

REQUEST

Date of Application: $\frac{02}{MM} / \frac{15}{DD} / \frac{2018}{YYYY}$

PART I: Background Information

Name of the Organization: Memphis Operator, LLC dba Spring Gate Rehabilitation Center

Address Line 1: 7400 New La Grange Road #100

Address Line 2: _____

City, County, State, Zip Code: Louisville, Jefferson, KY, 40222

Tax Identification Number: 273989109

CMS Certification Number, if applicable:

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Medicaid Provider Number, if applicable:

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Name of the Project Leader: Darren Gee, Director Business Development Prestige Healthcare

Address: 7400 New La Grange Road #100

City, County, State, Zip Code: Louisville, Jefferson, KY 40222

Internet E-mail Address: DGee@prestigehcm.com

Telephone Number:

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Mobile Number:

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Have other funding sources been applied for and/or granted for this proposal? Yes No

If yes, please explain/identify sources and amount.

N/A

PART II: Applicable to Certified Nursing Home Applicants

Name of the Facility: Spring Gate Rehabilitation Center

Address Line 1: 3909 Covington Pike

Address Line 2: _____

City, County, State, Zip Code: Memphis, Shelby, TN 38135

Telephone Number: 901 - 377 - 1011

CMS Certification Number: 44 - 5220

Medicaid Provider Number: 44 - 5220

Date of Last Recertification Survey: $\frac{02}{MM} / \frac{07}{DD} / \frac{2018}{YYYY}$

Highest Scope and Severity Determination: (A - L) D

Date of Last Complaint Survey: $\frac{12}{MM} / \frac{18}{DD} / \frac{2018}{YYYY}$

Highest Scope and Severity Determination: (A - L) 0 tags

Currently Enrolled in the Special Focus Facility (SFF) Initiative? Yes No

Previously Designated as a Special Focus Facility? Yes No

Participating in a Systems Improvement Agreement? Yes No

Administrator's Name: Louis Milite

Owner of the Nursing Home: Craig Tschudi & Yitzchok (Issac) Perlstein

CEO Telephone Number: 502 - 429 - 8062

CEO Email Address: BNorcross@prestigehcm.com



Name of the Management Company: Northpoint Regional LLC

Chain Affiliation (please specify) Name and Address of Parent Organization: _____

Prestige HealthCare Management 7400 La Grange Road Louisville, KY 40222

Outstanding Civil Money Penalty? Yes No

Nursing Home Compare Star Rating: 2 (can be 1, 2, 3, 4 or 5 stars)

Date of Nursing Home Compare Rating: 11 / 15 / 2017
MM DD YYYY

Is the Nursing Home in Bankruptcy or Receivership? Yes No

If an organization is represented by various partners and stakeholders, please attach a list of the stakeholders in the appendix.

NOTE: The entity or nursing home which requests CMP funding is accountable and responsible for all CMP funds entrusted to it. If a change in ownership occurs after CMP funds are granted or during the course of the project completion, the project leader shall notify CMS and the State Agency within five calendar days. The new ownership shall be disclosed as well as information regarding how the project shall be completed. A written letter regarding the change in ownership and its impact on the CMP Grant application award shall be sent to CMS and the State Agency.

**Part III:
Project Category**

Please place an "X" by the project category for which you are seeking CMP funding.

- Direct Improvement to Quality of Care
- Resident or Family Councils
- Culture Change/Quality of Life
- Consumer Information
- Transition Preparation

- Training
- Resident Transition due to Facility Closure or Downsizing
- Other: Please specify _____

**Part IV:
Funding Category**

Please specify the amount and place an "X" by the funding category.

Amount Requested: \$ 89,381.00

- \$2,500 or less
- \$2,501 – \$5,000
- \$5,001 – \$10,000
- \$10,001 – \$25,000
- \$25,001 – \$50,000
- Over \$50,000

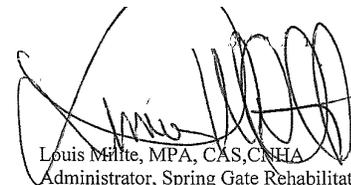
**Part V:
Proposed Period of Support**

From: $\frac{07}{MM} / \frac{01}{DD} / \frac{2018}{YYYY}$ (e.g. 06/01/2010) **To:** $\frac{06}{MM} / \frac{30}{DD} / \frac{2019}{YYYY}$ (e.g. 12/01/2010)

**Part VI:
Purpose and Summary**

PROJECT TITLE

WashSense HAI Reduction and Training Pilot at Spring Gate



Louis Milite, MPA, CAS, CNEHA
Administrator, Spring Gate Rehabilitation & Healthcare Center

February 15, 2018



Vincent Davis, State Survey Agency Director
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243

Dear Mr. Davis, State Survey Agency Director:

Spring Gate Rehabilitation and Healthcare Center in Memphis, TN respectfully requests a grant in the amount of \$89,381 for a one-year pilot utilizing WashSense Technology to improve staff performance, streamline training, increase efficiency and reduce Healthcare Associated Infections (HAI).

Spring Gate Healthcare provided care for more than 600 residents in 2017 and serves high acuity residents with tracheostomies, requiring ventilator support in our fully developed Respiratory Unit. To address the occurrence of HAI's as well as HAI related 30-day hospital readmissions, Spring Gate currently collaborates with the State of Tennessee Epidemiology Department and uses Interact. Due to the high risk of our residents in addition to their complex medical needs, we are committed to providing the highest quality of care, promoting antibiotic stewardship and actively reducing healthcare associated infections in our Center.

The goal of the WashSense HAI Reduction and Training Pilot at Spring Gate is to evaluate the efficacy of ongoing and automated measurement, behavior intervention and staff education to:

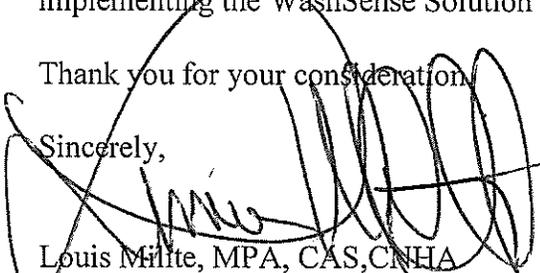
- Contain and reduce infection in a reliable and sustainable way through automated monitoring, training at the point of care, antibiotic stewardship and performance improvement for isolation, hygiene, and personal protective equipment (PPE) protocols.
- Significantly reduce HAI related hospital readmissions.

WashSense Technology tracks, contains and reduces infections by an average facility reduction of 45% year-over-year. Battery operated performance devices with an independent network are installed at every sink & sanitizer. The WashSense System integrates seamlessly into any culture and infrastructure providing early detection and intervention, user feedback and room specific clinical protocol messaging. By utilizing the WashSense System, Spring Gate will identify areas requiring continuing education and quality improvement to protect vulnerable residents with multiple co-morbidities.

Our facility is enthusiastic about the pilot and committed to sharing our data with the State of Tennessee Epidemiology Department and the TN Healthcare Association and if successful, implementing the WashSense Solution fully into our sister Centers in TN.

Thank you for your consideration.

Sincerely,



Louis Milite, MPA, CAS, CNHA

Administrator, Spring Gate Rehabilitation & Healthcare Center

Part VII: Expected Outcomes

Project Abstract

Infection Control is complex, labor intensive and expensive. Staff resources are stretched to complete documentation required to comply with reformed infection control programs and reimbursement rates are shrinking. Spring Gate is committed to providing compassionate, comprehensive care for patients requiring medically complex services, recovery and rehabilitation therapy, short and long term support, as well as hospice and respite care. The diversified care requires a multi-modal approach to infection prevention and control including patient risk assessment, infection monitoring and staff training. The primary challenge, how to effectively protect, prevent and control what you cannot see. Quality improvement initiatives and programs prove effective but we are committed to reducing infection in a reliable, sustainable, and repeatable way. We believe technology and ongoing clinical training is the answer and the WashSense integrated infection prevention and training platform is the solution.

Statement of Need

Of the 1.6 Million Long Term Care Residents in the United States, 63% (1,008,000) are reported to be infected annually with multi-drug resistant organism bacteria, leading to a reported 400,000 preventable deaths per year. Infection Control is complex, labor intensive and expensive. And the infection problem is worse than we think. Hospitals are discharging patients “quicker and sicker” to post-acute care facilities and staff training in infection control measures is expensive especially when turnover is high. Staff resources are now stretched to complete documentation required to comply with reformed infection prevention and control programs and reimbursement rates are shrinking. Staffs struggle to balance this new reality and do what they do best, spend time on direct patient care.

The goal of any infection prevention and control program is to protect patients, manage risk and increase efficiency to provide sustainable, quality outcomes. Routine containment precautions, monitoring of hygiene performance, statistical analysis of data to detect clusters and trends to uncover an outbreak, as well as updating the training appropriate to that outbreak and communicating prevention protocols in real time are only a partial list of the elements required to successfully reduce the spread of preventable infections. Continuous identification and evaluation of the at-risk resident population, admitted patient risk assessments, coexisting chronic diseases, complications from invasive procedures and monitoring medications affecting resistance to infection are also key factors. All of this is made more complicated in a SNF because it is the residents’ home. More than just staff move throughout the facility. Residents are social, mobile, participate in group activities and share meals in common locations. The guests are frequent. The severity of the 2017-18 Flu Season speaks directly to the ease of spread and challenges of protecting the elderly and young from the consequences of highly contagious disease.

Spring Gate Rehabilitation and Health Care Center served more than 600 seniors in 2017. We are committed to providing compassionate, comprehensive care for patients requiring medically complex services, recovery and rehabilitation therapy, short and long term support, as well as hospice and respite care. Our staff is trained with an interdisciplinary approach to disease management. The diversified care requires a multi-modal approach to infection prevention and

control including patient risk assessment, infection monitoring and staff training. In addition, we need to add staff resources for documentation for the new CMS Regulations 483.80. In spite of best practices and management, our UTI infection rate averaged 28% and respiratory averaged 30% of total infections in 2017. High acuity residents can have skin breakdown, peg sites, multiple iv lines, equipment, dialysis shunts, surgical and traumatic wounds, catheters – all of this equipment has to be changed, cleaned, maintained. Proper protocols and hygiene is required before and after contact with any and all of these sites. Failure of proper hand hygiene and use of PPE by staff increases risk of exposure to MDRO's in these residents. High turnover of staff necessitates frequent orientations and in-services. Quality improvement initiatives and programs prove effective but Spring Gate is committed to reducing infection in a reliable, sustainable, and repeatable way. The primary challenge, how do you effectively protect, prevent and control what you cannot see. We believe technology and ongoing clinical training is the solution.

Program Description

At Prestige HCM we are in the “caring for people” business. Our staff is trained with an interdisciplinary approach to disease management. We are committed to providing staff with support and resources to exceed the healthcare goals of our residents. In addition to staff training, quality program initiatives and Electronic Health Records (EHR) reports, Spring Gate understands the value of early intervention strategies and on-going evaluation of best practices. It is our goal to proactively reduce our overall preventable infection as well as unnecessary antibiotic usage in our Spring Gate facility by >25% and to reduce HAI related readmission rates by half. We intend to achieve this by incorporating the WashSense Technology, an integrated infection prevention, training and surveillance platform.

The WashSense System is an integration of user experience, culture change, movement mapping, EHR patient data and automated messaging at the point of care. WashSense automated intelligence streamlines information for rapid response, early intervention and real-time training. The WashSense simple-to-install Infection Surveillance Devices (WS Performance Devices) integrate seamlessly into practitioner workflow at every sink and sanitizer providing user engagement, training and performance measurement. WashSense Infection Surveillance Software (WS Portal) identifies trends and changes in patient conditions, symptom onset, diagnosis, prescription/antibiotics and dates of treatments for facility insights and intervention. AI powered infection surveillance tools detect indicators and patterns to ensure targeted clinical protocol intervention and concentrated care.

Continuous movement mapping and hygiene monitoring for compliance and room specific infection cross contamination require each team member to wear a badge. The primary risk to maximizing the System benefit is the resistance of the badge by staff. We have identified two strategies to mitigate this risk. First, education and testimony from existing users that the System protects and supports staff members. WashSense is explicitly designed to track infections, not users, and therefore reinforces desired staff behavior rather than punishing non-compliance. The second is to make the badge anonymous: identifying a group, i.e. nurses, C.N.A.'s, administration, physicians, etc, rather than identifying a particular individual.

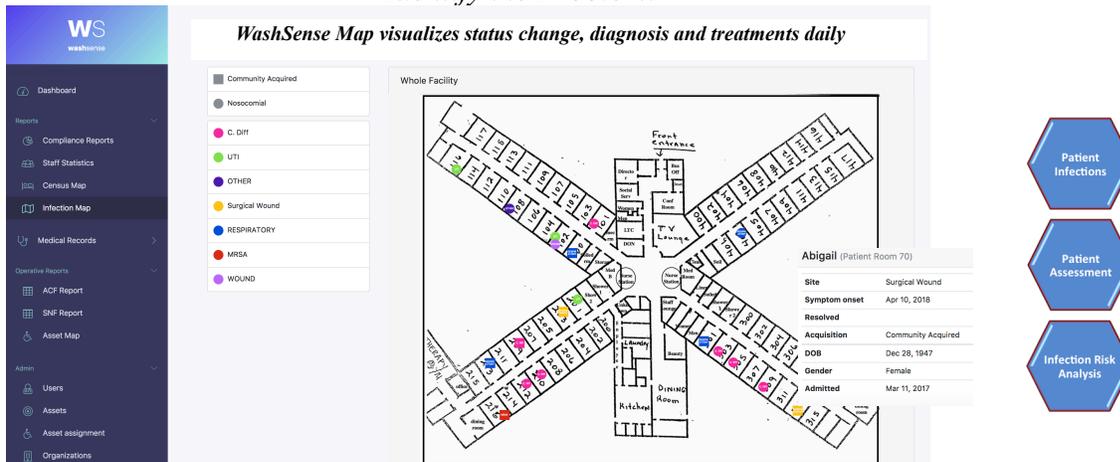
Because WashSense only “reads” the EHR data, there is a risk that information not entered accurately will populate on the surveillance maps incorrectly. Spring Gate is committed to

retraining efforts to ensure that treatments, labs, prescriptions and patient notes are completed according to the EHR recommended standards. To mitigate this, WashSense can provide a query of unclosed treatment histories, long-term antibiotic usage and other incomplete fields. Spring Gate will designate clinical leaders to retrain and verify the data within the EHR.

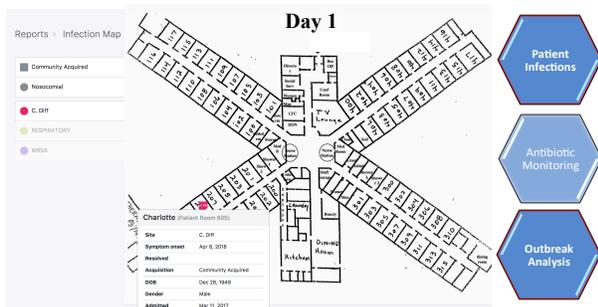
WashSense Technology tracks, contains and reduces infections in healthcare facilities by more than 30%. Battery operated Performance Devices with an independent network are installed at every sink & sanitizer and integrate seamlessly into any existing infrastructure providing user feedback, reminders and room specific clinical protocol messaging. Continuous movement data and room specific hygiene activity combine with EMR data on the WashSense Portal for simple-to-use infection surveillance. Cross-contamination mapping provides for early intervention strategies to manage acuity, optimize staffing plans and create training initiatives to improve patient safety and outcomes.

WashSense Infection Surveillance Portal

Identify the Problem:

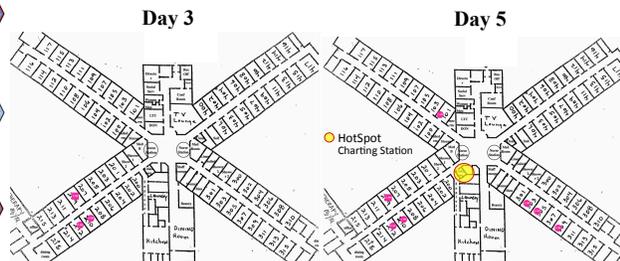


Track the Infection:



WashSense System identifies infection to ensure containment precautions

Track the Spread:



WashSense System monitors infection movement for protocol intervention

WashSense Infection Surveillance Devices “WS Performance Devices”

Target the Spread: Real-Time Room Specific Protocol Training & Prevention Solutions



No Change to Workflow

- Integrates seamlessly into workflow and existing infrastructure
- Interactive Screens provide feedback, reminders & education
- Measures Performance & Compliance
- Provides Real-Time Room Specific Clinical Protocol Messaging



The WashSense Technology integrates infection prevention, ongoing clinical protocol directives and training at the point of care with WS Portal Surveillance tools for early detection and intervention. The result is a significant reduction in infections, sustainably, even with staff turnover and resources stretched to complete documentation required to comply with reformed CMS Regulations. WashSense Technology directly addresses the criteria of the reformed CMS Infection Control Regulation Code 483.80

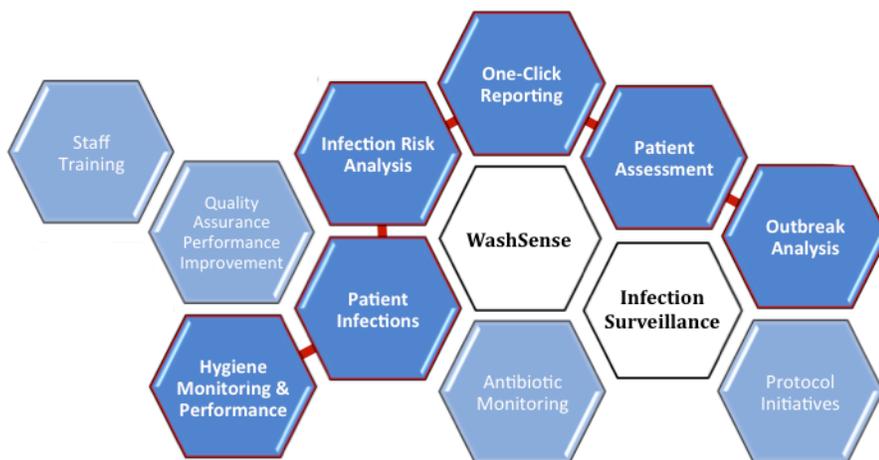
WashSense Solution for Regulation Code 483.80 “Infection Control”

F880, F881, (F882), F883

| | | |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| INTENT: | To develop, implement, and maintain written policies establishing the program’s expectations and parameters to prevent, recognize, and control the onset and spread of infection | WashSense Solution Facility Responsibility |
| Prevent | <i>(containment protocols and precautions)</i> Require that staff use accepted hand hygiene after each direct resident contact for which hand hygiene is indicated | <ul style="list-style-type: none"> • WS Performance Devices • WS Portal – Staff Statistics |
| | Prohibit direct resident contact by an employee who has an infected skin lesion or communicable disease. | Facility Responsibility |
| Recognize | <i>(pattern)</i> | |
| | Identification of segments of the resident populations at risk for infection | <ul style="list-style-type: none"> • WS Portal – Infection Surveillance Map • Facility Census Map |
| | Statistical analysis of data that can uncover an outbreak | <ul style="list-style-type: none"> • WS Portal – Infection Surveillance Map • Symptom Onset Trending |

| | | |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Feedback of results to the primary caregivers so that they can assess the residents for signs of infection | Facility Responsibility |
| | The IP or other designated staff reviews data to detect clusters and trends | <ul style="list-style-type: none"> WS Portal – Infection Surveillance Map Symptom Onset Trending |
| | Comparing current infection control surveillance data (including the incidence or prevalence of infections and staff practices) to past data enables detection of unusual or unexpected outcomes, trends, effective practices, and performance issues. | <ul style="list-style-type: none"> WS Portal – Infection Surveillance Map Symptom Onset Trending WS Performance Devices Protocol Specific Messages |
| | To evaluate whether it needs to change processes or practices to enhance infection prevention and minimize the potential for transmission of infections. | Facility Incident Review <ul style="list-style-type: none"> WS Portal/ Device – New Hire/Coaching Reports |
| Onset | <i>(spread)</i> | |
| | Updated education and training appropriate to the outbreak | <ul style="list-style-type: none"> WS Performance Devices Protocol Specific Messages |
| | Adjust prevention protocols | <ul style="list-style-type: none"> WS Performance Devices Protocol Specific Messages |
| | Patient Risk Assessment Profile | |
| | Medications affecting resistance to infection | <ul style="list-style-type: none"> WS Portal – Infection Surveillance Map with medical history snapshot |
| | Coexisting chronic diseases (e.g., diabetes, arthritis, cancer, COPD, anemia); | |
| | Complications from invasive diagnostic procedures i.e.: skin, bloodstream infections; | Infection and Antibiotic Ledger |

The WashSense Solution: An Innovative Path To Quality Patient Outcomes



WashSense Results: Case Study

**WashSense Results Show Consistent Improvement with Time & Use*

Facility 1

Total Infection Reduction = 30%

CDIFF:

2017 Annual Reduction = 47%

Q1 Reduction = 33%,

Q4 Reduction = 86%

UTI:

2017 Annual Reduction = 40%

Q4 Reduction = 54%

FLU:

2017-18 Season = 6 confirmed cases within 3 days, Tamiflu, no spread, no deaths

State Visit & Survey:

2017 Infection Control Citations = 0

Facility 2

Total Infection Reduction = 76%

Total Annual Staff Turnover = 86%

CDIFF:

2017 Q4 Reduction = 100%

UTI:

2017 Q4 Reduction = 64%

FLU:

2017-18 Season = 0 confirmed cases, no prophylactic use of Tamiflu

State Visit & Survey:

2017 Infection Control Citations = 0

Video News Link for Facility 2 – No Flu: <http://bit.ly/2EvT6eS>

Link to more WashSense results: <http://bit.ly/2GjTg9S>

About Spring Gate Rehabilitation and Health Care Center

- Located in Memphis, TN
- 189 dual certified beds, Average daily census 169
- Admitted >600 residents in 2017
- Fully developed respiratory unit with 20 beds – housing and treating residents with tracheostomies as well as on ventilator support, CPAP or BIPAP
- High acuity population with multiple co-morbidities
- Currently trending and tracking HAI's with breakdown of type of infection

Pre-Implementation

Spring Gate Rehabilitation and Health Care Center will host a pre-implementation walk-through and trainings to ensure staff have full understanding of the System and how it will support their environment. Additionally, WashSense and Spring Gate leadership will facilitate a question and answer session with the resident council. In the pre-implementation preparation, WashSense will set up the automated data extraction from the facility EHR and establish historical baseline rates for facility infection and readmission rates. During the pre-implementation phase, the Staff Development Coordinator, Infection Preventionist, Director of Nursing and Administrator will choose training initiatives to implement, facility metrics to monitor and specific isolation protocols to customize on the WashSense Portal Dashboards.

WashSense Hardware:

- Battery Operated Performance Devices
 - Installation at every sink with adhesive (no nails or screws)
 - Installation at every Hand Sanitizer with adhesive (no nails or screws)
 - Staff Badges
 - Network Hub

WS Portal Surveillance Tools:

- WashSense Analysis Tools
- WashSense Dashboards
 - o Facility Performance
 - Infection Surveillance & Antibiotic Map
 - Census & Level of Care Map
 - Admission Placement Map
 - Staffing Shift & Outcomes Map
- WashSense Reporting Tools
 - o Hand hygiene & environmental cleaning compliance
 - o Room specific hygiene surveillance based on infection
 - o New hire and job coaching performance
 - o Infection and symptom onset trends
 - o Antibiotic trends and analysis
 - o Cross contamination event analysis
- WashSense Training and Protocol Messaging
 - o User-engaged hand hygiene training
 - o HIPAA compliant room specific clinical protocol and prevention training
 - o Public health awareness messaging

Deliverables

Pre-Implementation

June 1st

Facility walk-through and set up of automated EHR data exchange. Choose metrics for facility dashboard and protocol initiatives with Spring Gate leadership

June 15th

System Introduction and public installation of WS Performance Devices. Staff and resident council question and answer session

Installation

July 1st-2nd

WashSense Performance Device installation & network set-up. WS Portal Surveillance tools active

July 16-17th

Staff training and badge handout

Reviews

October, January, April, June

Infection & Readmission Evaluation: WashSense and Spring Gate leadership to review reports generated from EHR and WS Portal. Protocol initiatives and customized reporting (i.e.: staff shift change reports, wheel chairs added to WS Network). Summary report will be shared with the TN Department of Epidemiology and submitted to State Agency.

January 2019, June 2019

Staff Effectiveness Survey produced by the Staff Development Coordinator

July 2019

Open House for community members and neighboring health care providers

Final report including reduction results, staff and resident feedback and next steps

Program Goal: Reduce Total Building HAI rate by >25% and reduce HAI related readmission rate by half. Establish point of care training modules to deliver sustainable infection prevention and hygiene practices for both new and tenured staff.

Part VIII: Results Measurement

Healthcare-Associated Infection Metrics & Quarterly Review:

Metrics Measured: Total number of HAI's differentiated by type, i.e.: UTI, Sepsis, Pneumonia, C. Diff, Other MDRO such as ESBL, Skin

Measurement Method: Quarterly comparison of total number of HAI's as well as each type – rate of reduction of each from baseline totals/percentage

Who is Responsible: Infection Preventionist with Director of Nursing oversight

Frequency: Quarterly evaluation identifying reduction rate for each infection type
i.e.: Quarter 3 comparison to historical baseline; Quarter 4 comparison to historical baseline, Quarter 4 trend comparison to Quarter 3; etc.

Staff Training Effectiveness Survey

Metrics Measured: Survey tool implemented with front line staff every 6 months to measure effectiveness of System as well as identifying training modules staff perceive to be most effective. Obtain feedback about additional Performance Device modules and other tools considered to be beneficial.

Who is Responsible: Staff Development Coordinator

Frequency: Every 6 months

Readmission Rate Metrics & Quarterly Review

Metrics Measured: HAI's that result in a 30 day Return to Hospital as well as trend overall readmission rate of Medicare A & Managed Care patients.

Measurement Method: Rate of improvement based on defined historical baseline

Who is Responsible: Administrator/ Director of Nursing

Frequency: Quarterly report identifying improvement of HAI resulting in 30 day Return to Hospital and overall Readmission rate

End of the Year Report

A detailed report evaluating the programs outcomes based on the three measurement methods: Healthcare-Associated Infections, Staff Training Effectiveness Survey and Readmission Rates will be compiled The final report will include an evaluation if the project goal is met, the financial viability for other nursing homes and best practices learned from the program to be shared with the healthcare community.

Part IX: Benefits to Nursing Home Residents

The WashSense Solution is based on three core principles: Be Well, Get Better and Stay Connected. “Be Well” is about delivering quality care to long-term residents to mitigate risks of acquiring new infections that can create complications and result in unintended trips to the hospital. “Get Better” is about protecting short-term stay residents to maximize their healing, reduce the chance of hospital readmission and get home sooner. “Stay Connected” is about skilled nursing home community. It is a healthy building, with risks actively managed, welcoming family and guests, improving social and dining gatherings, ensuring dignity and confidence that residents are safe and protected.

Part X: Consumer/Stakeholder Involvement

WashSense Performance Devices are installed in patient rooms, nurses’ stations as well as public restrooms and dining halls. Patients, staff and guests engage with the Performance Devices displaying public health messages, clinically directed specific messages (staff only) or celebratory messages recognizing a resident’s birthday. It is a community effort to ensure patients remain safe and healthy.

During the pre-implementation phase, WashSense, Clinical Team members and Resident Council will have an opportunity for question and answer session. Portal queries, dashboards and reports can be customized to target specific quality outcome metrics or new initiative monitoring. Spring Gate will host an open house for community members and neighboring health care providers to share the successes and challenges of implementing the WashSense System.

Part XI: Funding

Prestige HCM & WashSense recognize that the payment model for Skilled Nursing is shifting to quality outcomes, pre-determined per bed per day rates. Not only will care facilities not be reimbursed for “negative outcomes” but payments will be withheld and penalties assessed. Reducing infection and improving staff training and efficiency directly lowers occupancy revenue loss from isolation protocols or hospital returns. Supplies, pharmacy, staffing, patient complications and cross contamination are part of doing business and yet are expensive. Net profit per bed is increased when preventable infections are avoided.

The WS Software Tools address the Facility's Performance as a collaboration, not collection of parts, of Clinical, Administrative, Business and Admissions providing leadership the ability to streamline and address patient acuity, staff optimization and census management to maximize revenue. A three year agreement for the WashSense System averages \$1.00 / bed per day, reduces total facility infections by 30% or more, shows constant improvement with time and use and has never required any additional staff to implement the WashSense System.

The Spring Gate Medicaid reimbursement rate is \$199.07 per patient day and Medicare is \$509.62. The agreement with WashSense is for one year but it is our intention at the end of the pilot to extend and fund the agreement for year two and three. We request that the CMPQI grant fund year one of the Subscription costs and Infection Surveillance Device fees. WashSense will waive (in-kind) the installation fees as well as offer a 15% discount on the Subscription. In addition, Prestige HCM intends to purchase the software only* version of the WashSense Solution for a sister facility in TN.

**software only does not include performance devices, compliance and monitoring, continuous movement with AI cross contamination analysis, room specific hygiene activity, clinical directed protocols at the point of care or training.*

GRANT BUDGET

| ADDITIONAL IDENTIFICATION INFORMATION AS NECESSARY | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------|--------------------------|
| APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2018, and ending June 30, 2018. | | | | |
| POLICY 03 Object Line-item Reference | EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable) | GRANT CONTRACT | GRANTEE PARTICIPATION | TOTAL PROJECT |
| 1 | Salaries | \$0.00 | \$0.00 | \$0.00 |
| 2 | Benefits & Taxes | \$0.00 | \$0.00 | \$0.00 |
| 4, 15 | Professional Fee/ Grant & Award | \$42,804.00 | \$0.00 | \$42,804.00 |
| 5 | Supplies | \$0.00 | \$0.00 | \$0.00 |
| 6 | Telephone | \$0.00 | \$0.00 | \$0.00 |
| 7 | Postage & Shipping | \$0.00 | \$0.00 | \$0.00 |
| 8 | Occupancy | \$0.00 | \$0.00 | \$0.00 |
| 9 | Equipment Rental & Maintenance | \$46,577.00 | \$0.00 | \$46,577.00 |
| 10 | Printing & Publications | \$0.00 | \$0.00 | \$0.00 |
| 11, 12 | Travel/ Conferences & Meetings | \$0.00 | \$0.00 | \$0.00 |
| 13 | Interest | \$0.00 | \$0.00 | \$0.00 |
| 14 | Insurance | \$0.00 | \$0.00 | \$0.00 |
| 16 | Specific Assistance To Individuals | \$0.00 | \$0.00 | \$0.00 |
| 17 | Depreciation | \$0.00 | \$0.00 | \$0.00 |
| 18 | Other Non-Personnel | \$0.00 | \$0.00 | \$0.00 |
| 20 | Capital Purchase | \$0.00 | \$0.00 | \$0.00 |
| 22 | Indirect Cost (% and method) | \$0.00 | \$0.00 | \$0.00 |
| 24 | In-Kind Expense | \$0.00 | \$8,479.00 | \$8,479.00 |
| 25 | GRAND TOTAL | \$89,381.00 | \$0.00 | \$97,860.00 |

**GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 2)**

| SALARIES | AMOUNT |
|----------------------|---------------|
| Not Applicable | \$0.00 |
| ROUNDED TOTAL | \$0.00 |

| PROFESSIONAL FEE/ GRANT & AWARD | AMOUNT |
|-------------------------------------------------------------------------------------|--------------------|
| WashSense Infection Surveillance System Annual Subscription (includes 15% discount) | \$42,804.00 |
| ROUNDED TOTAL | \$42,804.00 |

| TRAVEL/ CONFERENCES & MEETINGS | AMOUNT |
|-------------------------------------------|---------------|
| Not Applicable | \$0.00 |
| ROUNDED TOTAL | \$0.00 |

| INTEREST | AMOUNT |
|----------------------|---------------|
| Not Applicable | \$0.00 |
| ROUNDED TOTAL | \$0.00 |

| SPECIFIC ASSISTANCE TO INDIVIDUALS | AMOUNT |
|-------------------------------------------|---------------|
| Not Applicable | \$0.00 |
| ROUNDED TOTAL | \$0.00 |

| DEPRECIATION | AMOUNT |
|----------------------|---------------|
| Not Applicable | \$0.00 |
| ROUNDED TOTAL | \$0.00 |

| OTHER NON-PERSONNEL | AMOUNT |
|----------------------------|---------------|
| Not Applicable | \$0.00 |
| ROUNDED TOTAL | \$0.00 |

| CAPITAL PURCHASE | AMOUNT |
|-------------------------|---------------|
| Not Applicable | \$0.00 |
| ROUNDED TOTAL | \$0.00 |

Part XII: Involved Organizations

Prestige Healthcare Management
Darren Gee, Chief Development Officer
DGee@prestigeHCM.com
Office: 586-752-5008 Cell: 417-413-6069
7400 New Lagrange Rd, Louisville, KY 40222

Bio:
27 years LTC experience
CDO, Prestige HCM 2016-present
Licensed Nursing Home Administrator
Former Positions: COO, DO, Admin, CNA

Spring Gate Rehab & Healthcare Center
Louis Milite, Administrator (2009-present)
LMilite@springgateHC.com
Office: 901-377-1011
3909 Covington Pike, Memphis, TN 38135

Bio:
20 years experience as LTC Administrator
Masters Degree in Public Administration
Professional Organization - Fellow:
American College of Health Care Admin

Subcontractors: WashSense Inc, Laura Ivanoski, COO, 603-491-4278 laura@washesense.com

Project Structure

Operator: Spring Gate Rehabilitation and Health Care Center

Administrator: Primary contact, delegate and monitor facility initiatives, communicate goals to staff and community, review and trend infection rates.

Director of Nursing: Oversee infection prevention protocol interventions. Monitor infection rates and trends, define patient acuity initiatives and manage staffing to acuity.

Infection Preventionist: Responsible for daily oversight, protocol efficacy, outbreak reporting and quarterly reviews.

Staff Develop Coord: Design and execute new hire training, evaluate staff competency and deliver on-going education.

Technology Provider: WashSense
Manage data in HIPAA compliant secure servers. Support Team is accessible via email or phone 24 hours/day and will be on site a minimum of three times per year and for maintenance or training as required. Staff access to WS Portal requires user name and passwords. Permission granted access levels are provided for both WS Portal tools and Performance Device messaging.

WashSense Inc
4800 Patrick Henry Drive
Santa Clara, CA 95054

February 15, 2018

Vincent Davis, State Survey Agency Director
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243

Dear Mr. Davis, State Survey Agency Director:

This letter serves as a commitment to confirm WashSense, Inc participation as a vendor/sub-contractor for CMPQI grant proposal submitted by Prestige Healthcare and Spring Gate Rehabilitation and Healthcare Center.

The goal of the WashSense HAI Reduction and Training Pilot at Spring Gate is to evaluate the efficacy of ongoing and automated measurement, behavior intervention and staff education to:

- Contain and reduce infection in a reliable and sustainable way through automated monitoring, training at the point of care, antibiotic stewardship and performance improvement for isolation, hygiene, and personal protective equipment (PPE) protocols.
- Significantly reduce HAI related hospital readmissions.

Implementation of the full System is scheduled for July 2018 but pre-implementation will begin mid-June so the results reflect a full 12-month period.

We are excited about this opportunity and look forward to providing the equipment and tools to support Prestige HCM and Spring Gate in this one-year pilot utilizing WashSense Technology to improve staff performance, streamline training, increase efficiency and reduce Healthcare Associated Infections (HAI).

Respectfully Submitted,



Connor Dahlberg
WashSense Inc
CEO & Founder
(417) 766-8922

GENERAL ASSURANCES

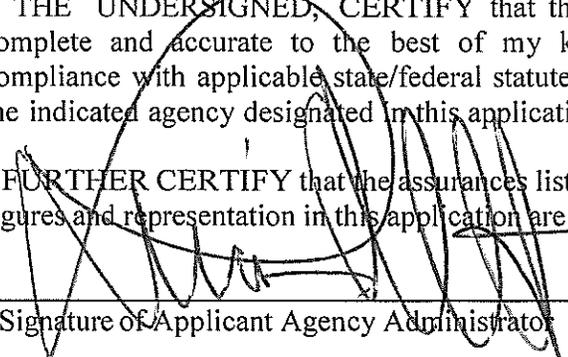
Assurance is hereby provided that:

1. This program will be administered in accordance with all applicable statutes, regulations, program plans and applications:
 - a. The laws of the State of Tennessee;
 - b. Title VI of the federal Civil Rights Act of 1964;
 - c. The Equal Employment Opportunity Act and the regulations issued there under by the federal government;
 - d. The Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government;
 - e. The condition that the submitted application was independently arrived at, without collusion, under penalty of perjury; and,
 - f. The condition that no amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Agency in connection with any grant resulting from this application.
2. Each agency receiving funds under any grant resulting from this application shall use these funds only to supplement, and not to supplant federal, state and local funds that, in the absence of such funds would otherwise be spent for activities under this section.
3. The grantee will file financial reports and claims for reimbursement in accordance with procedures prescribed by the State of Tennessee Department of Health.
4. Grantees awarded grants resulting from this application process will evaluate its program periodically to assess its progress toward achieving its goals and objectives and use its evaluation results to refine, improve and strengthen its program and to refine its goals and objectives as appropriate.
5. If applicable, the program will take place in a safe and easily accessible facility.

CERTIFICATION/SIGNATURE

I, THE UNDERSIGNED, CERTIFY that the information contained in the application is complete and accurate to the best of my knowledge; that the necessary assurances of compliance with applicable state/federal statutes, rules and regulations will be met; and, that the indicated agency designated in this application is authorized to administer this grant.

I FURTHER CERTIFY that the assurances listed above have been satisfied and that all facts, figures and representation in this application are correct to the best of my knowledge.



Signature of Applicant Agency Administrator

2/15/18

Date Signed (Month/Day/Year)

RFA 34305-22417
 CMPQI CHECKLIST

Applicants Name: Memphis Operator, LLC dba Spring Gate Rehabilitation Center

| Page(s) #: | Required Element: | PASS | FAIL |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|
| 5 | Cover letter is included and addressed to: Vincent Davis, State Survey Agency Director 665 Mainstream Drive, 2nd Floor Nashville, TN 37243 | | |
| 5 | Cover letter is signed by facility administrator if nursing home or signed by project administrator if other. | | |
| 1-16 | CMS Fillable Application (Attachment 1) is included and is signed by an individual who can legally sign a contract with the State of Tennessee. (Expand up to maximum of 20 pages including all attachments.) | | |
| 1 | All applicable blanks are completed in CMS application including Tax Identification number, and if applicable, Medicare/Medicaid numbers. | | |
| 14-15 | Submitted the completed Excel budget spreadsheet and budget details page (Attachment 2) for the project, along with a narrative explanation of the costs. | | |
| 16 | Job descriptions for key personnel are included (one page limit). | | |
| 16 | Biographical sketches/Curriculum Vitae for currently employed key personnel are included (one page limit). | | |
| 16 | Project organizational chart is included and significant collaborators are identified. | | |
| 4 | Project Title information is included per CMS application. | | |
| 6 | Required Abstract information is included per CMS application. | | |
| 6 | Statement of Need information is included per CMS application, and addresses possible problems and contingency plan. | | |
| 7 | Project Description information is included per CMS application and includes projected outcomes, the timeline, deliverables, benchmarks, and dates. | | |
| 13 | Results Measurements information is included per CMS application and identifies what data will be measured, how and when it will be measured, and who will measure it. | | |
| 14 | Description of how the nursing home community and governing body will assist and provide support for the project which is included per CMS application. | | |
| 16 | Identification and list of all organizations and subcontractors that will receive funds from this grant are included per CMS application (i.e., specific nursing homes, hospitals, local community agencies, etc.). | | |

RFA 34305-22417
CMPQI CHECKLIST

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|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | | | |
| 17 | Letters of commitment/agreement from all organizations and subcontractors that will receive funds from this grant are included per Request for Application. | | |
| 18 | General Assurances form is included and signed per Request for Application. | | |

Primary Evaluator Signature and Date:
