

Goddard, Marcia

From: Alchemer <noreply@alchemer.com>
Sent: Tuesday, October 12, 2021 7:09 AM
To: Slatky, Larry
Subject: ATI 2021-22 Receipt Confirmation

Thank you for participating in the 2021-22 ATI Survey. Please find a copy of your responses below:

Page 1 Questions

1. Facility Information

Shaker Place Rehabilitation and Nursing Center,0153302N,00309260,100 Heritage Lane,Albany,New York,12211

2. Administrator and Contact Person Information

Larry I. Slatky,5182138940,larry.slatky@shakerplace.org,Larry I. Slatky,15182138940,Executive Director,larry.slatky@shakerplace.org

3. What organization, if any, will the provider partner with to develop and conduct their early detection training?

LeadingAge New York / FLTC

4. What Curriculum will the Provider Use?

Trauma-Informed Care and Recognizing Changes in Resident (LeadingAge NY /FLTC),NYSDOH Electronic Dementia Guide for Excellence LeadingAge NY / FLTC),Teaching and Encouraging Pain Management in Long Term Care (LeadingAge NY / FLTC),Integrating Infection Control and Resident Monitoring (LeadingAge NY /FLTC)

5. Please confirm that the program will focus on the role of Certified Nursing Assistants in identifying early patient decline.

Yes

[OLD VERSION] What other titles, if any, will be included in the training? (Click all that apply)

6. What other titles, if any, will be included in the training? (Click all that apply)

License Practical Nurses,Registered Nurses,Physical Therapists,Physical Therapy Aides,Occupational Therapists,Occupational Therapy Aides,Certified Nursing Assistants

7. Please list the number of staff in each title who will receive the training

70,20,30,0,0,2,2,2,5

8. Please list the percentage of each job title that this represents. (eg. 55% CNAs, 95% of CNA staff)

90,95,95,0,0,100,100,100,100

9. Will the facility involve direct care staff and/or other other representative in planning or implementing this initiative?

Yes

10. What percentage of the total participants listed in Question 5 will have completed the training by 3/31/2022?
100

11. How many sessions will the training program consist of?
3,3,3,0,0,3,3

12. How many total hours will individual participants be required to attend?
8,8,8,0,0,8,8

[OLD VERSION] Which strategies will the facility employ to sustain the program in subsequent years (Check all that apply)?

13. Which strategies will the facility employ to sustain the program in subsequent years (Check all that apply)?
Continuing Education, Train the Trainer, New Employee Orientation

14. Does the facility have consistent staff assignment for resident care?
Yes

15. If yes, how long are direct-care staff consistently assigned?
Monthly

16. If yes, does your facility measure and assess consistent assignment?
Yes

17. If yes, what consistent assignment tool is used?
AHCA Tools

18. I hereby attest that that this report was completed to the best of my knowledge and ability and is true and complete. I will provide any supporting documentation requested by the Department of Health, Department of Labor, The Office of Medicaid Inspector General or any other enforcement, audit or oversight agency and or body.

Larry I. Slatky, Executive Director, October 12, 2021

19. If you would like a confirmation email please provide the email address for the confirmation.
larry.slatky@shakerplace.org
This is sample text (replace with your own).

{Use the Merge Code helper's 'Insert All Questions' here}