

Oregon NHA

OREGON BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS - NOV 2006

This newsletter has been created by the Oregon Board of Examiners of Nursing Home Administrators (BENHA) to provide an instrument of communication between the Board and Oregon administrators. The Board welcomes your comments and suggestions for information you would like to see published in future newsletters.

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

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FROM THE EXECUTIVE DIRECTOR

--Janet Bartel

Each time I sit down to draft the newsletter, I am reminded how grateful I am for the opportunity to communicate with you regularly and share information. With that said, I do want to remind you that this newsletter is your resource and I invite you to use it. I am happy to post recruitment announcements or to include information that is of interest to you. Feel free to call or email me if you have an idea for an article or if you would like to post information within these pages.

Monthly Email Reminder Notices

Did you get my email? If not, then chances are I do not have a valid email address for you, or your in-box is full (been there!). A few months ago, I began emailing licensees a renewal reminder notice at the beginning of each month. The notice includes hyperlinks to continuing education information and forms. ***If you would like to receive these monthly reminders, please forward your updated email address to me at NHABD.info@state.or.us.*** The Board is currently exploring an online renewal option and the feasibility of disseminating the quarterly newsletter electronically; however, these options will require a valid email address on file.

Performance Progress Reports

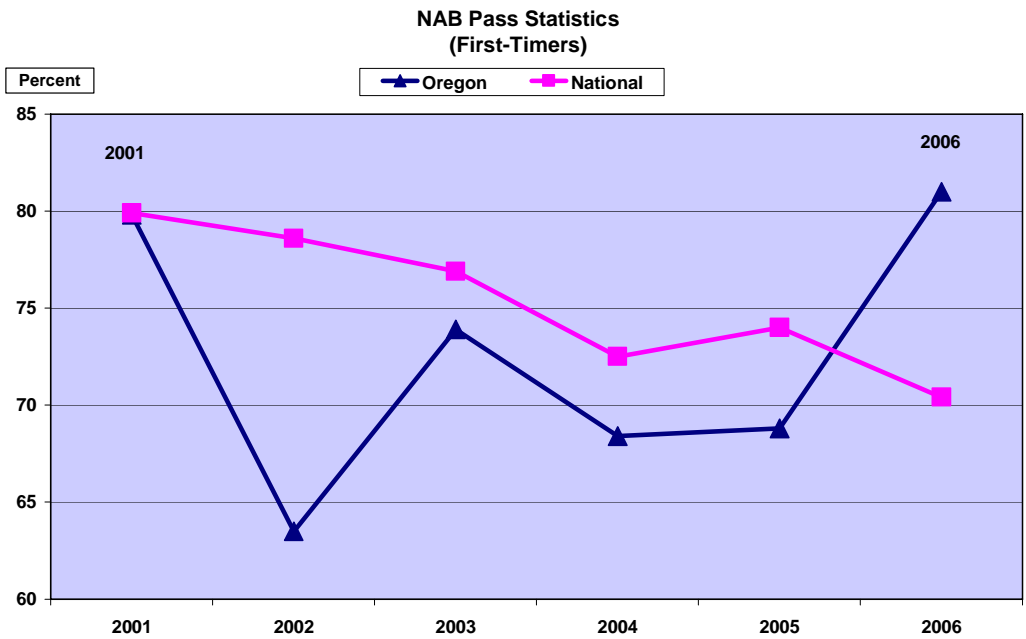
Did you know that each year state agencies prepare and submit a Performance Progress Report that is posted on the Oregon Progress Board's website? These reports use key performance measure data to describe an agency's progress towards its mission and goals. This Board has developed six Key Performance Measures that are meaningful in the context of the program and capture the agency's mission and priorities. Interested persons may view the Board's FY 2006 Performance Report on the its website at www.oregon.gov/nhabd.

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OREGON NATIONAL EXAM STATISTICS SOAR IN FY 2006

The Board is pleased to announce that Oregon AITs realized a significant increase in the national exam pass rate for first-timers in fiscal year 2006. The pass rate literally soared from 68 percent to 81 percent, while the national average for first-timers continued its decline. The Board extends congratulations to the AITs for their success and acknowledges the Preceptors for their contributions. Since 2003, the Board has observed with concern the declining pass rates of Oregon AITs and encourages candidates to begin preparing for the national licensing exam early in their training program.



Success Is A
Journey
Not A
Destination



**BOARD ACTION CONCERNING
PROVISIONAL LICENSES**

At its October 11, 2006, quarterly meeting, the Board voted to align its practices more closely with the Oregon Administrative Rules (OARs). Their decision was based on advice from legal counsel. The first alignment effort focuses on the Provisional License also known as a Temporary Permit. Hereafter, the Board will closely follow the provisions of OAR 853-010-0035, which provides for one Provisional License of 100 days and one renewal Provisional License for an additional 100 days, not to exceed 200 days. The Board agreed the rule will be applied on a per person, per facility basis in that an individual may receive a Provisional License for a specific facility for a maximum of 200 days; however, this would not preclude the individual from receiving a Provisional License for a different facility.

**PUBLIC MEMBER
VACANCY**

If you know someone who may be interested in serving as a Public Member, please advise them of the Public Member vacancy. A vacancy announcement listing the position requirements is posted on the Board's website at www.oregon.gov/nhabd. Interested persons may contact the board office at (971) 673-0196 or may download an *Executive Appointment Interest Form* at www.governor.state.or.us/forms/Interestformdown.pdf.

FDA RECALLS & ALERTS

The following is a partial listing of recent Safety information notices that may be viewed on the U.S. Food and Drug Administration website. To view the full text of a Notice and related links go to <http://www.fda.gov/medwatch/index.html>. Once there, click on the "Safety Information" link on the top navigation bar. To register for electronic email notices with important medical product safety alerts go to <http://www.fda.gov/medwatch/elist.htm>.

Heartland Repack Services products

[Posted 10/25/2006] Heartland Repack Services and FDA notified healthcare professionals of a voluntary recall of all products containing a lot number beginning with "K" (example: K12345). Drugs repackaged by Heartland Repack Services are distributed through their own pharmacy services to Omnicare nursing homes and other institutional facilities...

Roche Diagnostics CoaguChek PT Test Strips

[Posted 10/20/2006] Roche Diagnostics and FDA informed consumers and healthcare professionals of the recall of CoaguChek PT test strips used to determine blood clotting time of patients taking anti-coagulant medication to prevent blood clots. The recall was due to the potential for a test strip defect that may cause falsely elevated test results...

Ibuprofen and Aspirin Taken Together

[Posted 09/08/2006] FDA notified consumers and healthcare professionals that taking Ibuprofen for pain relief and aspirin at the same time may interfere with the benefits of aspirin taken for the heart...

NHA OPPORTUNITY

PIONEER PLACE NURSING HOME AND ASSISTED LIVING FACILITY

Administrator Position in Vale, Oregon: Pioneer Place is a not for profit nursing home and assisted living facility that has been in operation for over 40 years. It was remodeled and expanded 2 years ago. It is now a showplace facility that has a capacity of 33 nursing home patients and 29 assisted living residents. Pioneer Place is currently home to a total of 44 of our valued seniors. The staff of 50+ is well qualified and dedicated.

Vale is located in far eastern Oregon, close to Idaho. The nearest metropolitan area is Boise, ID which is about 75 miles away. Vale is a small rural community of approximately 1700 people. The economy of the area is based on farming, ranching and related industries. If you like crowds, traffic, high-rise buildings, congestion, and a frantic pace, then Vale is not for you. Rather, we live in a laid-back, rural community of ranches, open spaces, clean rivers, mountains, great hunting and fishing, and friendly hard-working people. Vale is high-desert, dry with warm days and cool nights most of the year, and generally mild winters.

Candidates must have valid applicable national and state licenses. Salary range depends upon experience. For information or to send a resume, contact Pioneer Place Business Office 1060 D Street W., Vale, OR 97918, telephone 541-473-3131, or email kthompson@pioneerplacevale.com. Or call Board Chairman Wayne McConnell at 541-473-4040. For more information visit Pioneer Place's web page at www.pioneerplace.com.

The administrator position will remain open until a satisfactory candidate is found. Pioneer Place is an Equal Opportunity Employer and a drug and alcohol free workplace. Applicants must pass a background check and drug test prior to employment.

EVENTS: LOCAL & NATIONAL

**ACHCA “IT’S A WONDERFUL LIFE”
Christmas Party, Fundraiser
and Networking Event**

The American College Of Health Care Administrators (ACHCA) Invites You To Join Us For Our Annual Christmas Event!

Date, Time, Location & Details

November 30, 2006

6:00 pm – 9:00 pm

Kell’s Irish Pub, Portland, OR

Individual: \$85.00 / Table of 8: \$650.00

Tickets include full dinner and more...

Event Capacity 120

Registration

Contact Meagan English at (503) 873-5362 or menglish@marquiscompanies.com

**Homeland Defense Journal Training Conference™
Emergency Preparedness And
Response Conference**

For people with Disabilities, the Elderly, Pediatrics and Animals

Date & Location

December 13-14 , 2006

Omni Shoreham Hotel, Washington, DC

Agenda

View conference agenda at http://www.homelanddefensejournal.com/hdl/conf_emergencypreparedness.htm.

Registration

Fee: \$445 - \$595 per person

Register online at www.homelanddefensejournal.com or contact Pamela Greenstein at (703) 807-2758.

About the Conference

The Emergency Preparedness and Response Conference will cover all aspects of emergency management planning and response for people with disabilities, the elderly, pediatric populations, and animal issues.

Continued on page 9

FACILITY CHANGE

Old Name: Samaritan Heart of the Valley

New Name: Heart of the Valley Health Care Center

Effective: 9/1/06

AIT CANDIDATES SEEK TRAINING OPPORTUNITIES

ROBIN CHRISTY

Education

- BS: Social Science

Experience

- Police Support Specialist
- Marketing Director
- Police Services Aide

I have attended conferences and training on Alzheimer’s, Linking the Generations, and Tips for Caregivers, and have been a participant with the Washington Co. Dept. of Disability, Aging, and Veteran’s Services.

Contact Information

Ph.: (503) 640-8998
mrschristy@hotmail.com

HUE LE

Education

- BS: Home Economics & Education
- BS: Health Management & Policy (in-progress)

Experience

- Food Services Supervisor
 - Student Assistant
 - Space Planner/Designer
- Experience in word processing, FileMaker Pro, Banner, GroupWise, Oracle Kronos, Access, PowerPoint, and Excel*

Contact Information

Ph.: (541) 908-2460
hueyle@hotmail.com

MELISSA MAHAR

Education

- BA: Business Management
- Doctorate of Naturopathic Medicine

Experience

- Department Manager
- Private Caregiver
- Instructor: Medical Terminology
- Hospice Volunteer
- Legislative Fundraising Volunteer
- Board Treasurer Volunteer

Contact Information

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mmaharnd@earthlink.net

FROM THE DESK OF HR ANSWERS

The Board extends its appreciation to HR Answers, Inc. for the following articles taken from their newsletter Advantage. A special thank you is further extended to Advantage editor Deborah Jeffries, PHR, CPC. Advantage is published monthly and is designed to provide information on regulations, HR practices, and management ideas and concerns. If you are ever in need of HR consulting services, you might want to consider contacting Deborah Jeffries at (503) 885-9815 or toll free (877) 287-4476. You can also view past newsletter publications on HR Answers' website at www.hranswers.com.

Clarification on "Supervisors"

Determining which employees are supervisors is critically important for all employers, whether they are unionized, union free, or somewhere in between. One of the most obvious distinctions between "supervisors" and "employees" involves the rights guaranteed by the National Labor Relations Act to engage in concerted and protected activities, and to join or form a union. And although two of the three historic decisions issued by the national Labor Relations Board in the "Kentucky River trilogy" involved health care providers, the Board's interpretation and clarification of who is a supervisor sheds light for every employer on the important questions of what employee actions are protected, who is subject to discipline, and how management can enforce expectations of loyalty.

The Labor Board decisions issued in September 2006, establish that employees who assign other employees to overall duties are held accountable for directing subordinates to undertake specific tasks, and have the discretion to do so without close direction from management will be recognized as "supervisors." The Board's standard is a clarification of its interpretation of Section 2(11) of the NLRA, which defines who is a "supervisor" under the Act.

The proper interpretation of Section 2(11) as to who is a "supervisor" has been the subject of intensive litigation for decades. After more than three years of consideration, the Board issued what has been widely considered to be clearly reasoned decisions providing much needed guidance on who is, and who is not, a "supervisor" under the Act. These decisions represent a big win for employers, and have irritated and upset unions.

Much of the press surrounding the decisions focused on organized labor's predictions of the demise of statutory protection for millions of workers. However, the fact is that in two of the three cases, the individuals asserted to be "supervisors" were deemed by the Labor Board to be "employees" and protected by the national Labor Relations Act's anti-discrimination provisions. The Board's key decision defining supervisory status demonstrates a recognition of real life ambiguities and the need for employers to clearly define their management structure and operate efficiently, a concept taken directly from the statute itself and its legislative history.

Who Is a Supervisor? Everyone understands that supervisors are the face of management and the people who see that tasks are accomplished, directives carried out, and standards maintained. They are also the organization's ambassadors, who can be expected to motivate others and help the organization achieve its objectives.

Historically, challenges to supervisory status have come in the context of union campaigns: who is, and who is not, protected by law when engaging in organizing activities and given the right to vote in a union election. However, supervisory status becomes important whether or not a union comes knocking:

- They should be included in management training sessions on understanding the law of equal employment opportunity and maintaining an issue-free workplace;



The following articles have been edited to prevent copyright infringement.

Sleep Evaluation A Consideration For Routine Medical Care

Many older Americans suffering sleep problems may be relieved to learn of a September 18, 2006, editorial in the Archives of Internal Medicine that recommends sleep evaluation be treated as routine medical care. While sleep problems are often associated with aging, research indicates that poor sleep is more closely related to illness. Guest editor Phyllis C. Zee, M.D., Ph.D., and Fred W. Turek, Ph.D., of Northwestern University Feinberg School of Medicine, Chicago write that “sleep disorders are often comorbid with a broad range of medical and psychiatric conditions and also have a negative impact on health, mood and quality of life.” The doctors conclude that, “At the very least, assessment of sleep quantity and quality should be integrated into the routine review of systems.”

To view the entire article go to <http://www.seniorjournal.com/NEWS/Health/6-09-18-SleepEvaluation.htm>.

Report On Medication Errors

A recent report from the Institute of Medicine of the National Academies estimates that at least 1.5 million medication errors occur each year. Given that, it is no surprise that medication errors are among the most common medical errors. Senior citizens stand to be impacted the most, because they are the largest consumers of medications. The resulting medical costs for treating drug-related injuries in hospitals alone is estimated at \$3.5 billion a year. Studies used in the report cite the following preventable drug-related injuries each year:

- 400,000 in hospitals,
- 800,000 in long-term care settings, and
- 530,000 in outpatient clinics (Medicare recipients)

A 2005 report published in the Journal of the American Medical Association concluded that 42 percent of all adverse drug events were preventable. Further, a 2004 study of 37 million patient records by Health Grades found an average of 195,000 Medicare patients died in each of the years 2000, 2001, and 2002 due to potentially preventable in-hospital medical errors.

The Institute of Medicine of the National Academies report includes recommendations to health care organizations, government agencies, pharmaceutical companies, health care professionals, and patients for reducing drug-related errors.

To view the entire article, go to <http://www.seniorjournal.com/NEWS/Health/6-07-21-MedicationErrors.htm>.

Average Cost for a Private Nursing Home Room Surpasses \$75,000/yr.

The results of A MetLife Market Survey on Nursing Home and Home Care Costs identified a 3.9 percent increase from last year in the daily rate for a private room in a nursing home. The average cost in the United States is reported at \$75,190 year/ \$206 day compared to last year's rates at \$74,095 year/ \$203 day. Semi-Private rooms similarly experienced a 3.9 percent increase over last year with a current average of \$66,795 year/\$183 day. From the highest to lowest, Alaska topped the private room rates at \$578 a day while Louisiana reported the lowest rates at \$111 a day, a \$4 decrease from last year. Home health care services held steady from last year with a national average of \$19 per hour as did homemaker/companion care averages at \$17 per hour.

Interested persons may view the full 2006 report at <http://www.metlife.com/WPSAssets/18756958281159455975V1F2006NHHCMarketSurvey.pdf>.

A LIFE WITHOUT LEFT TURNS

By: Michael Gartner

Michael Gartner has been editor of newspapers large and small and president of NBC News. In 1997, he won the Pulitzer Prize for editorial writing.

My father never drove a car. Well, that's not quite right. I should say I never saw him drive a car. He quit driving in 1927, when he was 25 years old, and the last car he drove was a 1926 Whippet. "In those days," he told me when he was in his 90s, "to drive a car you had to do things with your hands, and do things with your feet, and look every which way, and I decided you could walk through life and enjoy it or drive through life and miss it." At which point my mother, a sometimes salty Irishwoman, chimed in: "Oh, bull——!" she said. "He hit a horse." "Well," my father said, "there was that, too." So my brother and I grew up in a household without a car. The neighbors all had cars — the Kollingses next door had a green 1941 Dodge, the VanLaningshams across the street a gray 1936 Plymouth, the Hopsons two doors down a black 1941 Ford — but we had none. My father, a newspaperman in Des Moines, would take the streetcar to work and, often as not, walk the 3 miles home. If he took the streetcar home, my mother and brother and I would walk the three blocks to the streetcar stop, meet him and walk home together.

Our 1950 Chevy

My brother, David, was born in 1935, and I was born in 1938, and sometimes, at dinner, we'd ask how come all the neighbors had cars but we had none. "No one in the family drives," my mother would explain, and that was that. But, sometimes, my father would say, "But as soon as one of you boys turns 16, we'll get one." It was as if he wasn't sure which one of us would turn 16 first. But, sure enough, my brother turned 16 before I did, so in 1951 my parents bought a used 1950 Chevrolet from a friend who ran the parts department at a Chevy dealership downtown. It was a four-door, white model, stick shift, fender skirts, loaded with everything, and, since my parents didn't drive, it more or less became my brother's car. Having a car but not being able to drive didn't bother my father, but it didn't make sense to my mother. So in 1952, when she was 43 years old, she asked a friend to teach her to drive. She learned in a nearby cemetery, the place where I learned to drive the following year and where, a generation later, I took my two sons to practice driving. The cemetery probably was my father's idea. "Who can your mother hurt in the cemetery?" I remember him saying once. For the next 45 years or so, until she was 90, my mother was the driver in the family. Neither she nor my father had any sense of direction, but he loaded up on maps — though they seldom left the city limits — and appointed himself navigator. It seemed to work.

The Ritual Walk to Church

Still, they both continued to walk a lot. My mother was a devout Catholic, and my father an equally devout agnostic, an arrangement that didn't seem to bother either of them through their 75 years of marriage. (Yes, 75 years, and they were deeply in love the entire time.) He retired when he was 70, and nearly every morning for the next 20 years or so, he would walk with her the mile to St. Augustin's Church. She would walk down and sit in the front pew, and he would wait in the back until he saw which of the parish's two priests was on duty that morning. If it was the pastor, my father then would go out and take a 2-mile walk, meeting my mother at the end of the service and walking her home. If it was the assistant pastor, he'd take just a 1-mile walk and then head back to the church. He called the priests "Father Fast" and "Father Slow."

After he retired, my father almost always accompanied my mother whenever she drove anywhere, even if he had no reason to go along. If she were going to the beauty parlor, he'd sit in the car and read, or go take a stroll or, if it was summer, have her keep the engine running so he could listen to the Cubs game on the radio. (In the evening, then, when I'd stop by, he'd explain: "The Cubs lost again. The millionaire on second base made a bad throw to the millionaire on first base, so the multimillionaire on third base scored.") If she were going to the grocery store, he would go along to carry the bags out — and to make sure she loaded up on ice cream.

HR ANSWERS continued from page 5

- They should be counted on to communicate and implement positive employee relations programs and policies; and,
- They may be considered an agent of the employer but behaving outside the bounds of lawful or acceptable workplace conduct, thereby creating a liability risk for the organization.

What should Employers Be Doing Now? Given the importance and significance of understanding and clarifying who are supervisors, employers should scrutinize job descriptions and actual work duties to determine which employees meet the supervisory criteria identified. Employers need properly structured job descriptions implemented in a manner that will be sustainable over time. This could include advising managers as to their relationship with first line supervision, and advising supervisors how effectively to supervise their subordinates. HR, legal counsel, and/or an outside consulting firm can assist employers with this step if necessary.

In non-union workplaces, employers can take modest steps to enhance the supervisory status of individuals who meet some of the criteria but not all. These steps include the clear articulation of the authority to direct and assign work, and the expectation by management that they will be held accountable for the performance of that work by their subordinates. Employers also can advise the individuals meeting the criteria for supervisory status of such, what that means in terms of ineligibility for unionization, and how to respond to signs of union activity.

Employers with unionized workplaces should review the current responsibilities of employees and determine if any of them satisfy the Labor Board's clarified definition of "supervisor." If so, there may be an opportunity to raise this issue before the NLRB with the assistance of labor counsel. Additionally, during contract negotiations, management should be aware of union attempts to include language that will undermine any possibility of supervisory status for positions that may be susceptible.

Unionized employers who make a determination of supervisory status for personnel currently included in a bargaining unit can file a Unit Clarification petition with the Labor Board, requesting that it clarify the status of the employees and declare them to be "supervisors" thereby excluding them from the unit. While the Board will not generally entertain a UC petition during the middle of a contract, it will entertain a petition toward the end of the contract term, or if the parties cannot agree regarding questions of supervisory status during contract negotiations.

Practically Speaking... It is one thing for a job description to articulate supervisory authority and another for an employer to delegate and compel the use of actual supervisory authority. To ensure that supervisory personnel actually exercise such authority, employers can coach, counsel, or discipline supervisors for any failure to properly exercise that authority. The employer also can base performance evaluations on how well they exercise their authority.

To assess whether individuals would be considered "supervisors," employers should consider the following (non-exhaustive) list of questions:

1. To what extent do they provide oversight and guidance to lower skilled, less educated employees performing routine tasks?
2. Do they have the authority to call in additional personnel or to authorize overtime?
3. Do they make assignments to other personnel?
4. Has the employer authorized or expected them to discipline employees, or to make disciplinary recommendations that will be given effective weight?
5. Are they authorized or expected to evaluate employees?
6. What authority or expectation is there for them to resolve disputes between employees or address complaints about the treatment of employees?

EVENTS continued from page 4

Recent disasters have made us aware of plans and operational procedures related to response and recovery to these populations in any natural or non-natural disaster. This conference will bring together national experts to discuss changes in policies, legislation, response protocols, workplace safety, and disaster management. You will learn new concepts for addressing disability planning in their jurisdictions and “best practices” that can be integrated into all levels of government responsibility and how to incorporate special needs into your emergency management plan.

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Efforts by employers to strengthen the supervisory status of employees may meet resistance from the employees themselves and from other supervisors and managers who may not want to diminish their subordinate ranks. In addition, many employees may not want to be distinguished from or put at odds with their peers. To overcome these objections, it may be necessary to enhance the pay and stature of the supervisory employees and to provide support and training to motivate them to assume additional supervisory duties.

Organized Labor’s Likely Response. In response to what they perceive as adverse decisions, unions—especially those concentrating on health care facilities and nursing personnel—now may seek legislation on the state level to prohibit charge nurses from engaging in duties that would be considered “supervisory.” Also, unions may seek to amend the NLRA to exclude nurses and other personnel from the definition of “supervisor.” Unions also may attempt to pressure employers through media campaigns, demonstrations, and at the bargaining table to refrain from withdrawing recognition or seeking unit clarification where there are supervisory personnel who are members of existing bargaining units.

HR Answers, Inc. is available to assist employers with supervisory status issues, including review and modification of job descriptions, documentation of work performance, and counsel regarding disciplinary actions. (*Main content for this article provided by Jackson Lewis 10.4.06*)

A LIFE WITHOUT LEFT TURNS continued from page 11**A Happy Life**

One September afternoon in 2004, he and my son went with me when I had to give a talk in a neighboring town, and it was clear to all three of us that he was wearing out, though we had the usual wide-ranging conversation about politics and newspapers and things in the news. A few weeks earlier, he had told my son, “You know, Mike, the first hundred years are a lot easier than the second hundred.” At one point in our drive that Saturday, he said, “You know, I’m probably not going to live much longer.” “You’re probably right,” I said. “Why would you say that?” he countered, somewhat irritated. “Because you’re 102 years old,” I said. “Yes,” he said, “you’re right.” He stayed in bed all the next day. That night, I suggested to my son and daughter that we sit up with him through the night. He appreciated it, he said, though at one point, apparently seeing us look gloomy, he said: “I would like to make an announcement. No one in this room is dead yet.” An hour or so later, he spoke his last words: “I want you to know,” he said, clearly and lucidly, “that I am in no pain. I am very comfortable. And I have had as happy a life as anyone on this earth could ever have.” A short time later, he died.

I miss him a lot, and I think about him a lot. I’ve wondered now and then how it was that my family and I were so lucky that he lived so long. I can’t figure out if it was because he walked through life. Or because he quit taking left turns.

The Board extends its gratitude to Michael Gartner for granting permission to reprint this touching article that appeared in USA TODAY (posted 6/15/06).

The highest art is the art of living an ordinary life in an extraordinary manner.

~Tibetan saying

AIT PROGRAMS COMPLETED

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

October 2006

<u>NAME</u>	<u>FACILITY</u>	<u>PRECEPTOR</u>
• Rebecca Conrad	Hillside Heights Rehab Center	Martha Jenness
• Nicole Easley	Marquis Care at Oregon City	Sharon Stafford
• Kandis Hanson	Sherwood Park Nursing & Rehab Center	Hope Fredrickson
• Julie Phelps	Sheridan Care Center	Kent Emry
• Christine Prather	Highland House Nursing & Rehab Center	Robert Swinea
• Valerie Van Buren	Mary's Woods at Marylhurst	John Hogan

NHA LICENSES ISSUED

August 2006 to October 2006

NHA LICENSES

The Board extends congratulations to the following newly licensed administrators:

<u>NAME</u>	<u>FACILITY</u>	<u>LOCATION</u>	<u>LICENSED BY</u>
• Kevin Bruso			Endorsement
• Nathaniel Dawson	Clackamas Rehab & Spec. Care	Clackamas	Exam
• Bronson Ho	Chehalem Health & Rehab Center	Newberg	Exam
• Katharine Ledford	Pacific Retirement Services	Medford	Exam
• Edwin McManus	Pacific Retirement Services	Medford	Exam
• Sharon Pewtress	Pacific Retirement Services	Medford	Exam
• John Wakeman	Pioneer Place Nursing Home	Vale	Exam
• Karen Walker	Linda Vista Nursing & Rehab	Ashland	Endorsement

PROVISIONAL LICENSES

<u>NAME</u>	<u>FACILITY</u>	<u>LOCATION</u>
• Leann Curtis	Evergreen The Dalles Health & Rehab	The Dalles
• Duffy Dezimmer	Pilot Butte Rehab Center	Bend
• Craig Oltman	Evergreen Vista Health Center	LaGrande
• Nick Owens	Willowbrook Terrace	Pendleton
• Nathan Redberg	Marquis Care at Plum Ridge	Klamath Falls
• Charles Sinclair	Evergreen Health & Rehab Center	LaGrande

DEFICIENCY-FREE SURVEYS

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

Cascade Manor

James Munn, NHA
65 West 30th Avenue
Eugene, Oregon 97405
Ph: (541) 342-5901

➤ *Deficiency-free surveys 2003 - 2006*

Regency Albany

Kathy Elias, NHA
805 19th Street SE
Albany, OR 97321
Ph: (541) 926-4741

➤ *Deficiency-free survey July 2006*

WHERE ARE THEY NOW?

NAME

FACILITY

- Don **Bottemiller** Evergreen Health & Rehab Center, LaGrande
- Marnie **Davisson** Marquis Care at Piedmont, Portland
- Nadine **de Klerk** Life Care Centers of Coos Bay
- Dana **Flores** Eugene Rehab & Specialty Care
- Lee **Garber** Hillside Heights Rehab Center, Eugene
- Harry **Geistlinger** Rose City Nursing Home, Portland
- Elizabeth **Gori-Cruz** St. Jude Specialty Care, Portland
- Jennifer **Gray** Trinity Mission Health & Rehab of Portland
- Brian **Hart** South Hills Rehab Center, Eugene
- Rob **Hays** Mennonite Home, Albany
- Matt **Hilty** The Pearl at Kruse Way Rehab, Lake Oswego
- Martha **Jenness** Riverpark, Eugene
- Sarah **Kalin** Evergreen Hillsboro Health & Rehab Center
- Julie **Kresl** Marquis Care at Autumn Hills, Portland
- Scott **Nay** Hearthside Rehab, Coos Bay
- Gailan **Nichols** Hood River Care Center
- Jo Ann **Parker** Evergreen Milton-Freewater Health & Rehab Center
- Rebecca **Pruett** Care Center East Health & Specialty Care Center, Portland
- Jonathan **Ramey** Grandview Manor Care Center, Junction City
- Diane **Richardson** Hillside Convalescent, Portland
- Jennifer **Wright** Glisan Care Center, Portland



A LIFE WITHOUT LEFT TURNS continued from page 7

As I said, he was always the navigator, and once, when he was 95 and she was 88 and still driving, he said to me, "Do you want to know the secret of a long life?" "I guess so," I said, knowing it probably would be something bizarre. "No left turns," he said. "What?" I asked. "No left turns," he repeated. "Several years ago, your mother and I read an article that said most accidents that old people are in happen when they turn left in front of oncoming traffic. As you get older, your eyesight worsens, and you can lose your depth perception, it said. So your mother and I decided never again to make a left turn." "What?" I said again. "No left turns," he said. "Think about it. Three rights are the same as a left, and that's a lot safer. So we always make three rights." "You're kidding!" I said, and I turned to my mother for support. "No," she said, "your father is right. We make three rights. It works." But then she added: "Except when your father loses count." I was driving at the time, and I almost drove off the road as I started laughing. "Loses count?" I asked. "Yes," my father admitted, "that sometimes happens. But it's not a problem. You just make seven rights, and you're okay again." I couldn't resist. "Do you ever go for 11?" I asked. "No," he said. "If we miss it at seven, we just come home and call it a bad day. Besides, nothing in life is so important it can't be put off another day or another week."

My mother was never in an accident, but one evening she handed me her car keys and said she had decided to quit driving. That was in 1999, when she was 90. She lived four more years, until 2003. My father died the next year, at 102. They both died in the bungalow they had moved into in 1937 and bought a few years later for \$3,000. (Sixty years later, my brother and I paid \$8,000 to have a shower put in the tiny bathroom — the house had never had one. My father would have died then and there if he knew the shower cost nearly three times what he paid for the house.) He continued to walk daily — he had me get him a treadmill when he was 101 because he was afraid he'd fall on the icy sidewalks but wanted to keep exercising — and he was of sound mind and sound body until the moment he died.

**OREGON BOARD OF EXAMINERS OF NURSING HOME
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Seasons Greetings

NEXT QUARTERLY BOARD MEETING

■ January 10, 2007

Meetings convene at 8:30 a.m. in room
445 at 800 NE Oregon Street in Portland.

Moving? Change In Employment Or Employment Status?
Please remember to notify the Board of any changes in address or employment status.