

Oregon NHA

OREGON BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS - AUG 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 Oregon administrators. The Board welcomes your comments and suggestions for information you would like to see published in future newsletters.

The "Oregon NHA" is a quarterly publication of the Oregon Board of Examiners of Nursing Home Administrators. Neither the Board nor the State of Oregon endorse or sponsor the information relating to products or services provided herein. Neither the Board nor its staff are responsible for factual statements or opinions published in this newsletter. The Board reserves the right to refuse or edit all articles submitted.

BOARD MEMBERS

- Rob Hays, NHA
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
Interim Public Member

BOARD OFFICE

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FROM THE EXECUTIVE DIRECTOR

--Janet Bartel

Summer Greetings,

What about this recent triple-digit weather? Certainly it's a bit uncomfortable but mild in comparison to the heat experienced in warmer climates. Even so, it is important to take the necessary safety precautions and to recognize the symptoms related to heat emergencies. Given that, I wanted to share with you the following Heat Safety information posted on the American Red Cross website at <http://www.redcross.org/index.html>.

Signals of Heat Emergencies

- **Heat exhaustion:** Cool, moist, pale, or flushed skin; heavy sweating; headache; nausea or vomiting; dizziness; and exhaustion. Body temperature will be near normal.
- **Heat stroke:** Hot, red skin; changes in consciousness; rapid, weak pulse; and rapid, shallow breathing. Body temperature can be very high—as high as 105 degrees F. If the person was sweating from heavy work or exercise, skin may be wet; otherwise, it will feel dry.

Treatment of Heat Emergencies

- **Heat cramps:** Get the person to a cooler place and have him or her rest in a comfortable position. Lightly stretch the affected muscle and replenish fluids. Give a half glass of cool water every 15 minutes. Do not give liquids with alcohol or caffeine in them, as they can make conditions worse.
- **Heat exhaustion:** Get the person out of the heat and into a cooler place. Remove or loosen tight clothing and apply cool, wet cloths, such as towels or sheets. If the person is conscious, give cool water to drink. Make sure the person drinks slowly. Give a half glass of cool water every 15 minutes. Do not give liquids that contain alcohol or caffeine. Let the victim rest in

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BOARD MEMBER APPOINTMENTS

George Gerding Reappointed To Pharmacy Member Position

Governor Ted Kulongoski has reappointed George Gerding to a second term on the Board of Examiners of Nursing Home Administrators. Mr. Gerding is a licensed pharmacist engaged in a private pharmacy consulting practice and brings more than 30 years experience in geriatric medicine. He expresses a desire to continue the Board's progressive approach to maintain the high standards of practice in the profession.

Mr. Gerding holds a bachelor's degree in Pharmacy conferred by Drake University. He is a frequent public speaker with a background in teaching and co-authored Evaluation of Demographics and Medication Use in Patients with Dementia in Assisted Living and Skilled Nursing Facilities, *The Consultant Pharmacist*, July 2005. He has served as a board member for the Oregon Board of Pharmacy, Oregon State Pharmacists Association, Geriatric Dental Group, Oregon Drug Utilization Review, Benedictine Foundation, and served as a member of the Oregon State University Pharmacy Advisory Committee.

Rob Hays Reappointed To Administrator Member Position

Governor Ted Kulongoski has reappointed Rob Hays to a second term on the Board of Examiners of Nursing Home Administrators. Mr. Hays is employed with Pinnacle Healthcare, Inc. and brings over twenty years of experience in long-term care. In addition to working as a nursing home administrator he has also worked as a nurses aide, occupational therapy programs director and social services director. He expresses a desire to remain on the front lines of the Board's efforts to improve the profession and care of the elderly.

Mr. Hays holds bachelor's degrees in Gerontology and Social Work with emphasis in Development/Grant Writing, and Native Alaskan Studies. He is a trained and certified Care Coordinator and has served as a volunteer for the Alzheimer's Association, several chapters of Hospice and the Alzheimer's Research Alliance.

PUBLIC MEMBER VACANCY

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. 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.

BOARD OFFICERS ELECTED

At its April 12, 2006, quarterly meeting, the Board unanimously re-elected the following officers:

- Rob Hays, Chair
- Anita Schacher, Vice Chair

Mr. Hays was reappointed to a second term in June 2006, and Ms. Schacher is presently serving her first term. Both officers are Nursing Home Administrator members.

Congratulations and thank you for all that you do!

There's no secret about success. Did you ever know a successful man who didn't tell you about it?

~ Kin Hubbard

RULEMAKING NOTICE: OAR 853-010-0055

During its April 12, 2006, quarterly meeting, the Board reaffirmed its approval for minor changes to OAR 853-010-0055 (Relicensing). These changes were previously approved in 2002 but filed incorrectly. The following reflects the proposed amendments:

PROPOSED AMENDMENTS

√ **Strikethrough font identifies text that will be deleted.**

√ **Underlined font identifies text that will be added.**

~~(1) A nursing home administrator who has let his/her license lapse for a period longer than one year but less than five years, may be relicensed subject to an interview with the Board and successful completion of the written examination. The Board may require the applicant to present evidence of continuing education in long-term care or to complete a specified period of time in an Administrator-in-Training program prior to issuing the license.~~

~~(2)(1) A nursing home administrator whose license has expired for less than twelve months may be relicensed upon completion of a license application and a fee of \$425.~~

(2) A nursing home administrator whose license has lapsed for a period longer than one year but less than five years may be relicensed upon completion of a license application and a fee of \$500. The Board may require the applicant to present evidence of continuing education in long-term care or to complete a specified period of time in an Administrator-in-Training program prior to issuing the license.

(3) A nursing home administrator requesting reinstatement of a license that has been lapsed for a period of five years or longer shall be subject to all current criteria for examination and licensing.

**The deadline for written comments is Friday, August 18, 2006.
Interested persons may view posted rulemaking information or
enter comments from the Board's website located at
www.oregon.gov/nhabd.**

NHA OPPORTUNITY

Avamere is growing!! In the very near future Avamere will be acquiring several Touchmark SNF's. One of the facilities, Riverpark, in Eugene, will be in need of a new Administrator as the current Administrator will be relocating to another Touchmark property. This presents a real opportunity for the right Administrator to join one of the premier companies in one of the best facilities in Oregon.

I am currently accepting applications and interviewing qualified candidates for this position. Are you interested? **Contact Bryan Crews, Regional Director of Operations for information.**

Bryan Crews, NHA, MBA
Avamere Skilled Advisors
25117 SW Parkway Suite F
Wilsonville OR 97070
bcrews@avamere.com

They may forget what you said, but they will never forget how you made them feel.

~ Carl W. Buechner

FROM THE GOVERNOR'S OFFICE

Interested persons may view the full text of the following Press Releases at http://www.oregon.gov/Gov/press_2006.shtml.

July 17, 2006 **NEWS RELEASE**

Governor Kulongoski Directs New Mental Health Parity Rules

Mental health coverage to become more affordable, accessible under plan

Governor Ted Kulongoski has directed the Department of Consumer and Business Services (DCBS) to adopt new mental health parity administrative rules that require health insurance policies to cover the treatment of chemical dependency, mental or nervous conditions at the same level as other medical conditions.

"This action will make mental health services more affordable, accessible and available – and lead to healthier citizens and families. We're not only moving Oregon to the forefront of states recognizing the broad social benefits of mental health parity, we're also looking out for Oregon's bottom line – greater mental health coverage will prevent more costly responses for the state down the road," said the Governor.

July 10, 2006 **NEWS RELEASE**

Governor Takes Action To Strengthen Care In Nursing Homes

Patients and their families are the winners, Governor says

Portland, Oregon—Joined by nursing home workers and representatives of the Oregon Health Care Association at a press conference Monday, Governor Ted Kulongoski announced a new Nursing Home Patient Safety Commission to find ways to strengthen nursing home care for patients.

I am pleased that nursing home workers and operators have agreed to work together on their most important mission: strengthening the safety and health of seniors who live in nursing homes," the Governor said. "This Commission creates an opportunity for thoughtful collaboration on how best to provide quality care and safety without a costly ballot measure fight. Patients and their families are the winners here."

May 30, 2006 **NEWS RELEASE**

Governor Launches Plan To Install Electronic Health Records

Appoints Jody Pettit to serve as Health Information Technology Coordinator

Portland, OR—Governor Ted Kulongoski announced today that he has appointed Jody Pettit, MD, to serve as Oregon's Health Information Technology Coordinator, and that Oregon will seek \$26.5 million from Congress to pay for installation of electronic health records systems in more than 4,000 doctors' offices across the state.

EXECUTIVE DIRECTOR continued from page 1

a comfortable position, and watch carefully for changes in his or her condition.

- **Heat stroke:** Heat stroke is a life-threatening situation. Help is needed fast. Call 9-1-1 or your local emergency number. Move the person to a cooler place. Quickly cool the body. Immerse victim in a cool bath, or wrap wet sheets around the body and fan it. Watch for signals of breathing problems. Keep the person lying down and continue to cool the body any way you can. If the victim refuses water or is vomiting or there are changes in the level of consciousness, do not give anything to eat or drink.

FROM THE DESK OF HR ANSWERS

The Board extends its appreciation to HR Answers, Inc. for the following articles 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.

Your Values At Work

Is what makes you an excellent employee so different from what makes you a great spouse, friend, parent, and overall person? Exploring your personal values can help you stay motivated and on the right path at work.

Rate each of these values on a scale of 1 to 3, with 1 being "not important to me," 2 being "somewhat important to me," and 3 being "very important to me."

- | | |
|--|--|
| <input type="checkbox"/> Relationships | <input type="checkbox"/> Power and influence |
| <input type="checkbox"/> Prestige | <input type="checkbox"/> Physical challenges |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Mental challenges |
| <input type="checkbox"/> Helping others | <input type="checkbox"/> Structure |
| <input type="checkbox"/> Social responsibility | <input type="checkbox"/> Honor and respect |
| <input type="checkbox"/> Financial security | <input type="checkbox"/> Independence |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Flexibility |
| <input type="checkbox"/> Adventure and risk | <input type="checkbox"/> Ethics |
| <input type="checkbox"/> Variety | <input type="checkbox"/> Discovery |

Now, look at the values you rated most important. These are what motivate you. Use them to identify your strengths and weaknesses when setting goals. For example, if you value relationships and helping others, you probably have good team-building and collaborating skills; but you may dislike working independently. If you value adventure, you're probably a good risk taker; but you may also tend to make snap decisions. Simply becoming aware of what you value can help you take on responsibilities and tasks that are a good fit for you. Areas that you've rated as unimportant may present opportunities for skill building.

Exploring your values – and revisiting your list now and then – can help you improve work performance and make the right decision.

Change In The Workplace

Here are the results from a recent workingwounded.com/ABCnews.com online ballot:

Which movie title best describes how employees at your organization respond to a big change at work?

- ◆ The Big Blue -- *we don't like change* -- 15.2%
- ◆ The Big Sleep -- *we don't change, period* -- 21.9%
- ◆ The Big Easy -- *we like change* -- 62.8%

The winning strategy for dealing with people who resist change at work is to remember that everyone listens to WIIFM – What's In It For Me. If you can demonstrate how they will personally benefit by this change, it goes a long way to getting acceptance. Very few people enjoy changing their work processes, but if you can demonstrate that the change will result in significantly less paperwork—for

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

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

NPR Article Warns Of Bedrail Dangers

Since 1995, the Food and Drug Administration has received reports of approximately 350 bedrail-related deaths, with 35 deaths reported in the last 18 months. Federal officials believe this to be only a fraction of the actual number as many nursing homes and hospitals don't know that they're expected to report such injuries and deaths and others may not elect to report the incidents due to legal liability or bad publicity. Bedrails are metal devices that prevent patients from rolling out of bed and assist patients in pulling themselves up. However, these simple and useful devices pose an increased risk of serious injury or even death in frail, elderly patients with dementia or Alzheimer's. Larry Kessler, director of the FDA's office of Science and Engineering expressed the opinion that, "Sometimes the problem is caused by people who put together hospital beds from disparate parts." Utilizing mattresses, rails, and bed frames from various manufactures when assembling a bed may result in gaps and increased risk of injury or death. Given that, the FDA recently issued guidelines containing calculations to ensure the proper assembly of hospital beds. When a bed is properly assembled, Kessler stated, there is almost never a problem. Interested persons may view the NPR article on this topic at <http://www.npr.org/templates/story/story.php?storyId=5519589>

FDA To Selectively Enforce Drug Pedigree Regulations

After several years delay, the Food and Drug Administration will begin to selectively enforce regulations requiring pharmaceutical manufacturers to utilize "track and trace" technology in an effort to thwart drug counterfeiting. The "pedigree" regulations require a statement of origin (pedigree) of prescription drugs and will be phased in effective December 1. The FDA will initially focus on the prescription drug products that are most vulnerable to illegal activity. The FDA recently distributed draft compliance policy guidance identifying its enforcement plan with final guidance due to be released by December 1. Interested persons may view additional information at:

- √ Health Data Management article
<http://www.healthdatamanagement.com/html/news/NewsStory.cfm?articleId=13704>
- √ FDA Testimony
<http://reform.house.gov/CJDPHR/Hearings/EventSingle.aspx?EventID=46631>

Diabetes Linked To Increased Risk Of Hip Fracture

A study published in the July issue of *Diabetes Care* identifies an increased risk of hip fracture in women with type 1 or type 2 diabetes. The 22-year study ran from 1980 through 2002 and followed 109,983 women who ranged from ages 34 to 59 years in 1980. After factoring in age and data (weight, smoking, physical activity, etc.), the report demonstrates a risk of fracture more than six times higher in women with type 1 diabetes compared to nondiabetic women. The risk of fracture was found to be twice as high in women with type 2 diabetes and increased to three times higher in women with type 2 diabetes for 12 years or longer. While researchers found an increased risk of hip fracture with insulin treatment, they are uncertain as to whether it is the negative effects of insulin on the bones or whether it indicates a more severe disease process. "The results of this study highlight the need for fracture and fall prevention strategies in patients with diabetes," this according to Dr. Mohsen Janghorbani of the Department of Nutrition at the Harvard School of Public Health. Interested persons may view the study abstract at <http://care.diabetesjournals.org/cgi/content/abstract/29/7/1573>

JUST FOR FUN

CASUAL DAY MEMOS**Memo 1:**

Effective immediately, the company is adopting Fridays as Casual Days so that employees may express their diversity.

Memo 2:

Spandex and leather micro-miniskirts are not appropriate attire for Casual Day. Neither are string ties, rodeo belt buckles, or moccasins.

Memo 3:

Casual Day refers to dress only, not attitude. When planning Friday's wardrobe, remember: image is a key to our success.

Memo 4:

A seminar on how to dress for Casual Day will be held at 4:00 p.m. Friday in the cafeteria. Fashion show to follow. Attendance is mandatory.

Memo 5:

As an outgrowth of Friday's seminar, a 14-member Casual Day Task Force has been appointed to prepare guidelines for proper dress.

Memo 6:

The Casual Day Task Force has completed a 30-page manual. A copy of "Relaxing Dress Without Relaxing Company Standards" has been mailed to each employee. Please review the chapter "You Are What You Wear" and consult the "Home Casual vs. Business Casual" checklist before leaving for work each Friday. If you have doubts about the appropriateness of an item of clothing, contact your CDTF representative before 7:00 a.m. on Friday.

Memo 7:

Effective immediately, Casual Day has been discontinued due to lack of participation.

**REPORTED ACTUAL
NEWSPAPER HEADLINES**

- Something Went Wrong in Jet Crash, Expert Says
- Police Begin Campaign to Run Down Jaywalkers
- Is There a Ring of Debris around Uranus?
- Miners Refuse to Work after Death
- Juvenile Court to Try Shooting Defendant
- If Strike Isn't Settled Quickly, It May Last Awhile
- Cold Wave Linked to Temperatures
- Couple Slain; Police Suspect Homicide
- Red Tape Holds Up New Bridges
- Man Struck By Lightning: Faces Battery Charge
- New Study of Obesity Looks for Larger Test Group
- Astronaut Takes Blame for Gas in Spacecraft
- Kids Make Nutritious Snacks
- Local High School Dropouts Cut in Half
- Hospitals are Sued by 7 Foot Doctors

TEN SIGNS THAT IT'S TIME TO BUY A NEW CAR

- 1 Your passenger seat is on the National Register of Historic Places.
- 2 Instead of an air bag, there's a whoopee cushion taped to your steering wheel.
- 3 You lose the stoplight challenge to a 14-year-old on a moped.
- 4 The 15 minute JiffyLube needs to keep your car for 3 days.
- 5 When you gas up, the attendant asks, "Can I re-duct tape that windshield for you?"
- 6 Thieves repeatedly break in your car just to steal "The Club."
- 7 While sitting at a stop light, people keep running up to you and asking if anyone was hurt.
- 8 For the last five years, you've had to settle for making "vroom, vroom" noises while in the driveway.
- 9 You keep losing dates on left turns.
- 10 Traffic reporters start referring to you by name when discussing morning tie-ups.

HR ANSWERS continued from page 5

example, less computing processing time, steps in the approval process, or whatever—it can turn them around. Telling them it saves the organization money is nice, but unless they are in a bonus program based on financial performance, it is unlikely to change their perception or attitude. It is also important to recognize people's feelings. Their brain understands that the change may be necessary or important, but their heart is struggling. Often if you recognize the feelings and allow the individuals to have them without being demoralizing or telling them how they should feel, you'll make better progress on the changes.

Got A Temper?

It seems like we are hearing from employers more and more that their employees are having challenges dealing with their emotions – especially areas that can turn to anger. Please keep in mind; *anger is always the second emotion*. You are always something first, before you got angry – frustrated, hurt, embarrassed, scared, etc. This is good for managers and supervisors to understand about their employees. They have to play detective and find out what the real concern or challenge is for the employee and deal with that instead of trying to deal with the anger...the real issue is what got them there in the first place. With this in mind, each of us should take the time to learn what triggers our negative emotions. Here is a list of some triggers that may apply to you or others you work with.

- 1 What is your earliest warning signal that there could be a problem?** Perhaps you've learned to listen to your stomach. When it starts to tie up in knots, you know that something is bothering you. So as soon as you feel that churning sensation, you know to take a deep breath and ask yourself some hard questions about what's causing it. It probably sounds weird to have to listen for clues to your own behavior, but it's foolish to not take advantage of the little voice inside of your head.
- 2 Do you ask your co-workers for help?** We all know a lot more about the people we work with than we usually acknowledge. Put this to work by asking co-workers for things that they've observed just before you blow up. You'll get a lot of people who won't know or won't want to tell you, but the information that you do get will give you invaluable insight on managing yourself.
- 3 What situations, people, etc. cause it?** "Everybody" might seem like the answer, but it's important to dig deeper. Take a hard look at the specific circumstances that tend to set you off. Again, the more you know, the earlier you can start to control your reaction.
- 4 What patterns do you see?** There is a chance that, after all this work, all you'll come up with is a random series of events. Doubtful. More likely, a clear pattern is present, but it's up to you to keep digging until you find it.
- 5 Can you role-play to explore how to prevent an outburst in the future?** All of the above is merely the preamble to figuring out how to prevent future problems. After you've learned how to identify your triggers, you need to act promptly to reduce their negative impact. But the real victory is when you learn how to avoid problems before they ever get to the triggering stage. Do this and you'll be able to put your finger on issues long before they become a problem.

RETIRING ADMINISTRATOR

The Board acknowledges the following retiring administrator for her devoted service and contributions to the profession.

Marcia L. **Johnson**, Oregon NHA 1982 - 2006

MYZIVIA.INFO continued from page 6

NPR Article Warns Of Bedrail Dangers

Since 1995, the FDA has received reports of approximately 350 bedrail-related deaths, with 35 deaths reported in the last 18 months. Federal officials believe this to be only a fraction of the actual number as many nursing homes and hospitals don't know that they're expected to report such injuries and deaths and others may not elect to report the incidents due to legal liability or bad publicity. Bedrails are metal devices that prevent patients from rolling out of bed and assist patients in pulling themselves up. However, these simple and useful devices pose an increased risk of serious injury or even death in frail, elderly patients with dementia or Alzheimer's. Larry Kessler, director of the FDA's office of Science and Engineering expressed the opinion that, "Sometimes the problem is caused by people who put together hospital beds from disparate parts." Utilizing mattresses, rails, and bed frames from various manufacturers when assembling a bed may result in gaps and increased risk of injury or death. Given that, the Food and Drug Administration recently issued guidelines containing calculations to ensure the proper assembly of hospital beds. When a bed is properly assembled, Kessler stated, there is almost never a problem. Interested persons may view the NPR article on this topic at <http://www.npr.org/templates/story/story.php?storyId=5519589>

Considerations To Reduce Unnecessary Hospitalizations

Hospitalization can prove disruptive and disorienting for nursing home residents and often results in unintended problems. More than a third of nursing home resident hospitalizations that occur each year could be prevented, this according to a national survey. The National Institute of Aging funded the study, which was presented in May at the national meeting of American Geriatrics Society. Research associate professor Orna Intrator, Brown University, relied on Medicare records over a five-month period to establish that 37 percent of hospitalization of long-term residents at urban nursing homes nationwide were potentially avoidable. If this pattern is reflective of all nursing home residents, it is estimated the hospitalization of 165,000 residents could have been prevented. The study concludes the hospitalizations could be prevented if nursing staff recognized symptoms of increasing illness sooner and doctors were more readily available at the nursing homes. Massachusetts and other areas are already incorporating measures to strengthen medical care at nursing homes and realizing a reduction in unnecessary hospitalizations. The following are among the measures implemented: 1) A New Bedford nursing home uses telemedicine to provide immediate access to doctors including evenings and weekends; 2) More nursing homes are hiring nurse practitioners to provide intensive, hands-on primary care; 3) Canada has found that clear and simple treatment instructions and standardized care for pneumonia significantly reduced unnecessary hospitalizations. Interested persons may view the full Boston Globe article on this topic at http://www.boston.com/news/local/massachusetts/articles/2006/07/03/nursing_homes_seen_deficient_on_basic_care/?page=1

CMS Releases Checklist Addressing Flu Pandemic Preparedness

The Centers for Disease Control and Prevention (CDC) and Department of Health and Human Services (HHS) have created a checklist to improve long-term and residential facilities preparedness for a potential pandemic flu. The checklist identifies steps to better prepare for a pandemic and may additionally prove useful in other types of emergencies.

- √ Interested persons may view the "Long-Term Care and Other Residential Facilities Pandemic Influenza Checklist" at <http://www.pandemicflu.gov/plan/LongTermCareChecklist.html>.
- √ The full CMS news release may be viewed at <http://www.hhs.gov/news/press/2006pres/20060517.html>.

AIT PROGRAMS COMPLETED

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

April 2006

<u>NAME</u>	<u>FACILITY</u>	<u>PRECEPTOR</u>
• Nathaniel Dawson	Beaverton Rehab & Living Center	Kimberly Kern
• Bronson Ho	Porthaven Healthcare Center	Sarah Murk
• Katharine Ledford	Rogue Valley Manor	Brandi Maurer
• Edwin McManus	Rogue Valley Manor	Thomas Becker
• Leann Curtis	Evergreen The Dalles Health & Rehab	Michael Fleming
• Sharon Pewtress	Rogue Valley Manor	Kevin McLoughlin

July 2006

• Jaron Sue	Marquis Care at Wilsonville	Amy Bucher
• Louise Coe Hake	Eugene Rehab & Specialty Care Center	Jonathan Ramey
• Anthony Knippers	South Hills Rehabilitation Center	Rob Hays
• John Wakeman	Clatsop Care Center	Anita Schacher

NHA LICENSES ISSUED

April 2006 to July 2006

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>
• Charles Lloyd Jr.	Rose Linn Care Center	West Linn	Exam
• Thomas Payn	Rogue Valley Manor	Medford	Exam
• Colleen Rees	Laurelhurst Village	Portland	Exam
• Jeremiah Tolman	Creswell Care Center	Creswell	Endorsement

PROVISIONAL LICENSES

<u>NAME</u>	<u>FACILITY</u>	<u>LOCATION</u>
• Nathaniel Dawson	Clackamas Rehab & Specialty Care	Clackamas
• Gail Brockway	Camelot Care Center	Forest Grove
• Thomas DeJardin	Hillside Senior Services	Portland
• Elizabeth Delamarter	Molalla Manor Care Center	Molalla
• Charles Sinclair	Evergreen Milton Freewater Rehab Center	Milton-Freewater
• Corey Trembath	Pioneer Nursing Home Health District	Vale
• Karen Walker	Linda Vista Care Center	Ashland

Every job is a self-portrait of the person who does it. Autograph your work with excellence.

~ Unknown

WHERE ARE THEY NOW?

NAME

FACILITY

- | | |
|----------------------------------|---|
| • Robert Barry | Newport Rehab & Specialty Care, Newport |
| • Jennifer Bay | Marquis Care at Piedmont, Portland |
| • Gail Brockway | Camelot Care Center, Forest Grove |
| • Mary Linda Cowlshaw | Willowbrook Terrace, Pendleton |
| • Nathaniel Dawson | Clackamas Rehab & Specialty Care, Gladstone |
| • Thomas DeJardin | Hillside Convalescent, Portland |
| • Elizabeth Delamarter | Molalla Manor Care Center, Molalla |
| • Catherine Elizondo | Evergreen Hillsboro Health & Rehab Center, Hillsboro |
| • Dana Flores | Grandview Manor Care Center, Junction City |
| • Karla Hunt | French Prairie Nursing & Rehab Center, Woodburn |
| • Jessica Keerseemaker | Mountain View Rehab & Living Center, Oregon City |
| • Cheryl LaCombe-Anderson | Avamere Court at Keizer, Keizer |
| • Charles Lloyd | Rose Linn Care Center, West Linn |
| • Robert Marcoff | Hearthside Rehab, Coos Bay |
| • Jonathan Ramey | Eugene Rehab & Specialty Care, Eugene |
| • Charles Sinclair | Evergreen Milton-Freewater Health & Rehab, Milton-Freewater |
| • Samuel Van Meter | Bay Crest Village, North Bend |
| • Stephanie Waguespack | Green Valley Rehab Health Center, Eugene |
| • Karen Walker | Linda Vista Nursing & Rehab, Ashland |
| • Ben Young | Beaverton Rehab & Specialty Care, Beaverton |

NHA NAME CHANGES

FROM

TO

- | | |
|----------------------------|-----------------------------|
| • Meagan Fisher | Meagan English |
| • Stephanie Streety | Stephanie Waguespack |

Individuals are considered sincere when there is little or no discrepancy between the goals they seek and those they claim to be seeking.

~ Leonard W. Doob

DEFICIENCY-FREE SURVEYS

The Board acknowledges the administrators and staff of the following facilities for achieving a deficiency-free survey. Congratulations on your success!

Ochoco Care Center

Don Whitehouse, NHA
950 NE Elm Street
Prineville, OR 97754
Ph: (541) 447-7667

➤ *Deficiency-free surveys in 2003, 2004 &*

South Salem Rehab & Specialty Care

Lael Hepworth, NHA
4120 Kurth Street South
Salem, OR 97302
Ph: (503) 581-8667

➤ *Deficiency-free survey in July 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

NEXT QUARTERLY BOARD MEETING

■ October 11, 2006

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

WEB SITE ADDRESS:
www.oregon.gov/NHABD

E-MAIL ADDRESS:
NHABD.info@state.or.us



Moving? Change In Employment Or Employment Status?

Please remember to notify the Board of any changes in address or employment status.