



## Criteria for Administrator of the Year

Each year the Georgia Chapter of the American College of Health Care Administrators presents a Georgia Administrator with its Administrator of the Year Award. This award will be presented during the Annual Convention in June.

The Nominee:

- Is **not required** to be a member of the American College of Health Care Administrators.
- **Must** be a nursing home administrator licensed to practice in Georgia;
- **Must** have been practicing for a minimum of **five** (5) years;
- **Must** be a practicing administrator, and responsible for the day to day operation of current Georgia nursing home for award.

In addition to this form, you may send letters from other staff members, residents, families, community, etc. and please include pictures of the nominee.

**NOMINATIONS MUST BE RECEIVED BY: May 16, 2017.**

Please return nominations to:

**Jo Lucke**  
**President**  
**GA Chapter of ACHCA**  
**912-285-4721**  
**FAX 912-285-0058**  
**[jlucke@ethicahealth.org](mailto:jlucke@ethicahealth.org)**

## ***Administrator of the Year – Nomination Form***

Please **PRINT** or **TYPE** all information except signature at the bottom of the page.

Name of Nominee: \_\_\_\_\_

Facility (include mailing address): \_\_\_\_\_  
\_\_\_\_\_

Date/Year nominee began as practicing Administrator: \_\_\_\_\_

List GHCA and AHCA or ACHCA involvement: (committee or leadership program)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional achievements (GHCA/AHCA Quality awards, ACHCA recognition, Eli Pick Award etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Involvement: (i.e. Rotary, Chamber of commerce, other committees)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participation in Nursing Home Activities: (i.e. family and resident councils)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Willingness to learn new concepts and adapt to the changing regulatory environment for long term care:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is nominee an advocate for the residents of the facility?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strong work ethics (dependable, integrity, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

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What is the administrator's survey history?

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What is the administrator's overall satisfaction and recommendation to others score for customer service on annual MIV?

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What is the administrator's facility re-hospitalization rate? (Compared to state 17.2% goal)

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What is the administrator's reduction of antipsychotic medications rate? (compared to state average of 20%)

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What is the administrator's over 5 star rating? (Please provide details if below 3 stars.)

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Why do you feel this nominee is deserving of this award?

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Please include short biography and picture of nominee on separate sheet of paper.

Name and title of person making nomination:

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**PLEASE RETURN BY May 16, 2017**

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