NURSING HOME

WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

MIDWESTERN INSURANCE ALLIANCE

GENERAL INFORMATION

Company Name	
Business Address	
Website Address	

Years in Business		List/Explain Additional Services Provided (Such as home health care, adult day care)
Has ownership changed in past 5 years?	☐ Yes ☐ No	

List/explain any license suspended or revoked in past 5 years (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)
Does applicant have shifts that are greater than 12 hours in length per 24-hour period?			

OCCUPANCY

Resident Payment Method	Medicare/Medicaid	Beds
	Private Pay	Beds
Level of Care	Skilled	Beds
	Intermediate	Beds
	Assisted Living	Beds
	Personal Care	Beds
Specific Circumstances	Alzheimer/dementia	Beds
	Physical Rehabilitation	Beds
	Chemical dependency	Beds
	HIV patients	Beds
	Non-Ambulatory	Beds

Definitions Applicable to this Section

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.

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.

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.

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.

ADMINISTRATION

	Experience in Position	Length of Employment
Administrator		
Dir. of Nursing		
Medical Director		
Risk Manager		

Is the facility operated by a contracted management company (If yes, provide the following information)	☐ Yes ☐ No
Name of management company	
Length of time under current management company	
Management company's workers' compensation carrier	

HIRING AND EMPLOYEE RETENTION

Testing on ability to perform expected job functions	☐ Yes ☐ No	Turnover Ratio for Nursing Staff *Calculated by total new hired divided by total on staff) for last 12 months.*	RN
Prior employer Reference Checks	☐ Yes ☐ No		LPN
Pre-placement Drug-Testing	☐ Yes ☐ No		CNA
Pre-placement Criminal Background Check	☐ Yes ☐ No	Comments Regarding Employee Turnover	
Pre-placement TB Test	☐ Yes ☐ No		

STAFFING

	Full Time	Part Time
Management		
Clerical		
RN		
LPN		
CNA		
Physical/OCC. Therapy		
Dietary		
Maintenance		
Laundry		
Other		

In the past 12 months, how often has a temporary staffing agency been used to meet staffing needs?	
How many volunteers are used each month?	
Is workers compensation coverage desired?	
Describe tasks performed by volunteers	

SAFETY MANAGEMENT

Is there a written "Modified Duty/ Return-to-work	☐ Yes ☐ No	Is there combative patient training?	☐ Yes ☐ No
Do you have enforced written guidelines for proper lifting procedures covering all types of lifting?	☐ Yes ☐ No	Is there new-hire safety orientation process that effectively addresses the job hazards?	☐ Yes ☐ No
Is there any mechanical loading and unloading of patients (such as Hoyer lifts)?	☐ Yes ☐ No		
Do you have mandatory and enforced proper use of gait belts?	☐ Yes ☐ No		
Do you require slip-resistant footwear?	☐ Yes ☐ 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.

Authorized Signature and Title **Date**