



Oregon

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WHO: Oregon Health Licensing Agency
Nursing Home Administrators Board

WHEN: July 13, 2011 – 9 am

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

What is the purpose of the meeting?

The purpose of the meeting is to conduct regular board business. Please use appropriate language, manners and protocols when conducting board business. A working lunch may be served for board members and designated staff in attendance. A copy of the agenda is printed with this notice. Please visit <http://egov.oregon.gov/OHLA/NHAB/meetings.shtml> for current meeting information.

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 board/council meetings. All public audience members are asked to sign-in on the attendance roster prior to the meeting. Comments may be heard under public comment at the end of the meeting. Please wait to be recognized by the Chairperson prior to commenting.

Is it possible to watch the meeting live on the internet?

Yes. You may access the meeting at <https://oregon.ilinc.com/join/yvbcwkv> (Link provided is specific to this meeting date) If you need assistance accessing the meeting contact the iLinc Join Help Desk at 1-800-799-4510, and select option "1."

What if the board/council enters into executive session?

Prior to entering into executive session the board/council 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 board/council 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.



Oregon Health Licensing Agency
Nursing Home Administrators Board



9 am, Monday, July 13, 2011
700 Summer Street N.E., Suite 320
Salem, Oregon

Revised 6/28/11

Call to Order

1. **Approval of Agenda**
2. **Approval of Minutes**
 - ◆ April 13, 2011
3. **Reports**
 - ◆ Director's Report
 - Administrative Rulemaking Plan
 - 2013 Legislative Concept Discussion
 - ◆ Outreach and Communication
 - ◆ Statistical Report
 - Licensing, Active License Trends & Web Site Traffic
 - ◆ 2009-2011 Budget
 - Revenues & Expenditures
 - ◆ Regulatory Division Report
 - ◆ Policy, Legislation & Administrative Rules

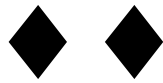
Working Lunch

4. **Items for Board Action**
 - ◆ Approve Nicolle King Deering attending next NAB conference November 9-11, 2011, Delray, Florida
 - ◆ Approve Oregon Alliance of Senior & Health Services Preceptor Training
5. **Public Comment**
6. **Other Board Business**
 - ◆ Kathleen Elias report from NAB conference held in Chicago
 - ◆ Nicolle King Deering – Educational information for board members
7. **Executive Session (If needed)**
8. **AIT Interviews**

Agenda is subject to change.

For the most up to date information visit www.oregon.gov/OHLA

Approval of Minutes



April 13, 2011



Oregon Health Licensing Agency
Nursing Home Administrators Board



9 am, Monday, April 13, 2011
700 Summer Street NE, Suite 320
Salem, Oregon

MINUTES

MEMBERS PRESENT

Kathleen Elias, Chair
Nicolle King Deering, Vice-Chair
Lynn Howe
Nicole Burnham
Kevin McNamara
Harry Krulewitch

MEMBERS ABSENT:

Arlene Gardner
Mike Weatherby

STAFF PRESENT

Randy Everitt, Director
Sylvie McMillan, Fiscal Services and Licensing Manager
David Sparks, Regulatory Operations Manager
Callie Zink, Administrative Services Manager
Kraig Bohot, Public Information Officer
Nancy Sellers, Senior Policy Analyst
Amanda Perkins, Board Specialist
Sinnamon Harris, Board Specialist

GUESTS PRESENT:

Sheri Walton
Tara Level

*This meeting was live audio streamed.

Call to Order

Kathleen Elias, Chair, called the meeting of the Nursing Home Administrators Board to order at 9:17 am, Wednesday, April 13, 2011, at the Oregon Health Licensing Agency (OHLA), Rhoades Conference Room, 700 Summer Street NE, Salem, Oregon. Roll was called.

1. Approval of Agenda

MOTION:

Nicole Burnham made a motion with a second by Nicolle King Deering to approve the agenda. Motion passed unanimously.

2. Approval of Minutes

MOTION:

Kevin McNamara made a motion with a second by Nicolle King Deering to approve the minutes for February 16, 2011. Motion passed unanimously.

3. Reports

◆ Directors Report

Randy Everitt, Director, presented an overview of the board meetings agenda. Everitt then described the new audio/visual broadcast of today's full board meeting to the members and how stakeholders would be able to gain access via their own computers. Everitt pointed out the system is still in its testing phase and in the near future a link will be available on the OHLA website for interested parties to log in to listen and see the board meetings live.

◆ Outreach and Communications

Kraig Bohot, Public Information Officer, presented an overview of public information activities at OHLA. Bohot briefly explained: *Licensing Line*, print publications, OHLA website, media relations, presentations, public record requests, and application forms and the main publication *Central Issues*.

Bohot presented an article published in the Oregonian on March 26, 2001, by Aimee Green entitled, "Oregon's safety net for vulnerable elderly in long-term care riddled with holes." And a follow-up article published April 1, 2011, by Erin Olson entitled, "Sexual abuse of the elderly: Protecting the vulnerable is a shared responsibility," for the board to review.

◆ Statistical Report

Sylvie McMillan, Fiscal Services and Licensing Manager, presented an overview of statistics related to the board. Statistics included were licensing, examination and regulatory statistics, active license trends, complaints, and website traffic.

◆ 2010-2011 Budget

McMillan presented the statement of cash flow for the 7/01/09-2/28/11 period and the projected cash flow statement 7/01/2009 through 6/30/2011. Currently, the cash balance is low at \$39,797.15. All nursing home administrators' licenses expire on June 30th. So the large sum of revenue comes in at the end of the biennium which is projected to have an ending cash balance of \$113,162.16.

Kevin McNamara asked if fiscal has reviewed the financial impact if the limited licenses were discontinued. McMillan replied that during the administrative rulemaking process fiscal will present the Legislation and Rules Committee with different scenarios to consider. McMillan stated the agency is uncomfortable with all the nursing home administrators' licenses expiring at the same time because the revenue only comes in once. The agency would like to have a roll-out where not everyone's license is due at the same time for a more consistent revenue stream.

◆ Regulatory Operations Division Report

David Sparks, Regulatory Operations Manager, reported on enforcement activity. Between July 2009, and April 5, 2011, 25 complaints have been filed with the agency. Of those 25 complaints, five remain open. The agency received no new complaints during the report period of February 14, 2011 through April 4, 2011. Sparks provided the board members with an overview of those open investigations.

◆ **Policy, Legislation & Administrative Rules**

Nancy Sellers, Senior Policy Analyst, provided the board with an update of the Legislation Information Notification Update System (LINUS) report and reviewed the status of those bills which had a potential for impact for NHAB.

◆ **OHLA Temporary Administrative Rules**

Sellers read the temporary rule OAR 331-020-0040(4) to clarify what constitutes an appearance before the agency during investigations of alleged violations of statutes or rules under the authority of the agency, its boards or councils and OAR 331-010-0050 to allow authorization holders in active military status waiver of renewal, fees and continuing education requirements, as well as protocols for restoration of former authorization status. Sellers noted the last was to acknowledge federal standards for authorization holders in active military status.

◆ **NHAB Legislation and Rules Committee**

Sellers said the Legislation and Rules Committee would be going into rule writing soon. She gave an overview of what the committee would be considering in the way of administrative rule changes. First, the committee will review the structure of the rules, as well as any functional changes that need to be made because of law changes or inconsistency with OHLA practices. There also are changes that have been recommended by the Education and Examination Committee. Sellers noted, for those board members who have not participated in rules changes, the scope of practice is written in the statutes, the standards of practice and how those are carried out are the administrative rules. Sellers said we can track those issues for potential law changes to possibly propose as legislative concepts in the future, but we cannot make those changes now. Standards of practice, which include licensing or training requirements, for example, can be worked out in great detail with administrative rule changes. Sellers remarked the committee may wish to consider bringing in outside resources as invited experts to help round out the committee and provide expertise in certain areas.

◆ **Education and Examination Committee Update**

Sinnamon Harris, Board Specialist, presented the Education and Examination Committee update for Cerynthia Murphy, Qualification Analyst. Harris referred the board to the February 23, 2011, report which addressed the limited licenses and AIT training packet discussions. Lynn Howe remarked how the committee has been working hard to consolidate and streamline all the forms. Many of the forms were outdated. Harris noted that Murphy was working to insert all the suggested changes by the committee into the forms for the committee's review at the next meeting.

4. Items for Board Action

◆ **Approve Proposed Rulemaking Schedule**

The Legislation and Rules Committee will be charged with the review, revision and restructuring of OAR Chapter 850, Divisions 001-010. The current rule structure does not fit the format and model for the Oregon Health Licensing Agency and its other boards and councils, and the rules have not been reviewed in whole for several years.

MOTION:

Kevin McNamara made a motion with a second by Lynn Howe to approve the composition of the Legislation and Rules Committee with Nicole Burnham, Kathleen Elias, Lynn Howe, Arlene Gardner and Mike Weatherby as alternates and the adoption of the proposed administrative rulemaking schedule.

The motion passed unanimously.

5. Public Comment

No public comment was received.

6. Other Board Business/Board Interest

◆ NAB 2011 Annual Conference – Chicago

Kathleen Elias said the annual conference was June 8 – June 10, 2011, in Chicago, IL. Elias commented that the NHAB has not been very active on the national level. Elias had attended the NAB conference when it was held in Portland, Oregon, last year. NAB holds two meetings per year – one in June and a semi-annual meeting in November. Elias recommended someone from the board attend to represent Oregon and be the voting member for national issues on the NAB agenda. Elias asked for a discussion about whom to send to the NAB conference this year to report information back to the board. Howe commented with all the trend changes in the professions this board needs to hear what is working or not working at a national level. Oregon has been a leader in elder care and to maintain that status NHAB needs to be part of the national dialog. Dr. Harry Krulewitch stated he would prefer the board chair or vice-chair, and then board members with at least one year experience or one that is a nursing home administrator to attend the conference. He felt they would be better qualified to benefit the board. Everitt stated he had been able to attend last year in Portland and regretted not signing up for more of the sessions. He supports the board in sending attendees and recommends also one of OHLA administrative staff accompany the board member as the agency will be part of helping the board to develop new trends. Everitt stated the board has adequate funding to send both.

MOTION:

Dr. Harry Krulewitch made a motion with a second by Kevin McNamara that at least once a year that the NHAB budget allow for the chair and a representative from the agency to attend the NAB conference and part of their responsibility is to report back to the full board.

Dr. Harry Krulewitch amended his motion to include an invitation to attend to the NHAB chair first and if the chair cannot attend then allow other board members to attend in their stead. A second was made by Kevin McNamara. The motion passed unanimously as amended.

MOTION:

Lynn Howe made a motion with a second by Dr. Harry Krulewitch to send an agency staff member to the two yearly conferences at the decision of the board. The motion passed unanimously.

The board had a discussion on how much money to allow for each person's travel expenses. Everitt recommended not exceeding \$2,000 per person to allow for airfare, hotel, meals, airport parking, and registration. McMillan suggested wording the motion to state airfare, hotel, per diem, etc., so as not to be worried about an exact dollar amount.

MOTION:

Lynn Howe made a motion with a second by Nicole Burnham that the board is willing to pay for airfare, hotel, per diem, and registration for both the board and agency representative to attend the NAB 2011 Annual Conference in Chicago, IL. The motion passed unanimously.

Kathleen Elias stated she will be able to attend. Everitt stated the agency will send Sylvie McMillan, Fiscal Services and Licensing Manager as there are a number of items on the conference agenda that are of interest to her.

◆ Educational Information for Board Members Discussion

Elias provided a packet of information on “Resident Care and Quality of Life” for her part of the presentation on understanding the administrator’s role in a nursing home facility. The packet included an outlined overview, Oregon State Bar’s *Nursing Home Residents Rights* handout, and the Minimum Data Set (MDS) Resident Assessment and Care Screening 38-page form. Elias led by reading her outline statement: “All the nursing home professionals work as a team in care planning, continuous quality improvement process, and education of all staff within a nursing home. The nursing home administrator facilitates the interdisciplinary team diversity to accomplish optimal care of residents and their desires.”

McNamara presented a brief overview of the human resources and environmental services or facilities as it relates to the nursing home administrator. Human resources range from small facilities of 100 employees to large facilities of 200. The administrator will be involved in but certainly not limited to: hiring interviews, background checks and screening, new employee orientations, employee evaluations, terminations, worker’s compensation issues, overseeing payroll, and negotiations with unions. McNamara noted team building is key to employee retention and thus a stable workforce. Talking about the actual physical building, grounds and all the equipment within the facility, McNamara said you must become quite knowledgeable of plumbing, electrical, boiler, roofing, kitchen equipment, etc., issues. Because of funding issues, renovation projects of aging buildings may also be handled by the administrator. The administrator must be prepared to step in for the maintenance director. The priorities are cleanliness, safety, and emergency preparedness.

Burnham spoke about the fire marshal component. The administrator spends a significant amount of time preparing to meet fire marshal regulations. Sprinkler systems made need modifications because of the age of the building. There may be a lot of adaptations to the building to meet those fire codes. Elias noted it is difficult for the administrator to try and advocate for the resident’s desire for culture change and comply with fire regulations in some instances. The administrator also works closely with the bookkeeper as billing insurance and all that entails is a large component. Burnham spoke in more detail about the MDS form that initially must be completed for each short- or long-term resident by the nursing home team.

7. Executive Session-Place Holder

The board did not enter into executive session.

8. Midway Interviews

Sheri Walton – Marquis Care at Wilsonville

Tara Level – Oregon Veteran’s Home

The meeting adjourned at approximately 1:28 pm.

Prepared by: Sinnamon Harris, Board Specialist

Director's Report



OREGON HEALTH LICENSING AGENCY

Randy Everitt, Director

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Strategic Plan to Complete Rulemaking for all OHLA Regulated Programs within 18 Months

Board of Athletic Trainers (AT)

Board of Body Art Practitioners (BAP)

Board of Cosmetology (COS)

Board of Denture Technology (DT)

Board of Examiners of Licensed Dietitians (BELD)

Board of Direct Entry Midwifery (DEM)

Environmental Health Registration Board (EHRB)

Advisory Council on Hearing Aids (HAS)

Nursing Home Administrators Board (NHAB)

Respiratory Therapist and Polysomnographic Technologist Licensing Board (RTPT)

Sex Offender Treatment Board (SOTB)

Key components to achieving the strategic plan:

- Implement a rulemaking plan/structure
- Train new ASD employees
- Delineate priority of programs (see chart below)
- Meeting with stakeholders and staff in an integrated process

Priority Levels

- Level 1
 - If a temporary rule is currently in place
 - If it is a new profession
 - If there is a significant public safety
- Level 2
 - If rules need to be synchronized with OHLA model
- Level 3
 - Required 5 year review is necessary

Things that should be considered:

- Reasons for emergency rule changes (try to avoid this as only a band aid)
 - Risks to public safety
 - Significant litigation risk
 - Significant barriers to licensure without increase staff time
- Unexpected or unplanned fee changes
- Other policy duties and responsibilities
 - Legislation
 - Issue responses
 - Program specific questions related to scope of practice

Steps to begin implementation of strategic plan:

- Approve timeline to complete strategic rulemaking plan
 - 1's July 2011-December 2011
 - 2's January 2012-June 2012
 - 3's July 2012-December 2012

Board	Rulemaking/Policy	Scheduled Meetings in June/July of 2011	Rating 1-3 (1 being highest priority)
Body Art Practitioners	<ul style="list-style-type: none"> • Prohibitions • Curriculum-Sources • Qualifications, education, training and examination • Apprentice vs. career school model • Fields of practice • Facility standards • Licensing roll-out 	July 6, 2011 Workgroup July 18, 2011 Leg/Rules	1
Direct Entry Midwifery	<ul style="list-style-type: none"> • Temporary Rule #1 -3rd degree lacerations -peer review -breach restrictions -amend post-date protocol • Temporary Rule #2 -Extend risk information implementation date • M.I.M generating risk information packets • Leg/Rules to review all temporary rules • File proposed/permanent etc 	July 8, 2011 Leg/Rules July 11, 2011 Board Conf. Call July 27, 2011 M.I.M.	1 September 1 temporary rule increasing fee.
Nursing Home Administrators	<ul style="list-style-type: none"> • OHLA synchronization • Complete overhaul • Reduce 1 year rule schedule to 6 months? 	July 12, 2011 Leg/Rules July 13, 2011 Full Board	1
Respiratory Therapist Polysomnographic Technicians	<ul style="list-style-type: none"> • Integrate polysomnographers • Work on definitions “place,” “emergency procedures” • General clean-up 	July 15, 2011 Leg/Rules July 22, 2011 Leg/Rules July 29, 2011 Leg/Rules	1
Fees	<ul style="list-style-type: none"> • AT/HAS/RT to one year initial and renewal cycles 		1
Athletic Trainers	<ul style="list-style-type: none"> • Agency/Program synchronization • Continuing education- concussions • One year renewal cycle- ALL or just initial registrants • BOC certified must be registered in Oregon 	June 22, 2011 9 am Leg/Rules July 28, 2011 Full Board	2
Denture Technology	<ul style="list-style-type: none"> • OHLA synchronization • Temporary Licensure • Reviewing education and qualifications 		2
OHLA	<ul style="list-style-type: none"> • Complete overhaul 		2

Hearing Aids	<ul style="list-style-type: none"> • OHLA synchronization • Education standards 160-520 • Supervision issues related to education 	June 17, 2011 Full Council	2
Cosmetology	<ul style="list-style-type: none"> • Skin-needling • Hair design vs. Esthetics related to eye brow/lash tinting • Report outcome of product safety committee to full board 	July 25, 2011 Full Board	3
Environmental Health Registration	<ul style="list-style-type: none"> • Completing permanent rulemaking • Start second rule track to look at duties of an environmental health specialist 	June 30, 2011 Ed/Exam July 19, 2011 Full Board	3
Sex Offender Treatment	<ul style="list-style-type: none"> • Review current rules • Fees • Recruitment of registrants • Present rule schedule on 6/24 still? 	June 24, 2011 Full Board	3
Dieticians	<ul style="list-style-type: none"> • OHLA synchronization • Complete overhaul 		3

Outreach and Communication

July 20, 2011

Focusing on Key Issues of the Nursing Home Administrators Board

What are the key issues the [Nursing Home Administrators Board \(NHAB\)](#) is addressing in collaboration with the [Oregon Health Licensing Agency \(OHLA\)](#)?



OHLA's series of online publications, *Central Issues*, highlights the key issues of OHLA-regulated professions to inform licensees, consumers and other agency stakeholders of licensing and regulatory developments while fostering increased dialogue and participation in the agency's consumer protection efforts.

This issue focuses on the following and provides regulatory updates and links:

- **Nursing Home Care: A Regulatory Overview** Most Oregonians may not know how nursing homes are regulated, specifically that one state agency has licensing and regulatory oversight of nursing home administrators and another state agency oversees the care provided at facilities in their entirety. *Central Issues* attempts to connect the dots to highlight the different types of oversight and how state agencies work together to help ensure adequate care.
- **Nursing Home Administrators: Their Roles, Responsibilities** The statutory definition of "nursing home administrator" is "an individual responsible for planning, organizing and managing operation of a nursing home," but what exactly does that mean? *Central Issues* highlights the six main areas of an administrator's standards of practice.
- **AIT, Administrative Rulemaking Update: Steady Progress on Revisions** The NHAB Legislation & Rules Committee met for the first time on June 13 to build on the previous efforts of the Education & Examination Committee. The goal? To align overarching

licensing and regulatory requirements with those of OHLA and to fine-tune NHAB profession-specific requirements, particularly as they relate to the Administrator-in-Training (AIT) program.

Nursing Home Care: A Regulatory Overview



Oregonians have a number of resources to turn to learn about nursing home care and other long-term care options, but the number of choices may be confusing to sift through, particularly during what can be a stressful time when planning for or responding to care.

Adding to that confusion is the fact that the regulatory jurisdictions of each agency overseeing an aspect of nursing and long-term care sometimes overlap or are interrelated. However, that regulatory overlap actually provides a more comprehensive and cohesive system of regulatory oversight.

The key to understanding Oregon nursing home and long-term care regulation? It's as easy as 1-2-3.

1) Facility-wide Oversight: [Department of Human Services, Seniors and People with Disabilities Division](#) DHS/SPD monitors and enforces standards of care and quality in long term care (LTC) settings, which includes nursing homes, as well as provides [management and oversight of in-home care](#), among other program areas.

2) Resident-Centered Advocacy: [Long-Term Care Ombudsman](#) The Office of the Long-Term Care Ombudsman responds to a wide variety of resident concerns, including problems with resident care, medications, billing, lost property, meal quality, evictions, guardianships, dignity and respect, and care plans. The office serves residents in nursing facilities, residential care facilities, assisted living facilities and adult foster care homes and provides consultations to assist with the complexities of the long-term care system.

3) Nursing Home Administrators: [Oregon Health Licensing Agency / Nursing Home Administrators Board](#) OHLA/ NHAB specifically license and regulate nursing home administrators, whose standards of practice are highlighted in the next section. NHAB members "must be concerned with the care and treatment of the chronically ill or infirm elderly patients" under state statute.

While thousands of Oregonians provide informal (family or friends) or professional paid caregiving and do so successfully, DHS/SPD received 20,000 calls reporting alleged abuse of the elderly or physically disabled in 2010, the ombudsman's office received 2,250 complaints and OHLA/NHAB received 14 complaints against nursing home administrators.

"The key is to determine whether or not the complaint falls under the jurisdiction of OHLA/NHAB, and if not, to refer the complaint to the appropriate agency," says OHLA Director Randy Everitt. "If we determine the complaint is under our regulatory authority, that it concerns the requirements under law of nursing home administrators, we then investigate the complaint and determine if a violation or violations have occurred."

Oregonians with concerns or complaints may contact the following:

Elder Abuse and Neglect:

<http://www.oregon.gov/DHS/spwpd/abuse/report.shtml> or 1-800-232-3020

Long-Term Care Ombudsman: 1-800-522-2602 or 503-378-6533

Nursing Home Administrators: OHLA/NHAB at (503) 373-2024 or ohla.info@state.or.us

Nursing Home Administrators: Their Roles, Responsibilities

Under the definition set in state statute, nursing home administrators are responsible for the "planning, organizing and managing operation of a nursing home."



From a regulatory perspective, that's just a broad overview. To gain a more in-depth picture of state standards for nursing home administrators, proceed from the overarching Oregon Revised Statutes (ORS) to the more detailed Oregon Administrative Rules (OAR), which focus on six main areas of the profession's standards of practice:

- 1) Organizational Management and General Administration
- 2) Resident Care
- 3) Personnel Management
- 4) Financial Management
- 5) Environmental Management

6) Regulatory Management/Governance

Each area of the administrator standards of practice details what is expected of administrators in their day-to-day and long-range management of nursing homes. Violations of these standards or of "prohibited acts" specified in statute or "unprofessional conduct" specified in administrative rule may result in disciplinary action against the administrator.

Organizational Management and General Administration

From exercising ethical and sound decision making and judgment to promoting residents and families/responsible parties' satisfaction with quality of care and quality of life, this area specifies nine different expectations of the administrator.

Resident Care

Among 18 specified requirements, administrators must ensure that nursing and medical services maximize resident quality of life and care, that resident rights are integrated with all aspects of their care, that residents are free from abuse and neglect, and that they receive dietary, social, rehabilitation and other services and programs that the administrator ensures have been planned, implemented and evaluated to maximize resident quality of life and care.

Personnel Management

From assuring timely criminal background checks to ensuring that nursing home staff "are present in number and ability to attain or maintain the highest practicable level of physical, mental and psychosocial well being for each resident," administrators must adhere to eight requirements related to nursing home personnel.

Financial Management

Administrators are responsible for overseeing the facility's budget, evaluating the budget in relation to quality of care, and protecting resident funds among five specified requirements.

Environmental Management

Practice standards specify seven requirements related to building maintenance, cleanliness and safety.

Regulatory Management/Governance

Administrators must ensure compliance with federal and state regulations related to protecting residents and staff from discrimination and resident records from unauthorized disclosure among nine specific requirements.

At the April 13 NHAB meeting, 2011 Chair Kathleen Elias provided a

"Resident Care and Quality of Life" checklist that touched on other specifics of nursing home administration, a sample 38-page Minimum Data Set (MDS) required for resident assessment and care screening, and "Nursing Home Residents Rights" from the Oregon State Bar.

Board member and administrator Kevin McNamara stressed while providing an overview of human resources that team building is key to employee retention and a stable workforce and that administrators sometimes have to be very hands-on when plumbing, electrical and other physical plant issues arise.

Board member and administrator Nicole Burnham discussed fire marshal regulations, insurance billing and the MDS form to conclude the board's first in a series of informational overviews at board meetings.

AIT, Administrative Rulemaking Update: Steady Progress on Revisions



While the NHAB and OHLA continue to discuss the validity and effectiveness of the "midway" interview of Administrator-in-Training (AIT) participants, the NHAB Education & Examination Committee has made steady progress on making revisions to AIT program materials.

The continued dialogue over midway interviews and continued efforts of the Education & Examination Committee is leading up to what appears will be fairly extensive revisions to Oregon Administrative Rules (OARs) for the NHAB.

To that end, the NHAB Legislation & Rules Committee met on June 13 and again July 12 to start the process of revising OAR Chapter 850, Divisions 1-10.

Regarding midway interviews, OHLA Licensing & Fiscal Services Manager Sylvie McMillan reiterated that the interviews have no bearing on the qualification process and that the board should not conduct them unless they fulfill a specific function.

"We continue to believe the midway interviews assist us in addressing any issues related to the AIT/preceptor relationship and how training is progressing," says NHAB Chair Kathleen Elias.

Other issues on the horizon: switching from a two-year license renewal cycle with one renewal date for all licensees to a one-year renewal cycle with staggered renewal dates; licensing fees; and standards of practice.

By the Numbers: Nursing Home Administrators Board

Licensing & Regulatory Statistics July 2009 to June 2011	
Licensing	
Total active permanent licenses (as of July 11, 2011)	216
Total active limited licenses (as of July 11, 2011)	129
Total administrators in training (as of July 11, 2011)	5
Permanent licenses issued	54
Provisional licenses issued	19
AIT registrations issued	27
Licenses reinstated	13
License renewals processed	319
Examinations	
National examinations passed	28
National examinations failed	11
Percentage of national examinations passed	72%
State examinations passed	45
State examinations failed	20
Percentage of state examinations passed	69%
Regulatory Compliance	
Critical complaints: safety/sanitation	1
Complaints: licensing concerns	3
Complaints: safety/sanitation	22
Complaints: services provided	22
Final orders issued	4

Fiscal Overview	
2009-2011 beginning cash balance	\$92,993.87
Revenues	\$98,238.22

Expenditures	\$132,742.83
Ending cash balance (actual)	\$59,016.97
Ending cash balance (projected through 6/30/2013)	\$143,511.11

News You Can Use: Resources for Licensees, Consumers



Visit www.oregon.gov/OHLA/NHAB to find the latest licensing and regulatory news and resources:

[Message from OHLA Director Randy Everitt: Investigatory Improvements at the Agency](#)

[Meet Nursing Home Administrator Board Members \(biographies\)](#)

[NHAB Board Meetings & Minutes](#)

Next Nursing Home Administrators Board meeting: **Wednesday, October 12, 2011, 9 am** at Oregon Health Licensing Agency in Salem, 700 Summer Street NE

[NHAB Continuing Education Requirements & Information](#)

[Related Web Sites of Interest](#)

OHLA and NHAB offer more than 30 links to resources for licensees and consumers, from the [Administration on Aging](#) to the [Oregon Health Care Association](#).

[Subscribe to *Licensing Line*, OHLA's e-mail news update](#)

Licensing Line is OHLA's bimonthly news digest covering licensing and regulatory developments of the agency and regulated professions.

[Click here to view the latest \(July 8\) issue of *Licensing Line*!](#)



What would you like to see in *News You Can Use*?

[Click here to let us know.](#)

Getting to the Issue: Highlighting Key Issues of OHLA, Professions

Central Issues is a series of online publications focusing on the key issues of the [Oregon Health Licensing Agency](#)



[\(OHLA\)](#), the volunteer citizen boards and councils OHLA oversees, and developments in OHLA-regulated professions.

Comments, questions and suggestions on the issues we cover are appreciated. Contact OHLA Public Information Officer Kraig Bohot at kraig.bohot@state.or.us or call 503-373-1939.

One central agency,
multiple professions [Click here to subscribe to or unsubscribe from *Central Issues: Nursing Home Administrators Board.*](#)

Statistical Report



**Licensing, Active License Trends &
Web Site Traffic**

Oregon Health Licensing Agency
Nursing Home Administrators Board
2009-11 Biennium

Jul09-Sep09 Oct09-Dec09 Jan10-Mar10 Apr10-Jun10 Jul10-Sep10 Oct10-Dec10 Jan11-Mar11 Apr11-Jun11

Authorizations Issued / Reinstated / Renewed	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	5th Qtr	6th Qtr	7th Qtr	8th Qtr	Total
Permanent licenses issued	10	11	8	4	5	6	6	4	54
Provisional licenses issued	4	1	3	3	4	1	1	2	19
AIT registrations issued	3	3	8	4	4	2	2	1	27
Licenses Reinstated	1	1	2	6	2	0	0	1	13
Renewals processed	52	6	1	2	0	2	2	254	319

Examinations

National Exam

Exams - Passed	4	7	2	1	1	6	4	3	28
Exams - Failed	1	1	0	1	5	0	2	1	11
% of exams passed	80%	88%	100%	50%	17%	100%	67%	75%	72%

State Exam

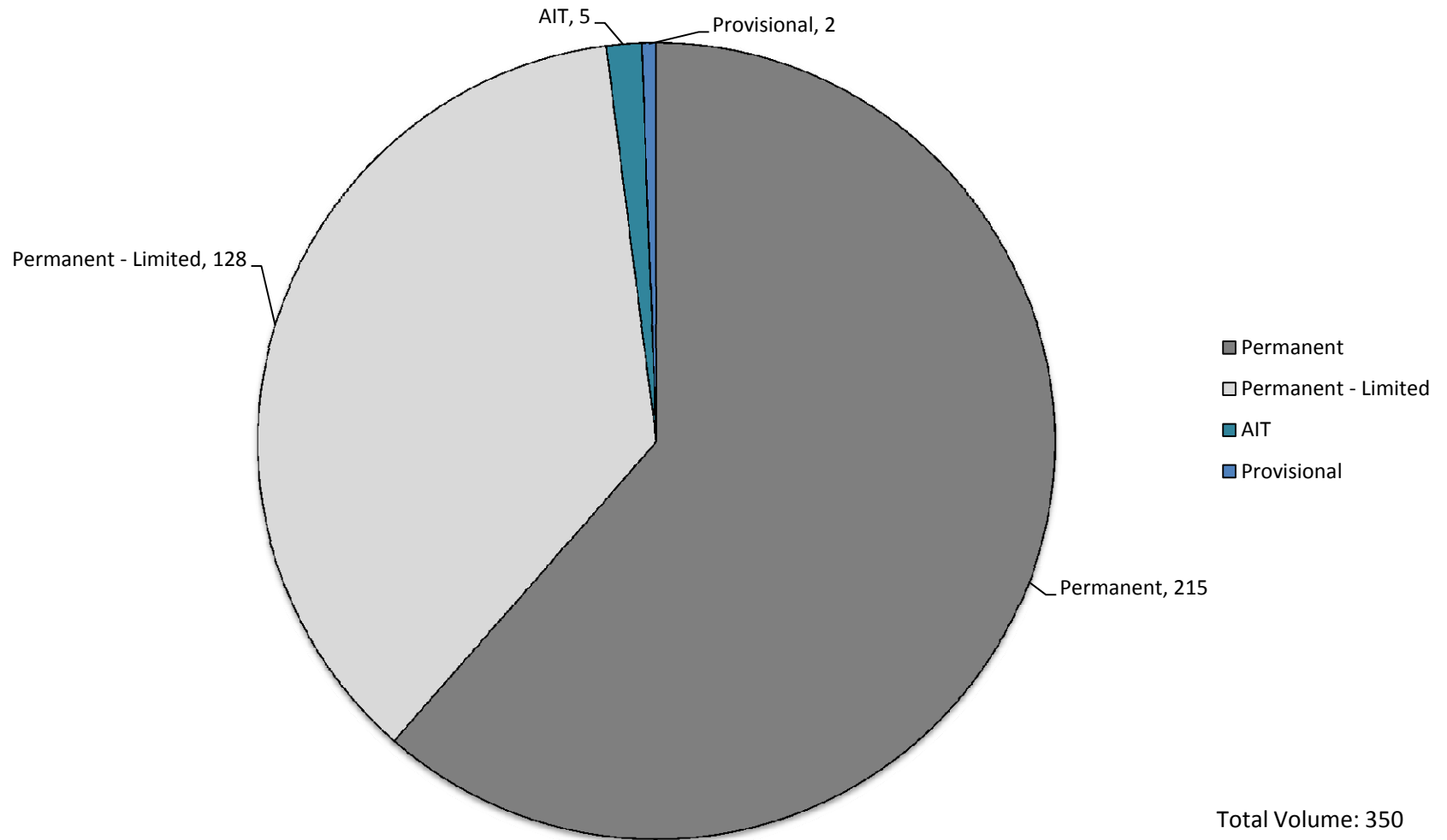
Exams - Passed	5	5	5	8	8	6	3	5	45
Exams - Failed	0	0	9	3	1	2	2	3	20
% of exams passed	100%	100%	36%	73%	89%	75%	60%	63%	69%

Oregon Health Licensing Agency

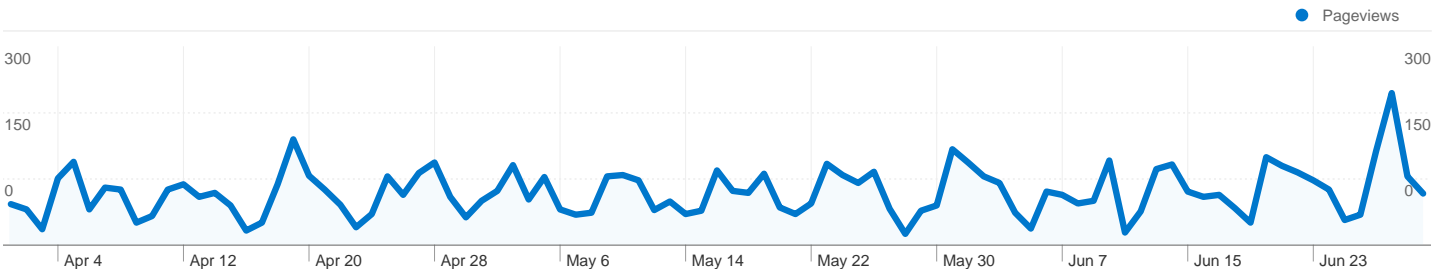
Nursing Home Administrators Board

Authorization Volume as of July 2011

2011 - 2013 Biennium



This report is generated in fast-access mode.



43 pages were viewed a total of 7,542 times

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Content Performance

Pageviews 7,542 % of Site Total: 5.67%	Unique Pageviews 6,556 % of Site Total: 6.16%	Avg. Time on Page 00:02:50 Site Avg: 00:01:13 (131.02%)	Bounce Rate 47.73% Site Avg: 46.69% (2.22%)	% Exit 40.65% Site Avg: 36.84% (10.34%)	\$ Index \$0.00 Site Avg: \$0.00 (0.00%)
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Pivot by: Source

1 - 5 of 12

Page	Total Pageviews	google Pageviews	bing Pageviews	oregon.gov Pageviews	(direct) Pageviews	yahoo Pageviews
/OHLA/NHAB/Administrator-In-Training_Program.shtml	1,550	634	317	35	70	211
/OHLA/NHAB/index.shtml	1,198	599	211	281	105	0
/OHLA/NHAB/How_to_Get_Licensed.shtml	951	352	140	70	35	211
/OHLA/NHAB/Continuing_Ed.shtml	458	105	105	176	70	0
/OHLA/NHAB/docs/AIT/Resources_NH_Corp.pdf	352	176	0	0	35	0
/OHLA/NHAB/contact_us.shtml	246	140	0	35	70	0
/OHLA/NHAB/forms.shtml	246	140	0	70	35	0
/OHLA/NHAB/docs/AIT/State_Exam_Study_Guide.pdf	176	140	35	0	0	0
/OHLA/NHAB/docs/Licensing/Applications/Endorsement_Provisional_Application.pdf	176	176	0	0	0	0
/OHLA/NHAB/docs/AIT/AIT_Application.pdf	140	105	0	0	35	0

1 - 10 of 43

2011-2013 Budget



Revenues & Expenditures

Oregon Health Licensing Agency

Nursing Home Administrators

Cumulative Revenue and Expenditures

For the Biennium 2009-11

OREGON HEALTH LICENSING AGENCY NURSING HOME ADMINISTRATORS - FUND 7830 STATEMENT OF CASH FLOWS FOR THE PERIOD 07/01/2009 - 5/31/2011	
09-'11 Beginning Cash Balance	\$ 92,993.87
Revenues	\$ 98,238.22
Expenditures	\$ 132,742.83
Less: Accrued Expenditures	\$ (516.66)
Less: Total Expenditures	\$ (132,226.17)
Subtotal: Resources Available	\$ 59,005.92
Change in (Current Assets)/Liabilities	\$ 11.05
Ending Cash Balance (Actual)	\$ 59,016.97
Cost Allocation 7/1/2009 - 1/31/2010	
Small Board Assessment Rate	1.60%
License Volume / Workload Complexity Rate	+ 0.66%
Cost Allocation Rate	2.26%
Cost Allocation 2/1/2010 - 9/30/2010	
Small Board Assessment Rate	1.60%
License Volume / Workload Complexity Rate	+ 0.74%
Cost Allocation Rate	2.34%
Cost Allocation 10/1/2010 - 6/30/2011	
Small Board Assessment Rate	1.50%
License Volume Rate	+ 0.53%
Indirect Rate for - DO / BSD / LICEN	2.03%
Regulatory Division - Usage Costs	

Oregon Health Licensing Agency

Nursing Home Administrators

Cumulative Revenue and Expenditures

For the Biennium 2009-11

OREGON HEALTH LICENSING AGENCY NURSING HOME ADMINISTRATORS - FUND 7830 STATEMENT OF CASH FLOWS FOR THE PERIOD 07/01/2009 - 6/30/2011	
09-'11 Beginning Cash Balance	\$ 92,993.87
Revenues	\$ 144,050.24
Expenditures	\$ 140,148.00
Less: Accrued Expenditures	\$ -
Less: Total Expenditures	\$ (140,148.00)
Subtotal: Resources Available	\$ 96,896.11
Change in (Current Assets)/Liabilities	\$ -
Ending Cash Balance (Projected)	\$ 96,896.11
Cost Allocation 7/1/2009 - 1/31/2010	
Small Board Assessment Rate	1.60%
License Volume / Workload Complexity Rate	+ 0.66%
Cost Allocation Rate	2.26%
Cost Allocation 2/1/2010 - 9/30/2010	
Small Board Assessment Rate	1.60%
License Volume / Workload Complexity Rate	+ 0.74%
Cost Allocation Rate	2.34%
Cost Allocation 10/1/2010 - 6/30/2011	
Small Board Assessment Rate	1.50%
License Volume Rate	+ 0.53%
Indirect Rate for - DO / BSD / LICEN	2.03%
Regulatory Division - Usage Costs	

Oregon Health Licensing Agency

Nursing Home Administrators

Cumulative Revenue and Expenditures For the Biennium 2011-13

OREGON HEALTH LICENSING AGENCY NURSING HOME ADMINISTRATORS - FUND 7830 STATEMENT OF CASH FLOWS FOR THE PERIOD 07/01/2011 - 6/30/2013	
11-'13 Beginning Cash Balance, Projected	\$ 96,896.11
Revenues	\$ 142,702.00
Expenditures	\$ 96,087.00
Less: Accrued Expenditures	\$ -
Less: Total Expenditures	\$ (96,087.00)
Subtotal: Resources Available	\$ 143,511.11
Change in (Current Assets)/Liabilities	\$ -
Ending Cash Balance (Projected)	\$ 143,511.11
Cost Allocation - Silver Allocation Plan, 7/1/2011 - 12/31/2011	
Small Board Assessment Rate	0.60%
License Volume Rate	+ 0.54%
Shared Cost Rate for ADMIN, FISCAL/LICENSING, REGULATORY	1.14%
Educational Services, Cost Rate	5.25%
Qualifications and Licensing, Cost Rate	6.47%
Frontline and Customer Support, Cost Rate	0.54%
Direct Expenditures	100.00%

**Regulatory
Operations Division
Report**



NURSING HOME ADMINISTRATORS

Regulatory Operations Division Report July 12, 2011

**Between July 2009, and July 2011, 27 complaints have been filed with the agency.
Of those 27 complaints, five remain open.**

Case # 10-5931

Received: February 27, 2010

Complaint alleges the respondent violated standards of practice by failing to ensure that the complainant was free from mental abuse and involuntary seclusion and failing to assure the facility complied with government regulations, including protecting residents, employees or staff from discrimination.

The investigation is ongoing.

Case # 10-5934

Received: March 2, 2010

Complaint alleges the respondent violated standards of practice by causing the loss/theft of the complainant's personal belongings located at her former residence, failing to investigate and reimburse the alleged theft and withholding the complainant's mail resulting in delayed delivery.

The investigation is complete and was closed as unfounded.

Case # 10-6258

Received: December 01, 2010

Complaint alleged the respondent was aware of lack of care and staff errors and took no action to correct those problems.

This case is currently under investigation.

Case # 11-6263

Received: December 14, 2010

Complaint alleged respondent permitted staffing deficiencies on the night shift, which caused a lack of appropriate care for a clinically depressed and possibility suicidal client to be left alone for long periods of time. The complainant was allegedly told by the respondent that if they wanted more attention for the client they would have to hire a nurse on their own.

The investigation is ongoing.

Case# 11-6292

Received: January 27, 2011

Complaint alleged that two employees were fired after they brought several sexual harassment concerns and inappropriate work conditions to the respondent's attention. The complaint further alleges the respondent failed to investigate or take appropriate action to address the allegations of sexual harassment and wrongful termination.

The investigation is ongoing.

Case# 11-6344

Received: March 28, 2011

Complaint alleges the respondent violated standards of practice by failing to ensure that the complainant was free from mental and verbal abuse and failing to assure the facility complied with government regulations, including protecting residents, employees or staff from discrimination. Respondent alleges wrongful termination.

The investigation is ongoing.

The current regulatory reporting period is April 4, 2011, through July 12, 2011. The Agency received one new complaint during this reporting period.

OREGON HEALTH LICENSING AGENCY

"FILING A COMPLAINT"

GO TO THE OREGON HEALTH LICENSING AGENCY (OHLA) WEBSITE:

<http://www.oregon.gov/OHLA>

CLICK ON "CONSUMER HELP"

CLICK ON "COMPLAINT FORMS"

TOP OF PAGE CLICK ON "CONSUMER COMPLAINT FORMS"

CLICK ON ONE OF THE LISTED REGULATED PROFESSIONS

COMPLAINT FORM WILL COME UP

E-MAIL, FAX OR MAIL THE COMPLAINT TO THE OHLA

Policy, Legislation & Administrative Rules



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

Date: June 13, 2011

Members Present: Kathleen Elias
Arlene Gardner
Nicole Burnham
Kim Fuson, Invited Technical Expert

Members Absent: Lynn Howe

Staff Present: Nancy Sellers, Senior Policy Analyst
Sinnamon Harris, Board Specialist
Sylvie McMillan, Licensing & Fiscal Services Manager

Guests Present: None

Kathleen Elias called the Nursing Home Administrators Board Legislation & Rules Committee meeting to order at 9:14 am, on June 13, 2011, at the Oregon Health Licensing Agency (OHLA), Rhoades Conference Room, 700 Summer Street NE, Salem, Oregon. Roll was called.

Nancy Sellers, Senior Policy Analyst, presented a brief overview of the current Legislative session:

- OHLA's administrative bill, HB 2144, died in committee; all other significant OHLA-related legislation has passed or is near final passage.
- HB 2013 created the Board of Body Art Practitioners. It combines body piercing, dermal implanting, and scarification with the existing Advisory Council for Electrologists, Permanent Color Technicians, and Tattoo Artists.

**Introduction to Rule Writing: Review of Hierarchy of Rules and Laws
-Overview of OHLA Rules and Statutes**

Sellers presented a memorandum outlining an overview of the legislative process and the role of board members in this process.

Hierarchy of Law Governing State Agencies

- US and Oregon Constitutions
- Oregon Revised Statutes
 - *Oregon Laws*
 - *Budget Notes*
- Governor's Executive Orders/Agency Directives
- Oregon Administrative Rules
- Agency Policies
- Agency Practices

OHLA works closely with the Governor’s Office, Department of Administrative Services, partner agencies, stakeholder groups and the Legislature to ensure that all bills, potential amendments and budgets that may impact the agency and its stakeholders are fully vetted and understood.

Sellers explained some basic ideas and processes to the Legislation and Rules Committee:

- OHLA’s general administrative rules reflect all those practices that govern all the boards under the OHLA umbrella, and NHAB administrative rules reflect those practices that are specific to NHAB.
- Provisions in statute cannot be changed without going through the Legislature. If the committee has a NHAB-related statute change they would like to pursue, it can be recommended for a legislative concept from OHLA for the 2013 session.
- Some of the current NHAB administrative rules are redundant or obsolete. For example, since application information is already covered by OHLA administrative rules, the committee will be able to eliminate the duplication in the NHAB administrative rules.
- Use of the Rhoades Conference Room “Smart Board” and how the committee will be able to see the additions and deletions of rule language and comment or fine-tune new language for the proposed rules on a working copy before it is presented to the full board.

Overview of OHLA Oregon Administrative Rules and Statutes

Sellers reviewed OHLA Oregon Administrative Rules Chapter 331, Division 001-030 starting with Definitions.

Sellers explained the OHLA new temporary rule that applies to military personnel 331-010-0050 that will roll into a permanent rule. The committee asked if the individual boards will be performing the review of continuing education referred to in 331-010-0050 (4).

Sellers also mentioned that NHAB is a mandatory reporter and committee will address that issue in their administrative rulemaking.

Sellers spoke about the investigative protocol that Director Randy Everitt has put into place since his tenure.

Overview of NHAB Statutes

Sellers reviewed the NHAB statutes, Chapter 678, Divisions 710-990 starting with Definitions.

The committee discussed the interview process and the benefits it provides to the AIT candidate, the preceptor/AIT relationships, and board members. They also discussed the board’s involvement with preceptor training.

The committee discussed how it would like to have more fiscal information on moving the renewal dates to one year and not due all on the same date. Sellers said Sylvie McMillan, Business and Fiscal Manager, along with Mike Simpson, Budget & Statistical Analyst, are in the process of reviewing the renewal process for NHAB.

NHAB Administrative Rule Changes Discussion

Sellers explained the OHLA model for administrative rules that is incorporated into each individual boards' administrative rules. The first step is to create the basic framework for NHAB administrative rules to mirror those of the other boards, such as the creation of pathways for licensure. NHAB administrative rules need to be streamlined and reorganized into the OHLA format model, and simplified so people in the profession can easily understand what is expected of them.

McMillan explained the steps of qualifying for the AIT program, examination process, and qualification for licensure need to be separated out in administrative rule with a section created regarding preceptors, with goals and criteria for a preceptor. The committee recommended it be clarified that whichever pathway the applicant comes through, they will be required to take the Oregon Law and Rules examination.

McMillan discussed OAR 853-010-0015(6) the intent of the interview. "Meet and greet" interviews have no bearing on the examination process and the board should not be involved with them. McMillan said if the board retains the interview process, it needs to have a function. Elias stated the interviews help to flesh-out any issues that an AIT may have with the preceptor. The interview is a mechanism that enables the board to monitor the relationship between preceptor/AIT.

Sellers asked Nicole Burnham to give a brief update of the Education and Examination Committee's progress since Cerynthia Murphy, OHLA Qualification Analyst, was out. Burnham said she felt the committee was approximately 70 percent through the AIT forms which includes: the AIT and preceptor letter, training packet information, instructions, training forms, trainee report - midway, training report - completed, midway interview request form, and the training tracking tool. Sellers explained that the Legislation and Rules Committee would be writing rules to support the changes made in the Education and Examination Committee where necessary.

The committee continued the process of reviewing and discussing formatting changes of the NHAB administrative rules through approximately OAR 853-010-0025 Licensure. Seller provided the administrative rules copies to the Legislation and Rules Committee to review at home before the next committee meeting.

The meeting adjourned at approximately 1:58 pm.

Prepared by: Sinnamon Harris, Board Specialist

Items for Board Action

Issue:

Oregon Alliance of Senior and Health Services are seeking the Nursing Home Administrator Board approval for a preceptor training workshop proposal.

Discussion:

Margaret Cervenka of the Oregon Alliance of Senior and Health Services has provided board members with an extensive packet detailing the preceptor training workshop along with a proposal letter for their review. The program is scheduled for 4.5 hours with continuing education credit for four hours. Preceptor training must be approved by board as noted in bold below:

Oregon Administrative Rules Chapter 850, 853-010-0060 Registration of Trainees and Supervising Preceptors

(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

The Oregon Alliance of Senior and Health Services has been an approved provider of preceptor training workshops for the NHAB in the past. The last time they held the preceptor training workshop was approximately March of 2006.

Recommendation:

The Nursing Home Administrators Board review, discuss and vote on approval for Oregon Alliance of Senior and Health Services proposed preceptor training workshop.



Administrative Rule Schedule

OREGON HEALTH LICENSING AGENCY

Nursing Home Administrators Board

Date	Action	Time
April 13, 2011	Board meeting approve rulemaking schedule	9 am
June 13, 2011	Legislation & Rules Committee	9 am
July 12, 2011	Legislation & Rules Committee	
July 13, 2011	Review committee progress	9 am
August 22, 2011	Legislation & Rules Committee	9 am
September 12, 2011	Legislation & Rules Committee	9 am
October 3, 2011	Legislation & Rules Committee – fiscal impact review	9 am
October 12, 2011	Board meeting approve proposed rules & fiscal impact	
November 1, 2011	Notice of proposed rules –Oregon Bulletin	
November 28, 2011	Last day for public comment	
December 7, 2011	Legislation & Rules Committee	9 am
December 8, 2011	Board meeting adopt permanent rules	9 am
January 1, 2012	Permanent rules effective	

All meetings are held at the Oregon Health Licensing Agency, Rhoades Conference Room, 700 Summer St, Suite 320, Salem, OR 97301, unless otherwise specified.

Members of the public are invited and encouraged to attend all board and committee meetings. However, audience members will not be allowed to participate, unless there is a dedicated placeholder on the agenda and/or the chairperson designates an allotted time.

Invited technical experts may be invited to participate in meetings regarding their knowledge and expertise in specific areas.

Please send all public comment to:
Samie Patnode, Policy Analyst
700 Summer St NE, Suite 320, Salem, OR 97301-1287
samie.patnode@state.or.us . Work: (503) 373-1917

For current information regarding administrative rules or the rulemaking process visit the Web at http://www.oregon.gov/OHLA/DEM/Midwifery_Laws_Rules.shtml.

NHAB July through December 2011 Schedule of Meetings

Date	Time	Location	Type of Meeting	Purpose of the Meeting	Required Attendees
July 12	9 am	OHLA-Rhoades Room	Leg/Rules Committee	Continue rulemaking	Kathleen Elias, Nicole Burnham, Lynn Howe, Arlene Gardner, plus Kim Fuson, I.T.E.
July 13	9 am	OHLA-Rhoades Room	Full Board Meeting *Quorum is necessary*		Mike Weatherby, Dr. Krulewitch, Kathleen Elias Nicole Burnham, Lynn Howe, Arlene Gardner, Nicolle King Deering
August 8 <i>(rescheduled from previous June 8th date)</i>	9 am	OHLA-Rhoades Room	Ed/Exam Committee	AIT forms continued { may be cancelled }	Nicolle King Deering, Nicole Burnham, Lynn Howe
August 22	9 am	OHLA-Rhoades Room	Leg/Rules Committee	Continue rulemaking	Kathleen Elias, Nicole Burnham, Lynn Howe, Arlene Gardner plus Kim Fuson, I.T.E.
September 12	9 am	OHLA-Rhoades Room	Leg/Rules Committee	Continue rulemaking	Kathleen Elias, Nicole Burnham, Lynn Howe, Arlene Gardner plus Kim Fuson, I.T.E.
October 3	9 am	OHLA-Rhoades Room	Leg/Rules Committee	Continue rulemaking	Kathleen Elias, Nicole Burnham, Lynn Howe, Arlene Gardner plus Kim Fuson, I.T.E.
October 12	9 am	OHLA-Rhoades Room	Full Board Meeting *Quorum is necessary*	Approve proposed rules	Mike Weatherby, Dr. Krulewitch, Kathleen Elias Nicole Burnham, Lynn Howe, Arlene Gardner, Nicolle King Deering
December 7	9am	OHLA-Rhoades Room	Leg/Rules Committee	Review public comment	Kathleen Elias, Nicole Burnham, Lynn Howe, Arlene Gardner plus Kim Fuson, I.T.E.
December 8	9 am	OHLA-Rhoades Room	Special Full Board Meeting *Quorum is necessary*	Board meeting to adopt Permanent rules	Mike Weatherby, Dr. Krulewitch, Kathleen Elias Nicole Burnham, Lynn Howe, Arlene Gardner, Nicolle King Deering

**Oregon Alliance of Senior &
Health Services
Preceptor Training**

PRECEPTOR TRAINING PROPOSAL

June 27, 2011

Sponsoring organization: Oregon Alliance of Senior and Health Services

Established in 1979, the Oregon Alliance of Senior & Health Services is the state association of not-for-profit, mission-directed organizations dedicated to providing quality housing, health, community and related services to the elderly and disabled. Alliance members set the standards for the field through service excellence and mission-driven objectives. Alliance member organizations embrace values that emphasize individual dignity, self-respect, personal independence and a supportive environment for the elders they serve.

Our current membership profile includes:

- Government subsidized senior housing
- Market rate senior housing
- Assisted living communities
- Residential care communities
- Community-based services (i.e., home care, adult day care)
- Continuing care retirement communities
- Nursing homes

The Oregon Alliance of Senior and Health Services is an approved provider of continuing education for Nursing Home Administrators in Oregon.

FACULTY FOR PRECEPTOR TRAINING

- **Primary faculty:** Kathleen Elias, RN, BSN, NHA; nurse consultant to assisted living/residential care facilities, nursing homes. Kathleen has more than 30 years of nursing experience and has held an Oregon Nursing Home Administrator's license since 1997. She is just completing her second three-year term on the Oregon Nursing Home Administrators board.
- **Additional panelists to include:** Veteran NHA/Preceptors, recent AITs to discuss what works/what doesn't when preparing and executing a training plan. (Anita Schacher, NHA, has agreed to assist. Participants may vary at each program but will include veteran NHAs with Preceptor experience).
- We will request participation by OHLA representative

LEARNING OBJECTIVES

- Identify the qualifications of a preceptor as directed by OAR 853-010-0060
- Articulate the responsibilities of preceptors
- Examine Oregon's licensure and training requirements for nursing home administrators-in-training
- Review best practices for selecting, orienting and developing a training plan for an AIT
- Identify and articulate components of an Administrator in Training curriculum:
 - CNA training
 - Domains of practice
 - Resident Centered Care and Quality of Life
 - Human Resources
 - Finance
 - Environment

- Leadership and Management
- Learn how to utilize reporting forms and recommended tools to ensure a high quality AIT training program
- Discuss the various adult learning styles
- Understand the role of the Nursing Home Administrators' Board and OHLA in the training process
- Hear what has and hasn't worked in the "real world" of nursing home administrator training

Learning methods: PowerPoint Presentation, interactive discussion

PROGRAM OUTLINE

Introductions, sharing of training experiences

Goals of the Preceptor Program/Oregon's approach

- Board philosophy & interpretation
- Overview of NHA licensure and training requirements
- Overview Preceptor qualifications and responsibilities
- The role of the NHA Board
- The role of OHLA

Developing an AIT program

Interviewing/selecting an AIT

- Resume/interviewing exercise
- Finding the right "fit"
- Practical matters: compensation, etc.

Developing a training plan

- CNA Training
- Domains of Practice
 - Resident Centered Care and Quality of Life
 - Human Resources
 - Finance
 - Environment
 - Leadership and Management
- Inventory of Knowledge Tool
- Sample training plan
- Learning Goals
 - Facility
 - Department
 - Individual employee
 - AIT

Training in Action

- Orientation
 - Orientation Tool
- Adult Learning styles
- Visits to other facility types
- Overnight stay
 - Overnight Stay – an AIT's Report
- Communication
- Problem-solving
- Reporting requirements
 - Midway recommendation checklist tool

Training Report Log Tool
Ancillary AIT Report Log Tool
What to expect from board interviews
Midway Interview Questions

Model AIT Programs

Discussion/real world examples from AITs/Preceptors

Review of forms/tools

AIT packet
AIT Program Toolkit
NAB Administrator-in-Training Domains of Practice Internship Manual

Questions/Discussion/Evaluation

TOTAL HOURS

Program will run 4.5 hours (4 CEU hours with two 15-minute breaks)

HANDOUTS/MATERIALS PROVIDED TO ATTENDEES

- NAB Administrator in Training Domains of Practice Internship Manual (\$55 value from national NAB – see description below**)
- Oregon Statutes Chapter 676
- Oregon Administrative Rules Chapter 850
- Adult Learning styles handout
- All AIT tools in hard copy from Oregon NHAB website:
 - **AIT Application Packet**
 - Steps to Gaining Licensure through the AIT Program
 - AIT Goals
 - Domains of Practice
 - AIT Program Application
 - AIT Inventory of Knowledge Tool
 - Sample AIT Training Plan
 - Locating Training Opportunities
 - Waiver Request Form
 - **AIT Program Toolkit**
 - AIT Orientation Program Tool
 - Midway Recommendation Checklist Tool
 - Training Report Log Tool
 - Training Report Example
 - Ancillary AIT Report Tool
 - Midway Interview Questions
 - Overnight Stay: An AIT's Report
 - Program Change Report Form

****NAB Administrator-in-Training Domains of Practice Internship Manual**

by James E. Allen and Philip S. Brown

This revised edition of the NAB/AIT Internship Manual offers a detailed set of AIT activities based on the five major practice areas, or domains, of nursing home administration. Suggests a sequence and time division through the eleven departmental areas. Permits a nearly one-to-one relationship between AIT activities and preparation in the knowledge base deemed necessary for persons seeking licensure. References to nearly all of the elements of the domains of practice. Spiral bound

Oregon Alliance contact:

Margaret Cervenka
Oregon Alliance of Senior and Health Services
7340 SW Hunziker, Suite 104
Tigard, OR 97223
mcervenka@oashs.org
503.684.3788

Public Comment

Public Comment

Other Board Business



Board Interest File

Overview of Consultant Pharmacist Role in Nursing Facilities

submitted by: Nicolle King Deering, RPh

Adapted from: Simonson W. Consultant Pharmacy Practice-2nd ed.

Timeline of Consultant Pharmacist Practice

1974—Pharmacist-conducted drug regimen review (DRR) required at least monthly in skilled nursing facilities (SNF's)

1980—Guidelines developed for surveyors to assess quality and enforce performance related to DRR, including specific examples of “unnecessary drugs.” (Indicators)

1984—Guidelines developed for surveyors to evaluate the medication distribution system, including the medication pass.

1985—DRR Indicators updated and expanded.

1990—OBRA '87 implemented. Largest overhaul of nursing home regulations.

- Medication regimens free from unnecessary drugs
- Privacy rights for residents
- Proper use of physical restraints and psychoactive medications
 - Antipsychotics, Antidepressants, Antianxiety, Sedative/Hypnotics
 - (Geriatric dosing guidelines, behavior monitoring, gradual dose reductions)
- Comprehensive resident assessments
- Minimum competency requirements for nurses aides
- Provision of 24hr licensed nursing services
- Expansion of DRR Indicators

1993—OBRA '90 implemented. Mandated prospective drug utilization review and patient counseling.

1999—Guidelines for surveyors expanded to include quality benchmarks and drug therapy guidelines for older adults (“Beers List”)

2000—Implementation of Medicare's prospective payment system for SNFs. (PPS)

2004—DRR Indicators deleted from surveyors guidance. DRR remains

2006—Guidelines for surveyors updated.

- Changed DRR to Medication Regimen Review (MRR)
- More frequent MRR's for some Residents
- Focus on ALL medications; not just Psychoactives
- Specific situations where GDR's are contraindicated

Goals of MRR

1. **Medication use without indication.** The Resident is taking a medication for no medically valid indication.
2. **Untreated indication.** The resident has a medical problem that required drug therapy but is not receiving a medication for that indication.
3. **Improper medication selection.** The resident has a drug indication but is taking the wrong medication, or is taking a medication that is not the most appropriate for the special needs of the resident.
4. **Sub therapeutic dosage.** The resident has a medical problem that is being treated with too little of the correct medication.
5. **Over dosage.** The resident has a medical problem that is being treated with too much of the correct medication.
6. **Adverse drug reaction.** The resident has a medical problem that is the result of an adverse drug reaction or adverse effect.
7. **Drug interaction.** The resident has a medical problem that is the result of a drug-drug, drug-food, or drug-laboratory test interaction.
8. **Medication errors.** A deficiency or weakness of the medication use process of the facility has resulted in an actual or potential medication error.
9. **Medication monitoring.** Evaluation of medications for effectiveness and toxicity or adverse effects.
10. **Medication costs.** Intervention is needed to assist the resident or facility (PPS) with obtaining access to a lower cost medication or overcoming a barrier to medication access such as formulary restriction or prior authorization.

What is a Consultant Pharmacist?

A clinical practitioner:

The consultant pharmacist uses clinical skills to ensure that patients receive quality, rational, cost-effective pharmaceutical care. Patient care outcomes are enhanced by the consultant pharmacist's drug regimen review, drug therapy assessment and quality assurance activities.

A member of the health care team:

Physicians, nurses, and administrators recognize consultant pharmacists for their clinical and administrative skills and the contributions they make to appropriate drug use and positive patient care outcomes. Consultant pharmacists often participate as a member of multi-disciplinary teams in nursing facilities and for other healthcare providers in the areas of quality assurance, infection control, and behavior monitoring to mention a few.

A patient care advocate:

The consultant pharmacist strives to maximize the quality of care and ensure the highest quality of life for his/her patient.

A provider of pharmacy systems:

The consultant pharmacist follows a medication order from its point of origin until it is administered to the patient, providing drug distribution and monitoring systems to ensure this process is efficient, rational, safe, and cost-effective.

A communicator:

Excellent communication skills are crucial to effective consultant pharmacy practice. Committee participation, recommendations to physicians, administrative reports, interactions with facility staff and patients and educational programs all require strong verbal and written communication skills.

An educator:

The consultant pharmacist provides both formal educational programs in the facility and routine drug information to facility staff. The consultant pharmacist also discusses new drug products and the appropriate use of these medications with the nursing and medical staffs.

A regulatory expert:

Consultant pharmacists must have a knowledge of the laws and regulatory implications influencing the environment where they practice. For example, nursing facilities have federal regulations and assisted living facilities currently only have state regulations that vary widely from state to state. No matter what the site, the consultant pharmacist helps the facility stay current with their healthcare practices to ensure proper regulatory compliance.

A drug information resource:

Consultant pharmacists are skilled at searching the medical and pharmacy literature, answering specific drug information requests, providing individual patient drug therapy assessment, and advising the facility staff of the proper methods of storage and administration of drug products. The consultant pharmacist is the leader in providing the most current evidence-based medication information to other health care providers in the long-term care setting.

A problem solver:

Consultant pharmacists participate in solving the many problems that commonly arise in modern health care environments. It is easy to identify and list problems, but the consultant pharmacist takes the next step to recommend solutions or strategies to solve these problems facing the facility. For example, nursing staff often approach the consultant pharmacist with requests to review individual patients with onset of new symptoms. The consultant pharmacist then looks at all the relative information to decipher if the cause could be medication related.

A management expert:

The consultant pharmacist manages people, policies and procedures, drug distribution systems and a variety of other functions that require effective management skills.

Services provided by a Consultant Pharmacist

- Medication Regimen Review (MRR)
- Disease assessment/management
- Medication therapy management (MTM)
- Formulary Management
- Drug information
- Medication research programs
- Inservice education programs
- Consultation on medication delivery systems
- Controlled substance destruction
- Medication cost analyses
- Emergency services
- IV Therapy support services
- Infection Control
- Medication administration or “med pass” audits management
- Nutrition assessment & support services
- Patient counseling
- Pharmacokinetic dosing services (IV medications, Warfarin)
- Physical assessment
- Policy & Procedure development
- Quality Assurance Programs
- Survey assistance
- Technology integration

A Consultant Pharmacist may be employed by the Vendor Pharmacy OR may be contracted independently.

MURPHY Lisa A * OHLA LIC

From: OHLA Info
Sent: Tuesday, July 05, 2011 4:34 PM
To: MURPHY Lisa A * OHLA LIC
Subject: FW: CAC Annual Meeting is open for registration

From: Steven Papier [<mailto:StevenPapier@cacenter.org>]
Sent: Tuesday, July 05, 2011 10:59 AM
To: 'Kathleen Teeter'
Subject: CAC Annual Meeting is open for registration

According to our records, the email address nhabd.info@state.or.us is shared by 2 people. One of them is:

Kathleen Teeter
Executive Administrative Assistant
Oregon Nursing Home Administrators Board
700 Summer St. NE
Suite #320
Salem, OR 97301

Dear Ms. Teeter,

Our annual meeting “Achieving Regulatory Excellence – Effective Discipline Programs” is now open for registration. This meeting will be held on Thursday, October 20, 2011, and Friday, October 21, 2011, at our offices in Washington, DC. You may download a Preliminary Program and Registration Form or register online at <http://www.cacenter.org/cac/meetings>.

Audio recordings and PowerPoint presentations from past CAC webinars are now available. More information is at http://www.cacenter.org/cac/webinars_past.

Thank you.

Steven Papier
Administrative Assistant

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1400 16th Street NW
Suite #101
Washington, DC 20036
Telephone (202) 462-1174 • Fax (202) 354-5372

CAC provides training, research, conferences and networking for healthcare institutions' public members, consumer representatives, and executive directors. These institutions include professional licensing boards, certifying agencies, and other oversight bodies. Created in the mid-1980s, CAC incorporated in January, 1994, as a not-for-profit 501(c)(3) organization.

CAC is now a membership organization, and we invite your board or organization to join. Benefits of membership include a free website review with suggestions for improvement. For more information, please go to <http://www.cacenter.org/cac/membership>.

Executive Session

Midway Interviews



