

**Kentucky Coalition for Person-Centered Care (KCPCC)
Facility Practice Questionnaire**

By returning the completed questionnaire, you are self identifying and authorizing the coalition to publicly post the facility's response on the KCPCC website. The website will be updated periodically or as notified by the facility.

Name of Facility	
Address	
City/State/Zip	
Contact Person	
Phone	()
Contact Email	
Areas of PCC Expertise <i>(outline areas that your facility would be willing to share with other facilities that are looking to change)</i>	
What changes did you make? <i>(resident/families/friends, staff, care, environment, community partners, regulators, finance)</i>	
Facility Demographics <i>(what would you want others to know about your organization and the people served)</i>	

_____ Administrator

_____ Date

I am willing to open my nursing home for tours for other nursing homes: __Yes __No