

# Oregon NHA

OREGON BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS - APR 2005

*This newsletter has been created by the OREGON BOARD OF NURSING HOME EXAMINERS (BENHA) to provide an instrument of communication between the Board and the Oregon registered administrators.*

*The Board welcomes your comments and suggestions for information you would like to see published in future newsletters.*

## **BOARD MEMBERS**

- Misti Wittenberg, NHA  
Board Chair
- Rob Hays, NHA  
Vice Chair
- Anita Schacher, NHA  
Nurse Member: Vacant
- Ronald Gilson, M.D.
- George Gerding, R.Ph.
- Dolores Hubert, Public Member
- James Bagley, Public Member
- Raissa Moore, Public Member

## **BOARD OFFICE**

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**Visit our new website at:**  
<http://egov.oregon.gov/NHABD/>

## **2005 MEETING DATES**

- January 12, 2005
- April 13, 2005
- July 13, 2005
- October 12, 2005

Meetings convene at 8:30 a.m. at the location listed above.

## FROM THE EXECUTIVE OFFICER

--Janet Bartel

Dear Licensees,

I have to say the year is just flying by! Given this, I must remind you that your license expires on June 30, 2005, and that you will need 30-60 hours--depending on your license status--to renew. Now don't panic, because I am here to help you. I have included herein a few opportunities to accrue those continuing education credits that you need, and you can always call me for assistance in locating a suitable activity. In addition, make sure that you regularly check the Board's website at [www.nhabd.state.or.us](http://www.nhabd.state.or.us) or visit our new site at <http://egov.oregon.gov/NHABD/> for a current list of approved activities. While you're there, you might want to download a copy of the Board's *Continuing Education Guidelines* (simply navigate to the Education page and select the Continuing Education Link located at the bottom of the page). In addition, you will find links to approved correspondence, Internet and ethics courses on this page. There are many excellent learning opportunities out there for those who care to look further.

I want to challenge you to participate in those activities that will benefit you in your role as administrator. The continuing education requirement is your opportunity to enhance your management and leadership skills, thus I encourage you to participate in those activities that will provide the most benefit.

Feel free to call me at (971) 673-0196 if you have CE questions or if you need assistance in locating an activity.

...even without success, creative persons find joy in a job well done. Learning for its own sake is rewarding...

--Mihaly Csikszentmihalyi

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## BOARD MEMBER DEPARTURES

The Board extends its profound gratitude to the following departing members for their compassion and contributions to the Board, the industry and to the citizens of Oregon.

### **NHA Board Member – Misti Wittenberg, NHA**

Board Chair Misti Wittenberg's second term will expire June 30, 2005. Wittenberg has successfully completed two full terms on the Board, thus she is not eligible for reappointment. Wittenberg's interest in serving on the Board was to provide leadership and direction to individuals entering the industry and to instill a desire to serve the frail elderly. Wittenberg's knowledge of the industry and strong leadership provided the structure that allowed her accomplish her goal. During her tenure with the Board, Wittenberg provided significant professional insight, a sound sense of guidance and firm resolve. Her compassion and sense of commitment to the frail elderly will clearly continue to influence and guide the Board long after her departure.

### **Public Board Member – Raissa Moore, Public Member**

Raissa Moore's final term also expires on June 30, 2005. Moore has been an exceptional public member providing considerable contributions and thoughtful insight. Moore came to the Board with a strong desire to serve and protect. Bringing with her a deep sense of respect, honor and passion for the charge entrusted, Moore poignantly expressed her interest as a "privilege to serve the public trust." For Moore, the challenges and rewards of serving on the Board far exceeded the obstacles engaged. Given her long history of volunteerism, she has expressed an interest in continuing her contributions to society. The Board extends its highest recommendation and support to Moore as she pursues yet another opportunity to help others.

**If you are interested in a board member position or if you know an NHA or Nurse who might be interested in serving on the Board, please advise them of the board member vacancies. Interested persons may contact the board office at (971) 673-0196 or may download an Executive Appointment interest form at [www.governor.state.or.us/forms/Interestformdown.pdf](http://www.governor.state.or.us/forms/Interestformdown.pdf).**

## BOARD ENFORCEMENT ACTIONS

### **Linda Hill Johnston, NHA License #1258**

The Board issued a Stipulated Agreement and Final Order (Surrender of License) that was accepted by Johnston on December 29, 2004, just weeks before a scheduled hearing in the four-year case. The Agreement followed a Notice of Proposed Disciplinary Action (Revocation of License) issued on February 12, 2004. Johnston, licensed on April 16, 1977, was the administrator of Sheridan Health Care Center from September 1977 through November 2004. Conditions of the Final Order required Johnston to relinquish her Oregon nursing home administrator license and prohibits her from reapplying for licensure as a nursing home administrator in Oregon.

### **Practice Act Enforcement**

The Board agreed at its January 2005 meeting to more strictly enforce violations to its practice act. Such violations include licensees hanging their license in facilities where they are not physically located. Licensees are reminded that Oregon Revised Statute 678.720 requires licensure for nursing home administrators. ORS 678.780 (k) further prohibits "Employing or otherwise assisting another person to act as a nursing home administrator with knowledge that the person does not hold a valid license to practice as a nursing home administrator."

## STUDY ON NHA REQUIREMENTS BY STATE

A new study documents the first review of nursing home administrator licensing criteria in the United States. The study titled *A Legal Practice Environment Index for Nursing Home Administrators in the Fifty States* was conducted by the Center for Health Workforce Studies at the University of NY with support from the Commonwealth Fund. ACHCA served as a member of the Advisory Committee on the report. The study, which documents nursing home administrator licensing criteria, reveals significant variations across the states. You may read or download the PDF file at <http://www.achca.org/content/PDF/NHASTudy704.pdf>. **Note:** The report is 122 pages with the first 37 pages providing an overall analysis.

Destiny is not a matter of chance, it's a matter of choice.

## IMPORTANT REMINDERS

### NHA Licenses Expire June 30, 2005

Just a gentle reminder that all regular NHA licenses will expire on June 30, 2005. A personalized continuing education (CE) update is included with this newsletter. Please examine your CE status and your requirements for renewal. The Board's website is a great resource for those of you requiring additional hours. Approved activities are posted on a monthly basis as well as online, correspondence and ethics sources. The Board is in the process of transitioning to a new website format, which includes the aforementioned sources. You may view the Board's existing website at [www.nhabd.state.or.us](http://www.nhabd.state.or.us) or the new website at <http://egov.oregon.gov/NHABD/>.

### Transitioning From Inactive Status to Active Status

The Board's laws allow a licensee who is not employed as an Oregon Nursing Home Administrator to renew under Inactive status with payment of a lesser renewal fee. Additionally, the Board's laws require an Inactive licensee to revert to full Active status if they work as a Nursing Home Administrator in Oregon for six months or longer during the two-year license period. Given this, Inactive licensees may receive an NHA License Activation form if it appears that they have been employed as a nursing home administrator for six months or longer during the license period. Licensees are provided an Exclusion Option in the event they have not worked as an NHA for six months or longer. While the board office attempts to monitor employment changes, it is ultimately up to the Inactive licensee to notify the Board when they exceed the six-month allowance.

### 2005 MINIMUM WAGE INCREASES

The following is a reminder of the 2005 minimum wage increase affecting both Oregon and Washington.

<u>STATE</u>	<u>NEW MINIMUM WAGE</u>
• Oregon	\$7.25/hr.
• Washington	\$7.35/hr.

You are encouraged to access your state's wage and hour website to verify your individual state's minimum wage.

REPORT ON NHA TURNOVER IN OREGON

**NEW REPORT DETAILS INFORMATION ON NURSING FACILITY ADMINISTRATOR TURNOVER IN OREGON**

Oregon nursing homes that are Medicare or Medicaid certified currently serve an average of 8,454 patients each day in 140 facilities, comprising just under 30% of the long-term care provided in the state (according to CMS, 2004). Administrators of nursing homes nationally are turning over at very high rates in the profession. With the growing increase of older populations needing skilled nursing care, this instability within facilities at the managerial level may in turn impact patient care, according to a study recently completed by Jennifer McCarthy, PhD, MPH.

The findings come from a larger exploratory study completed by Dr. McCarthy on job satisfaction among nursing home administrators in Oregon conducted in the spring and summer of 2004. A list of all current nursing home administrators was provided by the Oregon Health Care Association in February of 2004 in order to collect screening information from interested participants about tenure and job satisfaction in the current profession. This list of current administrators was already significantly outdated by April 2004. Thirty-nine of the 143 listed administrators (27%) were no longer at the listed facilities. While suggestive of a possible system delay in the compilation of the “Seniors and People with Disabilities Licensed Nursing Facilities” state list, this initial finding provided evidence of potentially high turnover in Oregon among nursing home administrators. Occasional descriptions for this discrepancy between the listed administrator and the current state of administration in the facility were provided by facility staff members over the phone and included the following explanations:

- a) the facility was currently using an interim administrator
- b) the facility was currently “without an administrator”
- c) the facility was currently “in transition”

One facility had been through two administrators since the listed administrator.

TABLE 1. TELEPHONE DATA: PRELIMINARY FINDINGS ON NURSING HOME ADMINISTRATOR TURNOVER IN OREGON, 2004 (N=80)

<u>Percentage of NH Administrators</u>	<u>Length of Stay at Current Facility</u>
• 35% (N=28) .....	At current facility > 1 year
• 26% (N=21) .....	At current facility > 1-2 years
• 7.5% (N=6) .....	At current facility > 2-3 years
• 12.5% (N=10) .....	At current facility > 3-4 years
• 7.5% (N=6) .....	At current facility > 4-5 years
• 2.5% (N=2) .....	At current facility > 5-6 years
• 3.8% (N=3) .....	At current facility > 6-7 years
• 5% (N=4) .....	At current facility > 7 years

The final phone sample captured responses from 80 nursing home administrators (56%) in Oregon. Some of the turnover suspected from the initial discrepancy between the listed administrators and the current administrators or absence thereof was corroborated by responses to pilot phone questions inquiring about length of stay in current facilities (Table 1). Approximately 29 percent (N=23) of 80

## FROM THE DESK OF HR ANSWERS

*The Board extends its appreciation to HR Answers, Inc. for the following article taken from their newsletter Advantage. A special thank you is further extended to Advantage editor Deborah Jeffries, PHR, CPC. Advantage is published monthly and is designed to provide information on regulations, HR practices and management ideas and concerns. If you are ever in need of HR consulting services, you might want to consider contacting Deborah Jeffries at (503) 885-9815 or toll free (877) 287-4476. You can also view past newsletter publications on HR Answers' website at [www.hranswers.com](http://www.hranswers.com).*

**VACATION HEADACHES**

Ahhhhhhh, the beginning of the year often sets off a flurry of vacation requests, especially if the internal policy is "first in" or "use or lose it." The word vacation or holiday may sound pleasant for those requesting the time off, but it can be a real headache for the supervisors trying to juggle several employee requests at the same time or plan project work around a moving target of vacation time slots, let alone even beginning to think about taking a vacation themselves.

As many of you have experienced, vacation scheduling can present some challenges with:

- Excessive overtime to meet delivery dates and service commitments.
- Lost sales and late deliveries because you're operating with a skeleton crew during the peak season.
- Backlogged work that threatens to bury vacationing employees when they return.
- Low morale for employees who are expected to do their own jobs plus the work of absent co-workers.
- Complaints from employees who are denied their choice of vacation dates because of scheduling conflicts.

We offer some simple ideas to relieve the stress. First, accept the fact that you can't please everyone. Next, consider the following actions to minimize problems with both vacationers and those who will cover for them while they're gone.

- Discuss your vacation policy during the hiring and orientation process, and provide employees with written vacation procedures. Highlight the peak work periods during which vacations may be prohibited or restricted.
- Clarify management's right to rearrange vacation schedules to meet in-house demands and changing market conditions.
- Set a deadline for submitting vacation requests that gives you enough time to project how absences might affect production schedules and delivery dates to resolve any conflicts. For example, consider having employees make their requests for week-long or longer periods of time off by November 1 for the next calendar year.
- If colleagues will cover vacationers' jobs, have those taking time off provide a summary of work in progress, major responsibilities, key contact information, how to access related files, and other pertinent data to meet crucial deadlines.
- Parcel out vacationing employees' duties among several colleagues. This action helps prevent one unfortunate soul from having to do the work of two or more.
- Offer premium pay, bonuses, or other incentives to employees who agree to work during the most popular vacation periods (especially those tied to school schedules).
- Allow workers in identical positions to trade off vacation dates among themselves, so long as it won't jeopardize production schedules or quality of work or product.

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WWW.MCKNIGHT'SONLINE.COM  
(<http://mcknights.haynet.com/home/index.cfm>)

*The following articles were published by McKnight'sOnline.com and have been edited to prevent copyright infringement.*

### **Average Life Expectancy Rises to 77.6 Years in 2003**

*March 2005*—The Centers for Disease Control and Prevention reports that the average life expectancy in the United States jumped to a record 77.6 years in 2003 an increase from 77.3 years in 2002. The overall death rate dropped 1.7%; however, death rates for Alzheimer and Parkinson's patients increased in 2003. Death rates for other diseases—including heart disease, cancer and stroke—declined as much as 4.6%, according to CDC. On average, women lived 5.3 years longer than men in 2003 compared to 7.8 years in 1979. Additionally, CDC reports that on average, black men live 6.2 years less than white men and black women live 4.4 years less than white women.

### **Researchers Find Medication Errors Happen to 1 in 10 Residents**

*February 2005*—Researchers at the University of Massachusetts Medical School have found that about 1 in 10 nursing home residents suffers a medication-related injury each month. Researchers that studied drug-related complications at two large nursing homes affiliated with major medical centers found the rate of injury was about 10 per month for every 100 nursing home residents. The investigation took place over nine months in 2000 and 2001 and the findings included a total of 815 injuries with four deaths. The research was conducted as part of a follow-up to research conducted on 18 smaller nursing homes four years earlier. Injury rates found in the recent study are five times higher than the numbers previously identified, according to lead researcher Dr. Jerry Gurwitz of the University of Massachusetts Medical School. "If this is going on in these types of top-flight facilities ... it's without question happening more in community-based facilities," said Gurwitz. "This makes for a compelling argument for the use of information technology and management systems that can improve communications and decision-making among physicians, nurses and staff, to prevent these kinds of events."

### **LTC Pharmacy Groups Want Inclusion of More Drugs Under Medicare Law**

*February 2005*—The American Society of Consultant Pharmacists, the Senior Care Pharmacy Alliance and Long-Term Care Pharmacy Alliance recently lobbied Congress to take legislative action to include four classes of drugs currently excluded from the new Medicare outpatient drug benefit. Some members lobbied for an amendment to the Medicare law allowing coverage for benzodiazepines, barbiturates, over-the-counter medications, and medications to treat weight loss. The ASCP advised lawmakers that excluding these drugs would hurt long-term care residents, particularly "dual eligible" residents covered by both Medicare and Medicaid. The organization predicted that restricting access to the four classes of drugs would increase health costs. The Medicare Part D new drug benefit is mandatory for dual eligible individuals. Currently, dual eligible individuals have access to most medications via Medicaid benefits, however, that coverage will be replaced on January 1 with a Medicare plan that excludes coverage for certain classes of medications. States' Medicaid programs will have the option of paying for the excluded drugs.

### **BOARD PHONE & FAX NUMBER CHANGES**

Please note the following changes to the Board's telephone and fax numbers, effective April 1, 2005. Calls to the old numbers will be routed to the new numbers for one year.

	<u>OLD</u>	<u>NEW</u>
<b>Phone:</b>	(503) 731-4046	(971) 673-0196
<b>Fax:</b>	(503) 731-4207	(971) 673-0226

## CE SPOTLIGHT

**FORGET-ME-NOT SENIOR WISHES PROGRAM TRAINING**

Training on how to grant senior wishes to your residents through Oregon Health Care Foundation's Forget-Me-Not/Senior Wishes Program. Features guest speakers who will make you laugh and cry, but most (and best) of all will inspire you to get involved in granting wishes.

DATE	LOCATION	TIME	COST	CE HRS
• April 14	Roseburg	1:00 - 4:00 p.m.	Free	3
• July 7	Contact OHCF	1:00 - 4:00 p.m.	Free	3
• October 11	Contact OHCF	1:00 - 4:00 p.m.	Free	3

**Contact:** Carol Grebin, Oregon Health Care Foundation  
Ph: (503) 694-6580, ext. 6

**OHCA 2ND ANNUAL FOOD SHOW "SERVING UP DINING SUCCESS"**

Food service is one of the most costly line items in a facility budget. Managing food dollars wisely and creating a dining experience that not only meets the nutritional needs of residents but is also a life enhancing experience is the goal for these presentations and this event. This offering will help providers understand how to create quality and enhanced dining services in long-term care settings within a reasonable budget.

DATE	LOCATION	TIME	COST	CE HRS
April 12	Portland	8:00 - 3:45 p.m.	\$29-\$49	6.75

**Contact:** Melodie Van Doren, Oregon Health Care Association  
Ph: (503) 694-6580, ext. 41 Website: [www.ohca.com](http://www.ohca.com)

**7TH ANNUAL MCGINTY CONFERENCE ON ALZHEIMER'S DISEASE**

"BUILDING BRIDGES - SHARING WISDOM" A two-day conference for professional and family caregivers.

DATE	LOCATION	TIME	COST	CE HRS
April 12 & 13	Tigard	7:30 - 4:30 p.m.	\$75/1-day	11.5

**Contact:** Alzheimer's Association, Oregon Chapter \$135/2-days  
Ph: (800) 733-0402 Website: [www.alzheimers-oregon.org](http://www.alzheimers-oregon.org)

**NAVIGATING THE MDS & RAPS: RAI TRAINING FOR NURSING FACILITY STAFF (OASHS)**

DATE	LOCATION	TIME	COST	CE HRS
April 14 & 15	Portland	Varies	\$135-\$195	12
June 9 & 10	Portland	Varies	\$135-\$195	12

**Contact:** Margaret Cervenka, Oregon Alliance of Senior and Health Services  
Ph: (503) 684-3788 Website: [www.oashs.org](http://www.oashs.org)

**BORON CENTER FOR GERONTOLOGICAL RESEARCH**

The Borun Center for Gerontological Research recently launched a new website that offers **FREE** access to six training modules for improving daily care in nursing homes. The modules include: weight-loss prevention, incontinence management, pain screening, pressure ulcer prevention, mobility decline prevention and quality-of-life assessment. Interested persons may access these modules at: <http://borun.medsch.ucla.edu/default.htm>.

**NHA TURNOVER IN OREGON Continued from page 4**

respondents had only been in their positions for <6 months. Telephone results revealed that among the 80 administrators for whom this data was collected, 35% (N=28) had been at their current facilities for less than one year; 26% (N=21) had been at their facilities for over 1 to 2 years; 7.5% (N=6) had been at their facilities for over 2 to 3 years; 12.5% (N=10) had been at their facilities for over 3 to 4 years; 7.5% (N=6) had been at their facilities for over 4 to 5 years; 2.5% (N=2) had been at their facilities for over 5 to 6 years; 3.8% (N=3) had been at their facilities for over 6 to 7 years; and 5% (N=4) had been at their facilities for over 7 years. *Thus, 61 percent of the 80 nursing home administrators in Oregon screened by telephone had been at their facilities less than 2 years.*

**SO WHY DO ADMINISTRATORS STAY?**

In-depth interviews with thirty nursing home administrators of varied tenures in Oregon followed the telephone screening questions. While the focus of the study was on job satisfaction, administrators often described their personal perceptions of tenure in the industry. Analysis of interviews in this exploratory study identified four main tenure related categories:

1. strategies employed for staying on the job
2. attitudes beneficial to staying power in administration
3. structural components beneficial to staying on the job
4. general conditions of the job contributing to tenure

The following table (Table 2) characterizes references made in the study to self-assessed reasons for staying on the job. Administrators named the ability to designate responsibilities, the ability to “role with the punches”, having a sense of humor, having trusted confidantes, and creating and maintaining diversions as beneficial strategies for staying on the job. Attitudinal findings suggested that having a passion for the work, understanding that death is inevitable, having an altruistic mindset, having personal faith, having a sense of obligation to others, believing this is the right field, and not being easily upset all contributed to tenure in the field. Having a strong team, having good social support, and being in a good company were structural components perceived beneficial for long tenure. Lastly, conditions mentioned as helpful to maintaining tenure in the field included the ability to have balance in one’s life, having authority/control on the job, having good relationships, and perceiving the job itself as easier than perceived in a previous state.

**TABLE 2. INTERVIEW FINDINGS ON SELF-PERCEIVED RATIONALE FOR LONG TENURE IN THE INDUSTRY**

<p><b>STRATEGIES</b></p> <ul style="list-style-type: none"> <li>• Designate Responsibilities</li> <li>• Roll with Punches</li> <li>• Sense of Humor</li> <li>• Confidantes</li> <li>• Diversions</li> </ul>	<p><b>ATTITUDES</b></p> <ul style="list-style-type: none"> <li>• Death Happens</li> <li>• Passion for This/It’s My Life</li> <li>• Selfless/Sense of Obligation</li> <li>• Not Easily Upset</li> <li>• Personal Faith</li> <li>• In the Right Field</li> </ul>
<p><b>STRUCTURE</b></p> <ul style="list-style-type: none"> <li>• Strong Team</li> <li>• Good Company</li> <li>• Got Easier</li> <li>• Good Relationships</li> </ul>	<p><b>CONDITIONS</b></p> <ul style="list-style-type: none"> <li>• Balance</li> <li>• Authority/Control</li> <li>• Social Support</li> </ul>

NHA LICENSES ISSUED

January 2005 to March 2005

NHA LICENSES

The Board extends congratulations to the following newly licensed administrators:

<u>NAME</u>	<u>FACILITY</u>	<u>LOCATION</u>	<u>LICENSED BY</u>
➤ Allison M. Sansom	Clatsop Retirement Village	Astoria	Examination

.....

PROVISIONAL LICENSES

<u>NAME</u>	<u>FACILITY</u>	<u>LOCATION</u>
➤ Scott P. DeGrand	Mountain View Rehab & Living Center	Oregon City
➤ Lazurus (Larry) D. Oden	Evergreen Milton Freewater Health & Rehab	Milton-Freewater
➤ Amanda S. Pearlman	Oregon City Health Care Center	Oregon City
➤ Ann L. Walter	Hermiston Good Samaritan Center	Hermiston

WHERE ARE THEY NOW?

<u>NAME</u>	<u>FACILITY</u>
➤ Steve Austin	Sunnyside Care Center, Salem
➤ R. J. Barnes	Eugene Rehab & Specialty Care
➤ Scott DeGrand	Mountain View Rehab & Living Center, Oregon City
➤ Marilyn Goodsell	Valley West Healthcare Center, Eugene
➤ Robert Johnson	Twin Oaks, Sweet Home
➤ A. Jeanine Knight, Interim	Mountain View Living Center, Madras
➤ Mary Lee	Providence Seaside Hospital, Seaside
➤ Janese Mitchum	Evergreen Health & Rehab Center, La Grande
➤ Larry Oden	Evergreen Milton-Freewater Health & Rehab Center
➤ Amanda Pearlman	Oregon City Health Care Center
➤ Jonathan Ramey	Grandview Manor Care Center, Junction City
➤ Rick Samuelson	King City Rehab & Living Center, Tigard
➤ Ann Walter, Interim	Hermiston Good Samaritan Center, Hermiston
➤ Tim White	Pacific Gardens Care Center, Tigard
➤ Ben Young	Evergreen Windsor House Health & Rehab, Salem

FACILITY CHANGES

FACILITY NAME CHANGE

**Previously:** Tigard Rehab & Extended Care Center

**Presently:** Pacific Gardens Care Center

**Owner:** Northwest Bec-Corp.

**Effective:** July 1, 2004

HR ANSWERS Continued from page 5

**SAVE THE 'UNSAVEABLE' EMPLOYEE**

Have you ever been faced with an employee who just refused to be motivated? Who didn't do quality work no matter which buttons you pushed? Before letting such employees go, try these two last-ditch strategies to rescue them:

1. Designate a mentor. Some employees have a problem with authority, and no matter what "the manager" says or does, they don't respond. If such an individual possesses skills, talents, or qualities that are worth salvaging in spite of this attitude, assign a "mandatory mentor." Pick one of your best employees to work with the person; let your star employee's work ethics, habits, and attitude slowly influence the problem employee. The fact that the mentor is a co-worker and not a boss may make a difference.
2. Change the scenery. Sometimes employees aren't producing because something didn't click from the start – maybe they're in the wrong department, they have no chemistry with a particular co-worker, they're not suited to their role, or they just got off on the wrong foot. Often, if you transfer these employees to another department, they'll start to shine. But monitor this carefully – it's not fair to just transfer a problem employee!

**AIT PROGRAMS COMPLETED**

The Board congratulates the following individuals who have successfully completed their AIT program.

**January 2005**

<u>NAME</u>	<u>FACILITY</u>	<u>PRECEPTOR</u>
➤ Scott <b>DeGrand</b>	Hillsboro Rehab & Specialty Care, Hillsboro	Matt Hilty
➤ Catherine <b>Elizondo</b>	Hood River Care Center, Hood River	Cheryl Maitland & Loretta Botta
➤ Ann <b>Happel</b>	Rogue Valley Manor, Medford	Kevin McLoughlin
➤ Torsten <b>Hirche</b>	Rogue Valley Manor, Medford	Tom Becker
➤ Amanda <b>Pearlman</b>	Molalla Manor Care Center, Molalla	Karla Hunt
➤ Veronica <b>Sheffield</b>	Marian Estates, Sublimity	Jan Buffa & Steve Austin
➤ Andy <b>Truitt</b>	Green Valley Rehab, Eugene	Steve Wallace
➤ Deana <b>Wentworth</b>	Providence Benedictine Nursing Center, Mt. Angel	Emily Dazey

**DEFICIENCY-FREE SURVEYS**

The Board acknowledges the efforts of the administrator and staff of those facilities receiving a deficiency-free survey. Congratulations on your success!

**Dallas Retirement Village Health Center**

Cory Oace, NHA  
 377 NW Jasper Street  
 Dallas, OR 97338  
 Ph: (503) 623-1808

- *Deficiency-free surveys in April 2004 and February 2005.*

**NHA TURNOVER IN OREGON Continued from page 8***Acknowledgments:*

*Dr. McCarthy wishes to thank the Oregon Health Care Association for material support and also the many administrators who gave their time and invaluable insight on this project. Jennifer McCarthy, PhD, MPH, is currently a researcher at the University of California, San Francisco. The research was conducted last year when she was completing her doctoral work at Oregon State University.*

*The Board extends its appreciation to Dr. McCarthy and the Oregon Health Care Association for their permission to publish this article.*

**CE SPOTLIGHT Continued from page 7****PROFESSIONALS HELPING FAMILIES: Developing Caring and Competent Caregivers**

A safe home discharge for an elder person who is managing one or more chronic illnesses is increasingly dependent upon the preparedness and well-being of the whole family caregiving unit.

Participants will learn to:

- Define the role of healthcare professionals as consultants to family caregivers
- Identify common characteristics and concerns of family caregivers
- Assess family caregivers using the Rosalynn Carter Institute Family Caregiver Assessment
- Describe programs and resources designed to assist family caregivers, including resources available through RCI

**How to Register**

This course is accessible as an on-demand seminar on the American Society on Aging Web Seminars website at <http://www.asaging.org/webseminars>. Click on the *Professionals Helping Families: Developing Caring and Competent Caregivers* link for registration instructions.

- **The code to access the FREE seminar is CCC01 .**
- If you have any questions, please contact Valerie Jones at [webseminars@asaging.org](mailto:webseminars@asaging.org)

First Rule of Lines: The other line *always* moves faster.

**EXECUTIVE EMPLOYMENT SERVICE**

Pinpoint is an Executive Search Firm dedicated to permanent placement or management level clinical and operational professionals in healthcare. Pinpoint specializes in placing Directors of Nursing, Administrators, and Regional Clinical Consultants with Long Term Care and Home Health companies in the for-profit and non-profit arenas. When a serious interest is expressed in a candidate, Pinpoint handles all of the negotiations and subsequent reference checks. After the candidate has started at his or her new position, Pinpoint maintains contact with all parties in order to ensure a smooth transition. For more information contact:

Adam Goldstein, Managing Director  
Pinpoint Healthcare Search Solutions, LLC  
419 Lafayette Street, 4<sup>th</sup> Floor  
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**Moving?**

**Change In Employment Or Employment Status?**

Please remember to notify the Board of any changes in address, employer and employment status.