



# Oregon

John A. Kitzhaber, MD, Governor

## *Health Licensing Agency*

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**WHO:** Oregon Health Licensing Agency  
Nursing Home Administrators Board  
Legislation & Rules Committee

**WHEN:** Wednesday, September 21, 2011 – 9 am

**WHERE:** Oregon Health Licensing Agency  
Rhoades Conference Room  
700 Summer St NE, Suite 320  
Salem, Oregon

**COMMITTEE:** Kathleen Elias, Nicole Burnham, Lynne Howe, Arlene Gardner

### **What is the purpose of the meeting?**

. The purpose of the meeting is to continue to review Oregon Administrative Rules (OAR) Chapter 850 Division 001 through 030. Areas to be addressed include but are not limited to the following:

- Renewal requirements and continuing education;
- Preceptor requirements and;
- AIT program

### **Is the public or licensees allowed to attend the meeting?**

Yes. Members of the public are invited and encouraged to be in attendance at all committee meetings, although public comment is not generally taken during this time. Technical experts may be in attendance at committee meetings and could be called upon to provide knowledge in specific areas.

### **What if the committee enters into executive session?**

Prior to entering into executive session the committee chairperson will announce the nature of and the authority for holding executive session, at which time all audience members are asked to leave the room with the exception of news media and designated staff. Executive session would be held according to ORS 192.660.

No final actions or final decisions will be made in executive session. The committee will return to open session before taking any final action or making any final decisions.

### **Who do I contact if I have questions or need special accommodations?**

The meeting location is accessible to persons with disabilities. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting. For questions or requests contact a board specialist at (503) 373-2049.

All members are asked to please give at least 24-hour notice if they are unable to attend the meeting so arrangements may be made.

# Issue Statement

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## **ISSUE:**

Administrator in training applicant waiver requests and deferral of waiver reviews.

## **DISCUSSION:**

On July 8, 2010, the Nursing Home Administrators Board Qualification and Education committee met to review two applicant waiver requests. The committee referenced the standardized criteria and guidelines established by the board on April 21, 2010, which include:

1. LPN or RN only, to allow for 50% or 128 of the hours to be waived for resident care and quality of life. Verification of LPN or RN experience must have been obtained in the nursing home environment, includes verification of licensure, a resume and three years of experience; three years must be completed within the last five years.
2. Removing the master degree exemption which can replace up to 480 hours of the 960 hours of training.
3. Retaining the waiver of 80 hours for CNA.

In addition, due to the specified documentation required to be submitted to substantiate the waiver requests and the established amount of hours being waived, the committee recommends the board defer approval of waivers to agency staff.

## **RECOMMENDATION:**

Based on the criteria established by the board, the committee determined the two candidates did not qualify for waivers.

- 1) Deny the two applicant waiver requests.
- 2) Defer future request of waivers to agency staff.

# Issue Statement

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## ISSUE:

Administrator in training (AIT) program

## DISCUSSION:

On April 21, 2010, the board directed the Qualification and Education Committee to review the AIT training program which includes standardizing objectives, verification forms, and requiring completion of specified training and training hours.

The committee met on August 26, 2010, to review and discuss the AIT program. The committee reviewed forms prepared by agency staff which encompassed the standardized training and forms. The following was included:

- **AIT Training Letter** – provides an overview of the information outlined in the AIT Training Packet.
- **Preceptor Letter** – provides an overview of the information outlined in the AIT Training letter, in addition to the AIT Program Orientation Tool.

### AIT Training Packet

- **Training Overview** – provides information regarding the AIT training program including domains and hours, the roles of the AIT and preceptor, learning goals and confidential information.
- **Certification of Training Form**- separates the specific content and hours of training within each of the five domains in a checklist format.
- **Trainee Report** – summarizes the overall training hours completed. This form is required to be signed by both the AIT and the preceptor certifying completion of the training at the midway interview and upon completion of training.
- **Midway Interview Request Form** – AIT is required to submit form for to schedule midway interview. The form outlines the requirements to sit for a midway interview.
- **Training Tracking Tool** – tool to assist in completing the required Certification of Training Form.

The committee made minor modifications to the forms which met the board directives. Forms are attached.

## RECOMMENDATION:

To approve forms for the AIT training program.



# Oregon

Nursing Home Administrators Board  
Veterans' Affairs Building  
700 Summer St. NE, Suite 320  
Salem, OR 97301-1287  
Phone: 503-378-6538  
FAX: 503-585-9114

«DATE»

«FIRST\_NAME» «LAST\_NAME»  
«FACILITY»  
«STREET»  
«CITYSTATEZIP»

Dear «AIT\_TITLE» «LAST\_NAME»:

Please find enclosed information from the Oregon Health Licensing Agency (Agency), Nursing Home Administrators Board (NHAB), pertaining to the training required to become a nursing home administrator. The information you are being provided includes the following:

- AIT Training Packet
  - Role of the Preceptor
  - Role of the administrator-in-training
  - Learning Goals
  - Confidentiality
  - Training instructions
  - Certification of Training Forms 1-7
  - Trainee Report #1 and #2
- AIT Training Tracking Tool
  - Training Tracking Forms 1-7
- Midway Interview Request Form

The AIT Training Tracking Tool is to assist you with tracking your training and training hours, which you will be required to be reported on your Certification of Training Forms 1-7 and submitted with your training reports #1 and #2.

The Certification of Training Forms 1-7 and Training Report #1 will assist the Board in reviewing your training progress during your midway interview; your certification of training Forms 1-7 should align with the Training Plan you submitted with your application.

Administrators in training are *required* to be interviewed at approximately the mid-way point of their training. The mid-way interview gives the board an opportunity to suggest changes or make recommendations regarding your AIT program. At that time, you are encouraged to ask questions and express concerns about the progress of your AIT program.

Your midway interview is *required* and may be held at any point during your training period. To schedule a midway interview, you must complete and submit the following:

- ✓ Midway Interview Request Form
- ✓ Certification of Training Forms 1-7
- ✓ Trainee Report #1

Preceptor Letter **1**

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Training Packet Information **2**

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Instructions **3**

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Training - Forms **4**

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Trainee Report - Midway **5**

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Trainee Report - Completed **6**

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Midway Interview Request **7**

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Training Tracking Tool **8**

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# Oregon

Theodore R. Kulongoski, Governor

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## AIT - Training Packet

The State of Oregon, Nursing Home Administrators Board requires that all applicants for licensure as a Nursing Home Administrator complete 960 hours of training in a board approved program under the supervision of a preceptor. A preceptor is a licensed nursing home administrator and had met qualifications listed under Oregon Administrative Rule 853-010-0060.

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.

The information listed within this program has been taken from the National Association of Boards of Examiners of Long Term Care Administrators (NAB) Administrator-In-Training (AIT) Guide, however, the domains and the percentage of time spent in each domain has been taken from the Job Analysis of Nursing Home Administrators and Revised Test Specifications for the NHA Licensing Examination.

The training program addresses (5) domains of practice as listed below:

Domain	Hours	% of Training
Resident Care and Quality of Life	336	35
Human Resources	144	15
Finance	144	15
Physical Environment	96	10
Leadership and Management	240	25
<b>Total</b>	<b>960</b>	<b>100%</b>

The amount of hours spent training in each of the five (5) domains of practice is *required*; however, the sequence of training will be determined by the preceptor. It is the responsibility of the AIT and preceptor to ensure all training has been completed.

It is recommended that you keep a daily record of your training experiences to facilitate preparation of your Certification of Training Forms and Training Reports (#1 and #2). Attached is an AIT Training Tracking Tool to assist with tracking your training and training hours.

### 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 sequence for completion of the program.
3. In consultation with the AIT, actively guide his/her program through:





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Veterans' Affairs Building  
700 Summer St. NE, Suite 320  
Salem, OR 97301-1287  
Phone: 503-378-6538  
FAX: 503-585-9114

March 26, 2011

«PRECEPTOR\_FirstName» «PRECEPTOR\_LastName»  
«FACILITY»  
«STREET»  
«CITYSTATEZIP»

Dear «PRECEPTOR\_TITLE» «PRECEPTOR\_LastName»:

Thank you for your participation and contributions to the Administrator-in-Training (AIT) program. The Board is committed to the training and development of an AIT and to their future success. With this said, the Board is providing you with an AIT Training Packet with information pertaining to the training required to become a nursing home administrator. The AIT Training Packet will assist as you to direct and oversee the training and development of your AIT. The AIT you will be training has also received the AIT training packet. The AIT Training Packet includes the following:

- AIT Training Packet
  - Role of the Preceptor
  - Role of the administrator-in-training
  - Learning Goals
  - Confidentiality
  - Training instructions
  - Certification of Training Forms 1-7
  - Trainee Report #1 and #2
- AIT Training Tracking Tool
  - Training Tracking Forms 1-7
- Midway Interview Request Form

The AIT Training Tracking Tool is to assist with tracking training and training hours, which will be required to be reported on the Certification of Training Forms 1-7 and submitted with training reports #1 and #2.

The Certification of Training Forms 1-7 and Training Report #1 will assist the Board in reviewing the AIT training progress during the midway interview; the certification of training Forms 1-7 should align with the Training Plan the AIT submitted with their application.

An AIT is *required* to be interviewed at approximately the mid-way point of their training. The mid-way interview gives the board an opportunity to suggest changes or make

recommendations regarding their AIT program. At that time, the AIT is encouraged to ask questions and express concerns about the progress of their AIT program.

The midway interview is *required* and may be held at any point during the AIT's training period. To schedule a midway interview, the AIT must complete and submit the following:

- ✓ Midway Interview Request Form
- ✓ Certification of Training Forms 1-7
- ✓ Trainee Report #1

All documentation must be received by the agency 30 days prior to a regularly scheduled NHAB board meeting. Scheduled board meeting dates can be accessed on line at <http://www.oregon.gov/OHLA/NHAB/meetings.shtml>.

It is the responsibility of *both* the AIT and the preceptor to ensure the required training has been completed.

### **AIT Program Orientation Tool**

The Board recommends that you use the enclosed *Program Orientation Tool* to orient your AIT to the facility. It is essential that you introduce your AIT to staff and familiarize them with the facility in order to promote an understanding of the facility and the synergy of departments working together to accomplish a common goal.

Again, thank you for your time and contributions to the AIT program.

You are encouraged to call me at 503-373-1081 if you have questions or concerns regarding this correspondence.

Sincerely,

Lisa Murphy  
Qualification Specialist

Enclosure: AIT Training Report, AIT Training Tracking Tool, Midway Interview Request Form, Preceptor Letter, examination information and AIT Program Orientation Tool,

cc: «FIRST\_NAME» «LAST\_NAME» (AIT)



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## Certification of Training Instructions

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The Certification of Training Form must be submitted along with each of your training reports (#1 & #2).

Training report #1 must be submitted with your certification of training form, 30 days prior to your \*midway interview.

Training report #2 must be submitted with your certification of training form, upon completion of your training.

\*Your midway interview may be held at any point during your training period. To schedule a midway interview, you must submit a Midway Interview Request Form, your completed Training Report #1 and your completed certification of Training Form. All documentation must be received at the Health Licensing Agency 30 days prior to a scheduled Nursing Home Administrators board meeting.

**Please Note:** If your documentation is not *received* at the Oregon Health Licensing Agency 30 days prior to a scheduled Nursing Home Administrators board meeting, your interview will be postponed until the next regularly scheduled board meeting.

All Reports must be mailed to the Oregon Health Licensing Agency, Nursing Home Administrators Board, 700 Summer Street NE, Suite 320, Salem, OR 97301-1287.



# Certification of Training Forms – 1 of 7

AIT Name: _____		Total Required Hours	Midway Reporting Hours Report #1	Hours After midway Report #2	Total Hours
acceptor Name: _____					
<b>CNA Requirement</b>		<b>80</b>			
(See Waiver Request Form) - Hours Waived					
<b>Total Hours Required</b>					
<b>Resident Care and Quality of Life</b>		<b>256</b>			
(See Waiver Request Form) - Hours Waived					
<b>Total Hours Required</b>					
1	Federal, state and local standards and regulation				
2	Aging process (psychological)				
3	Aging process (physiological)				
4	Definition, concept, and basic principles of nursing				
5	Basic principles of restorative nursing				
6	Basic principles of rehabilitation				
7	Basic principles of infection control				
8	Basic principles and regulations for handling administration, labeling, recordkeeping, and destruction of drugs and biologics (F-Tag 431)				
9	Basic principles of potentially unnecessary medications in the elderly ( F-Tag 329 Table 1 and Table 2)				
10	Resident care needs				
11	Minimum Data Set (MDS) requirements, Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process				
12	Admission, transfer, and discharge requirements/regulations				
13	Techniques of auditing resident care and service outcomes				
14	Roles of resident care staff and consultants				
15	Physiological, social, emotional, psychological, spiritual, financial, and legal service needs of residents and their families				
16	Communication techniques				
17	Dynamics of interpersonal relationships				
18	Available resources (i.e., community, social, financial)				
19	Grieving process				
20	Death and dying				
21	Group dynamics				
22	Resident rights				
23	Advanced directives, POLST and use of POLST registry				
24	Basic nutritional requirements				
25	Basic principles of food storage, handling, preparation, and presentation				
26	Resident dining experience				
27	Resident overnight experience				
28	Meal frequency				
29	Therapeutic or specialized diets				
30	Principles of dietary sanitation				
31	Food service delivery				
32	Nutritional supplements				
33	Basic medical terminology				
34	Provision of basic specialty medical services (i.e., optometry, podiatry, dental, psychiatry, psychology, Hearing services)				

# Certification of Training Forms – 2 of 7

	Total Required Hours	Midway Reporting Hours Report #1	Hours After midway Report #2	Total Hours
'T Name: _____				
Preceptor Name: _____				
<b>Resident Care and Quality of Life Continued.....</b>				
35 Role of physician services				
36 Role of medical director ( F-tag 501)				
37 Frequency of physician visits				
38 Role of the consultant pharmacist				
39 Provision of emergency medical services				
40 Physician/resident relationship(s)				
41 Continuous quality improvement processes as it relates to resident care and services				
42 Basic therapeutic recreation/activity needs of residents				
43 Clinical medical record content and format				
44 Federal documentation requirements				
45 Chemical and physical restraints				
46 Confidentiality and safeguarding clinical record information				
47 Center for Medicare and Medicaid Services (CMS) quality indicators/ quality improvement				
48 Five Star Quality Rating System – Familiarize with CMS web site and current rating system				
<b>Total hours obtained for reporting – (1<sup>st</sup> or 2<sup>nd</sup> report)</b>				

**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).

**Experience and Observations – Midway Reporting (Use Additional Experience and Observations form attached if additional space is needed) :**


# Certification of Training Forms – 3 of 7

AIT Name: _____	Total Required Hours	Midway Reporting Hours Report #1	Hours After midway Report #2	Total Hours
Supervisor Name: _____				
<b>Human Resources</b>	<b>144</b>			
1 Methods of communication				
2 Communication technology (for example, e-mail, voice mail, computer software)				
3 Criminal background checks/nursing assistant registry				
4 Employee interview procedures				
5 Facility staffing needs and requirements				
6 Staff position qualifications				
7 Staff licensure requirements				
8 Staff education/in-service requirements				
9 Confidentiality requirements				
10 Recruitment and retention methods				
11 Employment history and verification methods				
12 Drug-free workplace programs				
13 Staff development requirements, resources and models				
14 Staff corrective action methods				
15 Staff recognition and appreciation techniques				
16 Employee evaluation process				
17 Staff scheduling techniques				
18 Federal, state, and local labor and civil rights laws (Oregon BOLI)				
19 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)				
20 Safety programs and requirements				
21 Worker's compensation rules and procedures				
22 Injury-prevention and return-to-work program				
23 Knowledge of bargaining union				
24 Ethical behavior of staff				
<b>Total hours obtained for reporting – (1<sup>st</sup> or 2<sup>nd</sup> report)</b>				

**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

**Experience and Observations – Midway Reporting (Use Additional Experience and Observations Form attached if additional space is needed) :**


# Certification of Training Forms – 4 of 7

	Total Required Hours	Midway Reporting Hours Report #1	Hours After midway Report #2	Total Hours
NT Name: _____				
Preceptor Name: _____				
<b>Finance</b>	<b>144</b>			
1 Budgeting methods and financial planning				
2 Accounting methods (for example, Generally Accepted Accounting Practices, cash and accrual) and regulatory requirements				
3 Financial statements				
4 Reimbursement sources and methods (for example, Medicare, Medicaid, managed care)				
5 Federal, state, and local regulations affecting nursing home reimbursement				
6 Potential revenue sources				
7 Internal controls (for example, purchasing, inventory, accounting, departmental)				
8 Payroll procedures and documentation				
9 Accounts receivable, collection, and billing procedures				
10 Accounts payable procedures				
11 Risk management				
12 Eligibility and coverage requirements from third party payers				
<b>Total hours obtained for reporting – (1<sup>st</sup> or 2<sup>nd</sup> report)</b>				

**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

**Experience and Observations – Midway Reporting (Use Additional Experience and Observations form attached if additional space is needed) :**


# Certification of Training Forms – 5 of 7

T Name: _____ Preceptor Name: _____	Total Required Hours	Midway Reporting Hours Report #1	Hours After midway Report #2	Total Hours
<b>Physical Environment and Atmosphere</b>	<b>96</b>			
1 Preventative maintenance systems				
2 Equipment needs and management				
3 Local, state, and Federal codes, rules, and regulations for buildings, grounds, equipment and maintenance including ADA, OSHA, Life Safety Codes, and NFPA				
4 Roles of environmental staff (such as housekeeping, maintenance, laundry)				
5 Waste management, including infectious waste				
6 Basic housekeeping concepts and procedures				
7 Basic sanitation concepts and procedures				
8 Basic infection control concepts and procedures				
9 Pest control				
10 Basic concepts regarding personal protective equipment (PPE)				
11 Potential hazards (for example, biohazards, blood-borne pathogens, hazardous materials)				
12 Security measures				
13 Elements of fire and disaster programs				
14 Community emergency resources				
15 In-house emergency equipment				
16 Evacuation resources and requirements				
17 Emergency procedures (for example, elopements, personal injuries)				
18 Continuous quality improvement as it relates to environmental services				
<b>Total hours obtained for reporting – (1<sup>st</sup> or 2<sup>nd</sup> report)</b>				

**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

**Experience and Observations – Midway Reporting (Use Additional Experience and Observations form attached if additional space is needed) :**

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# Certification of Training Forms – 6 of 7

IT Name: _____ Preceptor Name: _____		Total Required Hours	Midway Reporting Hours Report #1	Hours After midway Report #2	Total Hours
<b>Leadership and Management</b>		<b>240</b>			
1	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), Health Insurance Portability and Accountability Act HIPAA				
2	Corporate compliance				
3	Potential legal liability of the facility				
4	Potential legal and criminal liability of administrator				
5	Codes of ethics of professional associations and standards of practice of state boards				
6	Quality improvement models (for example, continuous quality improvement (CQI), quality assurance (QA), total quality management (TQM), performance improvement (PI), root case analysis (RCI)				
7	Facility licensing requirements				
8	Certification survey tasks				
9	Quality indicator reports and on-line survey certification reports (OSCAR)				
10	Survey process including scope and severity grid as well as remedies and acceptable plan of correction				
11	Management information systems / medical records				
12	Technology to support facility operations (for example, medical, security, environmental, work-place safety)				
13	The role of each component of long-term care in the healthcare continuum				
14	Current philosophies and practices in long term care				
15	Functions of all departments and services provided				
16	Management principles and philosophies				
17	Methods for assessing and monitoring resident and responsible parties' satisfaction with quality of care and quality of life				
18	Techniques of conflict resolution				
19	Grievance procedures for residents and families/responsible parties				
20	Resident rights and governance				
21	The role of the resident ombudsman				
22	Increase knowledge about cultural diversity relating to both residents and staff				
23	Oral and written communications techniques				
24	Risk management principles				
25	Public relations and marketing techniques				
<b>Total hours obtained for reporting – (1<sup>st</sup> or 2<sup>nd</sup> report)</b>					

# Certification of Training Forms – 7 of 7

Trainee Name: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

## Leadership and Management Cont.

### 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

## Experience and Observations – Midway Reporting (Use Additional Experience and Observations form attached if additional space is needed) :

It is strongly recommended that, in accordance with the AIT training program, the AIT gain experience, by personal visits arranged by the preceptor, by visiting as many of the following categories of facilities as feasible

Visits		Visits Conducted (✓)
1	Nursing facilities offering skilled, sub-acute, and specialized care	
2	A continuing care retirement community	
3	A chain operated facility (larger chain/smaller chain)	
4	A non-profit/for-profit facility	
5	Predominantly private pay	
6	Predominantly Medicaid	
7	Specializing in short-term rehabilitation	
8	Specializing in longer-term care of residents:	
9	Decentralized, where the administrator functions as an upper level manager	
10	Centralized (chain), where the administrator acts more like a middle level manager	
11	It is important to experience the distinctive styles of administrators and department heads in each facility.	
12	Pharmacy specializing in long term care	

## Experience and Observations – Midway Reporting (Use Additional Experience and Observations form attached if additional space is needed) :

# Additional Experience and Observation Reporting Form

<b>Experience and Observations – Midway Reporting:</b>	<b>Domain:</b>
Certification of Training Forms – ___ of 7	

<b>Experience and Observations – Midway Reporting:</b>	<b>Domain:</b>
Certification of Training Forms – ___ of 7	

<b>Experience and Observations – Midway Reporting:</b>	<b>Domain:</b>
Certification of Training Forms – ___ of 7	

<b>Experience and Observations – Midway Reporting:</b>	<b>Domain:</b>
Certification of Training Forms – ___ of 7	

<b>Experience and Observations – Midway Reporting:</b>	<b>Domain:</b>
Certification of Training Forms – ___ of 7	





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### Nursing Home Administrators Board Trainee Report # 1 – Midway

This report must be submitted in accordance with the certification of training instructions on page 3 of this packet.

It is recommended that you keep a daily record of your training experiences to facilitate preparation of your Certification of Training Forms and training report. Attached is a Training Tracking Tool to assist with tracking your training and training hours.

#### TO BE COMPLETED BY THE AIT

**Note:** Please mark any needed corrections below.

<b>AIT NAME</b>	«FIRST_NAME»	«LAST_NAME»
<b>Home Address</b>	«HM_ADDRESS»	
<b>City, State, Zip</b>	«HM_CITY_STATE_ZIP»	
<b>Home Phone</b>	«HOME_PHONE»	
<b>Training Facility</b>	«FACILITY»	
<b>PRECEPTOR</b>	«PRECEPTOR_FirstName»	«PRECEPTOR_LastName»
<b>Street Address</b>	«STREET»	
<b>City, State, Zip</b>	«CITYSTATEZIP»	
<b>Facility Phone</b>	«BUS_PHONE»	

This report covers the period from: \_\_\_\_\_ through \_\_\_\_\_

- During this period I received \_\_\_\_\_ hours of AIT training.
- During this period I worked \_\_\_\_\_ days per week.

\_\_\_\_\_  
Signature of AIT

\_\_\_\_\_  
Date

#### TO BE COMPLETED BY THE PRECEPTOR

I certify that the AIT listed above, under my supervision, has received the training described within pages 1-7 of the Certification of Training Forms and the AIT training was completed during the reporting period and days worked as indicated above.

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date





# Oregon

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### Nursing Home Administrators Board Trainee Report # 2 – Upon Completion

This report must be submitted in accordance with the certification of training instructions on page 3 of this packet.

It is recommended that you keep a daily record of your training experiences to facilitate preparation of your Certification of Training Forms and training report. Attached is a Training Tracking Tool to assist with tracking your training and training hours.

#### TO BE COMPLETED BY THE AIT

**Note:** Please mark any needed corrections below.

<b>AIT NAME</b>	«FIRST_NAME»	«LAST_NAME»
<b>Home Address</b>	«HM_ADDRESS»	
<b>City, State, Zip</b>	«HM_CITY_STATE_ZIP»	
<b>Home Phone</b>	«HOME_PHONE»	
<b>Training Facility</b>	«FACILITY»	
<b>PRECEPTOR</b>	«PRECEPTOR_FirstName»	«PRECEPTOR_LastName»
<b>Street Address</b>	«STREET»	
<b>City, State, Zip</b>	«CITYSTATEZIP»	
<b>Facility Phone</b>	«BUS_PHONE»	

This report covers the period from: \_\_\_\_\_ through \_\_\_\_\_

- During this period I received \_\_\_\_\_ hours of AIT training.
- During this period I worked \_\_\_\_\_ days per week.

\_\_\_\_\_  
Signature of AIT

\_\_\_\_\_  
Date

#### TO BE COMPLETED BY THE PRECEPTOR

I certify that the AIT listed above, under my supervision, has received the training described within pages 1-7 of the Certification of Training Forms and the AIT training was completed during the reporting period and days worked as indicated above.

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date





# Oregon

Theodore R. Kulongoski, Governor

## *Health Licensing Agency*

700 Summer St. NE, Suite 320

Salem, Oregon 97301-1287

Telephone (503) 378-8667

FAX (503) 585-9114

TTY (503) 373-2114

E-Mail: [ohla.info@state.or.us](mailto:ohla.info@state.or.us)

Web Site: [www.Oregon.gov/OHLA](http://www.Oregon.gov/OHLA)

## Nursing Home Administrators Board Midway Interview Request Form

I, \_\_\_\_\_ am requesting my required midway  
(Please Print Full Name)

interview be scheduled on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ during the Nursing Home  
(Board Meeting Date)

Administrators Board (NHAB) meeting date I have chosen above (NHAB board meeting dates may be accessed at <http://www.oregon.gov/OHLA/NHAB/meetings.shtml>). I understand this written request and all required documentation listed in my AIT training packet must be received at the Oregon Health Licensing Agency, 30 days prior to the NHAB board meeting date I have chosen.

Required documentation to be submitted with this request is as follows:

- ✓ Midway Interview Request Form
- ✓ Certification of Training Forms 1-7
- ✓ Trainee Report #1

I understand that failing to have the required documentation and this written request, to the Oregon Health Licensing Agency 30 days prior to the scheduled board meeting date listed above, will result in my midway interview being postponed until the next regularly scheduled NHAB board meeting.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)





# Oregon

Theodore R. Kulongoski, Governor

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## **AIT - Training Tracking Tool**

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The training program addresses (5) domains of practice as listed below:

<b>Domain</b>	<b>Hours</b>	<b>% of Training</b>
Resident Care and Quality of Life	336	35
Human Resources	144	15
Finance	144	15
Physical Environment	96	10
Leadership and Management	240	25
<b>Total</b>	<b>960</b>	<b>100%</b>

The amount of hours spent training in each of the five (5) domains of practice is *required*; however, the sequence of training will be determined by the preceptor.

The AIT Training Tracking Tool is to assist you with tracking your training and training hours, which you will be required to report on your Certification of Training Forms 1-7 and Trainee Reports #1 and #2. It is the responsibility of the AIT and preceptor to ensure all training has been completed.

# Training Tracking Form – 1 of 7

Week of _____ Through _____		Date	Date	Date	Date	Date	Total Hours
		Hours	Hours	Hours	Hours	Hours	
<b>Resident Care and Quality of Life</b>							
1	Federal, state and local standards and regulation						
2	Aging process (psychological)						
3	Aging process (physiological)						
4	Definition, concept, and basic principles of nursing						
5	Basic principles of restorative nursing						
6	Basic principles of rehabilitation						
7	Basic principles of infection control						
8	Basic principles and regulations for handling administration, labeling, recordkeeping, and destruction of drugs and biologics (F-Tag 431)						
9	Basic principles of potentially unnecessary medications in the elderly ( F-Tag 329_ Table 1 and Table 2)						
10	Resident care needs						
11	Minimum Data Set (MDS) requirements, Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process						
12	Admission, transfer, and discharge requirements/regulations						
13	Techniques of auditing resident care and service outcomes						
14	Roles of resident care staff and consultants						
15	Physiological, social, emotional, psychological, spiritual, financial, and legal service needs of residents and their families						
16	Communication techniques						
17	Dynamics of interpersonal relationships						
18	Available resources (i.e., community, social, financial)						
19	Grieving process						
20	Death and dying						
21	Group dynamics						
22	Resident rights						
23	Advanced directives, POLST and use of POLST registry						
24	Basic nutritional requirements						
25	Basic principles of food storage, handling, preparation, and presentation						
26	Resident dining experience						
27	Resident overnight experience						
28	Meal frequency						
29	Therapeutic or specialized diets						
30	Principles of dietary sanitation						
31	Food service delivery						
32	Nutritional supplements						
33	Basic medical terminology						
34	Provision of basic specialty medical services (i.e., optometry, podiatry, dental, psychiatry, psychology, Hearing services)						

# Training Tracking Form – 2 of 7

Week of _____ Through _____		Date	Date	Date	Date	Date	Total Hours
		Hours	Hours	Hours	Hours	Hours	
<b>Resident Care and Quality of Life Continued.....</b>							
35	Role of physician services						
36	Role of medical director ( F-tag 501)						
37	Frequency of physician visits						
38	Role of the consultant pharmacist						
39	Provision of emergency medical services						
40	Physician/resident relationship(s)						
41	Continuous quality improvement processes as it relates to resident care and services						
42	Basic therapeutic recreation/activity needs of residents						
43	Clinical medical record content and format						
44	Federal documentation requirements						
45	Chemical and physical restraints						
46	Confidentiality and safeguarding clinical record information						
47	Center for Medicare and Medicaid Services (CMS) quality indicators/ quality improvement						
48	Five Star Quality Rating System – Familiarize with CMS web site and current rating system						
<b>Total hours obtained for reporting – (1<sup>st</sup> or 2<sup>nd</sup> report)</b>							

# Training Tracking Form – 3 of 7

Week of _____ Through _____		Date	Date	Date	Date	Date	Total Hours
		Hours	Hours	Hours	Hours	Hours	
<b>Human Resources</b>							
1	Methods of communication						
2	Communication technology (for example, e-mail, voice mail, computer software)						
3	Criminal background checks/nursing assistant registry						
4	Employee interview procedures						
5	Facility staffing needs and requirements						
6	Staff position qualifications						
7	Staff licensure requirements						
8	Staff education/in-service requirements						
9	Confidentiality requirements						
10	Recruitment and retention methods						
11	Employment history and verification methods						
12	Drug-free workplace programs						
13	Staff development requirements, resources and models						
14	Staff corrective action methods						
15	Staff recognition and appreciation techniques						
16	Employee evaluation process						
17	Staff scheduling techniques						
18	Federal, state, and local labor and civil rights laws (Oregon BOLI)						
19	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)						
20	Safety programs and requirements						
21	Worker's compensation rules and procedures						
22	Injury-prevention and return-to-work program						
23	Knowledge of bargaining union						
24	Ethical behavior of staff						
<b>Total hours obtained for reporting – (1<sup>st</sup> or 2<sup>nd</sup> report)</b>							

# Training Tracking Form – 4 of 7

Week of _____ Through _____		Date	Date	Date	Date	Date	Total Hours
		Hours	Hours	Hours	Hours	Hours	
<b>Finance</b>							
1	Budgeting methods and financial planning						
2	Accounting methods (for example, Generally Accepted Accounting Practices, cash and accrual) and regulatory requirements						
3	Financial statements						
4	Reimbursement sources and methods (for example, Medicare, Medicaid, managed care)						
5	Federal, state, and local regulations affecting nursing home reimbursement						
6	Potential revenue sources						
7	Internal controls (for example, purchasing, inventory, accounting, departmental)						
8	Payroll procedures and documentation						
9	Accounts receivable, collection, and billing procedures						
10	Accounts payable procedures						
11	Risk management						
12	Eligibility and coverage requirements from third party payers						
<b>Total hours obtained for reporting – (1<sup>st</sup> or 2<sup>nd</sup> report)</b>							

## Training Tracking Form – 5 of 7

Week of _____ Through _____		Date	Date	Date	Date	Date	Total Hours
		Hours	Hours	Hours	Hours	Hours	
<b>Physical Environment and Atmosphere</b>							
1	Preventative maintenance systems						
2	Equipment needs and management						
3	Local, state, and Federal codes, rules, and regulations for buildings, grounds, equipment and maintenance including ADA, OSHA, Life Safety Codes, and NFPA						
4	Roles of environmental staff (such as housekeeping, maintenance, laundry)						
5	Waste management, including infectious waste						
6	Basic housekeeping concepts and procedures						
7	Basic sanitation concepts and procedures						
8	Basic infection control concepts and procedures						
9	Pest control						
10	Basic concepts regarding personal protective equipment (PPE)						
11	Potential hazards (for example, biohazards, blood-borne pathogens, hazardous materials)						
12	Security measures						
13	Elements of fire and disaster programs						
14	Community emergency resources						
15	In-house emergency equipment						
16	Evacuation resources and requirements						
17	Emergency procedures (for example, elopements, personal injuries)						
18	Continuous quality improvement as it relates to environmental services						
<b>Total hours obtained for reporting – (1<sup>st</sup> or 2<sup>nd</sup> report)</b>							

# Training Tracking Form – 6 of 7

Week of _____ Through _____		Date	Date	Date	Date	Date	Total Hours
		Hours	Hours	Hours	Hours	Hours	
<b>Leadership and Management</b>							
1	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), Health Insurance Portability and Accountability Act HIPAA						
2	Corporate compliance						
3	Potential legal liability of the facility						
4	Potential legal and criminal liability of administrator						
5	Codes of ethics of professional associations and standards of practice of state boards						
6	Quality improvement models (for example, continuous quality improvement (CQI), quality assurance (QA), total quality management (TQM), performance improvement (PI), root case analysis (RCI)						
7	Facility licensing requirements						
8	Certification survey tasks						
9	Quality indicator reports and on-line survey certification reports (OSCAR)						
10	Survey process including scope and severity grid as well as remedies and acceptable plan of correction						
11	Management information systems / medical records						
12	Technology to support facility operations (for example, medical, security, environmental, work-place safety)						
13	The role of each component of long-term care in the healthcare continuum						
14	Current philosophies and practices in long term care						
15	Functions of all departments and services provided						
16	Management principles and philosophies						
17	Methods for assessing and monitoring resident and responsible parties' satisfaction with quality of care and quality of life						
18	Techniques of conflict resolution						
19	Grievance procedures for residents and families/responsible parties						
20	Resident rights and governance						
21	The role of the resident ombudsman						
22	Increase knowledge about cultural diversity relating to both residents and staff						
23	Oral and written communications techniques						
24	Risk management principles						
25	Public relations and marketing techniques						
<b>Total hours obtained for reporting – (1<sup>st</sup> or 2<sup>nd</sup> report)</b>							

# Training Tracking Form – 7 of 7

It is strongly recommended that, in accordance with the AIT training program, the AIT gain experience in the following:

Personal visits arranged by the preceptor be made to as many of the following categories of facilities as feasible.

Visits	Visits Conducted (✓)
1 Nursing facilities offering skilled, sub-acute, and specialized care	
2 A continuing care retirement community	
3 A chain operated facility (larger chain/smaller chain)	
4 A non-profit/for-profit facility	
5 Predominantly private pay	
6 Predominantly Medicaid	
7 Specializing in short-term rehabilitation	
8 Specializing in longer-term care of residents:	
9 Decentralized, where the administrator functions as an upper level manager	
10 Centralized (chain), where the administrator acts more like a middle level manager	
11 It is important to experience the distinctive styles of administrators and department heads in each facility.	
12 Pharmacy specializing in long term care	

## 853-010-0060

### Registration of Trainees and Supervising Preceptors

(1) Any trainee who begins to accumulate experience as defined in OAR 853-010-0010(3), shall register with the Board within 15 working days and submit a registration fee of \$100. Acceptance into the AIT program in no way authorizes a trainee to serve in the capacity of a nursing home administrator; such ~~action~~ **service** by the trainee is a violation ~~to~~ of ORS 678.720(1), and the Board may disqualify ~~part or the entire period of the trainee's AIT program in part or in its entirety.~~

(2) Every trainee shall undergo a training program and be supervised by a preceptor as defined in OAR 853-010-0060(9). The Board may grant exceptions to the supervision requirement for good reasons such as, but not limited to geographical location.

(3) "Training" means the completion of a supervised program/internship comprised of a minimum 960 hours. Training shall be directed by a preceptor and conducted regularly for a six month to one year period averaging 40 hours per week, with no fewer than 20 hours and no more than 50 hours per week, except at the discretion of the Board.

(4) The outline of the training curriculum shall be submitted to the Board for approval at the time the trainee registration form is submitted. This outline shall include 40 hours participation in a CNA training course for the AIT or a comparable review of the CNA training manual coupled with a minimum of 40 hours spent shadowing a CNA. If the CNA training or manual review is not completed prior to the end of the training period, proof of such completion must be submitted prior to taking the national examination. Exceptions to this training requirement would be:

(a) AIT is or has been an RN, LPN, or CNA in a long-term care facility; or

(b) AIT is training in a facility that does not have a CNA class or is not located within 60 miles of a facility with a CNA class.

(5) Every trainee shall submit periodic reports on forms provided by the Board, outlining specifically all aspects of training. These reports shall be submitted every two to four months based on the length of the training program. The preceptor shall countersign each report. If the trainee does not submit the required reports, the Board may discontinue the training.

(6) A hospital administrator who has less than one year experience in a hospital with a physically attached nursing home shall receive credit of 80 hours of AIT experience for every month of prior experience accumulated in the

Comment [s1]: Need to reference where the CNA training manual can be reviewed

hospital/nursing home facility. Additional training required to meet the minimum of 960 hours AIT training shall be gained in an Administrator-in-Training program in a long-term care facility or under the supervision of a preceptor in the hospital/nursing home facility.

**Comment [s2]:** I am not sure that this rule is within your statutory authority. The statute (ORS 678.730) provides that one year of experience as a dual facility administrator can be substituted for AIT experience ("residency or intern requirement"), not LESS than one year.

(7) Accredited university or college coursework in advanced degree programs specializing in long-term care may replace no more than 480 hours of the 960 hours of training. Such coursework must be approved by the Board.

(8) A trainee with significant experience within the long-term care field may petition the Board for credit hours. The Board may grant credit for relevant experience gained within a qualifying long-term care facility. Such experience may replace no more than 480 hours of the 960 hours of training.

(9) "Preceptor" means a person who:

(a) Holds a current Oregon nursing home administrator license; and

(b) Has been a licensed nursing home administrator for at least three years. The Board may grant exceptions to the three-year requirement for good reason, but not limited to experience in long-term care; and

(c) Has attended a Board-approved workshop for preceptors in Oregon and actively engaged as a preceptor within five years of completing the workshop; and

(d) Has not been disciplined by the Board in the prior five (5) years. The Board may grant exceptions to this requirement based on the type and severity of the violation related to the discipline.

(10) The preceptor shall:

(a) Possess sufficient training, knowledge, and ability.

**(b) Have a facility or organizational setting at their disposal to participate actively in the development of trainees.**

(c) Meet with the AIT and make a pre-training assessment of the AIT applicant's background, including both education and experience. Based on the assessment, the preceptor and AIT shall prepare a detailed curriculum of the training program to be completed.

(d) Identify the nursing home that will serve as the primary facility for the AIT's training activities, recognizing that the AIT may be dispatched to other training sites--as needed--to gain experience in the required training areas.

(e) Ensure that all nursing home training sites employ an on-site, licensed administrator with facility teaching staff comprised of personnel who are proficient in the field of practice to which they devote themselves and who are willing to assume responsibility individually and as a group for imparting instruction to the AIT.

(f) Provide the AIT a minimum of eight (8) hours a week of face-to-face supervision, to apprise the AIT of areas of competency and/or weakness, to identify problem areas and to modify the plan to reflect changes which meet altered needs.

(g) Train only one AIT at any one time unless otherwise approved by the Board.

(h) Provide a letter to the Board at the completion of a training program that evaluates the AIT's professional competence and general suitability for the profession.

(i) Participate as a preceptor in the AIT program within five (5) years of completing the preceptor training workshop. A preceptor who fails to participate in the AIT program within the five (5) year timeframe must re-complete the preceptor training workshop prior to commencing an AIT program.

(11) An AIT may be disqualified from continuing training. Reasons for disqualification from training includes but ~~is~~ **are** not limited to the following:

(a) Failure to submit a training plan.

(b) Failure to submit timely and satisfactory training reports.

(c) Submitting false training reports.

(d) Interruption of training exceeding the period established in 853-010-0060(12).

(e) Inadequate training or supervision.

(12) Discontinued and Interrupted Programs

(a) The preceptor or AIT will notify the Board if the AIT's training is discontinued or interrupted at the long-term care facility. A traineeship that has been discontinued or interrupted for six months or longer may not be resumed without Board approval.

(b) The Board will approve an interruption of an AIT program for the compulsory service of the AIT in the armed forces of the United States. The AIT may resume training at any time within six months of discharge from active duty.

(13) The Board reserves the right to take appropriate action if a preceptor fails to provide the trainee with adequate training and supervision or to comply with the training program requirements. The Board may disqualify a preceptor from training until such time the preceptor completes additional training or other requirements as prescribed by the Board.

(14) At the Board's discretion the preceptor may be required to appear before the Board.

Stat. Auth.: ORS 678.740(1), 678.760(1), (2) & (3), 678.770(2) & 678.775  
Stats. Implemented: ORS 678.740(1), 678.760(1)-(3), 678.770(2) & 678.775  
Hist.: NHA 1-1978, f. & ef. 1-31-78; NHA 4-1978, f. & ef. 8-29-78; NHA 1-1982, f. 12-15-82, ef. 1-1-83; NHA 1-1988, f. & cert. ef. 4-27-88; NHA 1-1989, f. & cert. ef. 2-15-89; NHA 1-1990(Temp), f. & cert. ef. 5-4-90; NHA 2-1990, f. & cert. ef. 10-26-90; NHA 1-1991, f. & cert. ef. 5-3-91; NHA 2-1996, f. & cert. ef. 7-31-96; BENHA 1-2002, f. 1-31-02, cert. ef. 2-1-02; BENHA 1-2004, f. & cert. ef. 1-30-04; BENHA 1-2006, f. & cert. ef. 7-14-06

# Issue Statement

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## **ISSUE:**

Administrator in training (AIT) program survey.

## **DISCUSSION:**

During the July 8, 2010, Nursing Home Administrators Board Qualification and Education committee meeting, the committee inquired about the AIT surveys. Staff explained that previously surveys were sent to the AIT after the midway and final interviews. However, the agency discontinued use of the surveys during the board transition to the Oregon Health Licensing Agency.

The committee determined, to provide policy and decision making tools for the board and the agency regarding the training program, reinstating the surveys would be valuable. The committee requested the agency prepare a preliminary draft of the combined survey.

The committee met on August 26, 2010, to review and discuss an agency prepared survey. After minor modifications, the following recommendations were made:

- Combine the midway and final interview surveys;
- Provide the survey to the licensee upon initial licensure issuance; and
- Report the survey results to the board annually.

## **RECOMMENDATION:**

Approve the survey.

