

NYSCAL

NYS CENTER FOR ASSISTED LIVING



NYSCAL EMPLOYEE & VOLUNTEER RECOGNITION

ALL WINNERS TO BE HONORED AT NYSHFA | NYSCAL'S 75TH ANNUAL
CONFERENCE & EXPO AT THE TURNING STONE RESORT & CASINO

SUBMISSIONS DUE
January 26, 2024

AWARD NOMINATIONS

NYSCAL is offering awards in several categories and ALL winners from each of the categories presented will be honored at the 2024 Annual Conference & Expo at the Turning Stone Resort & Casino in Verona, New York.

- » **NURSE OF THE YEAR AWARD**
- » **ADMINISTRATOR OF THE YEAR AWARD**
- » **NOBLE CAREGIVER AWARD**
- » **VOLUNTEER OF THE YEAR AWARDS**

To nominate outstanding individuals, please follow the guidelines within.



INTRODUCTION

The Annual Conference & Expo is right around the corner! The NYSCAL team will soon start reviewing submissions from members around the state of New York who wish to honor, celebrate, and acknowledge their fellow colleagues who have demonstrated exceptional innovation and achievement in the provision of person-centered care in a service-oriented culture.

Ultimately, supporting and nominating outstanding colleagues who have demonstrated innovation and achievement benefits not only the individuals themselves but also the entire facility and its residents. It creates a culture of excellence, inspires others to do their best, and ultimately leads to better outcomes for everyone involved.

NURSE OF THE YEAR AWARD



This award honors an assisted living nurse (must be a registered or licensed practical nurse) for their exceptional compassion, success in supervision, accomplishment of innovation, and skills in providing high-quality resident-centered care in a service-oriented environment in an assisted living community.

WHO TO NOMINATE

- Effectively communicates with family members, physicians, staff and other stakeholders about the needs of the residents
- Exhibits teamwork skills and serves as a mentor and role model to all frontline caregiving staff
- Recognition by his / her peers as an exemplary leader and advocate of the elderly and staff
- Demonstrates success as a licensed nurse who successfully leads his/her community to deliver outstanding resident-centered care and achieves a heightened quality of life for assisted living residents
- Displays integrity and a high standard of ethical behavior



GENERAL NOTES

- All forms must be clearly printed or typed
- All nominations received will be verified as members in good standing prior to judging
- All materials, essays and photos submitted become the property of NYSCAL and may be used in its publications and website
- Submitted materials will not be returned to applicants
- All activities demonstrated by the nominee and used in the nomination must have been performed in compliance with applicable state and federal labor laws
- NYSCAL reserves the right not to make an award if fewer than five nominations are submitted for each category or if applicants do not meet award eligibility criteria



**SCAN CODE & COMPLETE
NOMINATION FORMS ONLINE!**
 NYSHFA-NYSCAL.ORG/NYSCALNurse2024/

NURSE OF THE YEAR NOMINATION FORM

Please provide the following information about your nominee

Name of Nominee: _____

Job Title: _____

Department: _____ Length of Service: _____

Facility Name: _____

Phone: _____ Street: _____

City: _____ State: _____ Zip: _____

Nomination Submitted By:

Name: _____ Title: _____

Email: _____ Phone: _____



WHAT IS REQUIRED



COMPLETE NOMINATION FORM ^



A BRIEF LETTER

- A synopsis (*no longer than 500 words*) outlining how the nominee meets and demonstrates the criteria into his/her daily routine. Use as many examples as possible.



THE DONT'S

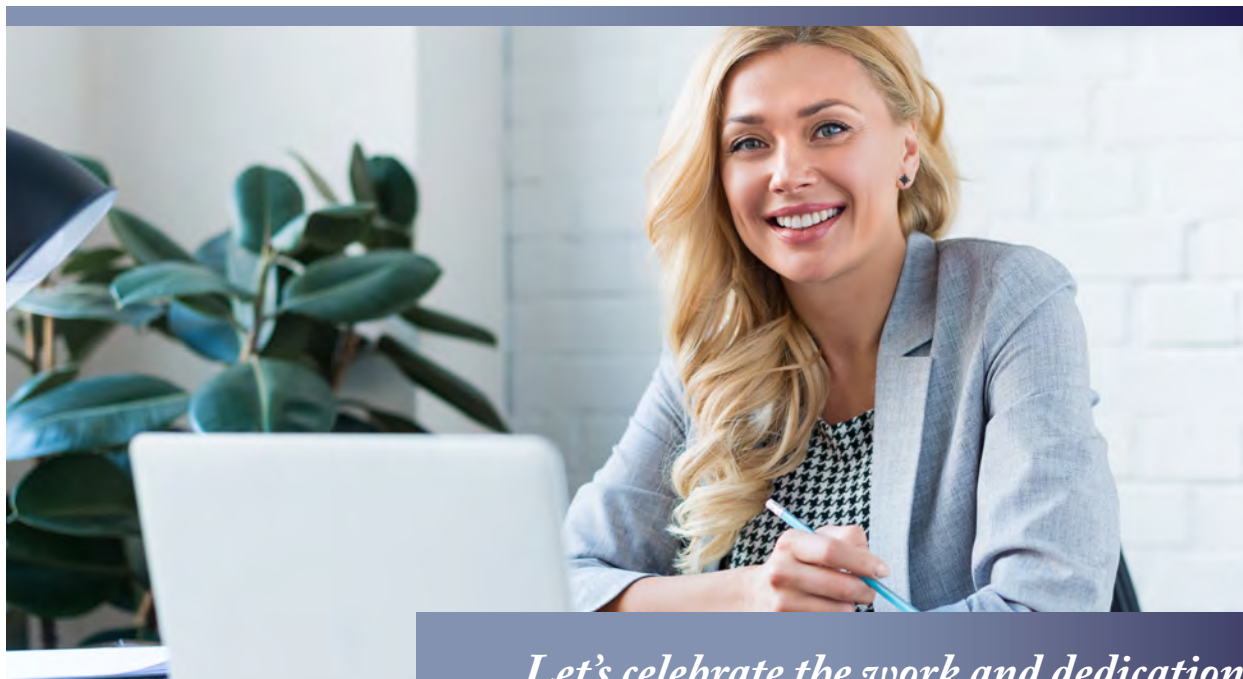
- Do NOT identify the individual by name, refer to the nominee as "employee"
- Do NOT identify your facility
- Do NOT use facility stationery/letterhead
- Do NOT identify yourself or any facility personnel in the letter of recommendation
- DO NOT submit pictures of the nominee



ADMINISTRATOR OF THE YEAR AWARD



This award is given to an adult care/assisted living administrator who, in the course of providing excellent person-centered care in a service-oriented environment, exhibits exceptional innovation, achievement, and competence.



*Let's celebrate the work and dedication of
our hard-working long-term care heroes.*

WHO TO NOMINATE

- Demonstrate the collaboration, leadership, and communication abilities necessary to deliver high-quality care in an assisted living environment
- Play a proactive role in the neighborhood surrounding the adult care or assisted living facility to improve not only the quality of life for its residents but also to show that the facility is dedicated to being a good neighbor and enhancing the general well-being of the community
- Recognition by his / her peers as an exemplary leader and advocate of the elderly and staff
- Demonstrates success as an Administrator who successfully leads his/her community to deliver outstanding resident-centered care and achieves a heightened quality of life for assisted living residents
- Displays integrity and a high standard of ethical behavior
- Displays personal leadership and dedication to residents and staff



**SCAN CODE & COMPLETE
NOMINATION FORMS ONLINE!**
NYSHFA-NYSCAL.ORG/NYSCALAdmin2024/

ADMINISTRATOR OF THE YEAR NOMINATION FORM

Please provide the following information about your nominee

Name of Nominee: _____

Job Title: _____

Department: _____ Length of Service: _____

Facility Name: _____

Phone: _____ Street: _____

City: _____ State: _____ Zip: _____

Nomination Submitted By:

Name: _____ Title: _____

Email: _____ Phone: _____



WHAT IS REQUIRED



COMPLETE NOMINATION FORM ^



A BRIEF LETTER

- A synopsis (*no longer than 500 words*) outlining how the nominee meets and demonstrates the criteria into his/her daily routine. Use as many examples as possible.



THE DONT'S

- Do NOT identify the individual by name, refer to the nominee as "employee"
- Do NOT identify your facility
- Do NOT use facility stationery/letterhead
- Do NOT identify yourself or any facility personnel in the letter of recommendation
- DO NOT submit pictures of the nominee





NOBLE CAREGIVER OF THE YEAR AWARD

This award honors frontline caregivers from any department for their efforts that enhance residents' quality of life and improve the working environment for staff members of adult care / assisted living community. This includes, but is not limited to, direct care staff from nursing (does not include licensed nurses), housekeeping, dietary, activities / recreation, laundry, and maintenance departments.



WHO TO NOMINATE

- Effectively communicates with family members, physicians, staff and other stakeholders about the needs of the residents
- Contributes to the positive well-being of the residents and the morale in the adult care / assisted living community
- Demonstrates outstanding person-centered care and achieves a heightened quality of life for assisted living residents
- Shows initiative and performs above and beyond the call of duty
- Provides comfort to the residents, loved ones, and volunteers
- Empowers the residents to achieve individual autonomy, dignity, and quality of life in their daily living
- Brings a daily positive attitude and respect towards residents, co-workers, family, and volunteers
- Displays leadership, integrity and a high standard of ethical behavior for assisted living residents
- Displays integrity and a high standard of ethical behavior



**SCAN CODE & COMPLETE
NOMINATION FORMS ONLINE!**
 NYSHFA-NYSCAL.ORG/NYSCALNoble2024/

NOBLE CAREGIVER OF THE YEAR NOMINATION FORM

Please provide the following information about your nominee

Name of Nominee: _____

Job Title: _____

Department: _____ Length of Service: _____

Facility Name: _____

Phone: _____ Street: _____

City: _____ State: _____ Zip: _____

Nomination Submitted By:

Name: _____ Title: _____

Email: _____ Phone: _____



WHAT IS REQUIRED



COMPLETE NOMINATION FORM ^



A BRIEF LETTER

- A synopsis (*no longer than 500 words*) outlining how the nominee meets and demonstrates the criteria into his/her daily routine. Use as many examples as possible.



THE DONT'S

- Do NOT identify the individual by name, refer to the nominee as "employee"
- Do NOT identify your facility
- Do NOT use facility stationery/letterhead
- Do NOT identify yourself or any facility personnel in the letter of recommendation
- DO NOT submit pictures of the nominee



VOLUNTEER OF THE YEAR AWARDS



NYSHFA | NYSCAL values the many contributions from the community surrounding our Member facilities. As we navigate through the demands of daily life in our long-term care communities, it is important to pause and acknowledge the hard work and dedication of our volunteer; without their selfless service, many of our facilities would struggle to provide the exceptional level of care we aim to deliver.

YOUNG ADULT

AGES 13 - 29

If the nominee is a teenager, parental or guardianship information must be included on the nomination form

If a couple is nominated, both must be nominated in the same category and both must meet the nomination criteria for that category; the nominees will be recognized as a single entity

ADULT

AGES 30 - 64

If a couple is nominated, both must be nominated in the same category and both must meet the nomination criteria for that category; the nominees will be recognized as a single entity

SENIOR ADULT

AGES 65+

If a couple is nominated, both must be nominated in the same category and both must meet the nomination criteria for that category. The nominees will be recognized as a single entity

GROUP, CLUB OR ORGANIZATION

The group, club or organization should be providing not-for-profit services or activities for residents that involve direct involvement with the residents

The group should have acted as volunteers in contributing to the mental, social and emotional well-being of residents. *(However, the activity should not be primarily spiritual in nature. For this activity see the category of "Spiritual Guidance".)*

A group, club or organization should be involved in some form of activity that requires regular visits to the facility

A "family" group, couple or non-organized group cannot be nominated in this category

Though not limited to the following examples, typical groups that would qualify include: social and fraternal clubs, Boy and Girl Scout Troops, garden clubs, schools, or employee groups

SPIRITUAL GUIDANCE

While the same rules apply as stated in the "Nomination Criteria" section, a nominee in this category can be an individual or a group.

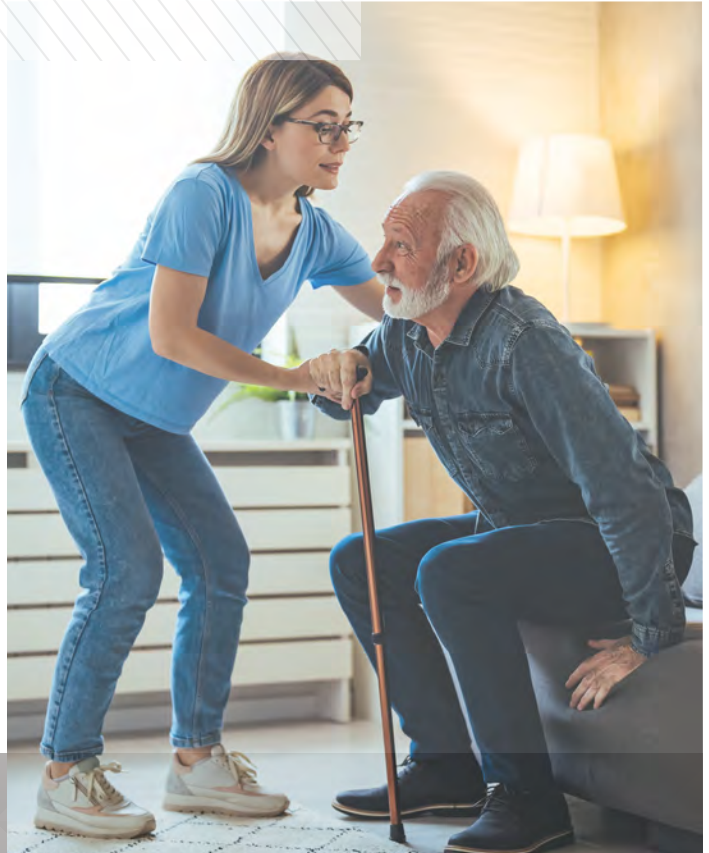
Activities (he / she / they perform must be devoted primarily, preferably exclusively, to the religious spiritual aspects of skilled nursing facility residents. This activity must represent willing spiritual comfort for the residents

The individuals or group need not be "ordained," though it would be preferable that the activities relate to a recognized religion and be under the direct or indirect supervision of an official of a recognized religion

Nominees must be at least 21 years of age

NOMINATION CRITERIA

- Facilities entering nominations must be members in good standing with NYSCAL
- Nominees must have volunteered at least one full year at the nominating facility
- Individuals or groups nominated in one category may not also be nominated in a separate category in the same year
- Each NYSCAL member facility may enter a nomination in one or more of the 5 categories listed, however, each facility may only enter one submission per category
- Winners in any category may not win in any two consecutive years



GET THE NOMINATION PROCESS STARTED!

WHAT IS REQUIRED



COMPLETE NOMINATION FORM »



“I MAKE A DIFFERENCE”

- Please write a few paragraphs about your volunteer under the theme “I Make A Difference.”
- Describe ways he/she/they help residents reach their own potential while being guided by the theme of “I Make A Difference”. Include what makes this volunteer or group special and inspirational.



THE DONT'S

- Do NOT identify your facility in the essay
- Do NOT use nursing facility stationery / letterhead
- Do NOT identify yourself or any facility personnel in the essay

**The Clinical and Quality Services Committee will select Volunteers of the Year in each category*



**SCAN CODE & COMPLETE
NOMINATION FORMS ONLINE!**
 NYSHFA-NYSCAL.ORG/NYSCALVolunteer2024/

VOLUNTEER OF THE YEAR NOMINATION FORM

1. This is a Nomination for the Following Category:

(Check ONLY one category per form)

» **YOUNG ADULT (AGES 13 - 29)**

» **ADULT (AGES 30 a- 64)**

» **SENIOR ADULT (AGES 65+)**

» **GROUP, CLUB, OR ORGANIZATION**

» **SPIRITUAL GUIDANCE (AGES 21+)**

Facility Name: _____

Phone: _____ Street: _____

City: _____ State: _____ Zip: _____

Name of Nominee/Group: _____

Primary Contact for Group: _____

Phone: _____ Street: _____

City: _____ State: _____ Zip: _____

If Nominee is a Teenager, Please include the name(s) of the Parents or Guardian(s):

Name(s): _____

Phone: _____ Street: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Nomination Submitted By:

Name: _____ Title: _____

Signature: _____ Date: _____

Facility Administrator:

Name: _____ Title: _____

Signature: _____ Date: _____

(Please verify the EXACT name of nominee or group, as it will be used to make the awards)

PLEASE COMPLETE THE REVERSE SIDE



DO NOT REFER TO NAME, AGE, SEX,
RELIGIOUS AFFILIATION, MARITAL STATUS
OF VOLUNTEER, OR NAME OF FACILITY
OR CITY IN WHICH S/HE LIVES OR WORKS

(OFFICE USE ONLY)
ALPHA/NUMERIC CODE

2. Fill in the Following Volunteer Service Information:

Length of Service of Volunteer(s): _____ (years)
 How Frequently does the Volunteer(s) Visit the Facility? _____ (days per week / month)
 How Many Hours has the Volunteer(s) Served in the Past 12 Months? _____
 Has the Volunteer(s) Recruited Additional Volunteers for Your Facility? YES NO _____
 (about how many)

3. Select the Volunteer(s) Five (5) Primary Tasks:

(There does NOT need to be Five Tasks, but there CANNOT be More than five.)

- | | | |
|-------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Friendly Visitor (1 to 1) | <input type="checkbox"/> Leads Group Discussions | <input type="checkbox"/> Entertainer/Performs for Residents |
| <input type="checkbox"/> Leads Craft Sessions | <input type="checkbox"/> Transports Residents | <input type="checkbox"/> Makes or Repairs Items for Residents |
| <input type="checkbox"/> Leads Exercise Groups | <input type="checkbox"/> Provides Personal Services i.e. shopping | <input type="checkbox"/> Serves as a Resource to the Activity Director |
| <input type="checkbox"/> Provides/Serves Refreshments | <input type="checkbox"/> Arranges/Provides Spiritual Guidance or Religious Services | <input type="checkbox"/> Other (be specific) |

4. Write 1-2 paragraphs under the theme, "I Make a Difference." (See *WHAT IS REQUIRED*) This text MUST accompany this nomination form and should explain why you believe this individual/group should be nominated.

PLEASE SEND ALL MATERIAL BY JANUARY 26, 2024

JOANNE O'CONNOR

Communication & Business Development Coordinator • 518.462.4800, ext. 23

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THANK YOU

Thank you to each NYSCAL member for your unwavering commitment to service and care. Your efforts enrich lives every day. We eagerly anticipate celebrating your achievements at our upcoming Annual Conference. Together, we are excellence in action.