

# Nursing Home Questionnaire

Supplemental to  
Fully Completed ACORD 130 Workers' Compensation Application

<b>Applicant Name</b>	<b>Effective Date</b>
<b>FEIN</b>	<b>Website</b>

<b>Description of Operations</b>

<b>COVID-19</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Screen workers and residents regularly for signs and symptoms
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarantine workers and residents if they have been exposed to COVID
<input type="checkbox"/> Yes <input type="checkbox"/> No	Regularly clean and disinfect surfaces, rooms and workstations
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure all workers have proper personal protective equipment (PPE)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Instruct sick workers to stay at home

<b>Hiring Practices</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Application
<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Job Description
<input type="checkbox"/> Yes <input type="checkbox"/> No	Background / Reference Check
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Drug Testing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Physical Fitness Test

<b>Safety Practices</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Injury & Illness prevention program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Return to Work program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly (or more) safety meetings
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly (or more) safety training
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Incentive Plan

<b>Management</b>	
#	Number of years this facility has been operating?
#	Number of years owned by present owner?
#	Number of years owned by present management?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this facility owned by an outside management company?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this facility owned or leased by a multi-facility operator?
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<b>Management Practices, Operations, Loss Control, Claims Handling &amp; Benefits</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a FT risk/safety mgr. employed whose job is 50%+ safety related?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a post-accident drug testing program for all workplace injuries?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a formal accident investigation and claims reporting process?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do more than 50% of employees receive group health that is 50% employer paid?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide vacation and sick time to all employees?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are certifications/ licenses verified?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are employees required to wear non-slip shoes?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are employees encouraged to stretch prior to their workday?

<b>Patient Profile</b>	
% Non-Ambulatory	% Physically Disabled
% Alzheimer/ Dementia	% Developmentally Disabled
% Hospice Patients	% Short Term Care

<b>Operations</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Non-Profit organization?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do employees work consecutive 24-hour shifts?
	How many independent contractors / 1099 employees used?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you verify workers comp coverage for independent contractors?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you lease out employees or provide temp staffing to outside clients?
%	If yes, what is the % of payroll leased or temp staffing to others?

<b>Patient Safety/ Mobility</b>	
	Check all that apply
Powered Sit to Stand	
Standing Assist Devices	
Lateral Transfer / Repositioning	
Trapeze Bars / Hand Blocks	
Bathtub, Shower, Toilet Devices	
Portable Lift Devices	
Ambulation Assist Devices	
Electric Adjustable Beds	
Pelvic Lift Devices	

Push up Bars	
Ceiling Mounted Lifting Devices	
Wheel Chairs	

<b>Safety Program – Check any that apply</b>		
<input type="checkbox"/> Personal Protective Gear	<input type="checkbox"/> Combative Patient Training	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Lifting Procedures & training	<input type="checkbox"/> Blood Borne Pathogen Training	<input type="checkbox"/> New Employee Orientation
<input type="checkbox"/> Needle disposal (OSHA compliant)	<input type="checkbox"/> Contaminated Waste/Hazardous products disposal (OSHA compliant)	<input type="checkbox"/> Other (please describe)