

# Request for Exclusionary Criteria Exemption

Date of request

## Community Nursing Home Information

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Name of CNH

Name of  
Administrator

Address 1

Address 2

City

State

Zip Code

Phone

## VAMC Information

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Name of VAMC

Name of contact  
for CNH program

Address 1

Address 2

City

State

Zip Code

Phone

# Exclusionary Criteria documented

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Check all that apply

- ☐ Three level "G" or worse deficiencies in the current survey
- ☐ The total number of health requirement deficiencies are twice the State average in the current survey
- ☐ RN hours per resident day are below the state average
- ☐ Total Nursing staff hours per resident day are below the state average
- ☐ Six or more of the CMS Quality Measures listed in Nursing Home Compare fall above the state average
- ☐ A level "E" or higher deficiency in the current survey, in one of the following areas:
  - ☐ F221 or F222 (Restraints)
  - ☐ F223 (Abuse)
  - ☐ F225 or F226 [Staff treatment of patients (includes background check)]
  - ☐ F353 (Nursing services)
  - ☐ F241 (Dignity)
  - ☐ F491 (Licensure)
  - ☐ F494 or F495 or F496 (Nursing aide training)
  - ☐ F497 (Regular in-service training)
  - ☐ F498 (Proficiency of nursing aides)
  - ☐ F499 (Staff qualifications)

Please describe  
the reasons for  
request for  
exemption

## Plan of Correction and Oversight

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Date of receipt of  
CNH action plan

Timeline for full  
implementation of  
action plan

Frequency of  
VAMC employee  
visits to CNH  
during action plan

Date of next  
oversight visit

Medical Center  
Director's digital  
signature

Network  
Director's digital  
signature

## VA Central Office Review

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GEC Policy  
Comments

GEC Policy's  
digital signature

GEC Operations's  
Comments

GEC Operations's  
digital signature

Date Exemption  
Expires