

# Oregon NHA

OREGON BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS - APR 2006

*This newsletter has been created by the Oregon Board of Examiners of Nursing Home Administrators (BENHA) to provide an instrument of communication between the Board and licensed Oregon administrators.*

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

## **BOARD MEMBERS**

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Board Chair
- Anita Schacher, NHA  
Vice Chair
- Larry Davy, NHA
- Kathleen Elias, RN, NHA
- Ronald Gilson, M.D.
- George Gerding, R.Ph.
- James Bagley, Public Member
- Margaret Clark, Public Member
- Dolores Hubert, Public Member

## **BOARD OFFICE**

Janet Bartel, Executive Director  
Portland State Office Building  
800 NE Oregon St., Ste. 407  
Portland, OR 97232  
Ph: 971-673-0196  
Fax: 971-673-0226  
Janet.Bartel@state.or.us  
**Visit our new website at:**  
[www.oregon.gov/NHABD](http://www.oregon.gov/NHABD)

## **2006 MEETING DATES**

- January 11, 2006
- April 12, 2006
- July 12, 2006
- October 11, 2006

Meetings convene at 8:30 a.m. in room 445 of the Portland State Office Building.

## FROM THE EXECUTIVE DIRECTOR

--Janet Bartel

Spring Greetings!

The following are just a few items that I wish to bring to your attention with this edition of the newsletter.

### **Rulemaking Hearing Scheduled For July 12, 2006**

During its April 12, 2006, quarterly meeting, the Board approved rule changes to the administrator-in-training (AIT) program. The proposed changes provide greater flexibility in the AIT program and are the result of months of rule review and input from interested stakeholders. The Board will hear public testimony at a rulemaking hearing scheduled for Wednesday, July 12, 2006, at 9:00 a.m. in room 445 of the Portland State Office Building, 800 NE Oregon Street, Portland. Persons who are unable to attend the hearing may submit written testimony or comments for consideration; however, written comments must be received in the board office by 5:00 p.m., Friday, June 23, 2006. For more information, please see the enclosed *Notice of Proposed Rulemaking Hearing and Statement of Need and Fiscal Impact*. The proposed amendments may be viewed on the board's website at [www.oregon.gov/nhabd](http://www.oregon.gov/nhabd).

### **Continuing Education**

Just a gentle reminder that we are nearing the midway point in the two-year license period (June 30, 2006). During the last renewal, some licensees scrambled to satisfy the ethics continuing education requirement. I really hate to see this happen, especially when there are so many wonderful ethics opportunities offered during the license period. For example, OHSU Center for Ethics in Health Care offers an annual Palliative Care Conference that is both informative and

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## BOARD MEMBER DEPARTURE

The Board extends its profound gratitude to the following member for her compassion and contributions to the Board, the profession, and to the citizens of Oregon.

**Dolores Hubert, Public Member**

Dolores Hubert's second and final term expires on June 30, 2006. Hubert's early volunteer efforts with Kaiser Permanente and more recently with the Office of the Long Term Care Ombudsman led to her interest in serving on the Board. In her initial interest letter, Hubert poignantly expressed her belief as, "... the mission of those who serve the elderly and disabled is to enhance quality of life, improve levels of care, protect individual rights, and to promote dignity for each citizen residing in long-term care." Her genuine care and concern for the elderly and disabled have led her to serve these citizens with tireless dedication.

Hubert returned to college later in her life, as many of us have, with a focus on geriatrics and the health care delivery system. Her initial desire was to become a nursing home administrator, but this would not come to be. Instead, she focused her knowledge, energy, and efforts to effectuate changes within the long-term care industry. Her work on the Governor's Commission on Senior Services provided additional insight on the level of service needs and financial priorities of the elderly and disabled.

Hubert's education, experience, and understanding of the issues related to long-term care have proven beneficial in her role as public member. She has served, and will continue to serve, the elderly and disabled with diligence, compassion, and integrity. Her thoughtful contributions and endless energy will be a great loss to the Board.

If you know someone who may be interested in serving as a Public Member, please advise them of the Public Member vacancy. A vacancy announcement listing the position requirements is posted on the board's website at [www.oregon.gov/nhabd](http://www.oregon.gov/nhabd). 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).

## IMPORTANT REMINDERS

**Continuing Education Reporting Requirements**

Effective July 1, 2005, the Board transitioned to a self-reporting continuing education (CE) method. This means that you are no longer required to forward your attendance verification documents to the board office, rather you are responsible for tracking and reporting your CE activities at the end of the license period (June 2007). **Please do not send your CE attendance documents to the board office as we do not have the storage to keep them and I cannot return them to you.** Plan to retain your CE attendance documents until your license has been renewed.

The CE Report Form and instructions are posted on the board's website at [www.oregon.gov/NHABD/](http://www.oregon.gov/NHABD/). Additionally, you may view approved CE activities posted in the CE Resource section on the website. Feel free to call or email the board office at (971) 673-0196 if you have questions regarding the new CE reporting method.

**The time is always now.**

## MEASURING PERFORMANCE

“The public sector’s appetite for tracking progress in a disciplined, visible way waxes and wanes in cycles as administrations change. With state budget gaps for fiscal year 2005 potentially exceeding \$35 billion, interest in performance management is on the rise again in the United States. Many states are initiating statewide performance management initiatives to ferret out under performing activities and find ways to s-t-r-e-t-c-h resources.”

~Accenture Institute for High Performance Business, *March 2005 Research Report*.

Measuring performance has become big business in both private and public sector. In today’s competitive climate, it pays more than ever to know who your customers are and how well you serve them. Additionally, measuring performance allows you to identify areas for improvement and increased efficiencies. Governor Kulongoski and the legislature have mandated that each state agency establish key performance measures to evaluate their efficiencies and effectiveness. Given that, the Board has established a vigorous set of performance measures based on its mission and goals. I encourage interested persons to view the Board’s performance measures at [www.oregon.gov/nhabd](http://www.oregon.gov/nhabd); once there, click on the ‘Performance Measures’ link on the left navigation bar.

If you would like to share your opinion and/or suggestions on the services provided by the Board, go to [www.oregon.gov/nhabd](http://www.oregon.gov/nhabd) and follow the ‘Customer Service Survey’ link under the ‘Consumer Concerns’ section.

Business rule #1: If we don’t take care of the customer, someone else will.

## NAB UPDATES

### ENDORSEMENT AGREEMENT AND CRITERIA

The National Association of Boards of Examiners of Long Term Care Administrators (NAB) is continuing to work with state licensing boards and agencies throughout the U.S. and District of Columbia to resolve the long-standing issue of states’ varying licensing requirements for nursing home administrators. Without a nationwide standard, the state-by-state patchwork of licensure proves to be a barrier in administrator mobility and for states seeking to attract well-qualified administrators to serve their residents.

NAB has worked toward a solution for many years and at its June 17, 2005, Annual Meeting, approved and adopted the “principles of interstate licensure endorsement.” The endorsement agreement and criteria for endorsement seeks to provide a level and predictable playing field for long term care administrators. A copy of the agreement and standards and a list of the states that have already signed the agreement is available on NAB’s website at [www.nabweb.org](http://www.nabweb.org).

### NAB REVISES EXAM BIBLIOGRAPHIES

NAB recently released the results of an initiative to revise its examination bibliographies for the NHA and RC/AL exams. The effort assures that exam item banks have current references and consolidates the reference lists to assist candidates in preparing for the examination. The “Recommended Reference Lists” will be published in the *Information for Candidates Handbook* posted on the NAB website at [www.nabweb.org](http://www.nabweb.org).

## 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).*

**ARE YOUR EMPLOYEES OPTING OUT OF HEALTH INSURANCE?**

HR Answers, Inc. recently offered a half-day session that explored ways for employers to encourage participation in their sponsored health plans. Those who attended found it extremely beneficial, so we thought we would share a brief overview with all of you. (Please note that the program discussed in this article is based in Oregon, but there are similar programs in 15 to 18 other states nationwide.)

The most common reason that people lack healthcare coverage is cost. Oregon's Family Health Insurance Assistance Program (FHIAP) can help pay the monthly premium for income-eligible residents who have been uninsured for at least six consecutive months. This assistance can enable your employees and/or their dependants to participate in your group health plan when they might not otherwise be able to afford their share of the premiums.

Employer involvement is minimal, but the benefits to employees and/or their dependants are significant. The qualified employee sends FHIAP a copy of their pay stub every pay period to show that health insurance costs were withheld from their paycheck, and FHIAP reimburses between 50% and 95% of the employee's share of the premium payment.

For example: Jane is single and her premium for group health coverage is \$288. Her employer pays 50%, and she is approved for FHIAP to pay 95% of her share of the premium. Here's the math:

Jane's monthly premium	\$288.00
Employer pays 50%	-144.00
<u>FHIAP pays 95% subsidy</u>	<u>-136.80</u>
Jane pays the balance	\$7.20

Even if the employer pays the entire premium for an employee's coverage, FHIAP can help pay the cost to enroll uninsured dependants who opt out due to cost. FHIAP also offers a 90-day grace period for employees and/or dependents who recently enrolled in the group plan but were previously uninsured. (This is because of FHIAP's requirement that applicants be without insurance for at least six months unless they are leaving the Oregon Health Plan.)

Many insurance companies recognize approval for an FHIAP subsidy as a qualifying event (the same as a birth or marriage), allowing employees to enroll throughout the year and not just at open enrollment times.

For more information:

- Contact your health insurance agent.
- Call FHIAP (1-888-564-9669) for a free Employer Guide or applications, brochures, and payroll stuffers for your employees.
- Visit the FHIAP website: [www.fhiap.oregon.gov](http://www.fhiap.oregon.gov)

MYZIVIA.INFO  
(<http://www.myziva.info/>)

*The following articles were published by MYZIVIA.INFO and have been edited to prevent copyright infringement.*

### **Cognitive Decline Linked to Daytime TV**

Ladies turn off Jerry Springer and read on... The researchers at Brooklyn College of the City University of New York have apparently established a correlation between the TV viewing habits of 289 cognitively and physically intact women ages 70 to 79 and their performance on memory, attention, and cognitive skills tests. However, they do not know whether the TV programs contribute to the cognitive decline or whether it is a symptom of early stages of decline. Apparently, not all daytime TV is considered equal when it comes to signs of impairment. In comparing women who preferred to watch news to those who preferred soaps, the soap opera viewers were more than seven times likely to show signs of impairment on one of the tests. Further those preferring talk shows were more than 13 times likely to show signs of impairment. Researchers admit the basis for the relationship is not known, but the relationship itself provides a simple and preliminary test for cognitive decline. The lead investigator on the study, Dr. Joshua Fogel, believes that a preference for talk shows and soaps may be viewed as "a marker of something suspicious" and that a simple conversation with older patients regarding their favorite TV shows may be useful in identifying those who need further screening for cognitive decline. Interested persons may view the full article on this topic at [http://news.yahoo.com/s/nm/20060320/hl\\_nm/daytime\\_tv\\_dc\\_1](http://news.yahoo.com/s/nm/20060320/hl_nm/daytime_tv_dc_1).

### **LTC Hospital Losses May Mean SNF Gains**

CMS accepted final comments on March 20, 2006, regarding a proposed rule to cut Medicare payments by 11 percent for beneficiaries with short stays in long-term care hospitals effective July 1, 2006. Qualifying LTC hospital treatment is intended for beneficiaries with complex conditions and requires an average stay of at least 25 days. The proposed rule would lower Medicare payments for short-term beneficiaries to a level equal to acute care hospitals or skilled nursing facilities. Estimated savings amount to \$440 million during the year following enactment on July 1. Representative Nancy Johnson, Chair of the House Ways and Means Committee, is "terribly worried" about the proposal, saying it would target one-sixth of the LTC hospital population with the shortest stays. Interested persons may view the California Healthline article at <http://www.californiahealthline.org/index.cfm?Action=dspltem&itemID=119467&classcd=CL351>.

### **Loss of Muscle Mass In Seniors A Concern**

An estimated 45 percent of seniors 60 and older suffer sarcopenia, a condition that leads to loss of muscle mass and strength as people age. While much is known about osteoporosis and the dangers it presents, the same is not true with sarcopenia, suddenly a hot topic in geriatric research. Sarcopenia has a devastating effect on the mobility and mortality in older adults and will be one of the biggest health problems in coming years, this according to Dr. George Kuchel, director of the Center on Aging at the University of Connecticut Health Center in Farmington. The condition, with muscle mass loss beginning in middle age and progressing at approximately one percent per year, has serious health consequences, as the unsteadiness caused by loss of muscle mass in legs is often linked to falls. Interested persons may view the full Hartford Courant article at <http://www.courant.com/hc-prime0301.artmar01,0,6914321.story>.

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When we focus upon what we haven't done, we usually fail to see what we have done.

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### Cupid In Your Workplace

When you consider how much time employees spend at work, it is not surprising that romances between co-workers take place. The real question is, "Should an employer take any action with it's discovered that two employees are dating?" At one time, employers would have looked the other way, but today an employer must be concerned about lost productivity, lowered morale, and potential liability – especially when the workplace romance is between a supervisor and subordinate. Yet the workplace is a likely place for people to meet, date, and possibly fall in love.

Employers are understandably concerned, because if a relationship ends on a sour note there may be charges of sexual harassment or retaliation, and courts could hold the employer liable. When asked, organizations often indicate that sexual harassment claims are the driving force behind their decision to adopt a policy on office romance.

Concerned that workplace no dating policies can invade the privacy of employees, some employers have instituted non-fraternization policies. A number of states have passed legislation that protects employees in off duty activities, however, and more importantly, office policies cannot prevent emotional connections. They only drive it underground.

What should an employer do? Instead of no dating policies, employers are beginning to implement workplace romance policies, which deal with both co-worker and supervisor/subordinate relationships. These policies do not prohibit consensual personal relationships between two employees, acknowledging that romance in the workplace may occur. These policies state specifically that it is the responsibility of the senior employee to disclose the relationship to Human Resources management or be in violation of the policy. It is suggested that the policy include a statement that the organization has the right to transfer one or both of the individuals if it turns out that they are in the same chain of command. The policy should also state that an employee's failure to disclose the existence or the termination of a consensual relationship that caused a perceived conflict of interest would be considered a violation of the policy and subject the employee to disciplinary measures.

The purpose of the policy is to ensure that the couple understands the employer's situation. Should you decide to create a consensual relationship agreement, we recommend that you consider including the following acknowledgment and provisions:

- The desire to pursue a social/personal relationship must be mutual between both parties.
- Public displays of affection are not permitted.
- There must be no obligation by either party to continue the relationship.
- Both parties agree to abide by the organization's harassment policy.
- If the relationship is between supervisor and employee, the organization reserves the right to transfer one or both of the parties to different departments or positions.

This written consensual relationship agreement should be shared with both employees in a confidential meeting that includes a review of the organization's anti-harassment policy. Each employee should be required to sign the agreement that acknowledges they have read and understand the policy. Keep the signed form in each employee's personnel file.

If the organization decides to adopt a policy that prohibits all relationships, it should decide in advance what action will be taken for violation of the policy. Some organizations share that the "consequences" are intercompany transfers, termination, counseling, formal reprimand, or demotion. A policy that

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## JUST FOR FUN

**HOSPITAL CHART BLOOPERS**

Actual writings from hospital charts:

- The patient refused autopsy.
- The patient has no previous history of suicides.
- Patient has left white blood cells at another hospital.
- Patient has chest pain if she lies on her left side for over a year.
- On the second day the knee was better, and on the third day it disappeared.
- The patient is tearful and crying constantly. She also appears to be depressed.
- The patient has been depressed since she began seeing me in 1993.
- Discharge status: alive but without permission.
- Patient had waffles for breakfast and anorexia for lunch.
- She is numb from her toes down.
- The skin was moist and dry.
- Occasional, constant, infrequent headaches.
- Patient was alert and unresponsive.
- Rectal examination revealed a normal size thyroid.
- She stated that she had been constipated for most of her life, until she got a divorce.
- I saw your patient today, who is still under our car for physical therapy.
- The lab test indicated abnormal lover function.
- Skin: somewhat pale but present.
- Patient has two teenage children, but no other abnormalities.

**THOUGHTS TO PONDER**

- Good health is merely the slowest possible rate at which one can die.
- Give a person a fish and you feed them for a day; teach a person to use the Internet and they won't bother you for weeks.
- Health nuts are going to feel stupid someday, lying in hospitals dying of nothing.
- All of us could take a lesson from the weather. It pays no attention to criticism.
- Why does a slight tax increase cost you two hundred dollars while a substantial tax cut saves you thirty cents?
- In the 60's, people took acid to make the world weird. Now the world is weird, and people take Prozac to make it normal.

**THE TRUTH HURTS**

Lawyers should never ask a Southern grandma a question if they aren't prepared for the truth. In a trial, a Southern small-town prosecuting attorney called his first witness a grandmotherly woman to the stand. He approached her and asked, "Mrs. Jones, do you know me?" She responded, "Why, yes, I know you, Mr. Williams, I've known you since you were a young boy and, frankly, you've been a big disappointment to me. You lie, you cheat on your wife, you manipulate people, and talk about them behind their backs. You think you're a big shot when you haven't the brains to realize you never will amount to anything more than a two-bit paper pusher. Yes, I know you."

The lawyer was stunned! Not knowing what else to do, he pointed across the room and asked, "Mrs. Jones, do you know the defense attorney?" She again replied, "Why, yes, I do. I've known Mr. Bradley since he was a youngster. He's lazy, bigoted, and he has a drinking problem. He can't build a normal relationship with anyone, and his law practice is one of the worst in the entire state. Not to mention, he cheated on his wife with three different women; one of them was your wife. Yes, I know him."

The defense attorney almost died. The judge asked both counselors to approach the bench and in a very quiet voice said, "If either of you idiots asks her if she knows me, I'll throw your sorry hide in jail for contempt."

## CALL TO REVERSE HEALTH CARE CUTS

**Governor Calls On President To Reverse Health Care Cuts For Oregonians**

February 27, 2006

Washington, D.C. – While attending the National Governor’s Association conference in Washington, D.C., Monday, Governor Ted Kulongoski delivered a letter to President Bush asking for a renewed federal-state partnership when it comes to providing services for Oregon’s most vulnerable citizens.

“When I signed a balanced biennial budget for Oregon in August of 2005, it was with the understanding that the long-standing partnership between the federal government and our state to deliver human services would continue,” the Governor said in his letter. “However, over the last six months, we have seen a dramatic erosion of federal support at a time when our human services needs are increasing.”

The Governor’s letter detailed the impacts that the Deficit Reduction Act (DRA), which passed earlier this year, and the President’s proposed budget for Fiscal Year 2007 will have on Oregon’s ability to maintain the current level of essential services – particularly children and older Oregonians. The Governor cited three specific areas of concern:

- 1 *Federal Match Rate*: The reduction of the federal Medicaid match rate impacts the current biennium by threatening the loss of approximately \$24 million dollars to help Oregon’s seniors and people with disabilities.
- 2 *Targeted Managed Care*: The Deficit Reduction Act and the President’s proposed budget for FY 2007 would result in millions of lost dollars to Oregon targeted to help keep families together and move kids out of the welfare system into a stable, loving home.
- 3 *Elder Care & Medicaid*: The proposed budget for FY 2007 cuts the provide tax rates from 6 percent to 3 percent – which in Oregon means more than \$45 million/year will be cut from nursing homes and Medicaid, hurting the most vulnerable Oregonians.

“The combination of cuts passed and those proposed will create new barriers to existing challenges in providing health care for our children, seniors, working families, and people with disabilities,” the Governor continued. “As a former governor, I am sure you can appreciate the values states place in a strong federal state partnership, particularly as it relates to human services. I need a commitment from you that the federal government will be a reliable partner that helps states meet the needs of the citizens it serves,” the Governor added. For the text of the letter, go to: [http://governor.oregon.gov/Gov/pdf/letters/potus\\_dhs.pdf](http://governor.oregon.gov/Gov/pdf/letters/potus_dhs.pdf)

**ADMINISTRATOR OPPORTUNITY IN ALBANY**

Christ-centered organization seeks individual with 5 years experience in Rehab and Skilled Nursing Administration. Premier 95 bed, Non Profit, Long Term Care facility located in Albany, Oregon. Applicant must have valid Oregon Nursing Home Administrator license or be able to procure it within one year of hire. Computer experience a must. Benefits include paid medical/dental insurance, earned leave, and retirement. Drug test and criminal background check required. Send resume with cover letter and salary history to:

Mennonite Village, Attention: HR  
5353 Columbus Street SE  
Albany OR 97322  
[www.mennonitevillage.org](http://www.mennonitevillage.org)

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affordable (\$45 registration includes lunch). This year’s conference is scheduled for Friday, June 16, and will be held at the Kingstad Meeting Center in Beaverton. The activity is approved for 7.5 ethics hours, which will more than satisfy your ethics requirement for the current license period. For more information, contact OHSU Center for Ethics in Health Care at (503) 494-4466. An informational flyer is posted at <http://www.ssw.pdx.edu/focus/swoa/pdf/2006PC.pdf>.

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prohibits all relationships may lead to employees resigning rather than terminating their relationship. If you adopt this type of policy, it should be applied in a consistent and non-discriminatory manner, which could mean the disciplining or termination of some of the organization’s best employees. In today’s labor market, employers can’t afford to lose well-trained high performing employees. HR Answers does not endorse such a prohibition policy.

MYZIVIA.INFO Continued from page 5

**Washington State’s New Smoking Law Compromises Safety of Seniors**

There is concern that Washington’s new anti-smoking law effective December 2005, poses a health and safety threat to seniors. The law bans indoor smoking and creates a 25-foot smoke-free buffer around doorways, windows, and ventilation intakes. Washington seniors who were once able to smoke in safe, well-ventilated indoor smoking lounges are now forced outside into the cold, putting many at risk for falls and illness due to repeated exposure to weather conditions. Elderly residents at Maplewood Gardens Retirement Apartments use whatever means necessary to cross a snowy, icy lawn to an outdoor structure nicknamed the “Butt Hutt,” a poorly heated structure that lacks a restroom. Regardless, that doesn’t stop residents from making the trek. Legislation drafted to allow smoking rooms in long-term care facilities literally went up in smoke and died in committee. Interested persons may view the Associated Press article at [http://news.yahoo.com/s/ap/20060221/ap\\_on\\_he\\_me/nursing\\_home\\_smokers\\_3](http://news.yahoo.com/s/ap/20060221/ap_on_he_me/nursing_home_smokers_3)

DISCIPLINARY ACTIONS

<u>NAME</u>	<u>DATE</u>	<u>ACTION</u>	<u>VIOLATION</u>
Ralph Barnes	10/25/2005	\$500 Civil Penalty	Practicing with a lapsed license (2nd violation)

AIT PROGRAMS COMPLETED

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

**January 2006**

<u>NAME</u>	<u>FACILITY</u>	<u>PRECEPTOR</u>
▪ Dana Flores	Willamette View Health Center	Karen Stahlecker
▪ Lael Hepworth	Marquis Care at Springfield	Russ Kittrell
▪ Charles Lloyd	Rose Linn Care Center	Marcia Johnson
▪ Nathan Redberg	Marquis Care at Vermont Hills	Cheryl LaCombe-Anderson
▪ Colleen Rees	Laurelhurst Village	Loretta Botta
▪ Corey Trembath	Pioneer Nursing Home	Cathleen Sullivan

## WHERE ARE THEY NOW?

**NAME**

- R. J. **Barnes**
- William **Bender**
- Anthony **Bush**
- Bryan **Crews**
- Leann **Curtis**
- Duffy **Dezember**
- Becky **Griffin**
- Lael **Hepworth**
- David **Lamb**
- Robert **Marcoff**
- Nathan **Redberg**
- Colleen **Rees**
- Charles **Sinclair**
- Brian **Teed**
- Jeremiah **Tolman**
- Brenda **Wilson**

**FACILITY**

Life Care Centers of Coos Bay  
 Nehalem Valley Care Center, Wheeler  
 Klamath Regional Rehab Center, Klamath Falls  
 Eugene Rehab & Specialty Care  
 Evergreen the Dalles Health and Rehab Center  
 Central Oregon Health Care Center, Bend  
 Beaverton Rehab & Specialty Care  
 South Salem Rehab & Specialty Care  
 Care Center East Health & Specialty Care Center, Portland  
 Newport Rehab & Specialty Care  
 Marquis Care at Plum Ridge, Klamath Falls  
 Laurelhurst Village, Portland  
 Evergreen Hillsboro Health & Rehab Center  
 Pacific Gardens Care Center, Tigard  
 Creswell Care Center, Creswell  
 Evergreen Windsor Health & Rehab, Salem

## CE SPOTLIGHT

**Oregon Geriatric Education Center**

Have you heard of Oregon Geriatric Education Center (OGEC)? It is an affordable resource for geriatric information. The OGEC is an educational consortium whose members include the Oregon Health & Science University, Portland State University, Oregon State University, and the Portland Veterans' Affairs Medical Center. The Resource Center maintains a collection of over 1,200 titles including books, video-tapes, games, and other instructional materials related to geriatrics and gerontology. Materials are available in areas such as Alzheimer's disease and dementia, mental health and aging, healthy aging, caregiving, death and dying, fall prevention, plus many others. Members can pick up resources in person or receive them by mail at no additional charge. OGEC membership prices range from \$25 (Student) to \$250 (Corporate).

How can OGEC benefit you as a nursing home administrator? Simple, think continuing education (CE), and consider the cost and convenience of securing your CE. The Board allows a maximum of 12 hours of self-directed CE activities—including video, CD, audio, reading, etc.—per two-year license period. All you need to do is participate in a self-directed activity and complete the *Self-Directed CE Credits* form posted on the board's website at [www.oregon.gov/nhabd](http://www.oregon.gov/nhabd). Once there, select the 'Continuing Education' link and scroll down to the '2005-07 CE Information' section. Download the Self-Directed form, fill it out, and file it with your CE attendance/participation documents. Don't forget to log your participation hours on your CE Report Form!

For more information on OGEC, call Brenda Sulick at (503) 725-5149, or toll-free at (800) 547-8887 ext. 5149, or visit their website at [www.upa.pdx.edu/OGEC](http://www.upa.pdx.edu/OGEC).

NHA LICENSES ISSUED

January 2006 to March 2006

NHA LICENSES

The Board extends congratulations to the following newly licensed administrators:

<u>NAME</u>	<u>FACILITY</u>	<u>LICENSED BY</u>
• Faraz <b>Ahmed</b>	Marquis Care at Forest Grove	Endorsement
• Jason <b>Arakaki</b>	Camelot Care Center	Exam
• Christy <b>Delany</b>	Providence Benedictine Nursing Center	Exam
• Dana <b>Flores</b>		Exam
• Elizabeth <b>Gori-Cruz</b>		Endorsement
• Lael <b>Hepworth</b>	South Salem Rehab & Specialty Care	Exam
• Christine <b>Miller</b>		Endorsement
• Jo Ann <b>Parker</b>	Willowbrook Terrace, Pendleton	Endorsement
• Amanda <b>Pearlman</b>	Oregon Health Care Center	Exam
• Patricia <b>Stephens</b>	Coast Fork Nursing Center	Endorsement

PROVISIONAL LICENSES

<u>NAME</u>	<u>FACILITY</u>
• Leann <b>Curtis</b>	Evergreen The Dalles
• Duffy <b>Dezember</b>	Central OR Health Care Center, Bend
• David <b>Lamb</b>	Care Center East Health & Specialty Care Center, Portland
• Craig <b>Oltman</b>	Evergreen Vista Health Center, LaGrande
• Nathan <b>Redberg</b>	Marquis Care at Plum Ridge, Klamath Falls
• Colleen <b>Rees</b>	Laurelhurst Village, Portland
• Charles <b>Sinclair</b>	Evergreen Hillsboro Health & Rehab Center
• Jeremiah <b>Tolman</b>	Creswell Care Center

**ADMINISTRATOR OPPORTUNITY IN BEND**

Baycrest Village Health Center, a 76 bed skilled nursing facility in North Bend, Oregon is seeking an Oregon licensed Nursing Home Administrator to oversee the daily operations. The qualified candidate must possess strong leadership skills, the ability to problem solve and work as part of a management team. The ideal candidate will have 2 years of administrator experience in a skilled/ rehab long-term care setting. Competitive salary and benefit package available. Send resume with salary requirements to: Baycrest Village Attn: Terri Stamsos, Administrative Assistant, 3959 Sheridan Avenue, North Bend, Oregon 97459. EOE

FACILITY CHANGES

**Previously:** Aidan Healthcare of Albany  
**Presently:** Regency Albany  
**Owner:** Regency Albany, LLC  
**Effective:** March 1, 2006

**Previously:** Aidan Healthcare of Florence  
**Presently:** Regency Florence  
**Owner:** Regency Florence, LLC  
**Effective:** March 1, 2006

**OREGON BOARD OF EXAMINERS OF NURSING  
HOME ADMINISTRATORS  
800 NE OREGON STREET, SUITE 407  
PORTLAND, OR 97232**

**PH: (971) 673-0196**

**FAX: (971) 673-0226**



**ELECTRONIC ADDRESSES**

**WEB SITE ADDRESS:**  
[www.oregon.gov/NHABD](http://www.oregon.gov/NHABD)

**E-MAIL ADDRESS:**  
[Janet.Bartel@state.or.us](mailto:Janet.Bartel@state.or.us)

**Moving?**

**Change In Employment Or Employment Status?**

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