involvement ____________________________________________

__________________________________________

Nominated by ____________________________________________

Nominator’s Center/Company ____________________________________________

Address ____________________________________________

Phone ____________________________ E-Mail ____________________________

How to submit your nomination:

1. Mail this nomination form and supporting materials to:

   VHCA-VCAL
   2112 West Laburnum Avenue, Suite 206
   Richmond, Virginia 23227

   If mailing your submission, please include high-resolution digital headshot of the nominee (e.g., tiff or jpeg) on a CD or thumb drive. You may also email the headshot to Doran Hutchinson at doran.hutchinson@vhca.org.

OR

2. Scan and email the nomination form and supporting materials to Doran Hutchinson at doran.hutchinson@vhca.org. Please include a high-resolution digital headshot of the nominee (e.g., tiff or jpeg).

Applications must be received by June 1.
VHCA-VCAL Director of Nursing of the Year Nomination Form

The VHCA-VCAL Director of Nursing (DON) of the Year Award recognizes the best among current Virginia’s licensed nurses actively employed for a minimum of two years by a current member center.

The nominee should possess and demonstrate the following qualities:

1. Clinical and managerial expertise;
2. Leadership skills in quality care with positive outcomes;
3. Respect for residents, co-workers and policy;
4. Integrity and a high standard of ethical behavior;
5. Ability to maintain an efficient, professional environment; and
6. Availability to staff and family members.

In a typed narrative, describe why the nominee should be recognized by VHCA-VCAL as DON of the Year. In addition to the qualities listed above, please share any unique leadership skills, responsibilities and talents of the nominee. You may include examples of actual situations exemplifying the DON’s professionalism and outline significant events and contributions above and beyond the normal daily routine that you believe puts the DON in a special category worthy of recognition.

Additional materials and letters of recommendation should be attached.

(over)
VHCA-VCAL Director of Nursing of the Year Nomination Form

Nominee __________________________________________
Nominee’s Center/Company _______________________________________
Address _______________________________________________________
City, State & Zip Code ___________________________________________
Phone (with area code) ___________________________________________
Administrator’s Signature _________________________________________

Length of time at present facility ___________________________________
LTC Employment History (CV or resume may be attached) ______________

VHCA-VCAL Involvement, include dates _________________________________

______________________________________
Community or Civic Involvement _______________________________________

Nominated by ____________________________________________________
Nominator’s Center/Company _______________________________________
Address _________________________________________________________
Phone ____________________________ E-Mail _____________________________

How to submit your nomination:

1. Mail this nomination form and supporting materials to:

   VHCA-VCAL
   2112 West Laburnum Avenue, Suite 206
   Richmond, Virginia 23227

   If mailing your submission, please include high-resolution digital headshot of the nominee (e.g., tiff or jpeg) on a CD or thumb drive. You may also email the headshot to Doran Hutchinson at doran.hutchinson@vhca.org.

OR

2. Scan and email the nomination form and supporting materials to Doran Hutchinson at doran.hutchinson@vhca.org. Please include a high-resolution digital headshot of the nominee (e.g., tiff or jpeg).

Applications must be received by June 1.
VHCA-VCAL Certified Nursing Assistant of the Year Nomination Form

The VHCA-VCAL Certified Nursing Assistant (CNA) of the Year award recognizes excellence among CNAs actively employed for a minimum of two years by a current VHCA-VCAL member center. This nomination form must be completed by the Director of Nursing and/or the Administrator, and signed by both.

The nominee should demonstrate the following qualities:

1. Respect for residents, co-workers and rules;
2. Practices good personal ethics;
3. Leadership skills (e.g., assists in care plan process);
4. Mentors new employees;
5. Presents a professional image;
6. Practices safety procedures;
7. Behaves in a friendly manner to family members and visitors; and
8. Maintains a solid attendance record and exhibits flexibility in work schedule and duties.

In a typed narrative please describe why the nominee should be recognized by VHCA-VCAL as the CNA of the Year. In addition to the general qualities listed above, please share any unique responsibilities and talents of the CNA. Also include examples of actual situations exemplifying the CNA’s professionalism, and outline significant events and contributions above and beyond the normal daily routine that you believe puts the CNA in a special category worthy of recognition.

Additional materials and letters of recommendation should be attached.
VHCA-VCAL Certified Nursing Assistant of the Year Nomination Form

Nominee Name: ________________________________
Center/Company Name ____________________________
Address _______________________________________
City, State & Zip Code _____________________________
Phone (with area code) ____________________________
Administrator’s Signature: ________________________
DON’s Signature: ________________________________
Length of time at present facility _____________________
LTC Employment History (CV may be attached) __________________________

VHCA-VCAL Involvement with dates __________________________

Community or Civic Involvement __________________________

Nominated by ______________________________________
Nominator’s Center/Company ____________________________
Address _______________________________________
Phone ________________________ E-Mail ______________________

How to submit your nomination:

1. Mail this nomination form and supporting materials to:

   VHCA-VCAL
   2112 West Laburnum Avenue, Suite 206
   Richmond, Virginia 23227

   If mailing your submission, please include high-resolution digital headshot of the nominee (e.g., tiff or jpeg) on a CD or thumb drive. You may also email the headshot to Doran Hutchinson at doran.hutchinson@vhca.org.

OR

2. Scan and email the nomination form and supporting materials to Doran Hutchinson at doran.hutchinson@vhca.org. Please include a high-resolution digital headshot of the nominee (e.g., tiff or jpeg).

Applications must be received by June 1.
VHCA-VCAL Volunteer of the Year Awards
Adult, Teen and Group
Nomination Form

Volunteers are Special!
They give of themselves freely with no thought of compensation beyond the joy of helping others. There are as many reasons for volunteering as there are volunteers. Our residents’ quality of life is enhanced by each volunteer's special programs and talents.

Imagine Life without Volunteers
It would be almost impossible to run activity programs without the help of volunteers. Your center's recognition programs go a long way to honor volunteers who unselfishly serve your residents. The VHCA-VCAL wants to take these honors one step further and name statewide adult, teen, and group volunteers of the year.

When volunteers realize that the people they work with are interested in showing their appreciation by participating in a statewide program like VHCA-VCAL's, they know their contributions are valuable.

Additionally, once the statewide adult, teen and group volunteers are named, their names may be submitted to the American Health Care Association in order for them to be eligible for national recognition. On several occasions in the past, VHCA-VCAL winners were also selected for the AHCA/NCAL award.

Eligibility Criteria
- **Adult:** 20 years and older
- **Teen:** 13 to 19 years of age
- **Group:** Two or more individuals who volunteer regularly as a whole group

**Length of Service:** Nominees must have volunteered at the nominating center at least a year prior to the nominating deadline.

**Judging:** The entries will be judged by a panel, the members of which are involved in volunteer programs for other organizations.

**Presentation:** Volunteer of the Year Award recipients and their immediate families (no more than two additional people) will be honored at the VHCA-VCAL Annual Banquet in September. An engraved plaque will be presented in each category. VHCA-VCAL will provide the recipients with lodging the night of the banquet. The nominating center is asked to provide transportation to the venue.

Nominations must be submitted on forms furnished by VHCA-VCAL by June 1.

(over)
Volunteer of the Year Program Nomination Form

(Please copy this form if you wish to nominate a volunteer in more than one category.)

Please check one category:

_______ Adult  _______ Teen  _______ Group

Nominee’s Name ____________________________________________

Nominee’s Center/Company ____________________________________

Facility Address/Phone _______________________________________

Volunteer Nominated By _______________________________________

Name  Title

Nominator’s Phone ___________________________ E-mail _________________________

Administrator’s Signature _______________________________________

How long has the nominee (s) volunteered at your center/company? ____________

How many hours has the nominee (s) served during the last twelve months? _________

How frequently does the nominee(s) come to your center/company? _______________

Criteria

In a typed narrative please explain why your nominee deserves to be named the VHCA-VCAL adult, teen, or group Volunteer of the Year. Additional materials or letters may be attached.

Your statement should include these specific points:

1. What kind of activities does the volunteer participate in?
2. What does this activity accomplish?
3. How do residents and the nursing center benefit from the efforts of the volunteer?
4. Does the volunteer have any special skills or talents?
5. Does the volunteer make a unique contribution?
6. Has the volunteer initiated any new programs or projects?
7. If the nominee has recruited others to volunteer, how many?
8. Is the volunteer active in any civic or community groups that enable him/her to enhance the image of your residents, center or long term care?

How to submit your nomination:

1. Mail this nomination form and supporting materials to:
   VHCA-VCAL
   2112 West Laburnum Avenue, Suite 206
   Richmond, Virginia 23227
   If mailing your submission, please include high-resolution digital headshot of the nominee (e.g., tiff or jpeg) on a CD or thumb drive. You may also email the headshot to Doran Hutchinson at doran.hutchinson@vhca.org.

OR

2. Scan and email the nomination form and supporting materials to Doran Hutchinson at doran.hutchinson@vhca.org. Please include a high-resolution digital headshot of the nominee (e.g., tiff or jpeg).

Applications must be received by June 1.