



# Oregon

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## Nursing Home Administrators Board

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# DOMAINS OF PRACTICE

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The following is taken from the NAB Administrator-In-Training Guide originally prepared in the mid-1980s; however, the domains and the percentage of time recommended to be spent in each domain has been taken from the June 2002 Job Analysis of Nursing Home Administrators and Revised Test Specifications for the NHA Licensing Examination.

Preparing to become a competent nursing home administrator is an art. It involves familiarity with terms in several vocabularies: management, personnel, finance, marketing, patient care. It demands a good orientation to the nursing home environment; extensive federal, state, and local requirements; practice in the field itself. It is a process of learning how practicing nursing home administrators see and understand the world. It takes time and considerable effort far beyond this internship guide and bibliography to arrive at this professional status.

Preparing for the licensure exam must, therefore, be a multi-focused effort. Read broadly in the texts and books in the field, and use the AIT experience as a rare opportunity to gain insight into nursing home operations from the perspective of the employees. The NAB exam tests whether an individual understands the field, its practices, and its idiosyncrasies. When you have mastered the didactic materials of the texts and completed a successful AIT program, understand the nursing home experience in its multiple dimensions, and have gained proficiency at taking multiple choice question exams, you will be closer to readiness for the national examination.

### **Role of the Preceptor**

The role of the preceptor includes the following activities:

1. Assess with the administrator-in-training the individual's learning needs on the basis of education, work background, experience and future professional goals.
2. Using the basic building blocks of the domains of practice, construct a program with appropriate lengths of time.
3. In consultation with the AIT, actively guide his/hr program through:
  - a. establishing a supportive atmosphere among the facility staff, orienting them to the AIT's program and involving them, especially the department heads, in assisting the AIT to meet expected learning goals.

- b. frequent contact with the AIT, including a progress and evaluation conference at least weekly; restructuring the planned program, if desired, upon the AIT's assessment of newly identified learning needs as the internship unfolds.
- c. including the AIT as feasible, throughout the training period, in the preceptor's daily managerial activities, such as meetings, personnel actions, crisis management, and activities outside the facility. The staff and AIT should understand that the administrator may occasionally summon the AIT from his/her preassigned block of activities on a moment's notice as opportunities for administrative learning arise.

### **Role of the Administrator-In-Training**

1. To actively assist the preceptor in identifying, establishing, and revising as needed the training plan based on the domains of practice.
2. To engage in the agreed-upon learning experience in a professional manner, maintaining confidentiality of all information shared by employees and preceptor.
3. To prepare reports on a timely basis.

### **Learning Goals**

The basic goal is for the AIT to learn through first-hand experience everything he or she is capable of absorbing in the time available about the organization and administration of a nursing home.

It is expected that the AIT will become familiar with the functions of each of these levels:

1. **Facility:** the broad array of activities to be accomplished by a nursing facility to deliver resident care.
2. **Department:** the work contribution of each department and the extent to which departments must cooperate before resident care can be accomplished.
3. **Individual employee<sup>1</sup>:** the work each position within the facility contributes (personally experiencing as many positions as practical through "shadowing" employees).
4. **AIT (personal):** develop managerial skills in planning, organizing, staffing, directing, controlling, evaluating, innovating and representing. Further develop leadership skills and a personal philosophy of management.

### **Confidentiality and the Role of the Administrator-In-Training**

The AIT position offers a unique opportunity to learn first-hand how the facility is intended to function and how it actually does function on a day-to-day basis. Employees may privately share with the AIT their feelings about their job, the facility, and perhaps even the administrator.

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<sup>1</sup> Effective January 30, 2004, OAR 853-010-0060(6) incorporates an 80-hour CNA training requirement consisting of 40 hours participation in a CNA training course or a comparable review of the CNA training manual and 40 ours spent shadowing a CNA.

Ideally, the preceptor should expect the AIT to maintain the confidentiality of any privileged information received from employees. However, preceptors' views may vary on this matter, so it is important that employees and the AIT know in advance the preceptor's policies on information of this nature.

### **Recommended Visits**

It is strongly recommended that, in accordance with the AIT's personal background and the place where the AIT program is carried out, visits arranged by the preceptor be made to as many of the following categories of facilities as feasible:

- Nursing facilities offering skilled, sub-acute, and specialized care
- A continuing care retirement community
- A chain operated facility (larger chain/smaller chain)
- A non-profit/for-profit facility

Additional factors to include when practical are facilities that are:

- Predominantly private pay
- Predominantly Medicaid
- Specializing in short-term rehabilitation
- Specializing in longer-term care of residents

The AIT should also try to gain experience in the following types of management functions:

- Decentralized, where the administrator functions as an upper level manager
- Centralized (chain), where the administrator acts more like a middle level manager

It is important to experience the distinctive styles of administrators and department heads in each facility.

## Domains of Practice

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### 1. Resident Care and Quality of Life

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#### Knowledge of:

- Federal, state and local standards and regulation
- Aging process (psychological)
- Aging process (physiological)
- Definition, concept, and basic principles of nursing
- Basic principles of restorative nursing
- Basic principles of rehabilitation
- Basic principles of infection control
- Basic principles and regulations for handling administration, labeling, recordkeeping, and destruction of drugs and biologics
- Resident care needs
- Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process
- Admission, transfer, and discharge requirements/regulations
- Techniques of auditing resident care and service outcomes
- Roles of resident care staff and consultants
- Physiological, social, emotional, psychological, spiritual, financial, and legal service needs of residents and their families
- Communication techniques
- Dynamics of interpersonal relationships
- Available resources (for example, community, social, financial)
- Grieving process
- Death and dying
- Group dynamics
- Resident rights
- Advanced directives
- Basic nutritional requirements
- Basic principles of food storage, handling, preparation, and presentation
- Resident dining experience
- Meal frequency
- Therapeutic or specialized diets
- Principles of dietary sanitation
- Food service delivery
- Nutritional supplements
- Basic medical terminology
- Provision of basic specialty medical services (for example, optometry, podiatry, dental, psychiatry, psychology)
- Role of physician services
- Role of medical director
- Frequency of physician visits
- Provision of emergency medical services
- Physician/resident relationship(s)
- Quality assurance processes as it relates to resident care and services

- Basic therapeutic recreation/activity needs of residents
- Clinical medical record content and format
- Federal documentation requirements
- Chemical and physical restraints
- Confidentiality and safeguarding clinical record information
- Center for Medicare and Medicaid Services (CMS) quality indicators

**Skill in:**

- Recognizing whether resident needs are met
- Utilizing basic counseling methods and crisis intervention techniques
- Relationship building
- Analyzing and interpreting customer satisfaction data
- Interpreting Center for Medicare and Medicaid (CMS) quality indicators
- Analyzing and interpreting effectiveness of quality assurance data related to resident care and service outcomes
- Interpersonal communication (for example, individuals from diverse backgrounds, cognitively impaired residents).

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## **2. Human Resources**

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**Knowledge of:**

- Methods of communication
- Communication technology (for example, e-mail, voice mail, computer software)
- Criminal background checks/nursing assistant registry
- Employee interview procedures
- Facility staffing needs and requirements
- Staff position qualifications
- Staff licensure requirements
- Staff education/in-service requirements
- Confidentiality requirements
- Recruitment and retention methods
- Employment history and verification methods
- Drug-free workplace programs
- Staff development requirements, resources and models
- Staff corrective action methods
- Staff recognition and appreciation techniques
- Employee evaluation process
- Staff scheduling techniques
- Federal, state, and local labor and civil rights laws
- Federal and state rules and regulations (for example, Family Medical Leave Act, Occupational Health and Safety Act, Americans with Disabilities Act, Equal Employment Opportunity Commission)
- Safety programs and requirements
- Worker's compensation rules and procedures
- Injury-prevention and return-to-work program
- Ethical behavior of staff

**Skill in:**

- Written and oral communication
- Coaching, counseling, and teaching
- Facilitating group meetings (for example, departmental staff meetings)
- Negotiating
- Interviewing (for example, pre-employment, investigations, exit)
- Analyzing and interpreting employee performance
- Team-building
- Motivating employees
- Analyzing and interpreting human resource programs

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**3. Finance**

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**Knowledge of:**

- Budgeting methods and financial planning
- Accounting methods (for example, Generally Accepted Accounting Practices, cash and accrual) and regulatory requirements
- Financial statements
- Reimbursement sources and methods (for example, Medicare, Medicaid, managed care)
- Federal, state, and local regulations affecting nursing home reimbursement
- Potential revenue sources
- Internal controls (for example, purchasing, inventory, accounting, departmental)
- Payroll procedures and documentation
- Accounts receivable, collection, and billing procedures
- Accounts payable procedures
- Risk management
- Eligibility and coverage requirements from third party payers

**Skill in:**

- Analyzing and interpreting budgets and financial statements
- Interpreting financial regulations as they apply to reimbursement
- Managing cash flow
- Analyzing and identifying trends in financial performance of facility

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**4. Physical Environment and Atmosphere**

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**Knowledge of:**

- Preventative maintenance systems
- Equipment needs and management
- Local, state, and Federal codes, rules, and regulations for buildings, grounds, equipment and maintenance including ADA, OSHA, Life Safety Codes, and NFPA
- Roles of environmental staff (such as housekeeping, maintenance, laundry)
- Waste management, including infectious waste

- Basic housekeeping concepts and procedures
- Basic sanitation concepts and procedures
- Basic infection control concepts and procedures
- Pest control
- Basic concepts regarding personal protective equipment (PPE)
- Potential hazards (for example, biohazards, blood-borne pathogens, hazardous materials)
- Security measures
- Elements of fire and disaster programs
- Community emergency resources
- In-house emergency equipment
- Evacuation resources and requirements
- Emergency procedures (for example, elopements, personal injuries)
- Quality assurance as it relates to environmental services

**Skill in:**

- Analyzing physical plant needs
- Recognizing environmental impact on residents
- Analyzing and interpreting effectiveness of quality assurance data related to environmental service and safety outcomes
- Interpreting and applying safety codes
- Interpreting and implementing life safety codes
- Crisis management
- Interpersonal communication

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## **5. Leadership and Management**

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**Knowledge of:**

- Federal, state and local laws, regulations, agencies and programs such as Medicare, Medicaid, Occupational Safety and Health Administration (OSHA), Americans with Disabilities Act (ADA), Fair Labor Standards Act (FLSA), Equal Employment Opportunity Commission (EEOC), Safe Medical Devices Act (SMDA)
- Corporate compliance
- Potential legal liability of the facility
- Potential legal and criminal liability of administrator
- Codes of ethics of professional associations and standards of practice of state boards
- Quality improvement models (for example, continuous quality improvement (CQI), quality assurance (QA), total quality management (TQM), performance improvement (PI))
- Facility licensing requirements
- Certification survey tasks
- Quality indicator reports and on-line survey certification reports (OSCAR)
- Survey process including scope and severity grid as well as remedies and acceptable plan of correction
- Management information systems
- Technology to support facility operations (for example, medical, security, environmental, work-place safety)

- The role of each component of long-term care in the healthcare continuum
- Functions of all departments and services provided
- Management principles and philosophies
- Methods for assessing and monitoring resident and responsible parties' satisfaction with quality of care and quality of life
- Techniques of conflict resolution
- Grievance procedures for residents and families/responsible parties
- Resident rights
- The role of the resident ombudsman
- Oral and written communications techniques
- Risk management principles
- Public relations and marketing techniques

**Skill in:**

- Interpreting rules and regulations, and policies and procedures
- Managing the change process
- Analyzing facility compliance
- Identifying relevant information
- Prioritizing alternative solutions
- Using basic counseling methods
- Negotiating techniques
- Problem solving
- Time management
- Conflict resolution and mediation
- Oral and written communication skills
- Cultivating effective relationships
- Managing organizational behavior

For someone who is new to the field, the following time division is offered as a starting point:

<b>DOMAIN</b>	<b>HOURS</b>	<b>PERCENT</b>
– Resident Care and Quality of Life	336	35
– Human Resources	144	15
– Finance	144	15
– Physical Environment	96	10
– Leadership & Management	240	25
<b>TOTAL</b>	<b>960 HOURS</b>	<b>100%</b>