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**Call to Order** – *Marj Pantone, ALFA, Board Vice Chair and Panel Chair*

- Welcome and Introductions
  - Emergency Egress Procedures
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**Approval of Agenda**

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**Public Comment**

*The Board will receive public comment at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.*

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**Charge of Regulatory Advisory Panel** – *Marj Pantone, ALFA, Panel Chair*

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**Presentations and Discussion**

- **Overview of Workforce Data Trends for Administrators** – *Elizabeth Carter, PhD, Executive Director, Healthcare Workforce Data Center*
  - **Overview of Administrator Licensure and Discipline Data from the Board of Long-Term Care Administrators** – *Corie E. Tillman Wolf, JD, Executive Director*
  - **Overview of Facility Data for Nursing and Assisted Living Facilities**
    - **Assisted Living Facilities** – *Tara Davis-Ragland, NHA, Director, Division of Licensing Programs, Virginia Department of Social Services*
    - **Nursing Facilities** – *Paul Wade, Long Term Care Supervisor, and Rebekah Allen, JD, Senior Policy Analyst, Office of Licensure and Certification, Virginia Department of Health*
  - **The Provider Perspective in Virginia – Administrator Trends and Data**
    - **Virginia Assisted Living Association (VALA)** – *Judy Hackler, Executive Director*
    - **Virginia Health Care Association/Virginia Center on Assisted Living (VHCA/VCAL)** – *April Payne, NHA, Vice President of Quality Improvement, VHCA, and Director, VCAL*
    - **LeadingAge Virginia** – *Judy Raymond, NHA, ALFA, Executive Director, Lake Prince Woods, and Immediate Past Chair, LeadingAge Virginia*
  - **The National Landscape for Administrators in Long Term Care** – *Randy Lindner, President and CEO, National Association of Boards of Long Term Care Administrators*
  - **Panel Discussion** – *Marj Pantone, ALFA, Panel Chair*
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**Wrap Up and Next Steps**

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**Meeting Adjournment**

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**Agenda Packet Materials:**

1. Current Regulations for Nursing Home and Assisted Living Facility Administrators
2. Current Regulations Related to Administrator Qualifications (Assisted Living Facilities) – Virginia Department of Social Services
3. Current Regulations Related to Administrator Qualifications (Nursing Facilities) – Virginia Department of Health
4. Workforce Data Reports – NHA, ALFA – 2018
5. AIT and Preceptor State Requirements (NAB)
6. The National AIT Program Manual (NAB)
7. Information from the Virginia Department of Health

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3707(F).

# The Department of Health Professions

## NHA and ALFA Regulations

*Commonwealth of Virginia*



# **REGULATIONS**

## **GOVERNING THE PRACTICE OF NURSING HOME ADMINISTRATORS**

**Virginia Board of Long-Term Care  
Administrators**

**Title of Regulations: 18VAC95-20-10 et seq.**

**Statutory Authority: § 54.1-2400 and Chapter 31 of Title 54.1  
of the *Code of Virginia***

**Effective Date: March 6, 2019**

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## **Part I. General Provisions.**

### **18VAC95-20-10. Definitions.**

A. The following words and terms when used in this chapter shall have the definitions ascribed to them in §54.1-3100 of the Code of Virginia:

“Board”

“Nursing home”

“Nursing home administrator”

B. The following words and terms when used in this chapter shall have the following meanings unless the context indicates otherwise:

"Accredited institution" means any degree-granting college or university accredited by an accrediting body approved by the U. S. Department of Education.

"Active practice" means a minimum of 1,000 hours of practice as a licensed nursing home administrator within the preceding 24 months.

"AIT" means a person enrolled in the administrator-in-training program in nursing home administration in a licensed nursing home.

"Administrator-of-record" means the licensed nursing home administrator designated in charge of the general administration of the facility and identified as such to the facility's licensing agency.

"Approved sponsor" means an individual, business or organization approved by NAB or by an accredited institution to offer continuing education programs in accordance with this chapter.

"Continuing education" means the educational activities that serve to maintain, develop, or increase the knowledge, skills, performance and competence recognized as relevant to the nursing home administrator's professional responsibilities.

"Domains of Practice" means the content areas of tasks, knowledge, and skills necessary for administration of a nursing home as approved by NAB.

"Full time" means employment of at least 35 hours per week.

"Hour" means 50 minutes of participation in a program for obtaining continuing education.

"Internship" means a practicum or course of study as part of a degree or post-degree program designed especially for the preparation of candidates for licensure as nursing home administrators that involves supervision by an accredited college or university of the practical application of previously studied theory.

"National examination" means a test used by the board to determine the competence of candidates for licensure as administered by the NAB or any other examination approved by the board.

"Preceptor" means a nursing home administrator currently licensed and registered or recognized by a nursing home administrator licensing board to conduct an administrator-in-training (AIT) program.

**18VAC95-20-20 to 18VAC95-20-50. (Repealed.)**

**18VAC95-20-60. Posting of license.**

Each licensee shall post his license in a main entrance or place conspicuous to the public in the facility in which the licensee is administrator-of-record.

**18VAC95-20-70. Accuracy of information.**

A. All changes in the address of record or the public address, if different from the address of record, or the name of a licensee, trainee, or preceptor shall be furnished to the board within 30 days after the change occurs.

B. All notices required by law and by this chapter to be mailed by the board to any registrant or licensee shall be validly given when mailed to the latest address of record on file with the board and shall not relieve the licensee, trainee, or preceptor of the obligation to comply

**18VAC95-20-80. Required fees.**

The applicant or licensee shall submit all fees in this section that apply:

1. A.I.T. program application	\$215
2. Preceptor application	\$65
3. Licensure application	\$315
4. Verification of licensure requests from other states	\$35
5. Nursing home administrator license renewal	\$315
6. Preceptor renewal	\$65
7. Penalty for nursing home administrator late renewal	\$110
8. Penalty for preceptor late renewal	\$25
9. Nursing home administrator reinstatement	\$435
10. Preceptor reinstatement	\$105
11. Duplicate license	\$25
12. Duplicate wall certificates	\$40
13. Reinstatement after disciplinary action	\$1,000

**18VAC95-20-90 to 18VAC95-20-120. (Repealed.)**



**18VAC95-20-130. Additional fee information.**

- A. There shall be a fee of \$35 for returned checks.
- B. Fees shall not be refunded once submitted.
- C. Examination fees are to be paid directly to the service or services contracted by the board to administer the examinations.

**Part II. Renewals and Reinstatements.**

**18VAC95-20-140 to 18VAC95-20-160. (Repealed.)**

**18VAC95-20-170. Renewal requirements.**

- A. A person who desires to renew his license or preceptor registration for the next year shall, not later than the expiration date of March 31 of each year, submit a completed renewal form and fee.
- B. The renewal form and fee shall be received no later than the expiration date. Postmarks shall not be considered.
- C. A nursing home administrator license or preceptor registration not renewed by the expiration date shall be invalid.

**18VAC95-20-175. Continuing education requirements.**

A. In order to renew a nursing home administrator license, an applicant shall attest on his renewal application to completion of 20 hours of approved continuing education for each renewal year.

1. Up to 10 of the 20 hours may be obtained through Internet or self-study courses and up to 10 continuing education hours in excess of the number required may be transferred or credited to the next renewal year.

2. A licensee is exempt from completing continuing education requirements and considered in compliance on the first renewal date following initial licensure.

B. In order for continuing education to be approved by the board, it shall be related to health care administration and shall be approved or offered by NAB, an accredited institution, or a government agency.

C. Documentation of continuing education.

1. The licensee shall retain in his personal files for a period of three renewal years complete documentation of continuing education including evidence of attendance or participation as provided by the approved sponsor for each course taken.

2. Evidence of attendance shall be an original document provided by the approved sponsor and shall include:

- a. Date the course was taken;
- b. Hours of attendance or participation;
- c. Participant's name; and
- d. Signature of an authorized representative of the approved sponsor.

3. If contacted for an audit, the licensee shall forward to the board by the date requested a signed affidavit of completion on forms provided by the board and evidence of attendance or participation as provided by the approved sponsor.

D. The board may grant an extension of up to one year or an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the administrator, such as a certified illness, a temporary disability, mandatory military service, or officially declared disasters. The request for an extension shall be received in writing and granted by the board prior to the renewal date.

**18VAC95-20-180. Late renewal.**

A. A person who fails to renew his license or preceptor registration by the expiration date shall, within one year of the initial expiration date:

1. Return the renewal notice or request renewal in writing to the board; and
2. Submit the applicable renewal fee and late fee.

B. The documents required in subsection A of this section shall be received in the board office within one year of the initial expiration date. Postmarks shall not be considered.

**18VAC95-20-190. (Repealed.)**

**18VAC95-20-200. Reinstatement for nursing home administrator license or preceptor registration.**

A. The board may reinstate a nursing home administrator license or preceptor registration that was not renewed within one year of the initial expiration date.

B. An applicant for nursing home administrator license reinstatement shall apply on a reinstatement form provided by the board, submit the reinstatement fee, and provide one of the following:

1. Evidence of the equivalent of 20 hours of continuing education for each year since the last renewal, not to exceed a total of 60 hours.
2. Evidence of active practice in another state or U.S. jurisdiction or in the U.S. armed services during the period licensure in Virginia was lapsed.

3. Evidence of requalifying for licensure by meeting the requirements prescribed in 18VAC95-20-220 or 18VAC95-20-225.

C. An applicant for preceptor reinstatement shall apply on a reinstatement form provided by the board, submit the reinstatement fee, and meet the current requirements for a preceptor in effect at the time of application for reinstatement.

D. Any person whose license or registration has been suspended, revoked, or denied renewal by the board under the provisions of 18VAC95-20-470 shall, in order to be eligible for reinstatement, (i) submit a reinstatement application to the board for a license, (ii) pay the appropriate reinstatement fee, and (iii) submit any other credentials as prescribed by the board. After a hearing, the board may, at its discretion, grant the reinstatement.

**18VAC95-20-210. (Repealed.)**

### **Part III. Requirements for Licensure.**

**18VAC95-20-220. Qualifications for initial licensure.**

One of the following sets of qualifications is required for licensure as a nursing home administrator:

1. Degree and practical experience. The applicant shall (i) hold a baccalaureate or higher degree in a health care -related field that meets the requirements of 18VAC95-20-221 from an accredited institution; (ii) have completed not less than a 320-hour internship that addresses the Domains of Practice as specified in 18VAC95-20-390 in a licensed nursing home as part of the degree program under the supervision of a preceptor; and (iii) have received a passing grade on the national examination;

2. Certificate program. The applicant shall (i) hold a baccalaureate or higher degree from an accredited institution; (ii) successfully complete a program with a minimum of 21 semester hours study in a health care-related field that meets the requirements of 18VAC95-20-221 from an accredited college or university; (iii) successfully complete not less than a 400-hour internship that addresses the Domains of Practice as specified in 18VAC95-20-390 in a licensed nursing home as part of the certificate program under the supervision of a preceptor; and (iv) have received a passing grade on the national examination;

3. Administrator-in-training program. The applicant shall have (i) successfully completed an A.I.T. program that meets the requirements of Part IV (18VAC95-20-300 et seq.) of this chapter and (ii) received a passing grade on the national examination, and (iii) completed the Domains of Practice form required by the board; or

4. Health Services Executive (HSE) credential. The applicant shall provide evidence that he has met the minimum education, experience, and examination standards established by NAB for qualification as a Health Services Executive.

**18VAC95-20-221. Required content for coursework.**

To meet the educational requirements for a degree in a health care-related field, an applicant must provide an official transcript from an accredited college or university that documents successful completion of a minimum of 21 semester hours of coursework concentrated on the administration and management of health care services to include a minimum of three semester hours in each of the content areas in subdivisions 1 through 4 of this section, six semester hours in the content area set out in subdivision 5 of this section, and three semester hours for an internship.

1. Customer care, supports, services: Course content shall address program and service planning, supervision and evaluation to meet the needs of patients, such as (i) nursing, medical and pharmaceutical care; (ii) rehabilitative, social, psycho-social and recreational services; (iii) nutritional services; (iv) safety and rights protections; (v) quality assurance; and (vi) infection control.

2. Human resources: Course content shall focus on personnel leadership in a health care management role and must address organizational behavior and personnel management skills such as (i) staff organization, supervision, communication and evaluation; (ii) staff recruitment, retention, and training; (iii) personnel policy development and implementation; and (iv) employee health and safety.

3. Finance: Course content shall address financial management of health care programs and facilities such as (i) an overview of financial practices and problems in the delivery of health care services; (ii) financial planning, accounting, analysis and auditing; (iii) budgeting; (iv) health care cost issues; and (v) reimbursement systems and structures.

4. Environment: Course content shall address facility and equipment management such as (i) maintenance; (ii) housekeeping; (iii) safety; (iv) inspections and compliance with laws and regulations; and (v) emergency preparedness.

5. Leadership and management: Course content shall address the leadership roles in health delivery systems such as (i) government oversight and interaction; (ii) organizational policies and procedures; (iii) principles of ethics and law; (iv) community coordination and cooperation; (v) risk management; and (vi) governance and decision making.

**18VAC95-20-225. Qualifications for licensure by endorsement.**

The board may issue a license to any person who:

1. Holds a current, unrestricted license from any state or the District of Columbia; and
2. Meets one of the following conditions:
  - a. Has been engaged in active practice as a licensed nursing home administrator; or
  - b. Has education and experience equivalent to qualifications required by this chapter and has provided written evidence of those qualifications at the time of application for licensure.

**18VAC95-20-230. Application package.**

A. An application for licensure shall be submitted after the applicant completes the qualifications for licensure.

B. An individual seeking licensure as a nursing home administrator or registration as a preceptor shall submit:

1. A completed application as provided by the board;
2. Additional documentation as may be required by the board to determine eligibility of the applicant;
3. The applicable fee;
4. An attestation that he has read and understands and will remain current with the applicable Virginia laws and regulations relating to the administration of nursing homes; and
5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

C. With the exception of school transcripts, examination scores, the NPDB report, employer verifications, and verifications from other state boards, all parts of the application package shall be submitted at the same time. An incomplete package shall be retained by the board for one year, after which time the application shall be destroyed and a new application and fee shall be required.

18VAC95-20-240 to 18VAC95-20-290. (Repealed.)

#### **Part IV. Administrator-In-Training Program.**

##### **18VAC95-20-300. Administrator-in-training qualifications.**

A. To be approved as an administrator-in-training, a person shall:

1. Have received a passing grade on a total of 60 semester hours of education from an accredited college or university;
2. Obtain a registered preceptor to provide training;
3. Submit the fee prescribed in 18VAC95-20-80;
4. Submit the application and Domains of Practice form provided by the board; and
5. Submit additional documentation as may be necessary to determine eligibility of the applicant and the number of hours required for the A.I.T. program.

B. With the exception of school transcripts, all required parts of the application package shall be submitted at the same time. An incomplete package shall be retained by the board for one year after which time the application shall be destroyed and a new application and fee shall be required.

##### **18VAC95-20-310. Required hours of training.**

A. The A.I.T. program shall consist of 2,000 hours of continuous training in a facility as prescribed in 18VAC95-20-330 to be completed within 24 months. An extension may be granted by the board on an individual case basis. The board may reduce the required hours for applicants with certain qualifications as prescribed in subsection B and C of this section.

B. An A.I.T. applicant with prior health care work experience may request approval to receive a maximum 1,000 hours of credit toward the total 2,000 hours as follows:

1. Applicant shall have been employed full time for four of the past five consecutive years immediately prior to application as an assistant administrator or director of nursing in a training facility as prescribed in 18VAC95-20-330, or as the licensed administrator of an assisted living facility;

2. Applicants with experience as a hospital administrator shall have been employed full time for three of the past five years immediately prior to application as a hospital administrator-of-record or an assistant hospital administrator in a hospital setting having responsibilities in all of the following areas:

a. Regulatory;

b. Fiscal;

c. Supervisory;

d. Personnel; and

e. Management; or

3. Applicants who hold a license as a registered nurse shall have held an administrative level supervisory position for at least four of the past five consecutive years, in a training facility as prescribed in 18VAC95-20-330.

C. An A.I.T. applicant with the following educational qualifications shall meet these requirements:

1. An applicant with a master's or a baccalaureate degree in health care administration or a comparable field with no internship shall complete 320 hours in an A.I.T. program;

2. An applicant with a master's degree in an unrelated field shall complete 1,000 hours in an A.I.T. program;

3. An applicant with a baccalaureate degree in an unrelated field shall complete 1,500 hours in an A.I.T. program; or

4. An applicant with 60 semester hours of education in an accredited college or university shall complete 2,000 hours in an A.I.T. program.

D. An A.I.T. shall be required to serve weekday, evening, night and weekend shifts to receive training in all areas of nursing home operation.

**18VAC95-20-320. (Repealed.)**

**18VAC95-20-330. Training facilities.**

Training in an A.I.T. program shall be conducted only in:

1. A nursing home licensed by the Virginia Board of Health or by a similar licensing body in another jurisdiction;
2. An institution operated by the Virginia Department of Behavioral Health and Developmental Services in which long-term care is provided;
3. A certified nursing home owned or operated by an agency of any city, county, or the Commonwealth or of the United States government; or
4. A certified nursing home unit that is located in and operated by a licensed hospital as defined in § [32.1-123](#) of the Code of Virginia, a state-operated hospital, or a hospital licensed in another jurisdiction.

**18VAC95-20-340. Supervision of trainees.**

A. Training shall be under the supervision of a preceptor who is registered or recognized by a licensing board.

B. A preceptor may supervise no more than two A.I.T.'s at any one time.

C. A preceptor shall:

1. Provide direct instruction, planning and evaluation;
2. Shall be routinely present with the trainee in the training facility as appropriate to the experience and training of the AIT and the needs of the residents in the facility; and
3. Shall continually evaluate the development and experience of the A.I.T. to determine specific areas in the Domains of Practice that need to be addressed.

**18VAC95-20-350 to 18VAC95-20-370. (Repealed.)**

**18VAC95-20-380. Qualifications of preceptors.**

A. To be registered by the board as a preceptor, a person shall:

1. Hold a current, unrestricted Virginia nursing home administrator license and be employed full time as an administrator of record in a training facility for a minimum of two of the past three years immediately prior to registration; and
2. Provide evidence that he has completed the online preceptor training course offered by NAB; and

3. Meet the application requirements in 18VAC95-20-230.

B. To renew registration as a preceptor, a person shall:

1. Hold a current, unrestricted Virginia nursing home administrator license and be employed by or have an agreement with a training facility for a preceptorship; and

2. Meet the renewal requirements of 18VAC95-20-170.

**18VAC95-20-390. Training plan.**

Prior to the beginning of the AIT program, the preceptor shall develop and submit for board approval a training plan that shall include and be designed around the specific training needs of the administrator-in-training. The training plan shall address the Domains of Practice approved by NAB that is in effect at the time the training program is submitted for approval. An AIT program shall include training in each of the learning areas in the Domains of Practice.

**18VAC95-20-400. Reporting requirements.**

A. The preceptor shall maintain progress reports on forms prescribed by the board for each month of training.

B. The AIT's certificate of completion plus the accumulated original monthly reports shall be submitted by the preceptor to the board within 30 days following the completion of the AIT program.

**18VAC95-20-410 to 18VAC95-20-420. (Repealed.)**

**18VAC95-20-430. Termination of program.**

A. If the AIT program is terminated prior to completion, the trainee and the preceptor shall each submit a written explanation of the causes of program termination to the board within 10 business days.

B. The preceptor shall also submit all required monthly progress reports completed prior to termination.

**18VAC95-20-440. Interruption of program.**

A. If the program is interrupted because the registered preceptor is unable to serve, the AIT shall notify the board within five working days and shall obtain a new preceptor who is registered with the board within 60 days.

B. Credit for training shall resume when a new preceptor is obtained and approved by the board.

C. If an alternate training plan is developed, it shall be submitted to the board for approval before the AIT resumes training.

**18VAC95-20-450 to 18VAC95-20-460. (Repealed.)**



## **Part V. Refusal, Suspension, Revocation, and Disciplinary Action.**

### **18VAC95-20-470. Unprofessional conduct.**

The board may refuse to admit a candidate to an examination, refuse to issue or renew a license or registration or approval to any applicant, suspend a license for a stated period of time or indefinitely, reprimand a licensee or registrant, place his license or registration on probation with such terms and conditions and for such time as it may designate, impose a monetary penalty, or revoke a license or registration for any of the following causes:

1. Conducting the practice of nursing home administration in such a manner as to constitute a danger to the health, safety, and well-being of the residents, staff, or public;
2. Failure to comply with federal, state, or local laws and regulations governing the operation of a nursing home;
3. Conviction of a felony or any misdemeanor involving abuse, neglect or moral turpitude;
4. Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ 54.1-100 et seq.), 24 (§ 54.1-2400 et seq.) and 31 (§ 54.1-3100 et seq.) of the Code of Virginia or regulations of the board;
5. Inability to practice with reasonable skill or safety by reason of illness or substance abuse or as a result of any mental or physical condition;
6. Abuse, negligent practice, or misappropriation of a resident's property;
7. Entering into a relationship with a resident that constitutes a professional boundary violation in which the administrator uses his professional position to take advantage of the vulnerability of a resident or his family, to include actions that result in personal gain at the expense of the resident, an inappropriate personal involvement with a resident, or sexual conduct with a resident;
8. The denial, revocation, suspension, or restriction of a license to practice in another state, the District of Columbia, or a United States possession or territory;
9. Assuming duties and responsibilities within the practice of nursing home administration without adequate training or when competency has not been maintained;
10. Obtaining supplies, equipment, or drugs for personal or other unauthorized use;
11. Falsifying or otherwise altering resident or employer records, including falsely representing facts on a job application or other employment-related documents;
12. Fraud or deceit in procuring or attempting to procure a license or registration or seeking reinstatement of a license or registration; or
13. Employing or assigning unqualified persons to perform functions that require a license, certificate, or registration.

### **18VAC95-20-480 to 18VAC95-20-740. (Repealed.)**

*Commonwealth of Virginia*



# REGULATIONS

## GOVERNING THE PRACTICE OF ASSISTED LIVING FACILITY ADMINISTRATORS

### Virginia Board of Long-Term Care Administrators

**Title of Regulations: 18VAC95-30-10 et seq.**

**Statutory Authority: § 54.1-2400 and Chapter 31 of Title 54.1  
of the *Code of Virginia***

**Effective Date: March 6, 2019**

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## **Part I. General Provisions.**

### **18VAC95-30-10. Definitions.**

A. The following words and terms when used in this chapter shall have the definitions ascribed to them in §54.1-3100 of the Code of Virginia:

“Assisted living facility”

“Assisted living facility administrator”

“Board”

B. The following words and terms when used in this chapter shall have the following meanings unless the context indicates otherwise:

"Accredited institution" means any degree-granting college or university accredited by an accrediting body approved by the U.S. Department of Education.

"Active practice" means a minimum of 1,000 hours of practice as an assisted living facility administrator within the preceding 24 months.

"Administrator-of-record" means the licensed assisted living facility administrator designated in charge of the general administration and management of an assisted living facility, including compliance with applicable regulations, and identified as such to the facility's licensing agency.

"ALF AIT" means a person enrolled in an administrator-in-training program in a licensed assisted living facility.

"Approved sponsor" means an individual, business, or organization approved by NAB or by an accredited institution to offer continuing education programs in accordance with this chapter.

"Continuing education" means the educational activities that serve to maintain, develop, or increase the knowledge, skills, performance, and competence recognized as relevant to the assisted living facility administrator's professional responsibilities.

"Domains of Practice" means the content areas of tasks, knowledge and skills necessary for administration of a residential care or assisted living facility as approved by NAB.

"Full time" means employment of at least 35 hours per week.

"Hour" means 50 minutes of participation in a program for obtaining continuing education.

"Internship" means a practicum or course of study as part of a degree or post-degree program designed especially for the preparation of candidates for licensure as assisted living facility administrators that involves supervision by an accredited college or university of the practical application of previously studied theory.

"NAB" means the National Association of Long Term Care Administrator Boards.

"National examination" means a test used by the board to determine the competence of candidates for licensure as administered by NAB or any other examination approved by the board.

"Preceptor" means an assisted living facility administrator or nursing home administrator currently licensed and registered to conduct an ALF AIT program.

**18VAC95-30-20. Posting of license.**

Each licensee shall post his license in a main entrance or place conspicuous to the public in each facility in which the licensee is administrator-of-record.

**18VAC95-30-30. Accuracy of information.**

A. All changes in the address of record or the public address, if different from the address of record, or the name of a licensee, trainee, or preceptor shall be furnished to the board within 30 days after the change occurs.

B. All notices required by law and by this chapter to be mailed by the board to any licensee shall be validly given when mailed to the latest address of record on file with the board and shall not relieve the licensee, trainee, or preceptor of the obligation to comply.

**18VAC95-30-40. Required fees.**

A. The applicant or licensee shall submit all fees in this subsection that apply:

1. ALF AIT program application	\$215
2. Preceptor application	\$65
3. Licensure application	\$315
4. Verification of licensure requests from other states	\$35
5. Assisted living facility administrator license renewal	\$315
6. Preceptor renewal	\$65
7. Penalty for assisted living facility administrator late renewal	\$110
8. Penalty for preceptor late renewal	\$25
9. Assisted living facility administrator reinstatement	\$435
10. Preceptor reinstatement	\$105
11. Duplicate license	\$25
12. Duplicate wall certificates	\$40
13. Returned check	\$35
14. Reinstatement after disciplinary action	\$1,000

B. Fees shall not be refunded once submitted.

C. Examination fees are to be paid directly to the service contracted by the board to administer the examination.

**18VAC95-30-50. Practice by a licensed nursing home administrator.**

Pursuant to §54.1-3102 B of the Code of Virginia, a person who holds a license as a nursing home administrator issued by the board may engage in the general administration of an assisted living facility.

## **Part II. Renewals and Reinstatements.**

### **18VAC95-30-60. Renewal requirements.**

A. A person who desires to renew his license or preceptor registration for the next year shall, not later than the expiration date of March 31 of each year, submit a completed renewal form and fee.

B. The renewal form and fee shall be received no later than the expiration date. Postmarks shall not be considered.

C. An assisted living facility administrator license or preceptor registration not renewed by the expiration date shall be invalid, and continued practice may constitute grounds for disciplinary action.

### **18VAC95-30-70. Continuing education requirements.**

A. In order to renew an assisted living administrator license, an applicant shall attest on his renewal application to completion of 20 hours of approved continuing education for each renewal year.

1. Up to 10 of the 20 hours may be obtained through Internet or self-study courses and up to 10 continuing education hours in excess of the number required may be transferred or credited to the next renewal year.

2. A licensee is exempt from completing continuing education requirements for the first renewal following initial licensure in Virginia.

B. In order for continuing education to be approved by the board, it shall be related to the Domains of Practice for residential care/assisted living and approved or offered by NAB, an accredited educational institution or a governmental agency.

C. Documentation of continuing education.

1. The licensee shall retain in his personal files for a period of three renewal years complete documentation of continuing education including evidence of attendance or participation as provided by the approved sponsor for each course taken.

2. Evidence of attendance shall be an original document provided by the approved sponsor and shall include:

- a. Date the course was taken;
- b. Hours of attendance or participation;
- c. Participant's name; and
- d. Signature of an authorized representative of the approved sponsor.

3. If contacted for an audit, the licensee shall forward to the board by the date requested a signed affidavit of completion on forms provided by the board and evidence of attendance or participation as provided by the approved sponsor.

D. The board may grant an extension of up to one year or an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the administrator, such as a certified illness, a temporary disability, mandatory military service, or officially declared disasters. The request for an extension shall be submitted in writing and granted by the board prior to the renewal date.

### **18VAC95-30-80. Late renewal.**

A. A person who fails to renew his license or preceptor registration by the expiration date shall, within one year of the initial expiration date:

1. Submit the renewal notice or request renewal by mail to the board;
2. Submit the applicable renewal fee and penalty fee;
3. Provide evidence as may be necessary to establish eligibility for renewal.

B. The documents required in subsection A of this section shall be received in the board office within one year of the initial expiration date. Postmarks shall not be considered.

**18VAC95-30-90. Reinstatement for an assisted living facility administrator license or preceptor registration.**

A. The board may reinstate an assisted living facility administrator license or preceptor registration that was not renewed within one year of the initial expiration date.

B. An applicant for assisted living facility administrator license reinstatement shall apply on a reinstatement form provided by the board, submit the reinstatement fee, and provide one of the following:

1. Evidence of the equivalent of 20 hours of continuing education for each year since the last renewal, not to exceed a total of 60 hours.
2. Evidence of active practice in another state or United States jurisdiction or in the United States armed services during the period licensure in Virginia was lapsed.
3. Evidence of requalifying for licensure by meeting the requirements prescribed in 18VAC95-30-100 and 18VAC95-30-110.

C. An applicant for preceptor reinstatement shall apply on a reinstatement form provided by the board, submit the reinstatement fee, and meet the current requirements for a preceptor in effect at the time of application for reinstatement.

D. Any person whose license or registration has been suspended, revoked, or denied renewal by the board under the provisions of 18VAC95-30-210 shall, in order to be eligible for reinstatement, (i) submit a reinstatement application to the board for a license, (ii) pay the appropriate reinstatement fee, and (iii) submit any other credentials as prescribed by the board. After a hearing, the board may, at its discretion, grant the reinstatement.

**Part III. Requirements for Licensure.**

**18VAC95-30-95. (Repealed).**

**18VAC95-30-100. Educational and training requirements for initial licensure.**

A. To be qualified for initial licensure as an assisted living facility administrator, an applicant shall hold a high school diploma or general education diploma (GED) and hold one of the following qualifications:

1. Administrator-in-training program.
  - a. Complete at least 30 semester hours in an accredited college or university in any subject and 640 hours in an ALF AIT program as specified in 18VAC95-30-150;

- b. Complete an educational program as a licensed practical nurse and hold a current, unrestricted license or multistate licensure privilege and 640 hours in an ALF AIT;
- c. Complete an educational program as a registered nurse and hold a current, unrestricted license or multistate licensure privilege and 480 hours in an ALF AIT program;
- d. Complete at least 30 semester hours in an accredited college or university with courses in the content areas of (i) client/resident care, (ii) human resources management, (iii) financial management, (iv) physical environment, and (v) leadership and governance, and 480 hours in an ALF AIT program;
- e. Hold a master's or a baccalaureate degree in health care related field or a comparable field that meets the requirements of subsection B of 18VAC95-30-100 with no internship or practicum and 320 hours in an ALF AIT program; or
- f. Hold a master's or baccalaureate degree in an unrelated field and 480 hours in an ALF AIT program;

2. Certificate program.

Hold a baccalaureate or higher degree in a field unrelated to health care from an accredited college or university and successfully complete a certificate program with a minimum of 21 semester hours study in a health care related field that meets course content requirements of subsection B of this section from an accredited college or university and successfully complete not less than a 320-hour internship or practicum that addresses the domains of practice as specified in 18VAC95-30-160 in a licensed assisted living facility as part of the certificate program under the supervision of a preceptor; or

3. Degree and practical experience.

Hold a baccalaureate or higher degree in a health care related field that meets the course content requirements of subsection B of this section from an accredited college or university and have completed not less than a 320-hour internship or practicum that addresses the Domains of Practice as specified in 18VAC95-30-160 in a licensed assisted living facility as part of the degree program under the supervision of a preceptor.

B. To meet the educational requirements for a degree in a health care related field, an applicant must provide an official transcript from an accredited college or university that documents successful completion of a minimum of 21 semester hours of coursework concentrated on the administration and management of health care services to include a minimum of six semester hours in the content area set out in subdivision 1 of this subsection, three semester hours in each of the content areas in subdivisions 2 through 5 of this subsection, and three semester hours for an internship or practicum.

- 1. Customer care, supports, and services;
- 2. Human resources;
- 3. Finance;
- 4. Environment;
- 5. Leadership management.

**18VAC95-30-110. Examination requirement for initial licensure.**

To be licensed under 18VAC95-30-95 or 18VAC95-30-100, an applicant shall provide evidence of a passing grade on the national credentialing examination for administrators of assisted living facilities approved by the board.



**18VAC95-30-120. Qualifications for licensure by endorsement or credentials.**

A. If applying from any state or the District of Columbia in which a license, certificate or registration is required to be the administrator of an assisted living facility, an applicant for licensure by endorsement shall hold a current, unrestricted license, certificate or registration from that state or the District of Columbia. If applying from a jurisdiction that does not have such a requirement, an applicant may apply for licensure by credentials, and no evidence of licensure, certification or registration is required.

B. The board may issue a license to any person who:

1. Meets the provisions of subsection A;
2. Has not been the subject of a disciplinary action taken by any jurisdiction in which he was found to be in violation of law or regulation governing practice and which, in the judgment of the board, has not remediated;
3. Meets one of the following conditions:
  - a. Has been engaged in active practice as an assisted living facility administrator in an assisted living facility that provides assisted living care as defined in § 63.2-100 of the Code of Virginia; or
  - b. Has education and experience substantially equivalent to qualifications required by this chapter and has provided written evidence of those qualifications at the time of application for licensure; and
4. Has successfully passed a national credentialing examination for administrators of assisted living facilities approved by the board.

**18VAC95-30-130. Application package.**

A. An application for licensure shall be submitted after the applicant completes the qualifications for licensure.

B. An individual seeking licensure as an assisted living facility administrator or registration as a preceptor shall submit:

1. A completed application as provided by the board;
2. Additional documentation as may be required by the board to determine eligibility of the applicant, to include the most recent survey report if the applicant has been serving as an acting administrator of a facility;
3. The applicable fee;
4. An attestation that he has read and understands and will remain current with the applicable Virginia laws and the regulations relating to assisted living facilities; and
5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

C. With the exception of school transcripts, examination scores, the NPDB report, employer verifications, and verifications from other state boards, all parts of the application package shall be submitted at the same time. An incomplete package shall be retained by the board for one year, after which time the application shall be destroyed and a new application and fee shall be required.

## **Part IV. Administrator-in-Training Program.**

### **18VAC95-30-140. Training qualifications.**

A. To be approved as an ALF administrator-in-training, a person shall:

1. Meet the requirements of 18VAC95-30-100 A 1;
2. Obtain a registered preceptor to provide training;
3. Submit the application and Domains of Practice form provided by the board and the fee prescribed in 18VAC95-30-40; and
4. Submit additional documentation as may be necessary to determine eligibility of the applicant and the number of hours required for the ALF AIT program.

B. With the exception of school transcripts, all required parts of the application package shall be submitted at the same time. An incomplete package shall be retained by the board for one year after which time the application shall be destroyed and a new application and fee shall be required.

### **18VAC95-30-150. Required hours of training.**

A. The ALF AIT program shall consist of hours of continuous training as specified in 18VAC95-30-100 A 1 in a facility as prescribed in 18VAC95-30-170 to be completed within 24 months, except a person in an ALF AIT program who has been approved by the board and is serving as an acting administrator shall complete the program within 150 days. An extension may be granted by the board on an individual case basis. The board may reduce the required hours for applicants with certain qualifications as prescribed in subsection B of this section.

B. An ALF AIT applicant with prior health care work experience may request approval to receive hours of credit toward the total hours as follows:

1. An applicant who has been employed full time for one of the past four years immediately prior to application as an assistant administrator in a licensed assisted living facility or nursing home or as a hospital administrator shall complete 320 hours in an ALF AIT program;
2. An applicant who holds a license or a multistate licensure privilege as a registered nurse and who has held an administrative level supervisory position in nursing for at least one of the past four consecutive years, in a licensed assisted living facility or nursing home shall complete 320 hours in an ALF AIT program; or
3. An applicant who holds a license or a multistate licensure privilege as a licensed practical nurse and who has held an administrative level supervisory position in nursing for at least one of the past four consecutive years, in a licensed assisted living facility or nursing home shall complete 480 hours in an ALF AIT program.

### **18VAC95-30-160. Required content of an ALF administrator-in-training program.**

A. Prior to the beginning of the training program, the preceptor shall develop and submit for board approval a training plan which shall include and be designed around the specific training needs of the administrator-in-training. The training plan shall include the tasks and the knowledge and skills required to complete those tasks as approved by NAB as the domains of practice for residential care/assisted living in effect at the time the training is being provided. An ALF AIT program shall include training in each of the learning areas in the domains of practice.

B. An ALF AIT shall be required to serve weekday, evening, night and weekend shifts and to receive training in all areas of an assisted living facility operation.

**18VAC95-30-170. Training facilities.**

A. Training in an ALF AIT program or for an internship shall be conducted only in:

1. An assisted living facility or unit licensed by the Virginia Board of Social Services or by a similar licensing body in another jurisdiction;
2. An assisted living facility owned or operated by an agency of any city, county, or the Commonwealth or of the United States government; or
3. An assisted living unit located in and operated by a licensed hospital as defined in §32.1-123 of the Code of Virginia, a state-operated hospital, or a hospital licensed in another jurisdiction.

B. A new ALF AIT program or internship shall not be conducted in a facility with a provisional license as determined by the Department of Social Services.

**18VAC95-30-180. Preceptors.**

A. Training in an ALF AIT program shall be under the supervision of a preceptor who is registered or recognized by Virginia or a similar licensing board in another jurisdiction.

B. To be registered by the board as a preceptor, a person shall:

1. Hold a current, unrestricted Virginia assisted living facility administrator or nursing home administrator license;
2. Be employed full-time as an administrator in a training facility or facilities for a minimum of two of the past four years immediately prior to registration or be a regional administrator with on-site supervisory responsibilities for a training facility or facilities;
3. Provide evidence that he has completed the online preceptor training course offered by NAB; and
4. Submit an application and fee as prescribed in 18VAC95-30-40. The board may waive such application and fee for a person who is already approved as a preceptor for nursing home licensure.

C. A preceptor shall:

1. Provide direct instruction, planning and evaluation;
2. Be routinely present with the trainee in the training facility as appropriate to the experience and training of the ALF AIT and the needs of the residents in the facility; and
3. Continually evaluate the development and experience of the trainee to determine specific areas needed for concentration.

D. A preceptor may supervise no more than two trainees at any one time.

E. A preceptor for a person who is serving as an acting administrator while in an ALF AIT program shall be present in the training facility for face-to-face instruction and review of the trainee's performance for a minimum of four hours per week.

F. To renew registration as a preceptor, a person shall:

1. Hold a current, unrestricted Virginia assisted living facility or nursing home license and be employed by or have an agreement with a training facility for a preceptorship; and

2. Meet the renewal requirements of 18VAC95-30-60.

**18VAC95-30-190. Reporting requirements.**

A. The preceptor shall maintain progress reports on forms prescribed by the board for each month of training. For a person who is serving as an acting administrator while in an ALF AIT program, the preceptor shall include in the progress report evidence of face-to-face instruction and review for a minimum of two hours per week.

B. The trainee's certificate of completion plus the accumulated original monthly reports shall be submitted by the preceptor to the board within 30 days following the completion of the program. For a trainee who is serving as an acting administrator while in an ALF AIT program, the certificate of completion and reports shall be submitted to the board within five business days of completion of the program.

**18VAC95-30-200. Interruption or termination of program.**

A. If the program is interrupted because the registered preceptor is unable to serve, the trainee shall notify the board within 10 working days and shall obtain a new preceptor who is registered with the board within 60 days.

1. Credit for training shall resume when a new preceptor is obtained and approved by the board.

2. If an alternate training plan is developed, it shall be submitted to the board for approval before the trainee resumes training.

B. If the training program is terminated prior to completion, the trainee and the preceptor shall each submit a written explanation of the causes of program termination to the board within 10 business days. The preceptor shall also submit all required monthly progress reports completed prior to termination within 10 business days.

**18VAC95-30-201. Administrator-in-training program for acting administrators.**

A. A person who is in an ALF AIT program while serving as an acting administrator, pursuant to § 54.1-3103.1 of the Code of Virginia, shall be identified on his nametag as an acting administrator-in-training.

B. The facility shall post the certificate issued by the board for the acting administrator and a copy of the license of the preceptor in a place conspicuous to the public.

**Part V. Refusal, Suspension, Revocation and Disciplinary Action.**

**18VAC95-30-210. Unprofessional conduct.**

The board may refuse to admit a candidate to an examination, refuse to issue or renew a license or registration or grant approval to any applicant, suspend a license or registration for a stated period of time or indefinitely, reprimand a licensee or registrant, place his license or registration on probation with such terms and conditions and for such time as it may designate, impose a monetary penalty, or revoke a license or registration for any of the following causes:

1. Conducting the practice of assisted living administration in such a manner as to constitute a danger to the health, safety, and well-being of the residents, staff, or public;
2. Failure to comply with federal, state, or local laws and regulations governing the operation of an assisted living facility;
3. Conviction of a felony or any misdemeanor involving abuse, neglect, or moral turpitude;
4. Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ 54.1-100 et seq.), 24 (§ 54.1-2400 et seq.), and 31 (§ 54.1-3100 et seq.) of the Code of Virginia or regulations of the board;
5. Inability to practice with reasonable skill or safety by reason of illness or substance abuse or as a result of any mental or physical condition;
6. Abuse, negligent practice, or misappropriation of a resident's property;
7. Entering into a relationship with a resident that constitutes a professional boundary violation in which the administrator uses his professional position to take advantage of the vulnerability of a resident or his family, to include actions that result in personal gain at the expense of the resident, an inappropriate personal involvement with a resident, or sexual conduct with a resident;
8. The denial, revocation, suspension, or restriction of a license to practice in another state, the District of Columbia or a United States possession or territory;
9. Assuming duties and responsibilities within the practice of assisted living facility administration without adequate training or when competency has not been maintained;
10. Obtaining supplies, equipment, or drugs for personal or other unauthorized use;
11. Falsifying or otherwise altering resident or employer records, including falsely representing facts on a job application or other employment-related documents;
12. Fraud or deceit in procuring or attempting to procure a license or registration or seeking reinstatement of a license or registration; or
13. Employing or assigning unqualified persons to perform functions that require a license, certificate, or registration.

# The Department of Social Services

## Standards for Licensed Assisted Living Facilities

**STANDARDS  
FOR  
LICENSED ASSISTED LIVING FACILITIES**



**EFFECTIVE AUGUST 23, 2018**

**DEPARTMENT OF SOCIAL SERVICES  
COMMONWEALTH OF VIRGINIA**

**STANDARDS  
FOR  
LICENSED ASSISTED LIVING FACILITIES**

**Adopted by the State Board of Social Services  
February 15, 2017  
October 18, 2017  
Effective: February 1, 2018**

**Amended by the State Board of Social Services  
June 20, 2018  
Effective: August 23, 2018  
(mixed population staffing)**

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF LICENSING PROGRAMS  
801 E. Main Street  
Richmond, Virginia 23219**



**22 VAC 40-73-140. Administrator qualifications.**

- A. The administrator shall be at least 21 years of age.
- B. The administrator shall be able to read and write, and understand this chapter.
- C. The administrator shall be able to perform the duties and carry out the responsibilities required by this chapter.
- D. For a facility licensed only for residential living care that does not employ an administrator licensed by the Virginia Board of Long-Term Care Administrators, the administrator shall:
  - 1. Be a high school graduate or shall have a General Education Development (GED) Certificate;
  - 2. (i) Have successfully completed at least 30 credit hours of postsecondary education from a college or university accredited by an association recognized by the U.S. Secretary of Education and at least 15 of the 30 credit hours shall be in business or human services or a combination thereof; (ii) have successfully completed a course of study approved by the department that is specific to the administration of an assisted living facility; (iii) have a bachelor's degree from a college or university accredited by an association recognized by the U.S. Secretary of Education; or (iv) be a licensed nurse; and
  - 3. Have at least one year of administrative or supervisory experience in caring for adults in a residential group care facility.

The requirements of this subsection shall not apply to an administrator of an assisted living facility employed prior to February 1, 2018, who met the requirements in effect when employed and who has been continuously employed as an assisted living facility administrator.

E. For a facility licensed for both residential and assisted living care, the administrator shall be licensed as an assisted living facility administrator or nursing home administrator by the Virginia Board of Long-Term Care Administrators pursuant to Chapter 31 (§ 54.1-3100 et seq.) of Title 54.1 of the Code of Virginia.

**22 VAC 40-73-150. Administrator provisions and responsibilities.**

- A. Each facility shall have an administrator of record.
- B. If an administrator dies, resigns, is discharged, or becomes unable to perform his duties, the facility shall immediately employ a new administrator or appoint a qualified acting administrator so that no lapse in administrator coverage occurs.

**22 VAC 40-73-150. Administrator provisions and responsibilities.**

1. The facility shall notify the department's regional licensing office in writing within 14 days of a change in a facility's administrator, including the resignation of an administrator, appointment of an acting administrator, and appointment of a new administrator, except that the time period for notification may differ as specified in subdivision 2 of this subsection.
2. For a facility licensed for both residential and assisted living care, the facility shall immediately notify the Virginia Board of Long-Term Care Administrators and the department's regional licensing office that a new licensed administrator has been employed or that the facility is operating without an administrator licensed by the Virginia Board of Long-Term Administrators, whichever is the case, and provide the last date of employment of the previous licensed administrator.
3. For a facility licensed for both residential and assisted living care, when an acting administrator is named, he shall notify the department's regional licensing office of his employment, and if he is intending to assume the position permanently, submit a completed application for an approved administrator-in-training program to the Virginia Board of Long-Term Care Administrators within 10 days of employment.
4. For a facility licensed for both residential and assisted living care, the acting administrator shall be qualified by education for an approved administrator-in-training program and have a minimum of one year of administrative or supervisory experience in a health care or long-term care facility or have completed such a program and be awaiting licensure.
5. A facility licensed only for residential living care may be operated by an acting administrator for no more than 90 days from the last date of employment of the administrator.
6. A facility licensed for both residential and assisted living care may be operated by an acting administrator for no more than 150 days, or not more than 90 days if the acting administrator has not applied for licensure, from the last date of employment of the licensed administrator.

EXCEPTION: An acting administrator may be granted one extension of up to 30 days in addition to the 150 days, as specified in this subdivision, upon written request to the department's regional licensing office. An extension may only be granted if the acting administrator (i) has applied for licensure as a long-term care administrator pursuant to Chapter 31 (§ 54.1-3100 et seq.) of Title 54.1 of the Code of Virginia, (ii) has completed the administrator-in-training program, and (iii) is awaiting the results of the national examination. If a 30-day extension is granted, the acting administrator shall immediately submit written notice of such to the Virginia Board of Long-Term Care Administrators.

**22 VAC 40-73-150. Administrator provisions and responsibilities.**

7. A person may not become an acting administrator at any assisted living facility if the Virginia Board of Long-Term Care Administrators has refused to issue or renew, suspended, or revoked his assisted living facility or nursing home administrator license.

8. No assisted living facility shall operate under the supervision of an acting administrator pursuant to §§ 54.1-3103.1 and 63.2-1803 of the Code of Virginia more than one time during any two-year period unless authorized to do so by the department.

C. The administrator shall be responsible for the general administration and management of the facility and shall oversee the day-to-day operation of the facility. This shall include responsibility for:

1. Ensuring that care is provided to residents in a manner that protects their health, safety, and well-being;
2. Maintaining compliance with applicable laws and regulations;
3. Developing and implementing all policies, procedures, and services as required by this chapter;
4. Ensuring staff and volunteers comply with residents' rights;
5. Maintaining buildings and grounds;
6. Recruiting, hiring, training, and supervising staff; and
7. Ensuring the development, implementation, and monitoring of an individualized service plan for each resident, except that a plan is not required for a resident with independent living status.

D. The administrator shall report to the Director of the Department of Health Professions information required by and in accordance with § 54.1-2400.6 of the Code of Virginia regarding any person (i) licensed, certified, or registered by a health regulatory board or (ii) holding a multistate licensure privilege to practice nursing or an applicant for licensure, certification, or registration. Information required to be reported, under specified circumstances includes substance abuse and unethical or fraudulent conduct.

E. For a facility licensed only for residential living care, either the administrator or a designated assistant who meets the qualifications of the administrator shall be awake and on duty on the premises at least 40 hours per week with no fewer than 24 of those hours being during the day shift on weekdays.

**22 VAC 40-73-150. Administrator provisions and responsibilities.**

EXCEPTIONS:

1. 22 VAC 40-73-170 allows a shared administrator for smaller facilities.

2. If the administrator is licensed as an assisted living facility administrator or nursing home administrator by the Virginia Board of Long-Term Care Administrators, the provisions regarding the administrator in subsection F of this section apply. When such is the case, there is no requirement for a designated assistant.

F. For a facility licensed for both residential and assisted living care, the administrator shall serve on a full-time basis as the on-site agent of the licensee and shall be responsible for the day-to-day administration and management of the facility, except as provided in 22 VAC 40-73-170.

G. The administrator, acting administrator, or as allowed in subsection E of this section, designated assistant administrator, shall not be a resident of the facility.

**22 VAC 40-73-160. Administrator training.**

A. For a facility licensed only for residential living care that does not employ a licensed administrator, the administrator shall attend at least 20 hours of training related to management or operation of a residential facility for adults or relevant to the population in care within 12 months from the starting date of employment and annually thereafter from that date. At least two of the required 20 hours of training shall focus on infection control and prevention, and when adults with mental impairments reside in the facility, at least six of the required 20 hours shall focus on topics related to residents' mental impairments. Documentation of attendance shall be retained at the facility and shall include type of training, name of the entity that provided the training, and date and number of hours of training.

B. All licensed administrators shall meet the continuing education requirements for continued licensure.

C. Any administrator who has not previously undergone the training specified in 22 VAC 40-73-40 C shall be required to complete that training within two months of employment as administrator of the facility. The training may be counted toward the annual training requirement for the first year, except that for licensed administrators, whether the training counts toward continuing education and for what period of time depends upon the administrator licensure requirements.

D. Administrators who supervise medication aides, as allowed by 22 VAC 40-73-670 3 b, but are not registered medication aides themselves, shall successfully complete a training program approved by the Virginia Board of Nursing for the registration of medication aides. The training program for such administrators must include a minimum of 68 hours of student instruction and training, but need not include the prerequisite for the program or the written

**22 VAC 40-73-160. Administrator training.**

examination for registration. The training shall be completed prior to supervising medication aides and may be counted toward the annual training requirement in subsection A of this section, except that for licensed administrators, whether the training counts toward continuing education and for what period of time depends upon the administrator licensure requirements. The following exceptions apply:

1. The administrator is licensed by the Commonwealth of Virginia to administer medications; or
2. Medication aides are supervised by an individual employed full time at the facility who is licensed by the Commonwealth of Virginia to administer medications.

E. Administrators who have completed the training program specified in subsection D of this section and who supervise medication aides shall be required to annually have (i) four hours of training in medication administration specific to the facility population or (ii) a refresher course in medication administration offered by a Virginia Board of Nursing approved program. Administrators are exempt from this annual medication training or refresher course during the first year after completion of the training program noted in subsection D of this section. For unlicensed administrators of a facility licensed only for residential living care this annual medication administration training or course may be counted toward the annual training requirement specified in subsection A of this section. For licensed administrators, whether the training counts toward continuing education and for what period of time depends upon the administrator licensure requirements.

F. If a designated assistant administrator, as allowed in 22 VAC 40-73-150 E supervises medication aides, the requirements of subsections D and E of this section apply to the designated assistant administrator.

**22 VAC 40-73-170. Shared administrator for smaller facilities.**

A. An administrator of a facility licensed only for residential living care, who is not licensed as an assisted living facility administrator or nursing home administrator by the Virginia Board of Long-Term Care Administrators, is allowed to be present at a facility for fewer than the required minimum 40 hours per week in order to serve multiple facilities, without a designated assistant, under the following conditions:

1. The administrator shall serve no more than four facilities.
2. The combined total licensed capacity of the facilities served by the administrator shall be 40 or fewer residents.
3. The administrator shall be awake and on duty on the premises of each facility served for at least 10 hours a week, six of which must be during the day shift.

# Virginia Department of Health

## Nursing Facilities Regulations

### 12VAC5-371-130. Administrator.

A. The governing body shall appoint an individual, on a full-time basis, to serve as its on-site agent, responsible for the day-to-day administration and management.

B. The governing body shall provide the OLC with evidence that the individual appointed as administrator is:

1. Currently licensed by the Virginia Board of Long-Term Care Administrators; or
2. Holds a current administrator's license in another state and has filed an application for license with the Virginia Board of Long-Term Care Administrators.

C. Within five working days of the effective date of termination of the administrator's employment, the governing body shall notify the OLC, in writing, of the name and qualifications of the replacement administrator of record or the acting administrator.

D. The governing body shall appoint a qualified administrator within 90 days of the effective date of the termination of the previously qualified administrator, and shall provide the OLC with written notification of the administrator's name, license number, and effective date of employment.

An additional 30-day extension may be granted if a written request provides documentation that the individual designated as administrator is awaiting the final licensing decision of the Virginia Board of Long-Term Care Administrators.

E. The governing body shall assure that administrative direction is provided at all times. The governing body, the administrator, or the chief executive officer shall designate, in writing, a qualified individual to act as the alternate nursing home administrator in the absence of the administrator of record.

#### **Statutory Authority**

§§ 32.1-12 and 32.1-127 of the Code of Virginia.

#### **Historical Notes**

Derived from Virginia Register Volume 13, Issue 17, eff. July 1, 1997; amended, Virginia Register Volume 23, Issue 10, eff. March 1, 2007.

# The Department of Health Professions

## NHA and ALFA Workforce Data Report 2018



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# *Virginia's Nursing Home Administrator Workforce: 2018*

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Healthcare Workforce Data Center

May 2018

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
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Henrico, VA 23233  
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Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from: <https://www.dhp.virginia.gov/hwdc/findings.htm>

*769 Nursing Home Administrators voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Long-Term Care Administrators express our sincerest appreciation for your ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

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## Virginia Board of Long-Term Care Administrators

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*Blackstone*

### ***Vice-Chair***

Martha H. Hunt, ALFA  
*Richmond*

### ***Members***

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*Dinwiddie*

Marj Pantone, ALFA  
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Mitchell P. Davis, NHA  
*Salem*

Shervonne Banks  
*Hampton*

Mary B. Brydon  
*Richmond*

Basil Acey  
*Henrico*

### ***Executive Director***

Corie E. Tillman Wolf, JD

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## The Nursing Home Administrator Workforce: At a Glance:

### The Workforce

Licensees:	916
Virginia's Workforce:	730
FTEs:	811

### Background

Rural Childhood:	41%
HS Degree in VA:	54%
Prof. Degree in VA:	77%

### Current Employment

Employed in Prof.:	87%
Hold 1 Full-time Job:	89%
Satisfied?:	94%

### Survey Response Rate

All Licensees:	84%
Renewing Practitioners:	98%

### Health Admin. Edu.

Admin-in-Training:	39%
Masters:	26%

### Job Turnover

Switched Jobs:	9%
Employed over 2 yrs:	52%

### Demographics

Female:	56%
Diversity Index:	24%
Median Age:	51

### Finances

Median Inc.: \$110k-\$120k	
Retirement Benefits:	78%
Under 40 w/ Ed debt:	49%

### Time Allocation

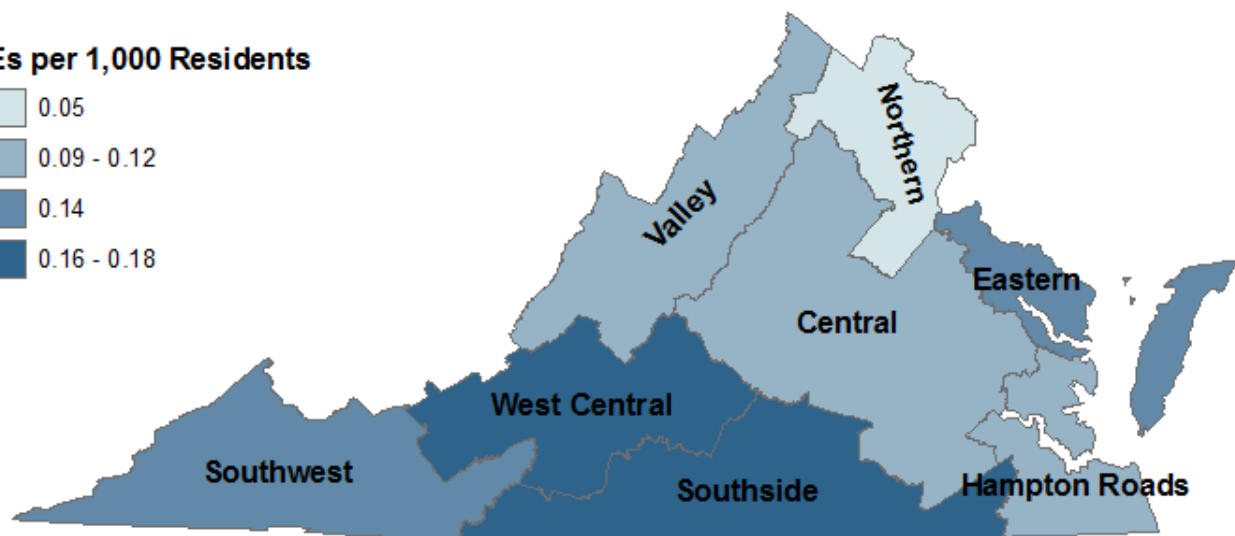
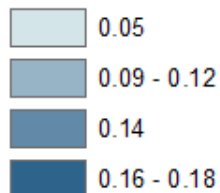
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center

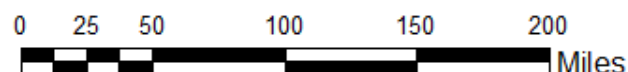
## Full Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2017  
Source: U.S. Census Bureau, Population Division



The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administered the 2018 Nursing Home Administrator (NHA) workforce survey in March 2018. 769 NHAs responded to this survey, which represents 84% of the 916 NHAs who are licensed in the state. In 2018, there were a total of 730 Nursing Home Administrators (NHAs) in Virginia's workforce, and these professionals provided 811 "full-time equivalency units", which the HWDC defines as working 2,000 hours per year (or 40 hours per week for 50 weeks with two weeks off).

56% of all NHAs are female, and the median age of the NHA workforce is 51. In a random encounter between two NHAs, there is a 24% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the diversity index is at 56%.

41% of all NHAs grew up in a rural area. In total, 18% of Virginia's NHA workforce is currently employed in non-metro areas of the state. 39% of all NHAs hold an Administrator-in-Training certificate as their highest professional degree, while another 26% hold a Master's degree in health administration. 30% of all NHAs hold education debt, including 49% of those who are under the age of 40. The median debt burden of those with education debt is between \$30,000 and \$40,000.

87% of Virginia's NHAs are currently employed in the profession, and 89% have one full-time job. The median annual income for NHAs is between \$110,000 and \$120,000. 97% also receive at least one employer-sponsored benefit. 94% of Virginia's NHAs are satisfied with their current employment situation, including 68% who are "very satisfied". 4% of NHAs have been involuntarily unemployed at some point in the past year, while 2% have been underemployed.

22% of NHAs work in Central Virginia, while another 19% work in Hampton Roads. 61% work in the for-profit sector. In addition, 52% are employed in skilled nursing facilities. The typical NHA spends nearly half of her time on administrative tasks and treats between 100 and 124 patients at her primary work location. 31% of NHAs expect to retire in the next ten years, while one-half of the NHA workforce expect to retire by 2038.

## Summary of Trends

---

Over the past five years, the survey response rate among all licensed NHAs has increased from 75% to 84%. At the same time, the size of the NHA workforce has increased by 8% from 674 to 730. In addition, the number of FTEs has increased by 7% from 760 to 811. Females make up a smaller proportion of Virginia's NHA workforce in 2018 (56% vs. 60%), and this decline is particularly pronounced among NHAs who are under the age of 40 (50% vs. 59%). Meanwhile, Virginia's NHA workforce has become more diverse since 2013 (24% vs. 18%).

Although there was little change in the childhood background among NHAs since 2013, they are more likely to receive either their high school or professional degree in the state (79% vs. 75%). In addition, Virginia's NHAs are somewhat more likely to earn an Administrator-in-Training certificate (39% vs. 36%) and somewhat less likely to earn a Baccalaureate degree in health administration (23% vs. 26%).

There were not many significant changes with respect to the current employment situation of Virginia's NHAs, but they are more likely to hold one full-time job in 2018 (89% vs. 86%). On the other hand, fewer NHAs have been at their primary work location for at least two years (52% vs. 57%). The median annual income of NHAs increased for the first time in more than four years, and NHAs are also more likely to receive an employer-sponsored benefit (97% vs. 92%).

Since 2013, NHAs have become somewhat more likely to work in the for-profit sector (61% vs. 59%). With respect to time allocation, NHAs are considerably more likely to serve an administrative role (30% vs 23%) as well as being somewhat more likely to serve a patient care role (3% vs. 0%). In general, the future plans of Virginia's NHAs have not changed much over the past five years, but NHAs are now less likely to plan to pursue additional education over the next two years (12% vs. 15%). In addition, more NHAs expect to retire within the next two years (9% vs. 7%). However, they are also slightly less likely to intend to retire by the age of 65 (30% vs. 31%).

**A Closer Look:**

Licensees		
License Status	#	%
Renewing Practitioners	746	81%
New Licensees	77	8%
Non-Renewals	93	10%
<b>All Licensees</b>	<b>916</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. 98% of renewing NHAs submitted a survey. These respondents represent 84% of all NHAs who held a license at some point in the past year.*

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
<b>By Age</b>			
Under 30	12	24	67%
30 to 34	10	48	83%
35 to 39	8	65	89%
40 to 44	15	87	85%
45 to 49	15	116	89%
50 to 54	17	109	87%
55 to 59	22	102	82%
60 and Over	48	218	82%
<b>Total</b>	<b>147</b>	<b>769</b>	<b>84%</b>
<b>New Licenses</b>			
Issued in Past Year	43	34	44%
<b>Metro Status</b>			
Non-Metro	16	107	87%
Metro	75	513	87%
Not in Virginia	57	149	72%

Source: Va. Healthcare Workforce Data Center

**Definitions**

- 1. The Survey Period:** The survey was conducted in March 2018.
- 2. Target Population:** All NHAs who held a Virginia license at some point between April 2017 and March 2018.
- 3. Survey Population:** The survey was available to NHAs who renewed their licenses online. It was not available to those who did not renew, including some NHAs newly licensed in the past year.

Response Rates	
Completed Surveys	769
Response Rate, All Licensees	84%
Response Rate, Renewals	98%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed Administrators**

Number: 916  
 New: 8%  
 Not Renewed: 10%

**Response Rates**

All Licensees: 84%  
 Renewing Practitioners: 98%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

NHA Workforce: 730  
 FTEs: 811

### Utilization Ratios

Licensees in VA Workforce: 80%  
 Licensees per FTE: 1.13  
 Workers per FTE: 0.90

Source: Va. Healthcare Workforce Data Center

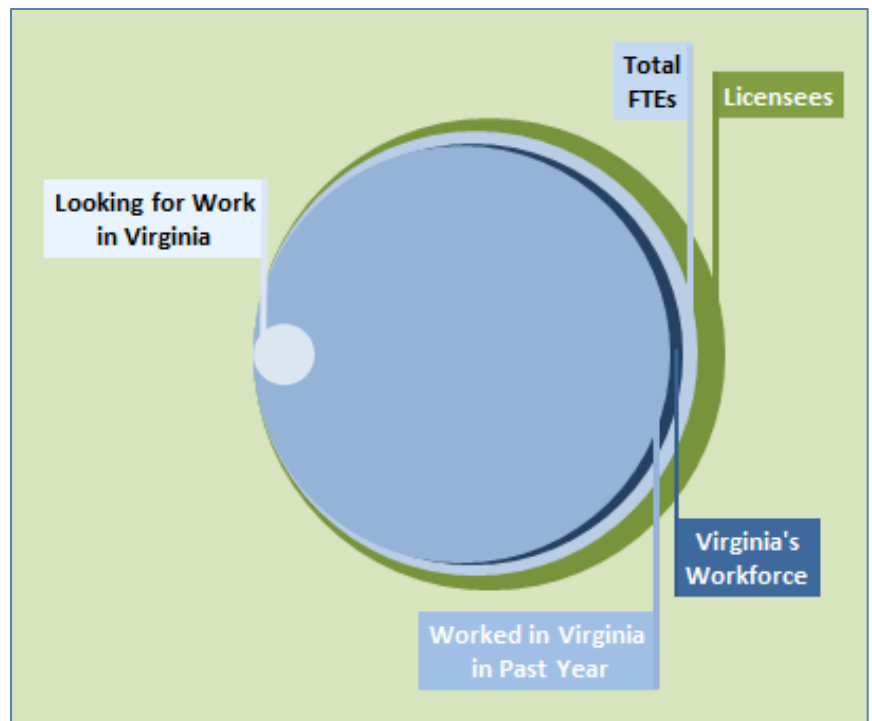
Virginia's NHA Workforce		
Status	#	%
Worked in Virginia in Past Year	713	98%
Looking for Work in Virginia	16	2%
Virginia's Workforce	730	100%
Total FTEs	811	
Licensees	916	

Source: Va. Healthcare Workforce Data Center

## Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

*This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: [www.dhp.virginia.gov/hwdc](http://www.dhp.virginia.gov/hwdc)*



Source: Va. Healthcare Workforce Data Center



A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	11	37%	19	63%	31	5%
30 to 34	20	44%	26	56%	46	7%
35 to 39	36	62%	22	38%	58	9%
40 to 44	25	32%	53	68%	78	12%
45 to 49	35	36%	62	64%	98	15%
50 to 54	36	42%	49	58%	85	13%
55 to 59	42	51%	40	49%	83	13%
60 +	82	48%	90	52%	172	26%
<b>Total</b>	<b>288</b>	<b>44%</b>	<b>362</b>	<b>56%</b>	<b>651</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	NHAs		NHAs Under 40	
	%	#	%	#	%
White	62%	563	86%	116	86%
Black	19%	68	10%	10	7%
Asian	6%	7	1%	1	1%
Other Race	0%	2	0%	1	1%
Two or more races	3%	5	1%	4	3%
Hispanic	9%	7	1%	3	2%
<b>Total</b>	<b>100%</b>	<b>652</b>	<b>100%</b>	<b>135</b>	<b>100%</b>

\* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2016.

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Gender**

% Female: 56%  
% Under 40 Female: 50%

**Age**

Median Age: 51  
% Under 40: 21%  
% 55+: 39%

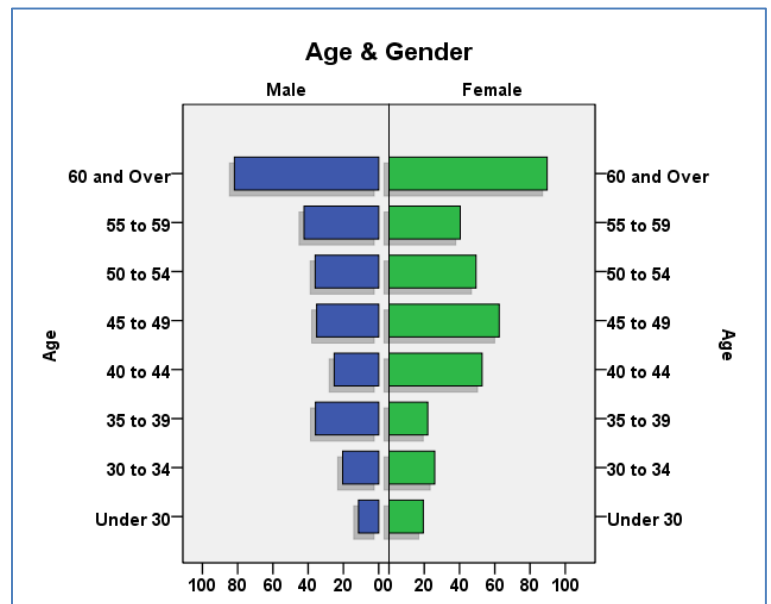
**Diversity**

Diversity Index: 24%  
Under 40 Div. Index: 25%

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two NHAs, there is a 24% chance they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 56%.*

*21% of all NHAs are under the age of 40, and 50% of these professionals are female. In addition, there is a 25% chance that two randomly chosen NHAs from this age group would be of a different race or ethnicity.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 13%  
 Rural Childhood: 41%

### Virginia Background

HS in Virginia: 54%  
 Prof. in VA: 77%  
 HS or Prof. in VA: 79%

### Location Choice

% Rural to Non-Metro: 32%  
 % Urban/Suburban to Non-Metro: 7%

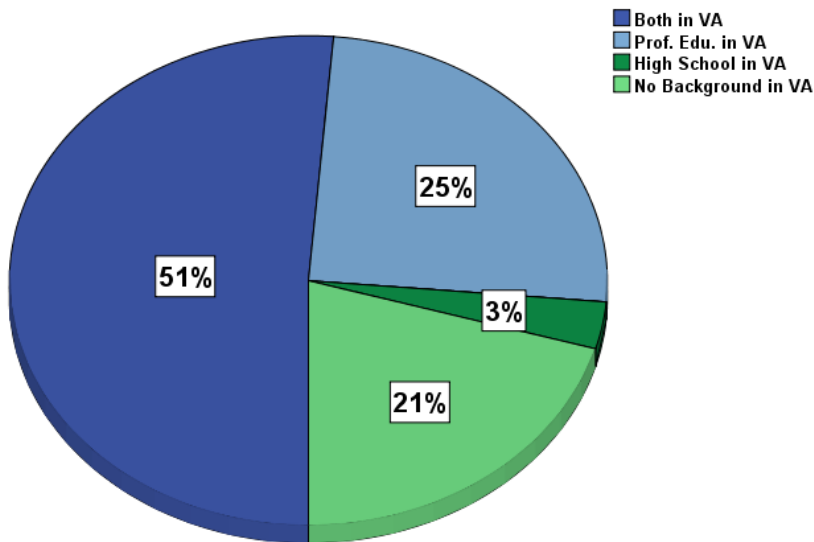
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 million+	26%	58%	16%
2	Metro, 250,000 to 1 million	51%	39%	10%
3	Metro, 250,000 or less	52%	37%	11%
<b>Non-Metro Counties</b>				
4	Urban pop 20,000+, Metro adj	73%	27%	0%
6	Urban pop, 2,500-19,999, Metro adj	76%	7%	17%
7	Urban pop, 2,500-19,999, nonadj	90%	5%	5%
8	Rural, Metro adj	68%	32%	0%
9	Rural, nonadj	69%	23%	8%
<b>Overall</b>		<b>41%</b>	<b>46%</b>	<b>13%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

41% of all NHAs grew up in a rural area, and 32% of these professionals currently work in non-metro areas of the state. Overall, 18% of NHAs currently work in non-metro areas of the state.

## Top Ten States for Nursing Home Administrator Recruitment

Rank	All Nursing Home Administrators			
	High School	#	Init. Prof Degree	#
1	Virginia	352	Virginia	457
2	New York	41	Maryland	17
3	Pennsylvania	28	Ohio	11
4	West Virginia	24	West Virginia	11
5	North Carolina	22	Tennessee	11
6	Ohio	21	North Carolina	7
7	Maryland	19	New York	7
8	Outside U.S./Canada	17	New Jersey	6
9	Tennessee	15	Indiana	6
10	New Jersey	13	Washington, D.C.	5

*54% of licensed NHAs received their high school degree in Virginia, and 77% earned their initial professional degree in the state.*

Source: Va. Healthcare Workforce Data Center

*Among NHAs who have been licensed in the past five years, 48% received their high school degree in Virginia, while 72% earned their initial professional degree in the state.*

Rank	Licensed in Past Five Years			
	High School	#	Init. Prof Degree	#
1	Virginia	102	Virginia	145
2	New York	13	Maryland	6
3	Ohio	10	Ohio	6
4	Outside U.S./Canada	9	North Carolina	5
5	Pennsylvania	8	Washington, D.C.	4
6	Maryland	8	Arizona	4
7	North Carolina	8	West Virginia	4
8	West Virginia	7	Indiana	3
9	Tennessee	6	Delaware	3
10	Indiana	5	Georgia	3

Source: Va. Healthcare Workforce Data Center

*20% of licensees were not a part of Virginia's NHA workforce. 94% of these licensees worked at some point in the past year, including 81% who worked as NHAs.*

### At a Glance:

#### Not in VA Workforce

Total:	187
% of Licensees:	20%
Federal/Military:	1%
Va Border State/DC:	15%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		All Degrees	
	#	%	#	%
No Specific Training	23	4%	-	-
Admin-in-Training	243	39%	-	-
High School/GED	-	-	13	2%
Associate	11	2%	45	7%
Bachelors	145	23%	281	44%
Graduate Cert.	12	2%	16	3%
Masters	164	26%	270	42%
Doctorate	3	0%	13	2%
Other	22	4%	-	-
<b>Total</b>	<b>624</b>	<b>100%</b>	<b>638</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Health Administration Education**

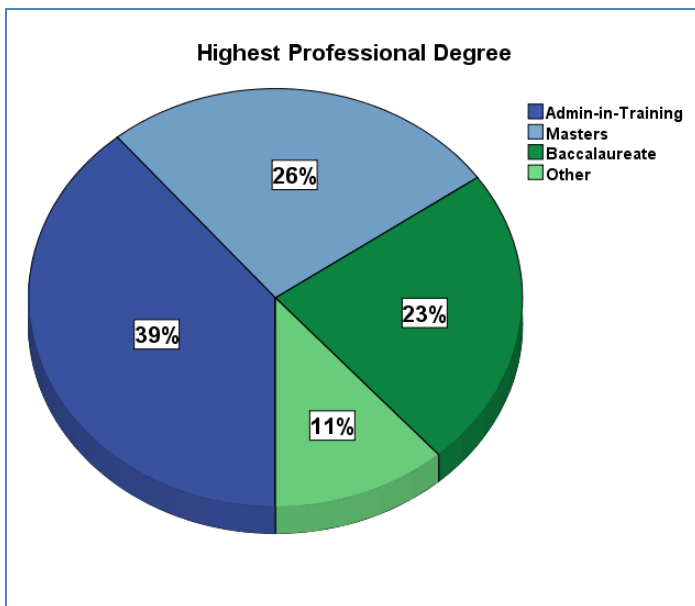
Admin-in-Training: 39%  
 Master's Degree: 26%  
 Bachelor's Degree: 23%

**Educational Debt**

Carry debt: 30%  
 Under age 40 w/ debt: 49%  
 Median debt: \$30k-\$40k

Source: Va. Healthcare Workforce Data Center

30% of NHAs carry educational debt, including 49% of those under the age of 40. For those with educational debt, their median debt burden is between \$30,000 and \$40,000.



Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All NHAs		NHAs under 40	
	#	%	#	%
None	390	70%	59	51%
Less than \$20,000	54	10%	25	22%
\$20,000-\$49,999	55	10%	18	16%
\$50,000-\$99,999	40	7%	11	9%
\$100,000 or more	16	3%	3	3%
<b>Total</b>	<b>555</b>	<b>100%</b>	<b>116</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Licenses/Registrations

Nurse (RN or LPN):	13%
ALFA:	4%
CNA:	2%

### Job Titles

Administrator:	43%
Executive Director:	13%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Licenses and Registrations		
License/Registration	#	%
Nursing Home Administrator	636	87%
Nurse (RN or LPN)	95	13%
ALF Administrator	28	4%
Certified Nursing Assistant	14	2%
Registered Medication Aide	7	1%
Occupational Therapist	2	0%
Physical Therapist	1	0%
Respiratory Therapist	1	0%
Speech-Language Pathologist	1	0%
Other	45	6%
<b>At Least One</b>	<b>641</b>	<b>88%</b>

Source: Va. Healthcare Workforce Data Center

Job Titles				
Title	Primary		Secondary	
	#	%	#	%
Administrator	311	43%	40	5%
Executive Director	95	13%	8	1%
Pres./Exec. Officer	79	11%	8	1%
Assistant Admin.	28	4%	4	1%
Owner	12	2%	3	0%
Other	125	17%	27	4%
<b>At Least One</b>	<b>605</b>	<b>83%</b>	<b>81</b>	<b>11%</b>

Source: Va. Healthcare Workforce Data Center

*43% of Virginia's NHA workforce held the title of Administrator at their primary work location. Another 13% held the title of Executive Director.*

## At a Glance:

### Employment

Employed in Profession: 87%  
 Involuntarily Unemployed: 1%

### Positions Held

1 Full-time: 89%  
 2 or More Positions: 4%

### Weekly Hours:

40 to 49: 41%  
 60 or more: 14%  
 Less than 30: 1%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	0	0%
Employed in a capacity related to long-term care	559	87%
Employed, NOT in a capacity related to long-term care	57	9%
Not working, reason unknown	0	0%
Involuntarily unemployed	6	1%
Voluntarily unemployed	11	2%
Retired	12	2%
<b>Total</b>	<b>645</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*87% of licensed NHAs are currently employed in the profession, and only 1% are involuntarily unemployed. In addition, 89% of all NHAs hold one full-time job, and 41% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	29	5%
One Part-Time Position	16	3%
Two Part-Time Positions	3	< 1%
One Full-Time Position	570	89%
One Full-Time Position & One Part-Time Position	16	3%
Two Full-Time Positions	0	0%
More than Two Positions	4	1%
<b>Total</b>	<b>638</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	29	5%
1 to 9 hours	2	< 1%
10 to 19 hours	2	< 1%
20 to 29 hours	5	1%
30 to 39 hours	8	1%
40 to 49 hours	258	41%
50 to 59 hours	237	38%
60 to 69 hours	73	12%
70 to 79 hours	9	1%
80 or more hours	6	1%
<b>Total</b>	<b>629</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Income		
Annual Income	#	%
<b>Volunteer Work Only</b>	9	2%
<b>Less than \$60,000</b>	36	7%
<b>\$60,000-\$69,999</b>	18	4%
<b>\$70,000-\$79,999</b>	33	6%
<b>\$80,000-\$89,999</b>	36	7%
<b>\$90,000-\$99,999</b>	54	10%
<b>\$100,000-\$109,999</b>	72	14%
<b>\$110,000-\$119,999</b>	61	12%
<b>\$120,000-\$129,999</b>	53	10%
<b>\$130,000-\$139,999</b>	40	8%
<b>\$140,000-\$149,999</b>	21	4%
<b>\$150,000-\$159,999</b>	23	5%
<b>\$160,000 or More</b>	66	13%
<b>Total</b>	<b>522</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$110k-\$120k

**Benefits**  
Paid Vacation: 96%  
Employer Retirement: 78%

**Satisfaction**  
Satisfied: 94%  
Very Satisfied: 68%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
<b>Paid Vacation</b>	534	96%
<b>Paid Sick Leave</b>	482	86%
<b>Dental Insurance</b>	445	80%
<b>Group Life Insurance</b>	445	80%
<b>Retirement</b>	436	78%
<b>Signing/Retention Bonus</b>	88	16%
<b>At Least One Benefit</b>	<b>544</b>	<b>97%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

*The median income for NHAs is between \$110,000 and \$120,000 per year. In addition, 97% of NHAs receive at least one employer-sponsored benefit, including 96% who receive paid vacation time.*

*94% of NHAs are satisfied with their job, including 68% who are very satisfied with their current work circumstances.*

Job Satisfaction		
Level	#	%
<b>Very Satisfied</b>	425	68%
<b>Somewhat Satisfied</b>	164	26%
<b>Somewhat Dissatisfied</b>	25	4%
<b>Very Dissatisfied</b>	13	2%
<b>Total</b>	<b>628</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	28	4%
Experience Voluntary Unemployment?	30	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	14	2%
Work two or more positions at the same time?	46	6%
Switch employers or practices?	67	9%
<b>Experienced at least one</b>	<b>158</b>	<b>22%</b>

Source: Va. Healthcare Workforce Data Center

*4% of Virginia's NHAs experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 3.6% during the past year.<sup>1</sup>*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 4%  
Underemployed: 2%

**Turnover & Tenure**

Switched Jobs: 9%  
New Location: 30%  
Over 2 years: 52%  
Over 2 yrs, 2<sup>nd</sup> location: 44%

Source: Va. Healthcare Workforce Data Center

**Location Tenure**

Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	7	1%	13	15%
Less than 6 Months	85	14%	14	16%
6 Months to 1 Year	75	12%	8	9%
1 to 2 Years	125	20%	13	15%
3 to 5 Years	118	19%	23	27%
6 to 10 Years	85	14%	6	7%
More than 10 Years	117	19%	8	9%
<b>Subtotal</b>	<b>612</b>	<b>100%</b>	<b>85</b>	<b>100%</b>
Did not have location	20		630	
Item Missing	98		15	
<b>Total</b>	<b>730</b>		<b>730</b>	

Source: Va. Healthcare Workforce Data Center

*52% of NHAs have worked at their primary location for more than two years.*

<sup>1</sup> As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 3.5% in April 2017 to 3.3% in March 2018. Between these two dates, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 3.3% and a high of 3.9%.



## At a Glance:

### Concentration

Top Region:	22%
Top 3 Regions:	59%
Lowest Region:	3%

### Locations

2 or more (Past Year):	16%
2 or more (Now*):	12%

Source: Va. Healthcare Workforce Data Center

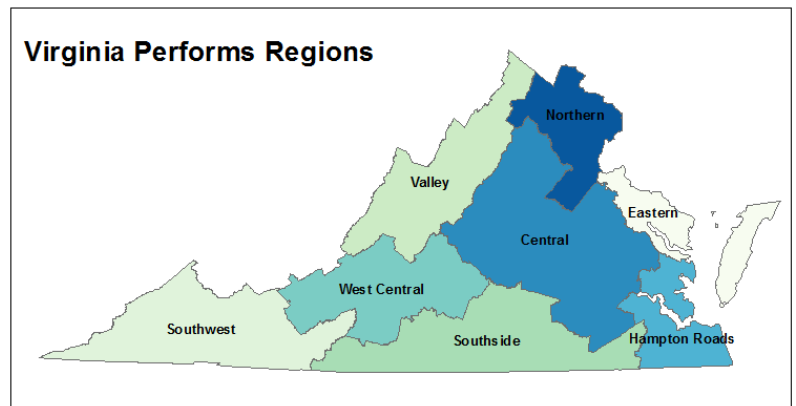
59% of all NHAs in the state work in Central Virginia, Hampton Roads, and Northern Virginia.

## A Closer Look:

Regional Distribution of Work Locations				
VA Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	131	22%	18	21%
Eastern	17	3%	6	7%
Hampton Roads	118	19%	20	23%
Northern	109	18%	9	10%
Southside	38	6%	6	7%
Southwest	42	7%	6	7%
Valley	45	7%	4	5%
West Central	100	16%	14	16%
Virginia Border State/DC	0	0%	0	0%
Other US State	7	1%	4	5%
Outside of the US	0	0%	0	0%
<b>Total</b>	<b>607</b>	<b>100%</b>	<b>87</b>	<b>100%</b>
Item Missing	103		13	

Source: Va. Healthcare Workforce Data Center

### Virginia Performs Regions



12% of NHAs currently have multiple work locations, while 16% have had multiple work locations over the past 12 months.

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	16	3%	21	3%
1	511	82%	528	84%
2	65	10%	58	9%
3	25	4%	15	2%
4	2	0%	0	0%
5	2	0%	1	0%
6 or More	5	1%	2	0%
<b>Total</b>	<b>627</b>	<b>100%</b>	<b>627</b>	<b>100%</b>

\*At the time of survey completion, March 2018.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	364	61%	62	78%
<b>Non-Profit</b>	206	35%	14	18%
<b>State/Local Government</b>	22	4%	2	3%
<b>Veterans Administration</b>	0	0%	0	0%
<b>U.S. Military</b>	0	0%	1	1%
<b>Other Federal Government</b>	0	0%	0	0%
<b>Total</b>	<b>592</b>	<b>100%</b>	<b>79</b>	<b>100%</b>
<b>Did not have location</b>	20		630	
<b>Item Missing</b>	118		21	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

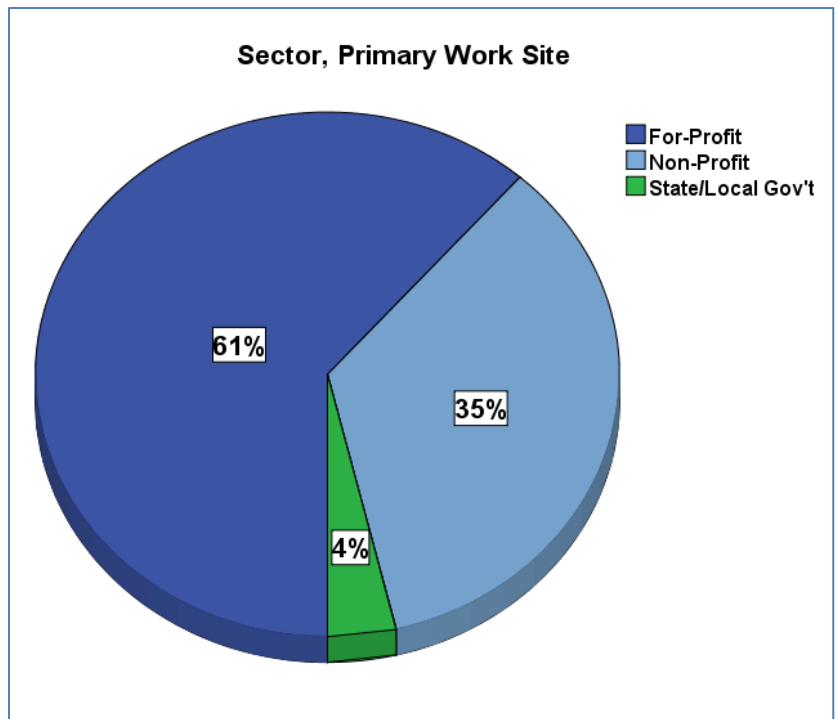
For Profit:	61%
Federal:	0%

**Top Establishments**

Skilled Nursing Facility:	52%
Continuing Care	
Retirement Comm.:	17%
Assisted Living Facility:	15%

Source: Va. Healthcare Workforce Data Center

96% of all NHAs work in the private sector, including 61% who worked at a for-profit establishment.



Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
<b>Skilled Nursing Facility</b>	377	52%	52	7%
<b>Continuing Care Retirement Community</b>	124	17%	8	1%
<b>Assisted Living Facility</b>	113	15%	9	1%
<b>Acute Care/Rehabilitative Facility</b>	25	3%	5	1%
<b>Home/Community Health Care</b>	21	3%	1	0%
<b>Hospice</b>	10	1%	0	0%
<b>Adult Day Care</b>	7	1%	0	0%
<b>PACE</b>	3	0%	0	0%
<b>Academic Institution</b>	2	0%	2	0%
<b>Other Practice Type</b>	56	8%	14	2%
<b>At Least One Establishment</b>	<b>606</b>	<b>83%</b>	<b>82</b>	<b>11%</b>

Source: Va. Healthcare Workforce Data Center

*52% of Virginia's NHA workforce are employed at a skilled nursing facility as their primary work location.*

Organization Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
<b>Facility Chain</b>	310	55%	43	60%
<b>Independent/Stand Alone</b>	168	30%	16	22%
<b>Hospital-Based</b>	28	5%	3	4%
<b>Integrated Health System (Veterans Administration, Large Health System)</b>	23	4%	2	3%
<b>College or University</b>	1	0%	3	4%
<b>Other</b>	31	6%	5	7%
<b>Total</b>	<b>561</b>	<b>100%</b>	<b>72</b>	<b>100%</b>
<b>Did Not Have Location</b>	20		630	
<b>Item Missing</b>	148		27	

Source: Va. Healthcare Workforce Data Center

*55% of NHAs are employed at a facility chain organization as their primary work location. Another 30% of Virginia's NHAs are employed at an independent/stand-alone organization.*

## At a Glance: (Primary Locations)

### Typical Time Allocation

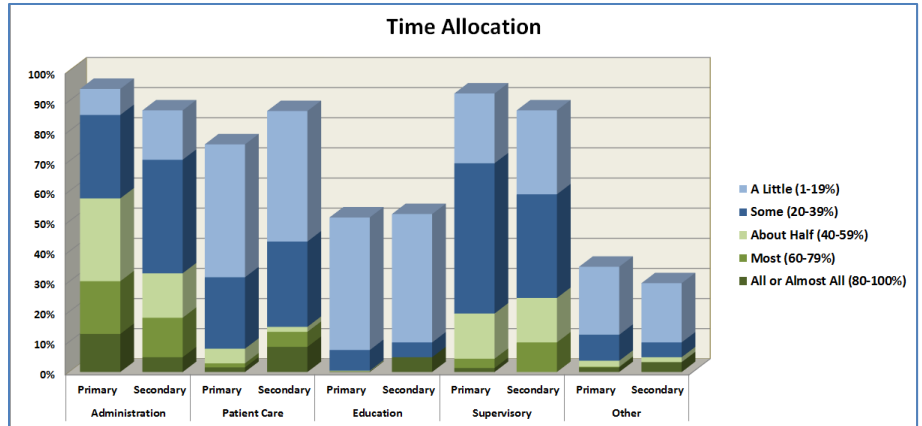
Administration: 40%-49%  
 Supervisory: 20%-29%  
 Patient Care: 10%-19%  
 Education: 1%-9%

### Roles

Administration: 30%  
 Supervisory: 4%  
 Patient Care: 3%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



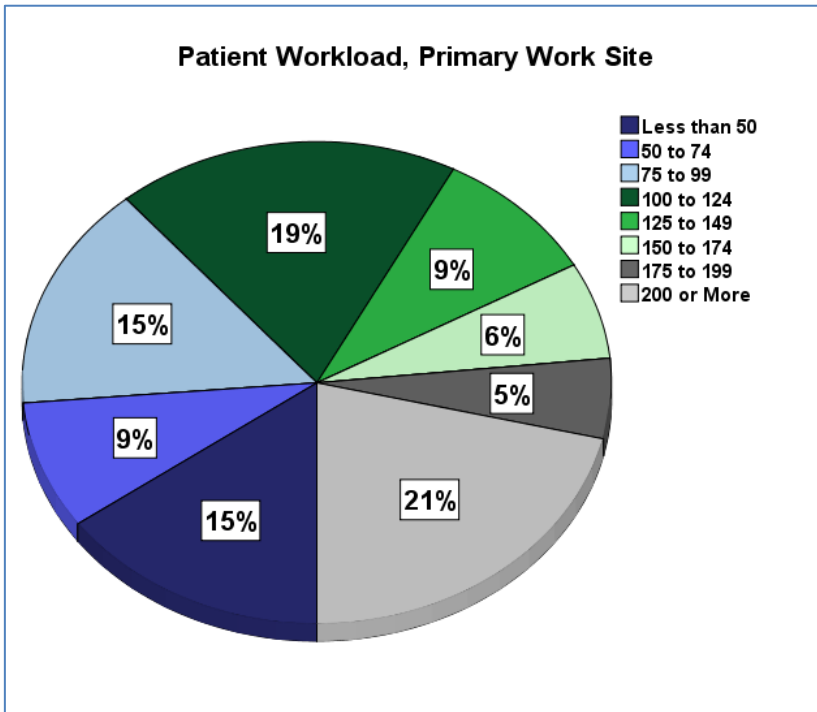
Source: Va. Healthcare Workforce Data Center

*A typical NHA spends nearly half of her time performing administrative tasks. In addition, 30% of NHAs fill an administrative role, defined as spending 60% or more of their time on administrative activities.*

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Supervisory		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	13%	5%	2%	8%	0%	5%	1%	0%	2%	3%
<b>Most (60-79%)</b>	17%	13%	1%	5%	0%	0%	3%	10%	0%	0%
<b>About Half (40-59%)</b>	27%	15%	5%	2%	0%	0%	15%	15%	2%	2%
<b>Some (20-39%)</b>	28%	38%	24%	28%	7%	5%	50%	34%	9%	5%
<b>A Little (1-19%)</b>	9%	16%	44%	43%	44%	43%	23%	28%	23%	20%
<b>None (0%)</b>	6%	13%	24%	13%	49%	48%	8%	13%	65%	70%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**



Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Patient Workload (Median)**

Primary Location: 100-124

Secondary Location: 100-124

Source: Va. Healthcare Workforce Data Center

*The typical NHA is responsible for between 100 and 124 patients at their primary work location. Those NHAs who also have a secondary work location are typically responsible for an additional 100 to 124 patients.*

Patient Workload Responsibility				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
<b>None</b>	54	10%	15	18%
<b>1-24</b>	9	2%	4	5%
<b>25-49</b>	21	4%	0	0%
<b>50-74</b>	48	9%	8	10%
<b>75-99</b>	85	15%	8	10%
<b>100-124</b>	106	19%	18	22%
<b>125-149</b>	52	9%	11	13%
<b>150-174</b>	37	6%	7	9%
<b>175-199</b>	30	5%	2	2%
<b>200-224</b>	15	3%	0	0%
<b>225-249</b>	7	1%	1	1%
<b>250-274</b>	8	1%	1	1%
<b>275-299</b>	7	1%	0	0%
<b>300 or more</b>	83	15%	6	7%
<b>Total</b>	<b>562</b>	<b>100%</b>	<b>82</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All NHAs		NHAs over 50	
	#	%	#	%
<b>Under age 50</b>	9	2%	-	-
<b>50 to 54</b>	19	3%	3	1%
<b>55 to 59</b>	34	6%	6	2%
<b>60 to 64</b>	111	19%	49	16%
<b>65 to 69</b>	256	44%	154	49%
<b>70 to 74</b>	111	19%	76	24%
<b>75 to 79</b>	13	2%	8	3%
<b>80 or over</b>	4	1%	4	1%
<b>I do not intend to retire</b>	27	5%	14	4%
<b>Total</b>	<b>584</b>	<b>100%</b>	<b>314</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

Retirement Expectations

**All NHAs**

Under 65: 30%  
Under 60: 11%

**NHAs 50 and over**

Under 65: 18%  
Under 60: 3%

Time until Retirement

Within 2 years: 9%  
Within 10 years: 31%  
Half the workforce: By 2038

Source: Va. Healthcare Workforce Data Center

*30% of all NHAs expect to retire before the age of 65. Among NHAs who are already at least age 50, 18% expect to retire by age 65.*

*Within the next two years, 13% of NHAs expect to begin accepting Administrators-in-Training, and 12% expect to pursue additional educational opportunities.*

**Future Plans**

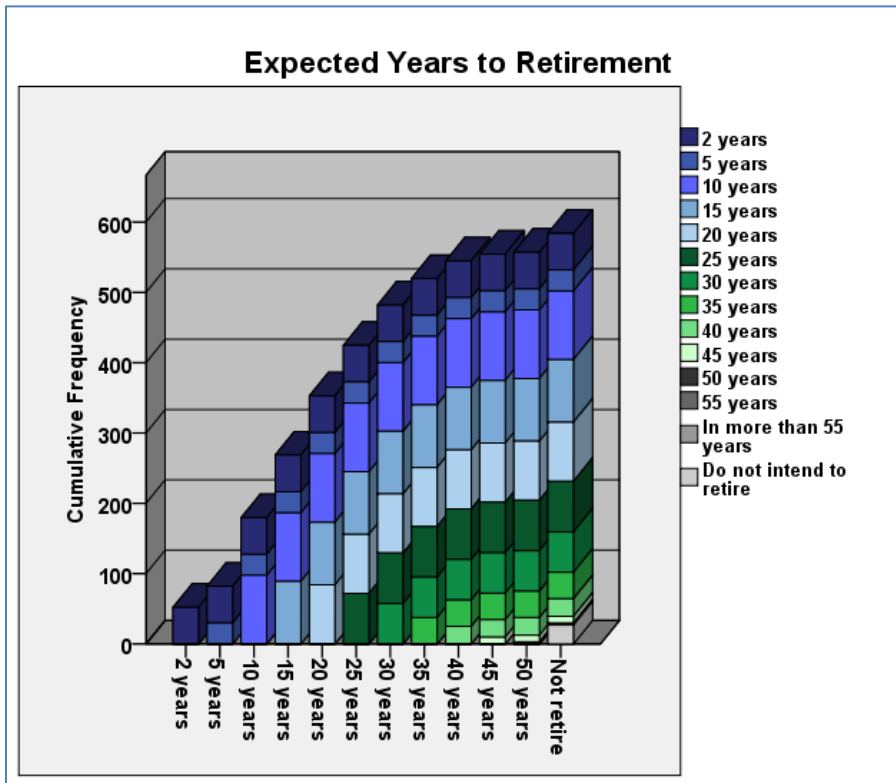
2 Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	13	2%
<b>Leave Virginia</b>	36	5%
<b>Decrease Patient Care Hours</b>	44	6%
<b>Decrease Teaching Hours</b>	0	0%
<b>Cease Accepting Trainees</b>	7	1%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	42	6%
<b>Increase Teaching Hours</b>	29	4%
<b>Pursue Additional Education</b>	85	12%
<b>Return to the Workforce</b>	10	1%
<b>Begin Accepting Trainees</b>	98	13%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for NHAs. While only 9% of NHAs expect to retire in the next two years, 31% expect to retire within the next decade. More than half of the current NHA workforce expect to retire by 2038.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	52	9%	9%
5 years	30	5%	14%
10 years	98	17%	31%
15 years	89	15%	46%
20 years	84	14%	60%
25 years	72	12%	73%
30 years	57	10%	83%
35 years	38	7%	89%
40 years	25	4%	93%
45 years	10	2%	95%
50 years	3	1%	96%
55 years	0	0%	96%
In more than 55 years	0	0%	96%
Do not intend to retire	27	5%	100%
<b>Total</b>	<b>584</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach over 10% of the current workforce every five years by 2028. Retirements will peak at 17% of the current workforce around the same time before declining to under 10% again around 2053.

## At a Glance:

### FTEs

Total: 811  
 FTEs/1,000 Residents<sup>2</sup>: .096  
 Average: 1.14

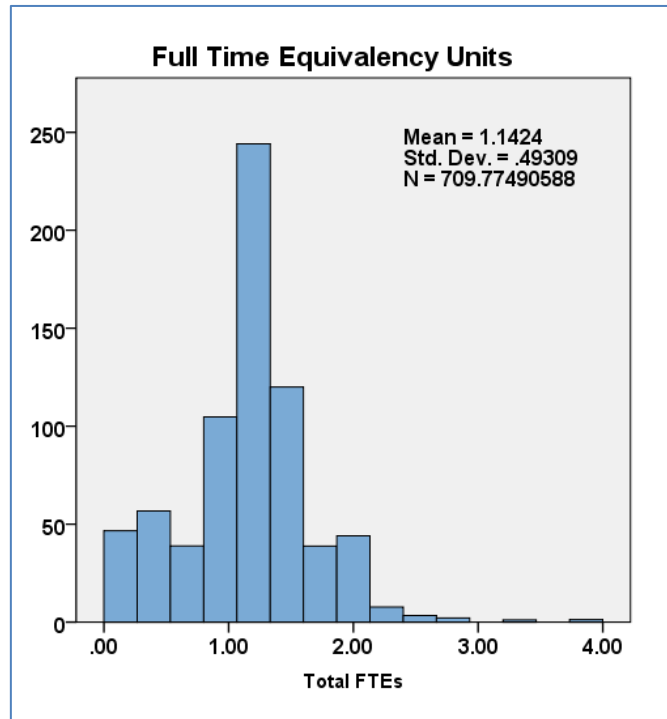
### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Small  
 Gender, Partial Eta<sup>2</sup>: None

*Partial Eta<sup>2</sup> Explained:*  
 Partial Eta<sup>2</sup> is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

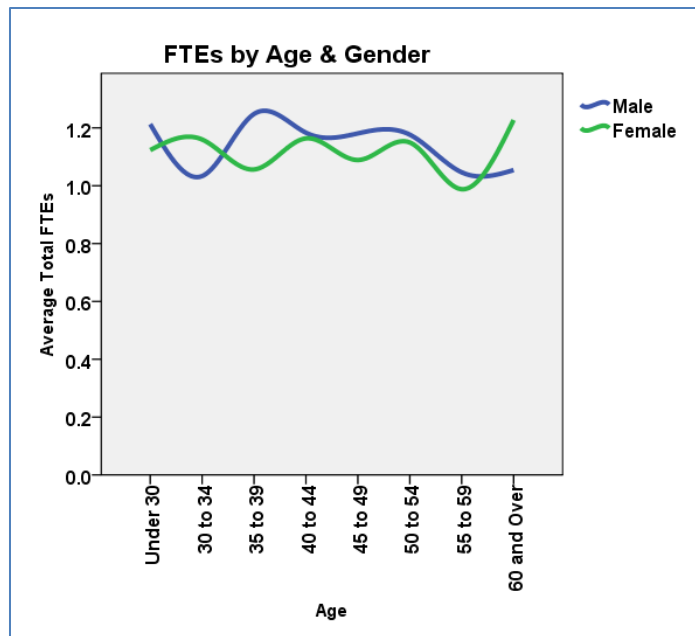


Source: Va. Healthcare Workforce Data Center

*The typical NHA provided 1.18 FTEs in the past year, or approximately 47 hours per week for 50 weeks. Statistical tests do not indicate that FTEs vary by age or gender.*

Full-Time Equivalency Units		
Age	Average	Median
<b>Age</b>		
Under 30	1.15	1.20
30 to 34	1.10	1.13
35 to 39	1.17	1.18
40 to 44	1.16	1.15
45 to 49	1.12	1.13
50 to 54	1.10	1.22
55 to 59	1.04	1.15
60 and Over	1.22	1.22
<b>Gender</b>		
Male	1.12	1.18
Female	1.14	1.20

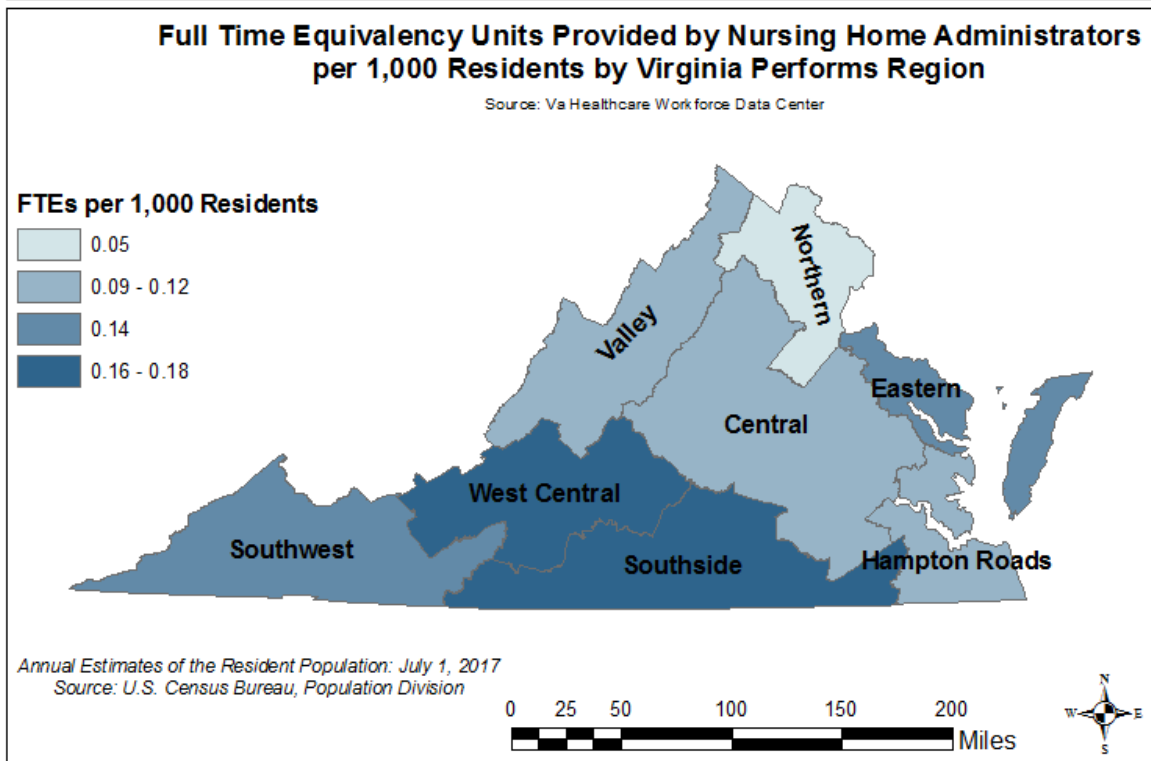
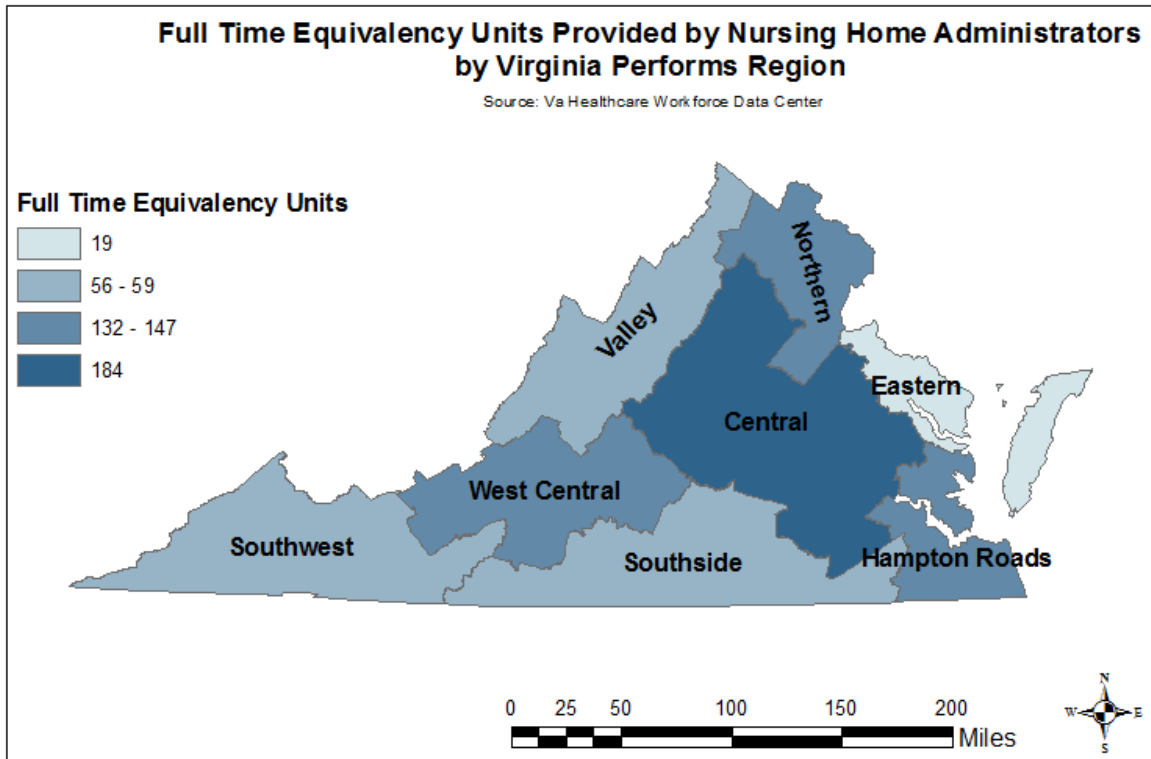
Source: Va. Healthcare Workforce Data Center

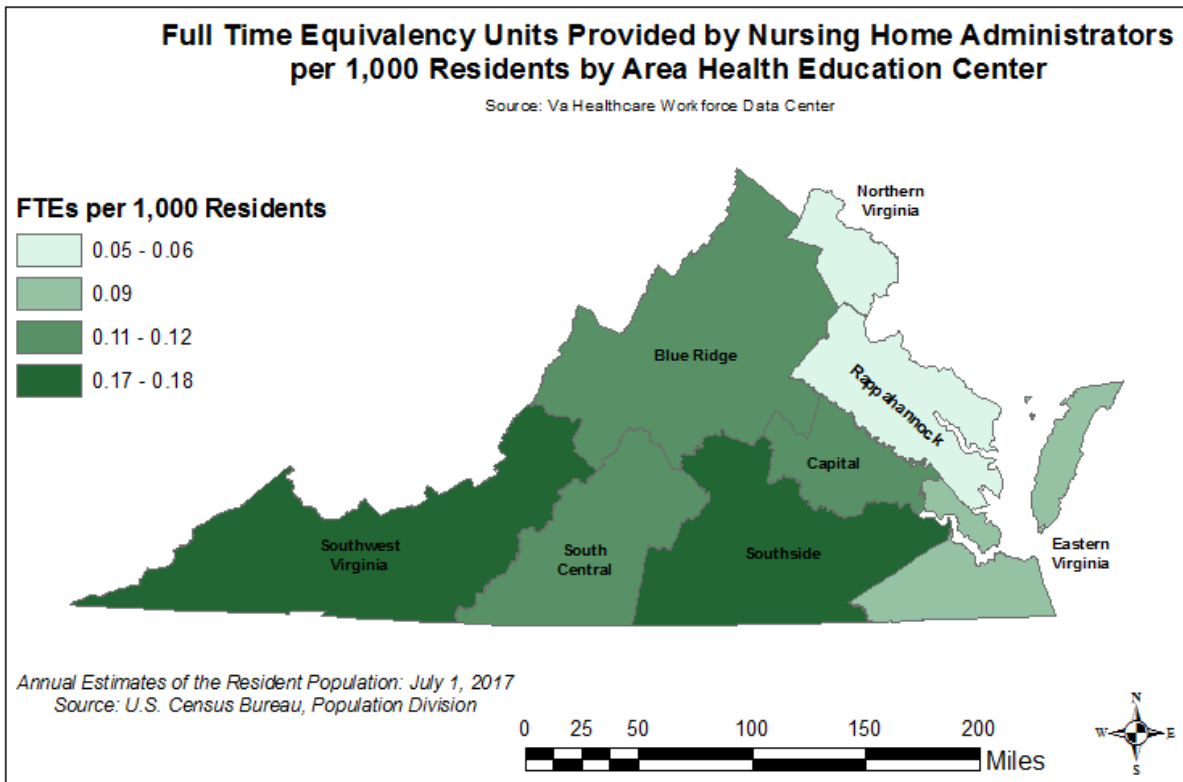
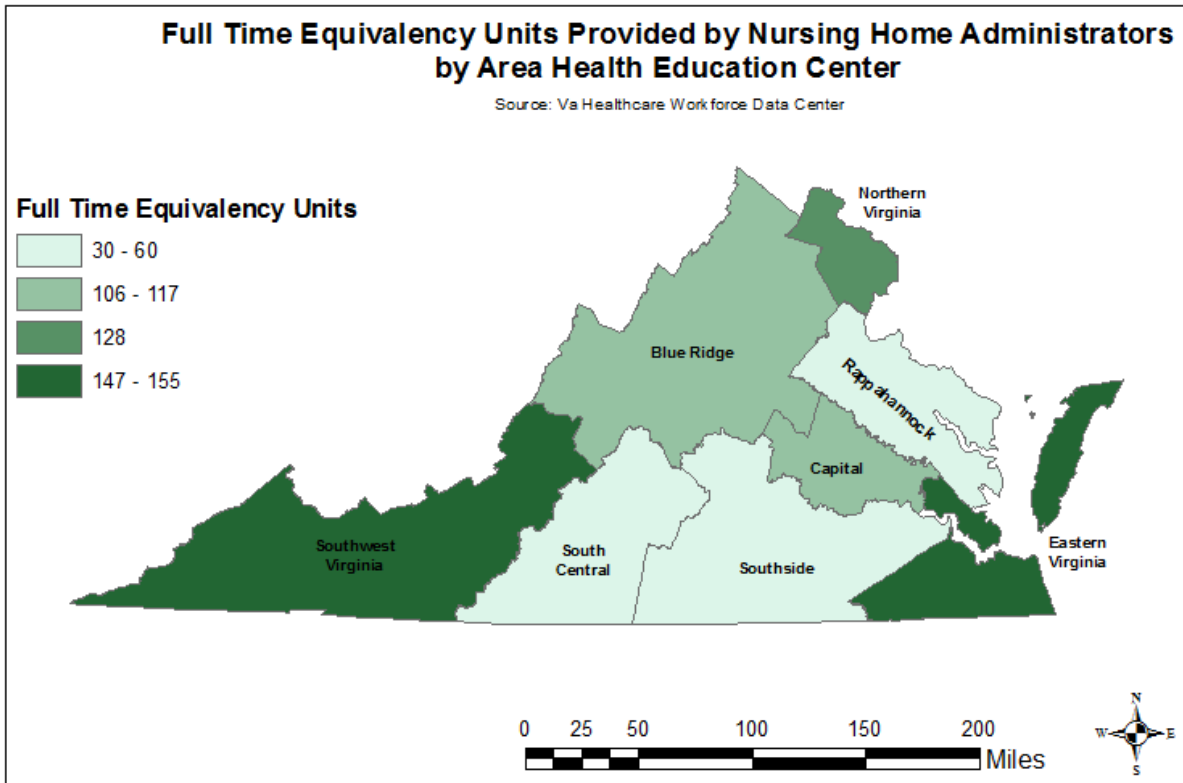


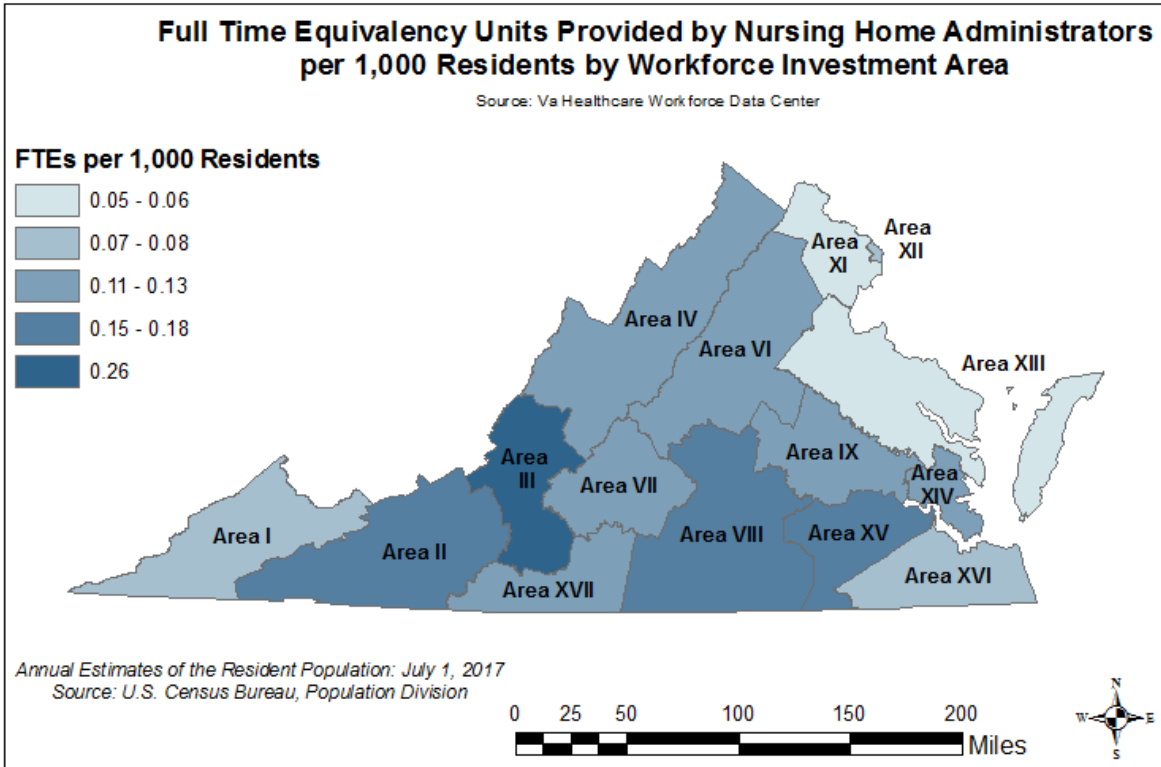
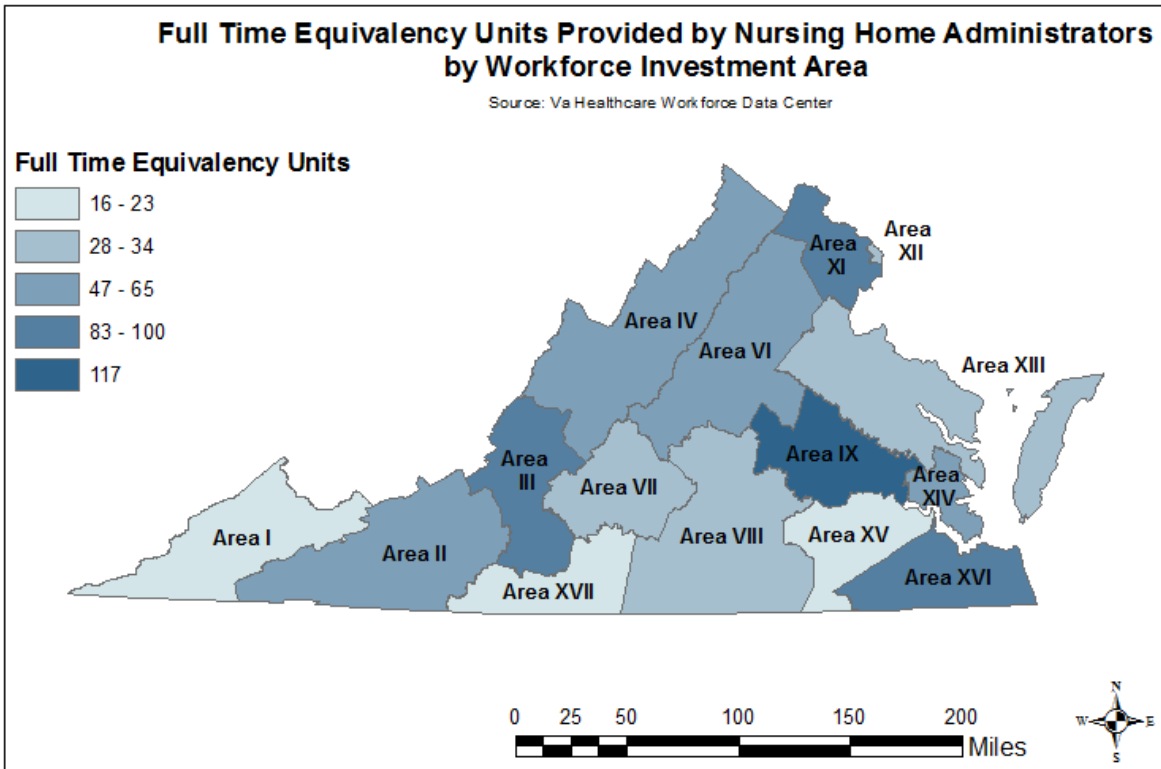
Source: Va. Healthcare Workforce Data Center

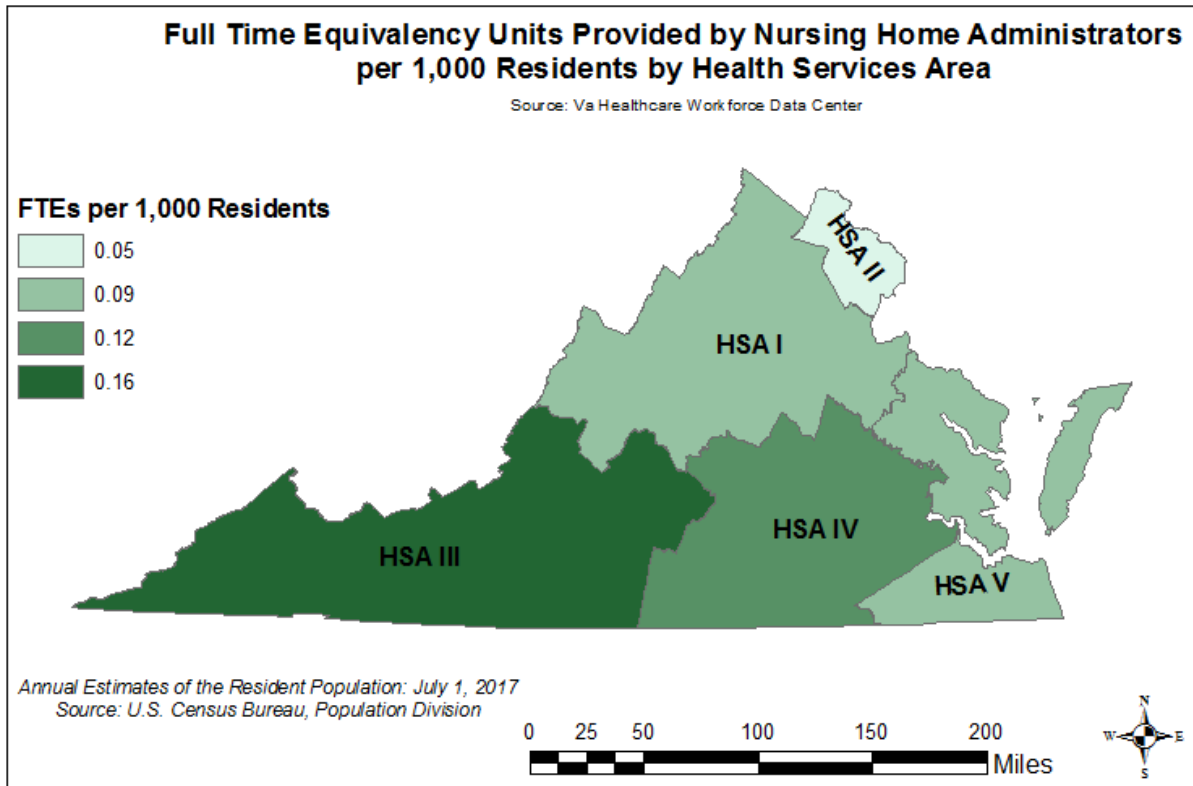
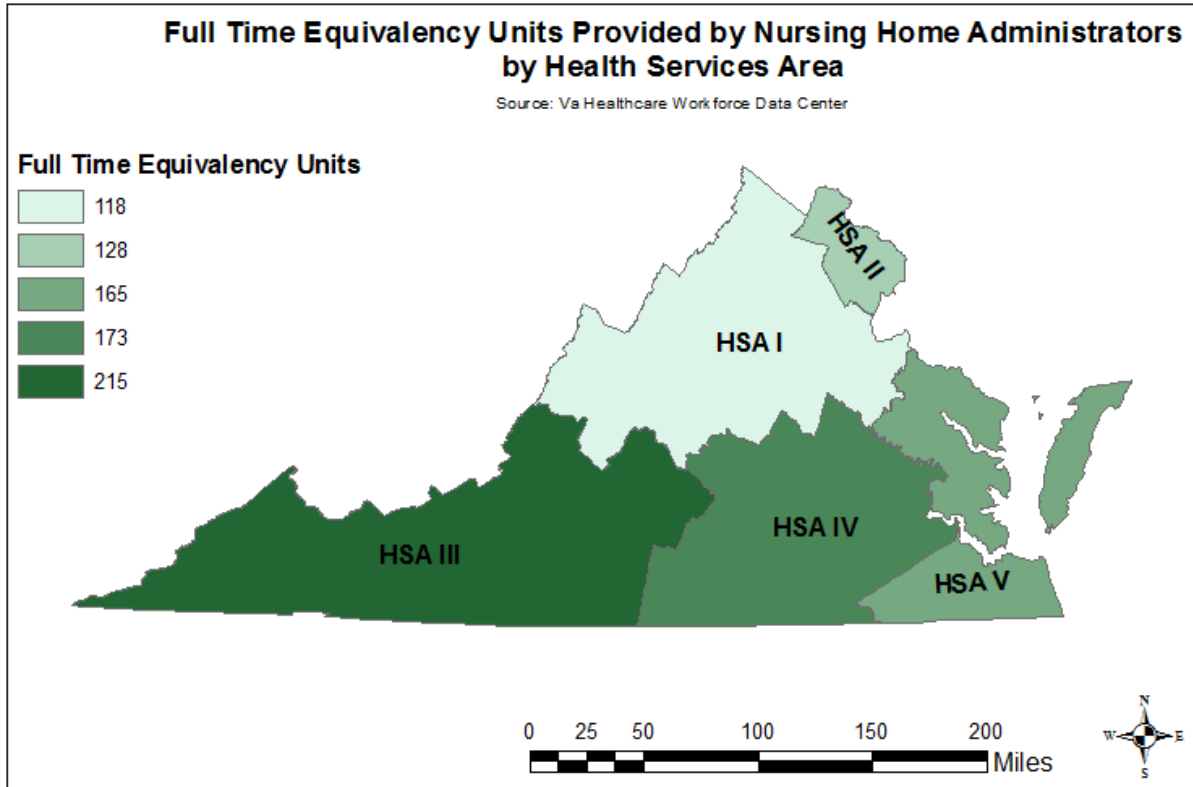
<sup>2</sup> Number of residents in 2017 was used as the denominator.

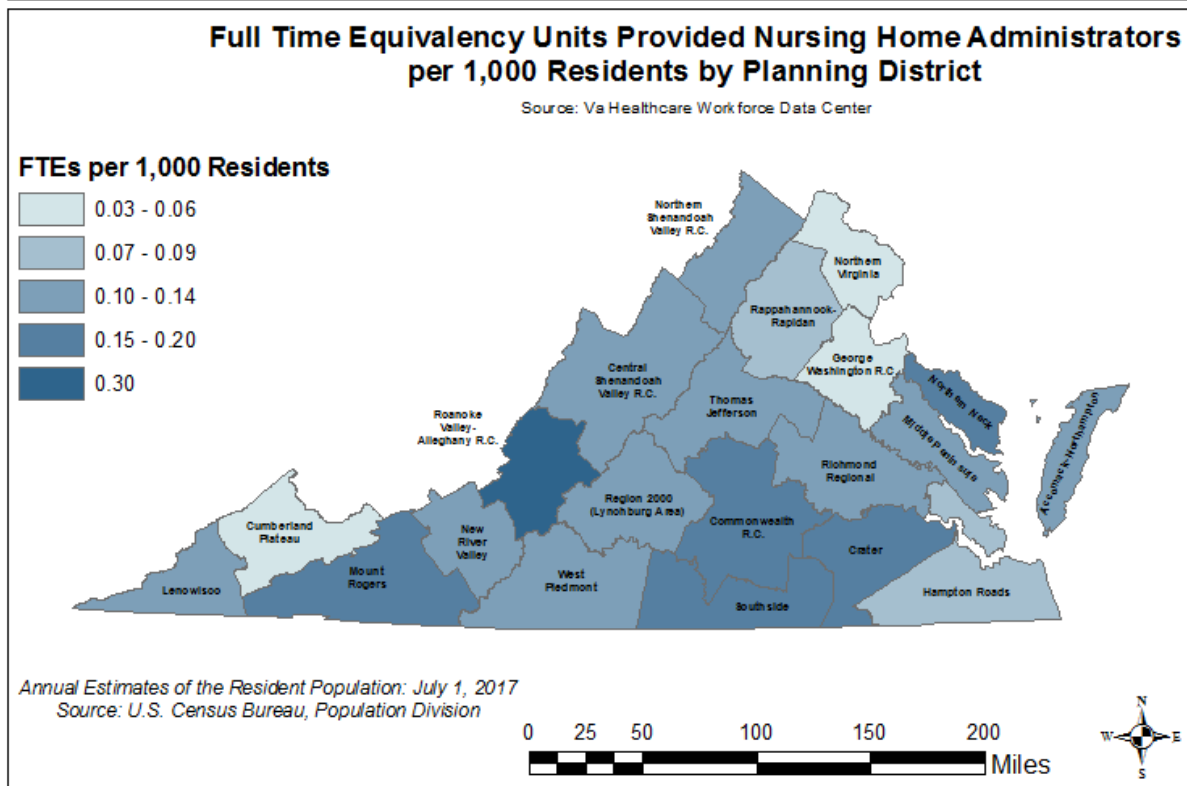
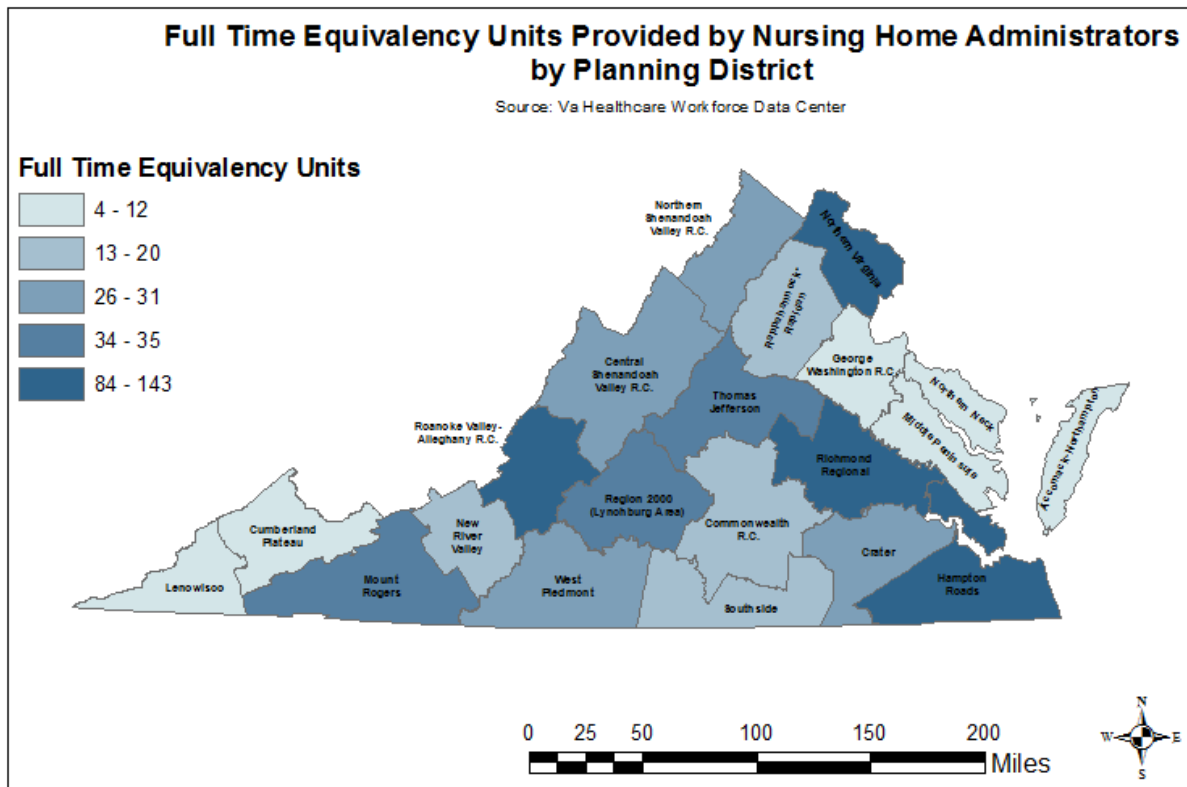












## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	398	87.44%	1.143678	1.07714	1.43864
Metro, 250,000 to 1 million	111	85.59%	1.168421	1.10044	1.46976
Metro, 250,000 or less	79	88.61%	1.128571	1.06291	1.41964
Urban pop 20,000+, Metro adj	14	85.71%	1.166667	1.09879	1.19379
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	48	89.58%	1.116279	1.05133	1.40417
Urban pop, 2,500-19,999, nonadj	20	85.00%	1.176471	1.10802	1.47989
Rural, Metro adj	22	81.82%	1.222222	1.1575	1.53744
Rural, nonadj	19	89.47%	1.117647	1.05262	1.4059
Virginia border state/DC	118	73.73%	1.356322	1.27741	1.70613
Other US State	88	70.45%	1.419355	1.33677	1.78542

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	36	66.67%	1.5	1.40417	1.78542
30 to 34	58	82.76%	1.208333	1.13114	1.43825
35 to 39	73	89.04%	1.123077	1.05133	1.33677
40 to 44	102	85.29%	1.172414	1.09752	1.3955
45 to 49	131	88.55%	1.12931	1.05717	1.34419
50 to 54	126	86.51%	1.155963	1.08212	1.37592
55 to 59	124	82.26%	1.215686	1.13802	1.447
60 and Over	266	81.95%	1.220183	1.14223	1.45236

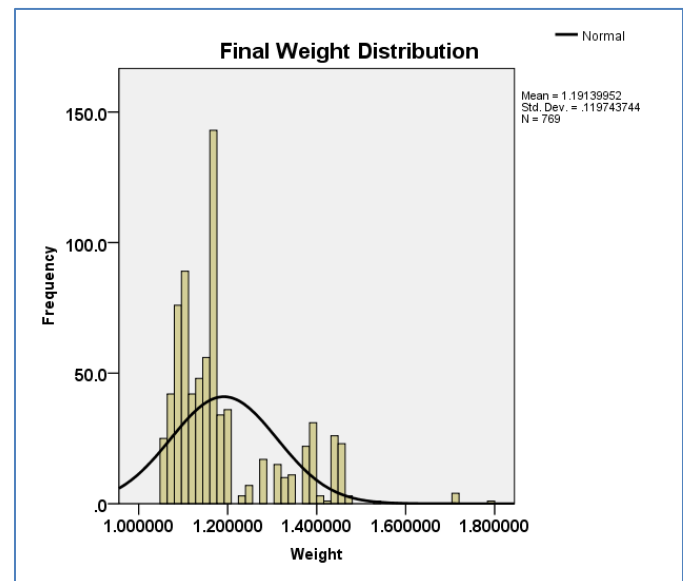
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: [www.dhp.virginia.gov/hwdc/](http://www.dhp.virginia.gov/hwdc/)

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.838604**



Source: Va. Healthcare Workforce Data Center

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# *Virginia's Assisted Living Facility Administrator Workforce: 2018*

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Healthcare Workforce Data Center

May 2018

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
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Henrico, VA 23233  
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Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from: <https://www.dhp.virginia.gov/hwdc/findings.htm>

*534 Assisted Living Facility Administrators voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Long-Term Care Administrators express our sincerest appreciation for your ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

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## The Assisted Living Facility Administrator Workforce: At a Glance:

### The Workforce

Licensees:	653
Virginia's Workforce:	620
FTEs:	751

### Background

Rural Childhood:	45%
HS Degree in VA:	57%
Prof. Degree in VA:	91%

### Current Employment

Employed in Prof.:	90%
Hold 1 Full-time Job:	84%
Satisfied?:	95%

### Survey Response Rate

All Licensees:	82%
Renewing Practitioners:	94%

### Health Admin. Edu.

Admin-in-Training:	33%
Baccalaureate:	11%

### Job Turnover

Switched Jobs:	8%
Employed over 2 yrs:	63%

### Demographics

Female:	81%
Diversity Index:	41%
Median Age:	52

### Finances

Median Income: \$70k-\$80k	
Retirement Benefits:	49%
Under 40 w/ Ed debt:	59%

### Time Allocation

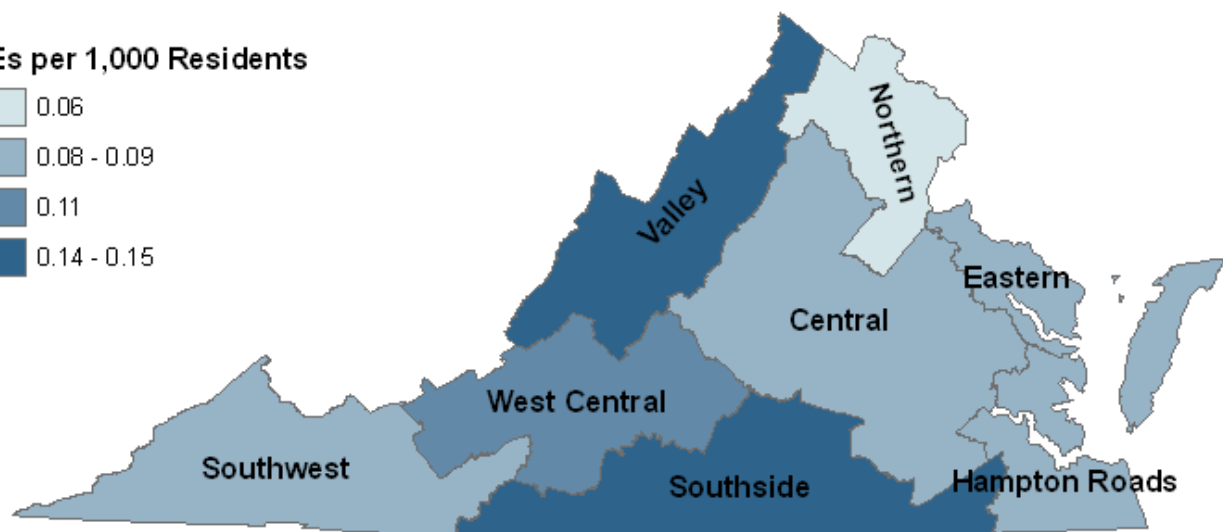
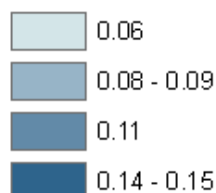
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center

## Full Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2017  
Source: U.S. Census Bureau, Population Division



The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administered the 2018 Assisted Living Facility Administrator (ALFA) workforce survey in March 2018. 534 ALFAs responded to this survey, which represents 82% of the 653 ALFAs who are licensed in the state. In 2018, there were a total of 620 ALFAs in Virginia's workforce, and these professionals provided 751 "full-time equivalency units", which the HWDC defines as working 2,000 hours per year (or 40 hours per week for 50 weeks with two weeks off).

81% of all ALFAs are female, and the median age of the ALFA workforce is 52. In a random encounter between two ALFAs, there is a 41% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's ALFA workforce less diverse than the state's overall population with its diversity index of 56%. 45% of all ALFAs grew up in a rural area during their childhood, and 26% of these professionals currently work in non-metro areas of the state. Overall, 17% of Virginia's ALFAs work in non-metro areas.

34% of all ALFAs hold a Baccalaureate degree as their highest overall degree. With respect to professional degrees specifically, 33% hold an Administrator-in-Training certificate as their highest degree. 28% of all ALFAs carry education debt, including 59% of those under the age of 40. For those ALFAs with education debt, the median debt burden is between \$20,000 and \$30,000.

90% of all ALFAs are currently employed in the profession, and 84% hold one full-time job. Meanwhile, 2% of ALFAs have been involuntarily unemployed at some point in the past year, and another 2% have been underemployed. The median annual income for ALFAs is between \$70,000 and \$80,000. In addition, 87% of ALFAs receive at least one employer-sponsored benefit, including 85% who receive paid vacation time. 95% of ALFAs are satisfied with their current employment situation, including 70% who are "very satisfied".

46% of all ALFAs work in either Hampton Roads or Northern Virginia. 80% work in the for-profit sector, and 70% are employed in assisted living facilities as their primary work location. The typical ALFA spends approximately half of her time on administrative tasks and treats between 50 and 74 patients at her primary work location. 27% of Virginia's ALFA workforce expect to retire in the next ten years, and one-half of the workforce expect to retire by 2038.

## Summary of Trends

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Although the number of licensed ALFAs has hardly increased since 2013 (653 vs. 642), the response rate among these licensees has increased significantly (82% vs. 68%). Meanwhile, the size of the ALFA workforce has increased by just 1% (620 vs. 612), and the number of FTEs provided by this workforce has increased by 3% (751 vs. 728).

While the percentage of females in the ALFA workforce has fallen over the past five years (81% vs. 83%), the ALFA workforce has also seen an increase in its diversity index (41% vs 37%). Among ALFAs who are under the age of 40, the increase in the diversity index has been even more pronounced (50% vs. 41%). In addition, Virginia's ALFAs are less likely to have grown up in rural areas (45% vs. 49%), and those professionals are less likely to work in non-metro areas (26% vs. 33%). ALFAs are now more likely to hold an Administrator-in-Training certificate as their highest professional degree (33% vs. 24%). ALFAs are also more likely to hold a Baccalaureate degree as their highest overall degree (34% vs. 32%).

Since 2013, ALFAs have become less likely to be employed in the profession (90% vs. 93%). ALFAs are also less likely to work at their primary work location for at least two years (63% vs. 69%). Meanwhile, their median annual income has increased by \$10,000 since 2014, and more ALFAs earn at least \$100,000 per year (20% vs. 13%). Regardless, ALFAs are less likely to consider themselves "very satisfied" at their primary work location relative to 2013 (70% vs. 73%).

ALFAs have become less likely to be employed at an assisted living facility since 2015 (70% vs. 78%). Instead, they are more likely to work at continuing care retirement facilities (5% vs. 4%) and hospices (2% vs. 1%). Meanwhile, ALFAs have become more likely to serve an administrative role since 2013 (28% vs. 23%). ALFAs are also less likely to be planning to pursue additional educational opportunities (15% vs. 18%) or increase patient care hours (5% vs. 8%).

**A Closer Look:**

Licensees		
License Status	#	%
<b>Renewing Practitioners</b>	536	82%
<b>New Licensees</b>	62	9%
<b>Non-Renewals</b>	55	8%
<b>All Licensees</b>	<b>653</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. 94% of renewing ALFAs submitted a survey. These respondents represent 82% of all ALFAs who held a license at some point in the past year.*

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
<b>By Age</b>			
<b>Under 30</b>	7	10	59%
<b>30 to 34</b>	7	39	85%
<b>35 to 39</b>	6	46	89%
<b>40 to 44</b>	20	61	75%
<b>45 to 49</b>	15	82	85%
<b>50 to 54</b>	16	72	82%
<b>55 to 59</b>	17	88	84%
<b>60 and Over</b>	31	136	81%
<b>Total</b>	<b>119</b>	<b>534</b>	<b>82%</b>
<b>New Licenses</b>			
<b>Issued in Past Year</b>	35	27	44%
<b>Metro Status</b>			
<b>Non-Metro</b>	17	104	86%
<b>Metro</b>	87	393	82%
<b>Not in Virginia</b>	15	37	71%

Source: Va. Healthcare Workforce Data Center

**Definitions**

- 1. The Survey Period:** The survey was conducted in March 2018.
- 2. Target Population:** All ALFAs who held a Virginia license at some point between April 2017 and March 2018.
- 3. Survey Population:** The survey was available to ALFAs who renewed their licenses online. It was not available to those who did not renew, including some ALFAs newly licensed in the past year.

Response Rates	
<b>Completed Surveys</b>	<b>534</b>
<b>Response Rate, All Licensees</b>	<b>82%</b>
<b>Response Rate, Renewals</b>	<b>94%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed Administrators**

Number: 653  
 New: 9%  
 Not Renewed: 8%

**Response Rates**

All Licensees: 82%  
 Renewing Practitioners: 94%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

ALFA Workforce: 620  
 FTEs: 751

### Utilization Ratios

Licensees in VA Workforce: 95%  
 Licensees per FTE: 0.87  
 Workers per FTE: 0.83

Source: Va. Healthcare Workforce Data Center

Virginia's ALFA Workforce		
Status	#	%
Worked in Virginia in Past Year	614	99%
Looking for Work in Virginia	6	1%
Virginia's Workforce	620	100%
Total FTEs	751	
Licensees	653	

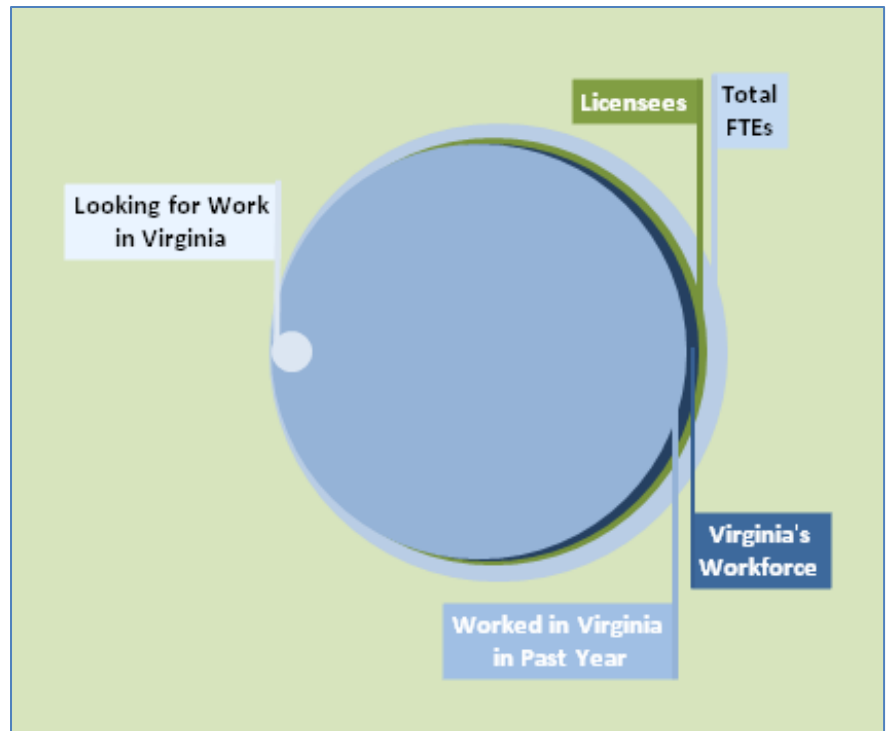
Source: Va. Healthcare Workforce Data Center

## Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

*This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit:*

[www.dhp.virginia.gov/hwdc](http://www.dhp.virginia.gov/hwdc)



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	2	11%	13	89%	15	3%
30 to 34	10	23%	33	77%	42	8%
35 to 39	9	21%	36	80%	45	9%
40 to 44	9	15%	52	85%	61	12%
45 to 49	15	20%	61	80%	76	15%
50 to 54	15	21%	54	79%	69	13%
55 to 59	12	15%	71	86%	83	16%
60 +	26	20%	105	81%	131	25%
<b>Total</b>	<b>97</b>	<b>19%</b>	<b>425</b>	<b>81%</b>	<b>522</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	ALFAs		ALFAs Under 40	
	%	#	%	#	%
White	62%	397	75%	70	68%
Black	19%	87	16%	19	18%
Asian	6%	22	4%	6	6%
Other Race	0%	4	1%	2	2%
Two or more races	3%	7	1%	3	3%
Hispanic	9%	11	2%	3	3%
<b>Total</b>	<b>100%</b>	<b>528</b>	<b>100%</b>	<b>103</b>	<b>100%</b>

\* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2016.

Source: Va. Healthcare Workforce Data Center

20% of all ALFAs are under the age of 40, and 80% of these professionals are female. In addition, there is a 50% chance that two randomly chosen ALFAs from this age group would be of a different race or ethnicity.

At a Glance:

**Gender**

% Female: 81%  
% Under 40 Female: 80%

**Age**

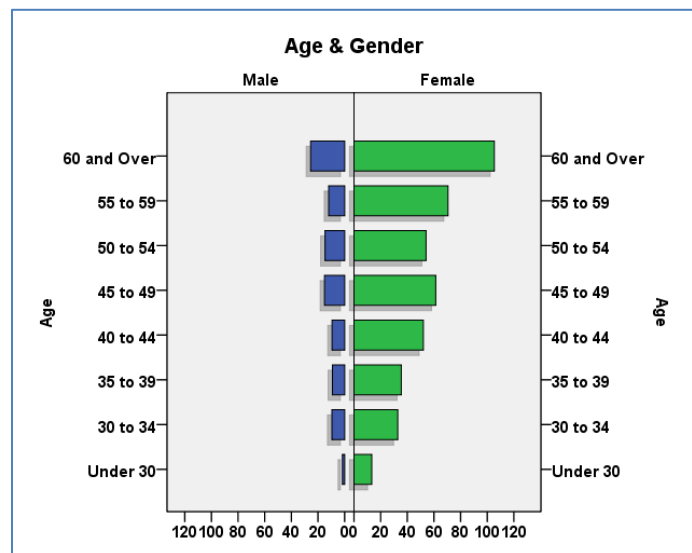
Median Age: 52  
% Under 40: 20%  
% 55+: 41%

**Diversity**

Diversity Index: 41%  
Under 40 Div. Index: 50%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two ALFAs, there is a 41% chance they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 56%.



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 18%  
 Rural Childhood: 45%

### Virginia Background

HS in Virginia: 57%  
 Prof. in VA: 91%  
 HS or Prof. in VA: 93%

### Location Choice

% Rural to Non-Metro: 26%  
 % Urban/Suburban to Non-Metro: 9%

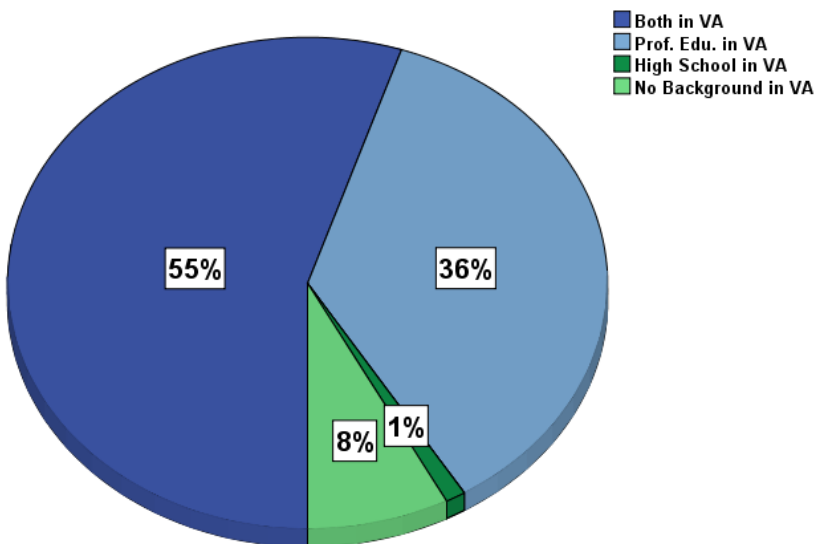
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 million+	34%	45%	21%
2	Metro, 250,000 to 1 million	53%	26%	21%
3	Metro, 250,000 or less	59%	38%	4%
<b>Non-Metro Counties</b>				
4	Urban pop 20,000+, Metro adj	60%	27%	13%
6	Urban pop, 2,500-19,999, Metro adj	72%	21%	8%
7	Urban pop, 2,500-19,999, nonadj	83%	0%	17%
8	Rural, Metro adj	60%	20%	20%
9	Rural, nonadj	25%	50%	25%
<b>Overall</b>		<b>45%</b>	<b>38%</b>	<b>18%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

45% of all ALFAs grew up in a rural area, and 26% of these professionals currently work in non-metro areas of the state. Overall, 17% of ALFAs currently work in non-metro areas of the state.



## Top Ten States for Assisted Living Facility Administrator Recruitment

Rank	All Assisted Living Facility Administrators			
	High School	#	Init. Prof Degree	#
1	Virginia	298	Virginia	424
2	Outside U.S./Canada	32	North Carolina	8
3	New York	32	Maryland	5
4	Pennsylvania	20	Iowa	5
5	North Carolina	17	New Jersey	4
6	Maryland	16	New York	3
7	New Jersey	10	Illinois	3
8	West Virginia	9	California	2
9	Illinois	8	New Mexico	1
10	Florida	7	Georgia	1

*57% of licensed ALFAs received their high school degree in Virginia, and 91% earned their initial professional degree in the state.*

Source: Va. Healthcare Workforce Data Center

*Among ALFAs who have been licensed in the past five years, 53% received their high school degree in Virginia, while 89% earned their initial professional degree in the state.*

Rank	Licensed in Past Five Years			
	High School	#	Init. Prof Degree	#
1	Virginia	104	Virginia	158
2	Outside U.S./Canada	14	New York	3
3	New York	11	New Jersey	3
4	Maryland	10	North Carolina	3
5	North Carolina	9	Illinois	3
6	Pennsylvania	6	Iowa	2
7	West Virginia	5	New Mexico	1
8	Illinois	4	Maryland	1
9	Ohio	4	Oregon	1
10	Indiana	3	Nevada	1

Source: Va. Healthcare Workforce Data Center

*5% of licensees were not a part of Virginia's ALFA workforce. 93% of these licensees worked at some point in the past year, including 84% who worked as ALFAs.*

### At a Glance:

#### Not in VA Workforce

Total:	33
% of Licensees:	5%
Federal/Military:	0%
Va Border State/DC:	25%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		All Degrees	
	#	%	#	%
No Specific Training	86	17%	-	-
Admin-in-Training	166	33%	-	-
High School/GED	-	-	119	23%
Associate	53	11%	102	20%
Bachelors	57	11%	175	34%
Graduate Cert.	15	3%	21	4%
Masters	35	7%	91	18%
Doctorate	1	0%	4	1%
Other	89	18%	-	-
<b>Total</b>	<b>502</b>	<b>100%</b>	<b>512</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Health Administration Education**

Admin-in-Training: 33%  
 Bachelor's Degree: 11%  
 Associate Degree: 11%

**Educational Debt**

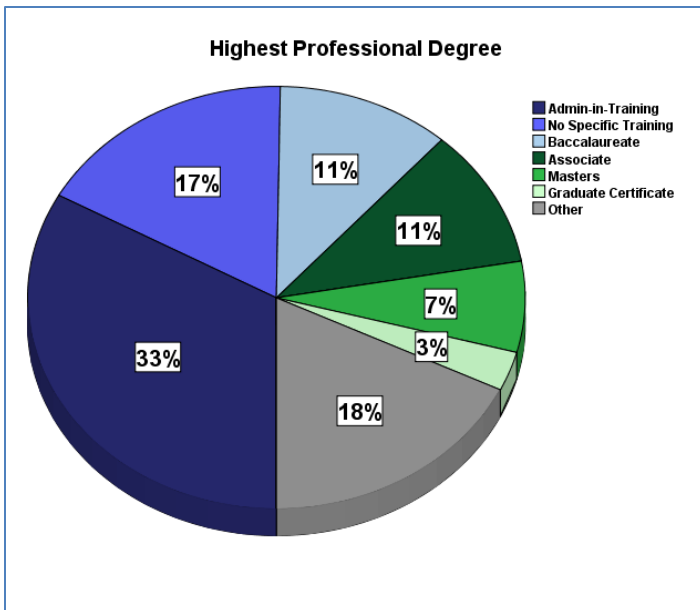
Carry debt: 29%  
 Under age 40 w/ debt: 59%  
 Median debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center

29% of ALFAs carry educational debt, including 59% of those under the age of 40. For those with educational debt, their median debt burden is between \$20,000 and \$30,000.

Educational Debt				
Amount Carried	All ALFAs		ALFAs under 40	
	#	%	#	%
None	319	71%	38	41%
Less than \$20,000	50	11%	24	26%
\$20,000-\$49,999	39	9%	14	15%
\$50,000-\$99,999	26	6%	13	14%
\$100,000 or more	12	3%	3	3%
<b>Total</b>	<b>448</b>	<b>100%</b>	<b>92</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Licenses/Registrations

Nurse (RN or LPN):	20%
RMA:	13%
CNA:	4%

### Job Titles

Administrator:	40%
Executive Director:	22%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Licenses and Registrations		
License/Registration	#	%
<b>ALF Administrator</b>	515	83%
<b>Nurse (RN or LPN)</b>	121	20%
<b>Registered Medication Aide</b>	83	13%
<b>Certified Nursing Assistant</b>	22	4%
<b>Nursing Home Administrator</b>	4	1%
<b>Occupational Therapist</b>	1	0%
<b>At Least One</b>	<b>519</b>	<b>84%</b>

Source: Va. Healthcare Workforce Data Center

Title	Job Titles			
	Primary		Secondary	
	#	%	#	%
<b>Administrator</b>	251	40%	32	5%
<b>Executive Director</b>	136	22%	16	3%
<b>Owner</b>	55	9%	11	2%
<b>Assistant Admin.</b>	33	5%	5	1%
<b>Pres./Exec. Officer</b>	24	4%	5	1%
<b>Other</b>	114	18%	29	5%
<b>At Least One</b>	<b>495</b>	<b>80%</b>	<b>88</b>	<b>14%</b>

Source: Va. Healthcare Workforce Data Center

*40% of Virginia's ALFA workforce held the title of Administrator at their primary work location. Another 22% held the title of Executive Direction.*

## At a Glance:

### Employment

Employed in Profession: 90%  
Involuntarily Unemployed: 1%

### Positions Held

1 Full-time: 84%  
2 or More Positions: 9%

### Weekly Hours:

40 to 49: 46%  
60 or more: 18%  
Less than 30: 4%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	2	1%
Employed in a capacity related to long-term care	471	90%
Employed, NOT in a capacity related to long-term care	37	7%
Not working, reason unknown	0	0%
Involuntarily unemployed	5	1%
Voluntarily unemployed	4	1%
Retired	2	1%
<b>Total</b>	<b>522</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*90% of licensed ALFAs are currently employed in the profession, and only 1% are involuntarily unemployed. In addition, 84% of all ALFAs hold one full-time job, and 46% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	11	2%
One Part-Time Position	24	5%
Two Part-Time Positions	3	1%
One Full-Time Position	427	84%
One Full-Time Position & One Part-Time Position	25	5%
Two Full-Time Positions	10	2%
More than Two Positions	9	2%
<b>Total</b>	<b>509</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	11	2%
1 to 9 hours	3	1%
10 to 19 hours	9	2%
20 to 29 hours	6	1%
30 to 39 hours	20	4%
40 to 49 hours	236	46%
50 to 59 hours	132	26%
60 to 69 hours	65	13%
70 to 79 hours	11	2%
80 or more hours	15	3%
<b>Total</b>	<b>508</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	1	0%
Less than \$30,000	32	8%
\$30,000-\$39,999	21	5%
\$40,000-\$49,999	43	10%
\$50,000-\$59,999	51	12%
\$60,000-\$69,999	45	10%
\$70,000-\$79,999	47	11%
\$80,000-\$89,999	63	15%
\$90,000-\$99,999	37	9%
\$100,000-\$109,999	37	9%
\$110,000-\$119,999	8	2%
\$120,000 or More	40	10%
<b>Total</b>	<b>427</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$70k-\$80k

**Benefits**  
Paid Vacation: 85%  
Employer Retirement: 49%

**Satisfaction**  
Satisfied: 95%  
Very Satisfied: 70%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
Paid Vacation	398	85%
Paid Sick Leave	330	70%
Dental Insurance	292	62%
Group Life Insurance	262	56%
Retirement	231	49%
Signing/Retention Bonus	50	11%
<b>At Least One Benefit</b>	<b>408</b>	<b>87%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

*The median income for ALFAs is between \$70,000 and \$80,000 per year. In addition, 87% of ALFAs receive at least one employer-sponsored benefit, including 85% who receive paid vacation time.*

*95% of ALFAs are satisfied with their job, including 70% who are very satisfied with their current work circumstances.*

Job Satisfaction		
Level	#	%
Very Satisfied	360	70%
Somewhat Satisfied	125	25%
Somewhat Dissatisfied	20	4%
Very Dissatisfied	7	1%
<b>Total</b>	<b>513</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	15	2%
Experience Voluntary Unemployment?	17	3%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	10	2%
Work two or more positions at the same time?	75	12%
Switch employers or practices?	50	8%
<b>Experienced at least one</b>	<b>144</b>	<b>23%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Unemployment Experience**  
 Involuntarily Unemployed: 2%  
 Underemployed: 2%

**Turnover & Tenure**  
 Switched Jobs: 8%  
 New Location: 23%  
 Over 2 years: 63%  
 Over 2 yrs, 2<sup>nd</sup> location: 47%

Source: Va. Healthcare Workforce Data Center

*Only 2% of Virginia’s ALFAs experienced involuntary unemployment at some point in the past year. By comparison, Virginia’s average monthly unemployment rate was 3.6% during the past year.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	5	1%	10	11%
Less than 6 Months	40	8%	12	13%
6 Months to 1 Year	58	12%	6	7%
1 to 2 Years	83	17%	20	22%
3 to 5 Years	95	19%	16	18%
6 to 10 Years	57	11%	5	6%
More than 10 Years	162	32%	21	23%
<b>Subtotal</b>	<b>500</b>	<b>100%</b>	<b>90</b>	<b>100%</b>
Did not have location	6		521	
Item Missing	114		8	
<b>Total</b>	<b>620</b>		<b>620</b>	

Source: Va. Healthcare Workforce Data Center

*63% of ALFAs have worked at their primary location for more than two years.*

<sup>1</sup> As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate went from 3.5% in April 2017 to 3.3% in March 2018. Between these two dates, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 3.3% and a high of 3.9%. The unemployment rate from March 2018 was still preliminary at the time of publication.

## At a Glance:

### Concentration

Top Region:	23%
Top 3 Regions:	64%
Lowest Region:	1%

### Locations

2 or more (Past Year):	20%
2 or more (Now*):	16%

Source: Va. Healthcare Workforce Data Center

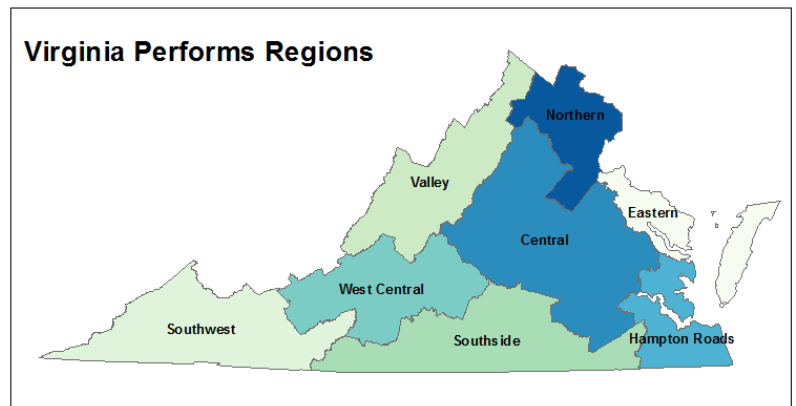
64% of all ALFAs in the state work in Hampton Roads, Northern Virginia, and Central Virginia.

## A Closer Look:

Regional Distribution of Work Locations				
VA Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	95	19%	25	27%
Eastern	5	1%	1	1%
Hampton Roads	114	23%	18	20%
Northern	113	23%	20	22%
Southside	36	7%	7	8%
Southwest	22	4%	4	4%
Valley	48	10%	4	4%
West Central	63	13%	8	9%
Virginia Border State/DC	4	1%	0	0%
Other US State	1	0%	4	4%
Outside of the US	0	0%	0	0%
<b>Total</b>	<b>501</b>	<b>100%</b>	<b>91</b>	<b>100%</b>
Item Missing	113		7	

Source: Va. Healthcare Workforce Data Center

### Virginia Performs Regions



16% of ALFAs currently have multiple work locations, while 20% have had multiple work locations over the past 12 months.

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	6	1%	6	1%
1	399	80%	414	82%
2	55	11%	52	10%
3	31	6%	20	4%
4	0	0%	1	0%
5	1	0%	1	0%
6 or More	11	2%	8	2%
<b>Total</b>	<b>502</b>	<b>100%</b>	<b>502</b>	<b>100%</b>

\*At the time of survey completion, March 2018.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	392	80%	80	91%
<b>Non-Profit</b>	79	16%	8	9%
<b>State/Local Government</b>	15	3%	0	0%
<b>Veterans Administration</b>	2	0%	0	0%
<b>U.S. Military</b>	0	0%	0	0%
<b>Other Federal Government</b>	0	0%	0	0%
<b>Total</b>	<b>488</b>	<b>100%</b>	<b>88</b>	<b>100%</b>
<b>Did not have location</b>	6		521	
<b>Item Missing</b>	127		10	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

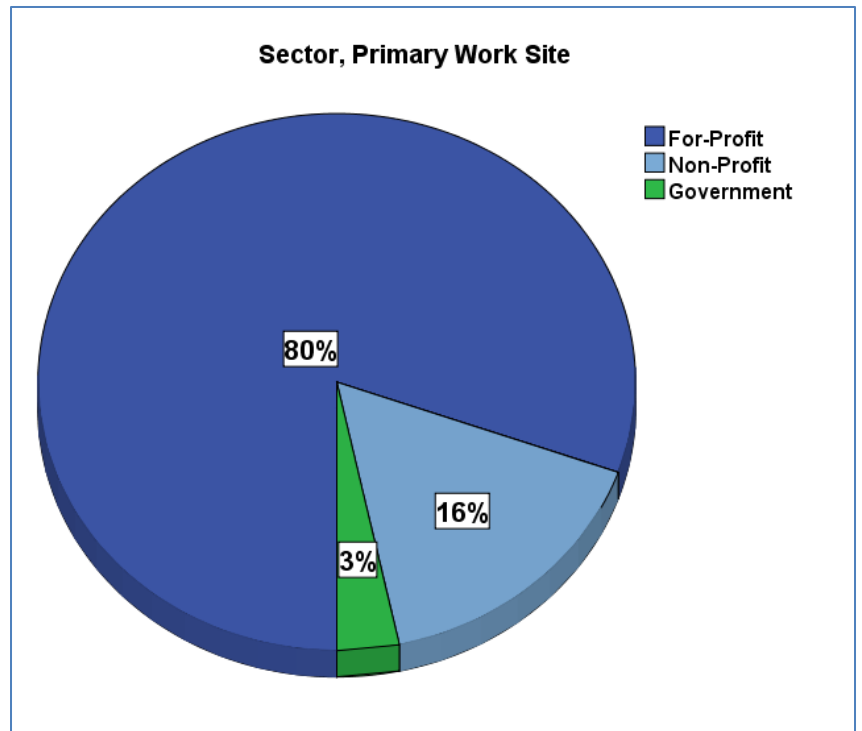
For Profit:	80%
Federal:	< 1%

**Top Establishments**

Assisted Living Facility:	70%
Continuing Care	
Retirement Comm.:	5%
Hospice:	2%

Source: Va. Healthcare Workforce Data Center

97% of all ALFAs work in the private sector, including 80% who worked at a for-profit establishment.



Source: Va. Healthcare Workforce Data Center



Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
<b>Assisted Living Facility</b>	437	70%	66	11%
<b>Continuing Care Retirement Community</b>	29	5%	0	0%
<b>Hospice</b>	14	2%	1	0%
<b>Skilled Nursing Facility</b>	11	2%	2	0%
<b>Academic Institution</b>	8	1%	0	0%
<b>Home/Community Health Care</b>	7	1%	5	1%
<b>Acute Care/Rehabilitative Facility</b>	6	1%	1	0%
<b>Adult Day Care</b>	6	1%	1	0%
<b>Other Practice Type</b>	35	6%	17	3%
<b>At Least One Establishment</b>	<b>501</b>	<b>81%</b>	<b>88</b>	<b>14%</b>

*70% of Virginia's ALFA workforce are employed at an Assisted Living Facility as their primary work location.*

Source: Va. Healthcare Workforce Data Center

*51% of ALFAs are employed at an independent/stand-alone organization as their primary work location. Another 39% of Virginia's ALFAs are employed at a facility chain organization.*

Organization Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
<b>Independent/Stand Alone</b>	227	51%	33	41%
<b>Facility Chain</b>	176	39%	35	44%
<b>Hospital-Based</b>	9	2%	1	1%
<b>College or University</b>	4	1%	1	1%
<b>Integrated Health System (Veterans Administration, Large Health System)</b>	1	0%	0	0%
<b>Other</b>	31	7%	10	13%
<b>Total</b>	<b>448</b>	<b>100%</b>	<b>80</b>	<b>100%</b>
<b>Did Not Have Location</b>	6		521	
<b>Item Missing</b>	165		18	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

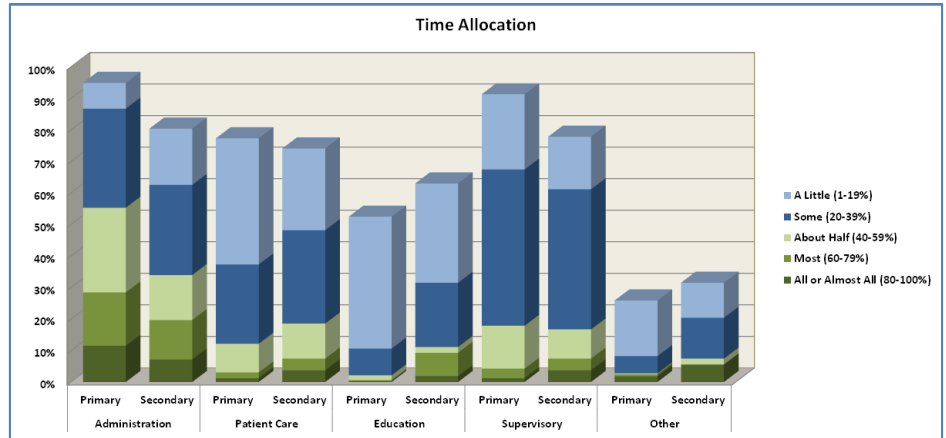
Administration: 40%-49%  
 Supervisory: 20%-29%  
 Patient Care: 10%-19%  
 Education: 1%-9%

### Roles

Administration: 28%  
 Supervisory: 4%  
 Patient Care: 3%  
 Education: 1%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



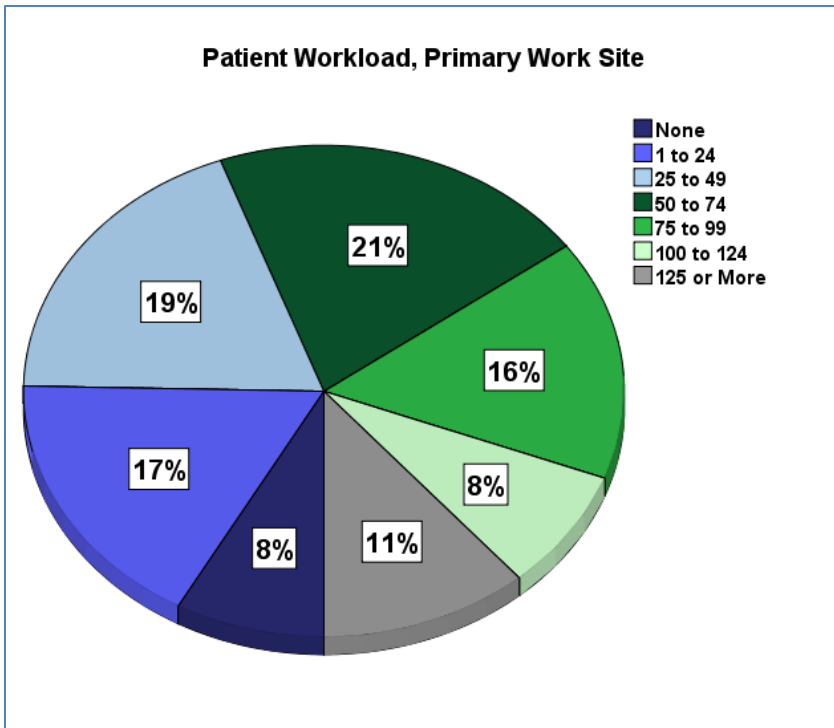
Source: Va. Healthcare Workforce Data Center

*A typical ALFA spends nearly half of her time performing administrative tasks. In addition, 28% of ALFAs fill an administrative role, defined as spending 60% or more of their time on administrative activities.*

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Supervisory		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	12%	7%	1%	4%	0%	2%	1%	4%	2%	5%
<b>Most (60-79%)</b>	17%	13%	2%	4%	0%	7%	3%	4%	1%	0%
<b>About Half (40-59%)</b>	27%	15%	9%	11%	2%	2%	14%	9%	0%	2%
<b>Some (20-39%)</b>	32%	29%	25%	29%	8%	20%	50%	44%	5%	13%
<b>A Little (1-19%)</b>	8%	18%	40%	25%	42%	31%	24%	16%	18%	11%
<b>None (0%)</b>	5%	20%	23%	25%	48%	36%	9%	22%	74%	67%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Patient Workload (Median)**

Primary Location: 50-74

Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

*The typical ALFA is responsible for between 50 and 74 patients at their primary work location. Those ALFAs who also have a secondary work location are typically responsible for an additional 1 to 24 patients.*

Patient Workload Responsibility				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
<b>None</b>	37	8%	13	17%
<b>1-24</b>	78	17%	26	34%
<b>25-49</b>	87	19%	11	14%
<b>50-74</b>	93	20%	6	8%
<b>75-99</b>	72	16%	7	9%
<b>100-124</b>	36	8%	4	5%
<b>125-149</b>	15	3%	4	5%
<b>150-174</b>	9	2%	0	0%
<b>175-199</b>	6	1%	0	0%
<b>200-224</b>	8	2%	1	1%
<b>225-249</b>	0	0%	1	1%
<b>250-274</b>	0	0%	0	0%
<b>275-299</b>	0	0%	0	0%
<b>300 or more</b>	14	3%	4	5%
<b>Total</b>	<b>454</b>	<b>100%</b>	<b>77</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All ALFAs		ALFAs over 50	
	#	%	#	%
<b>Under age 50</b>	4	1%	-	-
<b>50 to 54</b>	11	2%	1	0%
<b>55 to 59</b>	29	6%	11	4%
<b>60 to 64</b>	97	21%	37	15%
<b>65 to 69</b>	170	36%	94	37%
<b>70 to 74</b>	88	19%	61	24%
<b>75 to 79</b>	17	4%	12	5%
<b>80 or over</b>	11	2%	7	3%
<b>I do not intend to retire</b>	45	10%	30	12%
<b>Total</b>	<b>472</b>	<b>100%</b>	<b>253</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All ALFAs**

Under 65: 30%  
Under 60: 9%

**ALFAs 50 and over**

Under 65: 19%  
Under 60: 5%

**Time until Retirement**

Within 2 years: 7%  
Within 10 years: 27%  
Half the workforce: By 2038

Source: Va. Healthcare Workforce Data Center

*30% of all ALFAs expect to retire before the age of 65. Among ALFAs who are already at least age 50, 19% still expect to retire by age 65.*

*Within the next two years, 15% of ALFAs expect to pursue additional educational opportunities, and 12% expect to begin accepting Administrators-in-Training.*

**Future Plans**

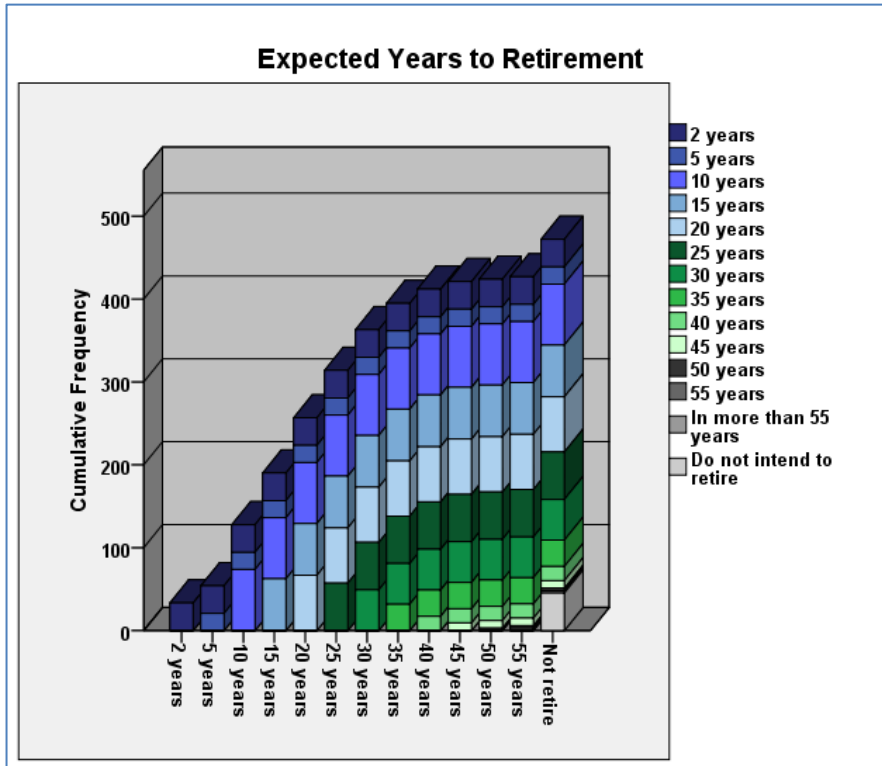
2 Year Plans:	#	%
<b>Decrease Participation</b>		
Leave Profession	10	2%
Leave Virginia	33	5%
Decrease Patient Care Hours	50	8%
Decrease Teaching Hours	4	1%
Cease Accepting Trainees	9	1%
<b>Increase Participation</b>		
Increase Patient Care Hours	33	5%
Increase Teaching Hours	20	3%
Pursue Additional Education	95	15%
Return to the Workforce	5	1%
Begin Accepting Trainees	72	12%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for ALFAs. While only 7% of ALFAs expect to retire in the next two years, 27% expect to retire within the next decade. More than half of the current ALFA workforce expect to retire by 2038.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	33	7%	7%
5 years	21	4%	11%
10 years	74	16%	27%
15 years	62	13%	40%
20 years	67	14%	54%
25 years	57	12%	67%
30 years	49	10%	77%
35 years	32	7%	84%
40 years	17	4%	87%
45 years	9	2%	89%
50 years	3	1%	90%
55 years	3	1%	90%
In more than 55 years	0	0%	90%
Do not intend to retire	45	10%	100%
<b>Total</b>	<b>472</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach over 10% of the current workforce every five years by 2028. Retirements will peak at 16% of the current workforce around the same time before declining to under 10% again around 2053.

## At a Glance:

### FTEs

Total: 751  
 FTEs/1,000 Residents<sup>2</sup>: .089  
 Average: 1.22

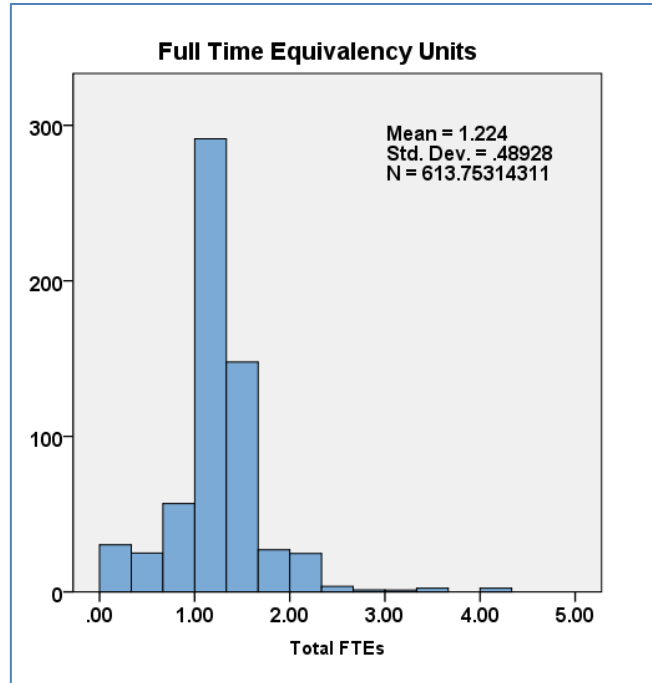
### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Small  
 Gender, Partial Eta<sup>2</sup>: Negligible

*Partial Eta<sup>2</sup> Explained:*  
 Partial Eta<sup>2</sup> is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

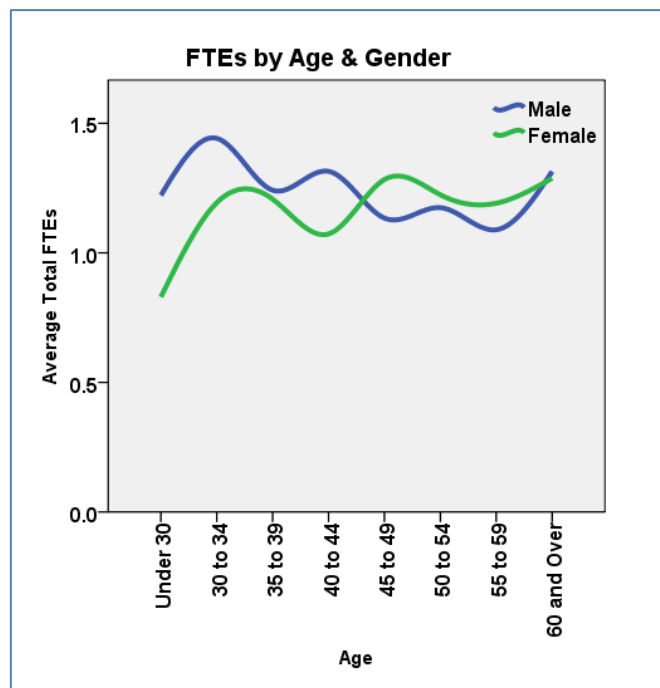


Source: Va. Healthcare Workforce Data Center

*The typical ALFA provided 1.20 FTEs in the past year, or approximately 48 hours per week for 50 weeks. Statistical tests do not indicate that FTEs vary by age or gender.*

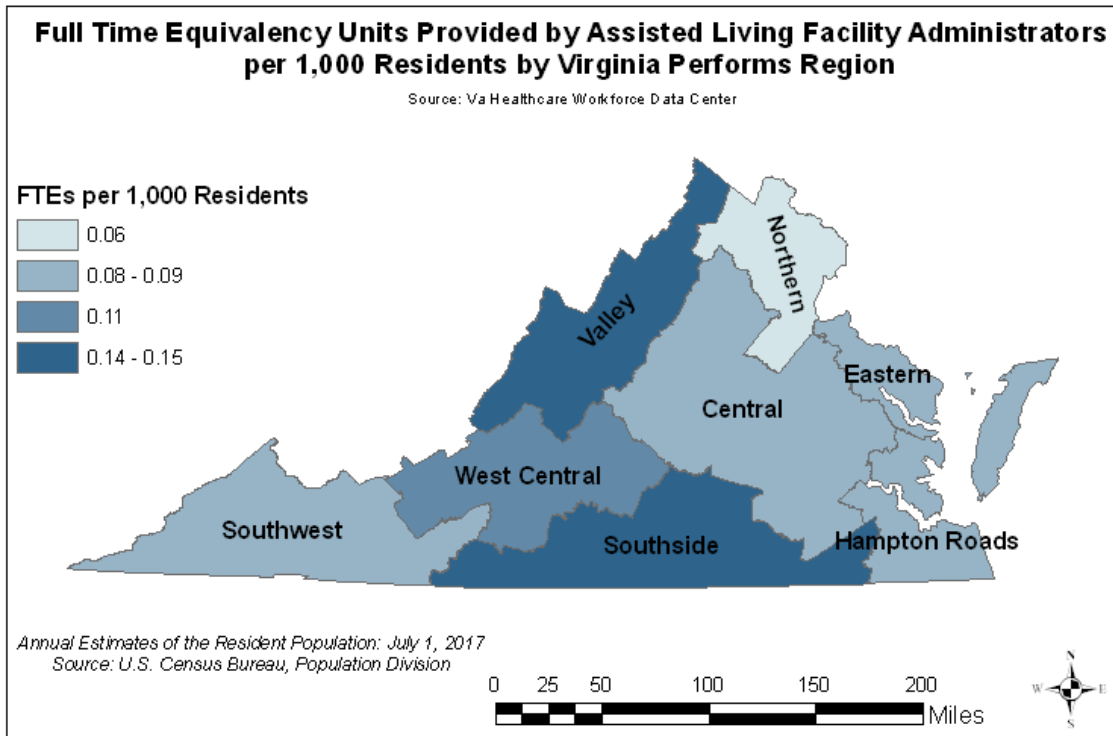
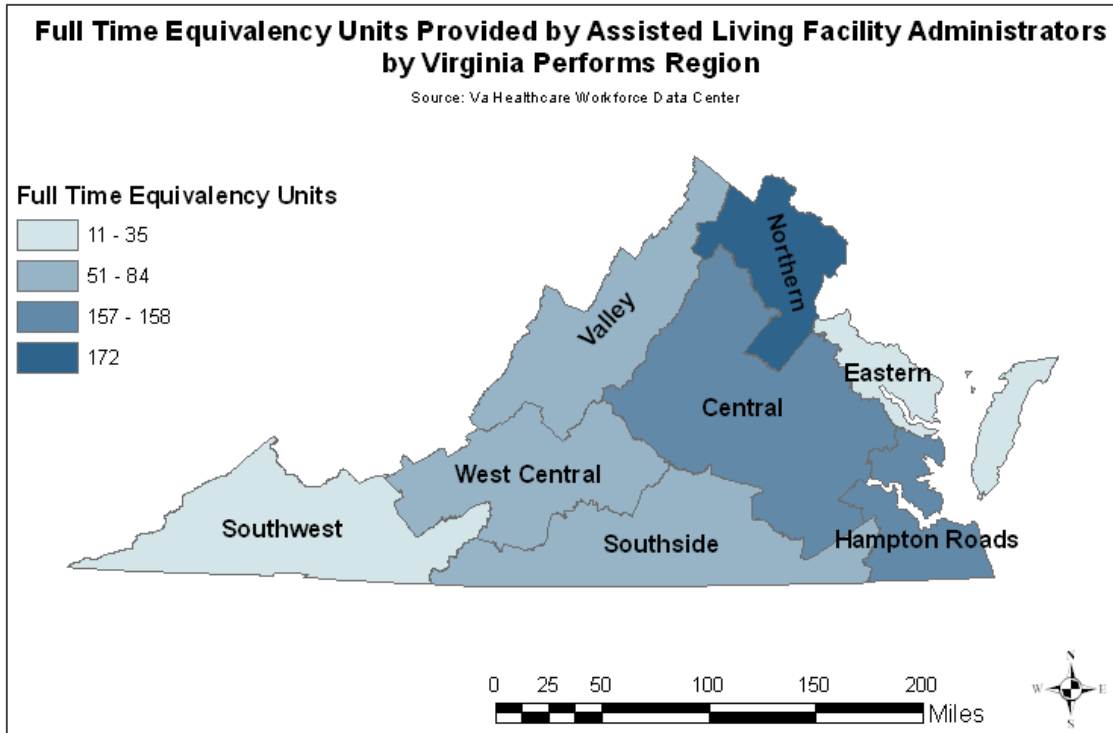
Full-Time Equivalency Units		
Age	Average	Median
<b>Age</b>		
Under 30	0.89	1.01
30 to 34	1.24	1.18
35 to 39	1.21	1.09
40 to 44	1.17	1.27
45 to 49	1.22	1.18
50 to 54	1.20	1.15
55 to 59	1.18	1.18
60 and Over	1.33	1.33
<b>Gender</b>		
Male	1.24	1.22
Female	1.21	1.18

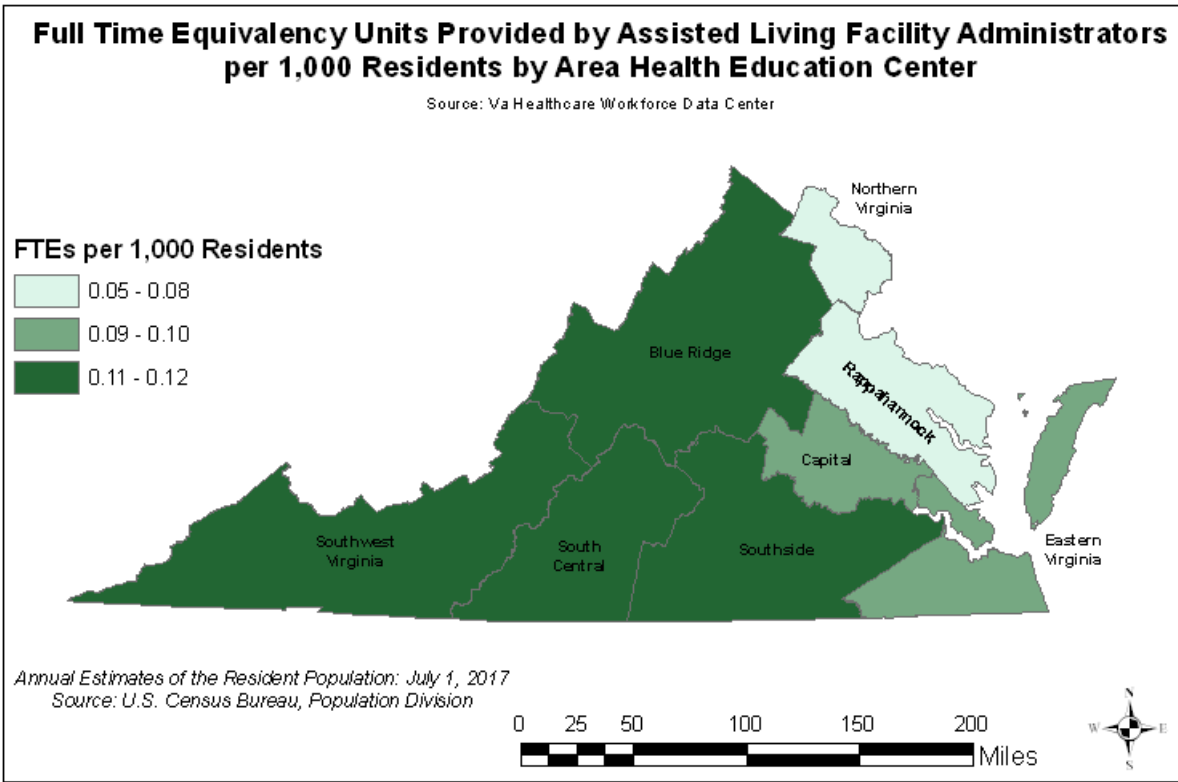
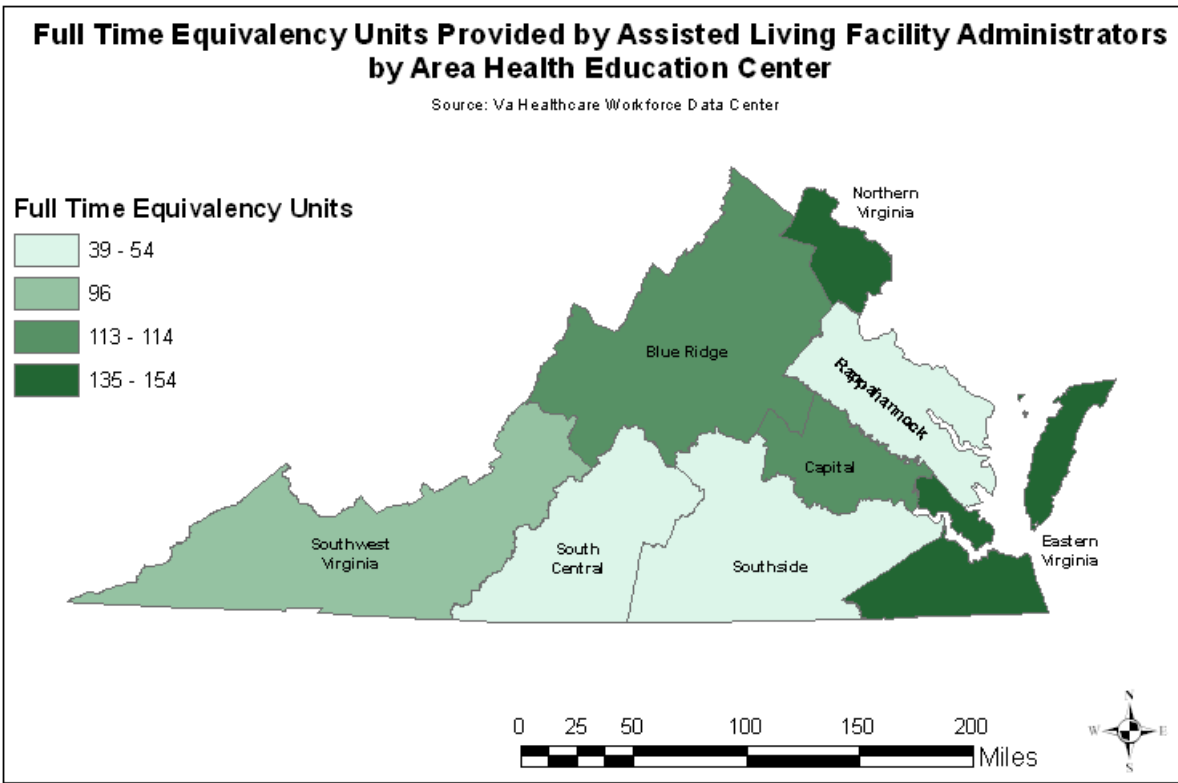
Source: Va. Healthcare Workforce Data Center



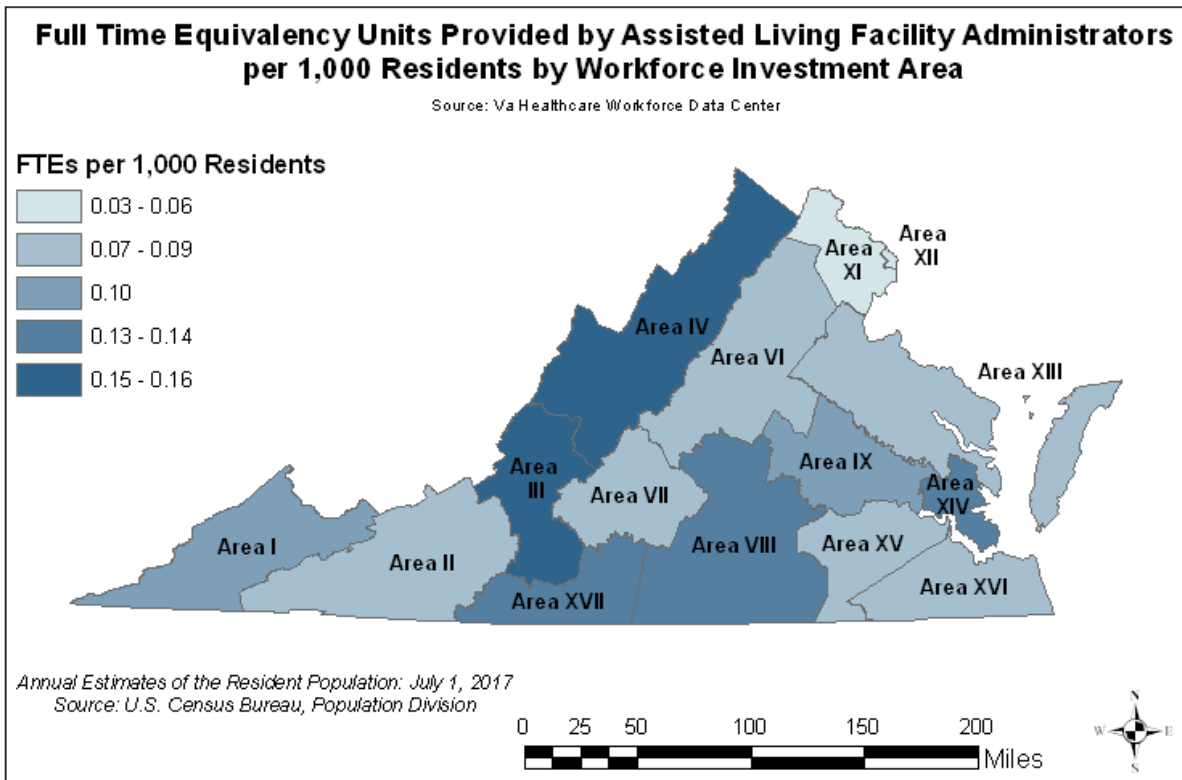
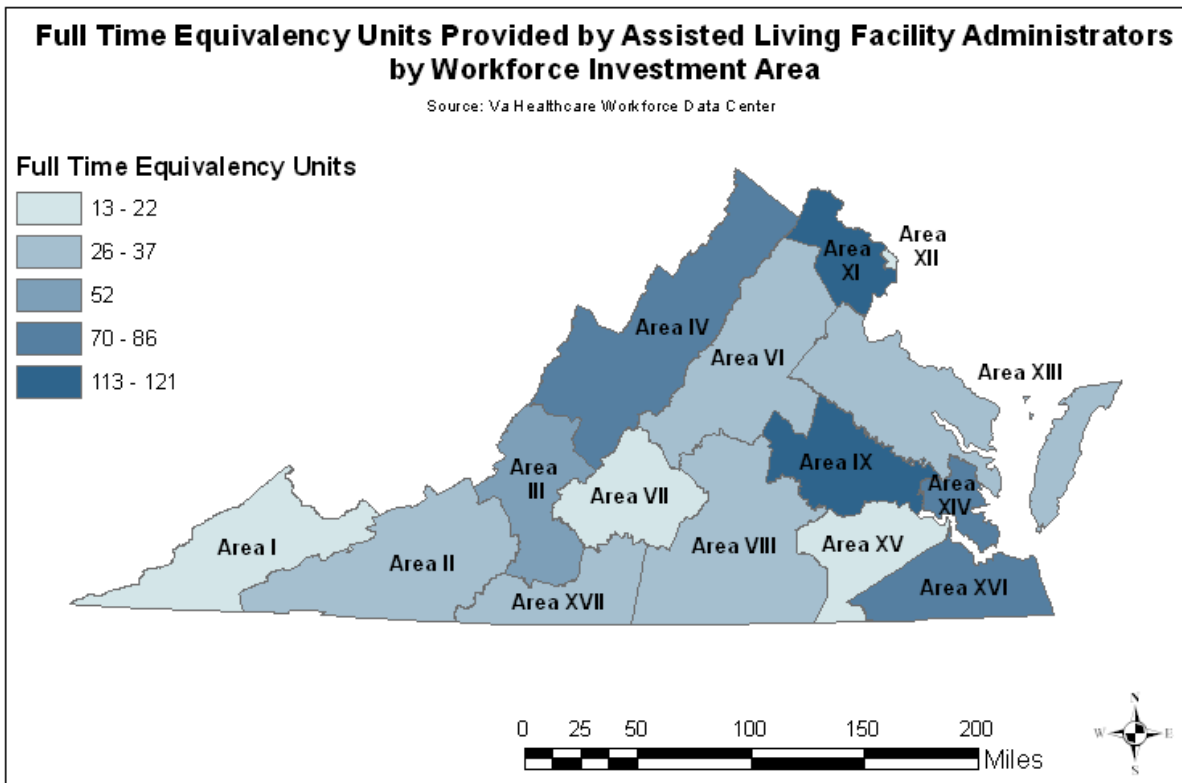
Source: Va. Healthcare Workforce Data Center

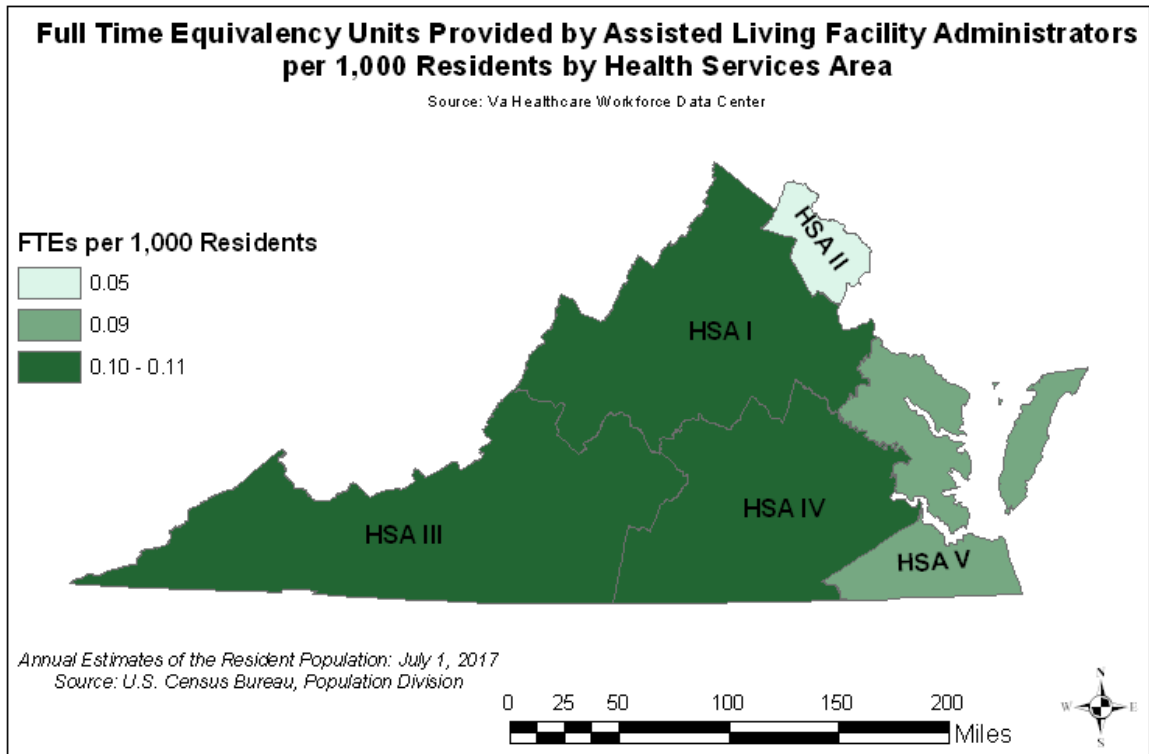
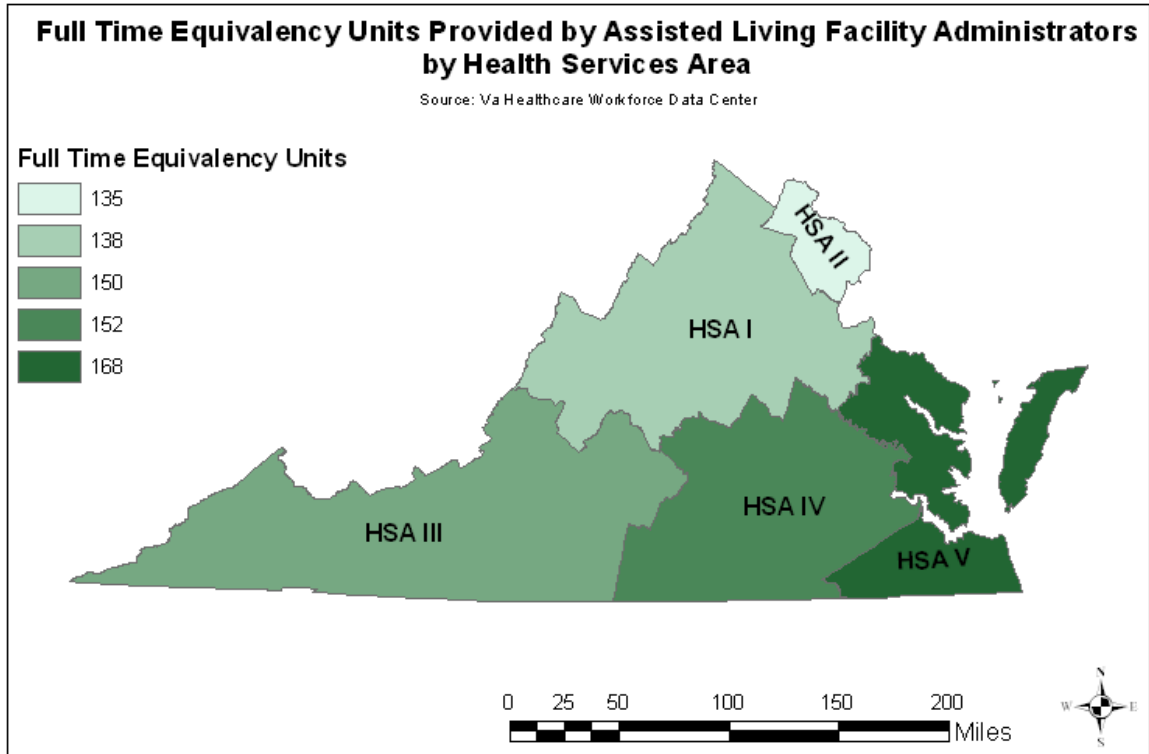
<sup>2</sup> Number of residents in 2017 was used as the denominator.







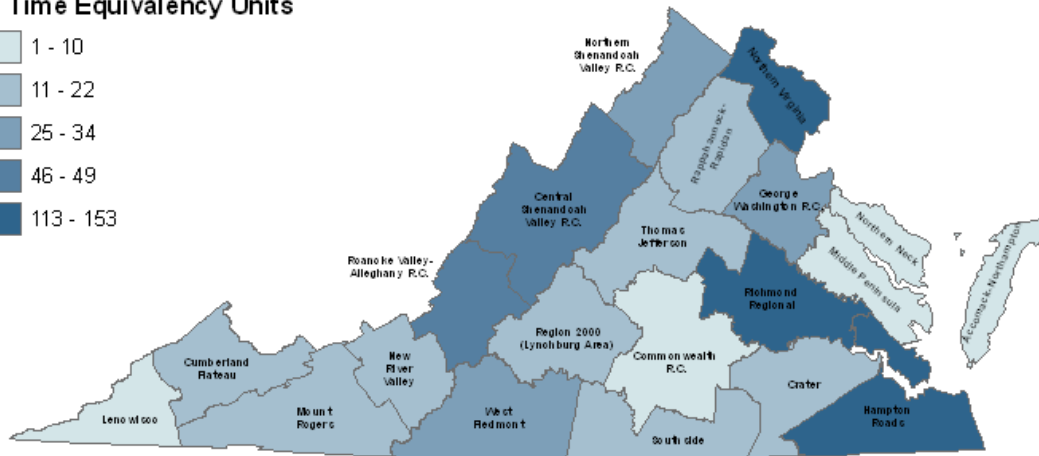
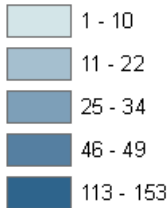




### Full Time Equivalency Units Provided by Assisted Living Facility Administrators by Planning District

Source: Va Healthcare Workforce Data Center

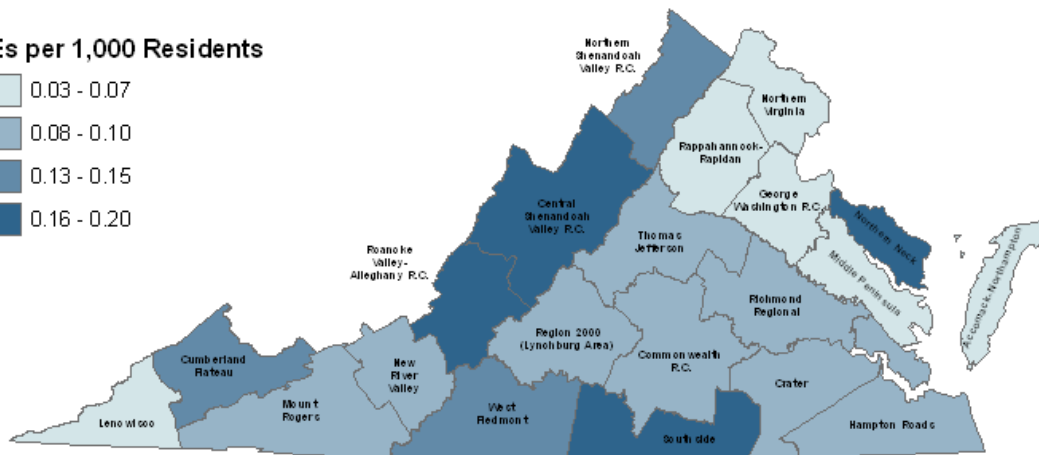
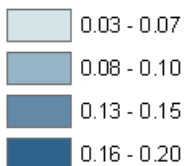
#### Full Time Equivalency Units



### Full Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Planning District

Source: Va Healthcare Workforce Data Center

#### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2017  
Source: U.S. Census Bureau, Population Division

## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	358	81.28%	1.230241	1.13727	1.71028
Metro, 250,000 to 1 million	61	83.61%	1.196078	1.10569	1.66279
Metro, 250,000 or less	61	83.61%	1.196078	1.10569	1.66279
Urban pop 20,000+, Metro adj	20	80.00%	1.25	1.15554	1.25521
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	53	86.79%	1.152174	1.0651	1.60175
Urban pop, 2,500-19,999, nonadj	26	92.31%	1.083333	1.00147	1.50605
Rural, Metro adj	12	83.33%	1.2	1.10932	1.66824
Rural, nonadj	10	80.00%	1.25	1.15554	1.25521
Virginia border state/DC	42	69.05%	1.448276	1.33883	1.57266
Other US State	10	80.00%	1.25	1.20919	1.25521

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	17	58.82%	1.7	1.50605	1.71028
30 to 34	46	84.78%	1.179487	1.11132	1.39692
35 to 39	52	88.46%	1.130435	1.00147	1.33883
40 to 44	81	75.31%	1.327869	1.17637	1.57266
45 to 49	97	84.54%	1.182927	1.04797	1.401
50 to 54	88	81.82%	1.222222	1.08278	1.44754
55 to 59	105	83.81%	1.193182	1.05705	1.41314
60 and Over	167	81.44%	1.227941	1.08785	1.45431

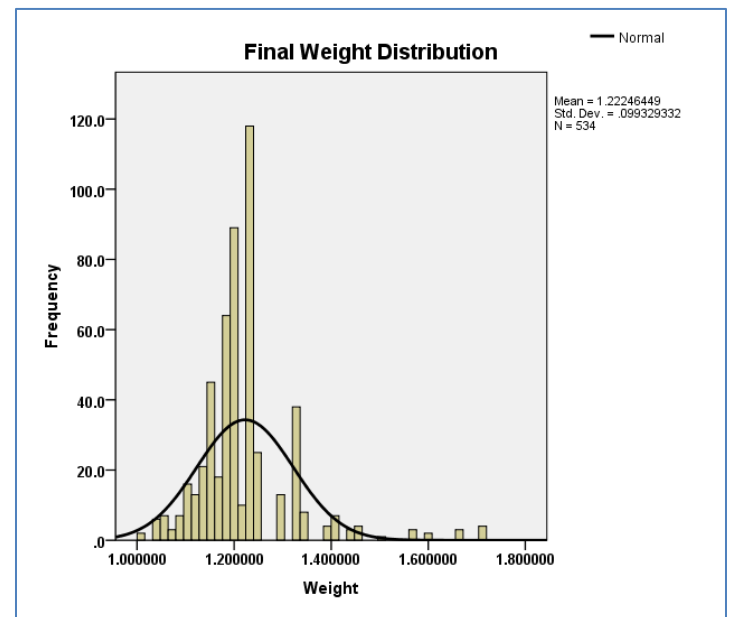
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: [www.dhp.virginia.gov/hwdc/](http://www.dhp.virginia.gov/hwdc/)

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.817764**



Source: Va. Healthcare Workforce Data Center

<b>DHP HWDC NHA &amp; ALFA 2018 SURVEY STATEWIDE RESULTS</b>		
	NHA	ALFA
Licensees	916	653
Virginia Workforce	730	620
FTEs	871	751
Percent NOT working in Virginia	20%	5%
Percent Female	56%	81%
Median Age	51	52
Rural Childhood	41%	45%
Rural to Non-Metro Practice	32%	26%
Over All to Non-Metro Practice	18%	17%
Highest Education - General	26% Bachelors, Health Admin.	34% Bachelors
Highest Education - Profession	39% Hold AIT has Highest	33% Hold AIT has Highest
Professional Education in Virginia	79%	91%
Percent Education Debt, All	30%	28%
Percent Education Debt,<40 yr.	49%	59%
Median Debt	\$30-40K	\$20-30K
Percent Working in Profession	87%	90%
Percent 1 Full-time Job	89%	84%
Percent Unemployed	4%	2%
Percent Underemployed	2%	2%
Median Income	\$100-120K	\$70-80K
Percent w/Employer Benefit	97%	87%
Percent w/ Paid Vacation	96%	85%
Percent w/ Employer Retirement	78%	49%
Percent w/High Job Satisfaction	94% (68% Very Satisfied)	95% (80% Very Satisfied)
Percent Top DPB Regions	41% Central & Hampton Rds.	46% Hampton Rds. & NVA
Percent Top Sectors	61% For Profit, 35% Non Profit	80% For Profit, 16% Non Profit
Percent Top Establishment Types	52% Skilled Nursing, 16% Continuing Care Retirement	70% Assisted Living, 5% Continuing Care Retirement
Median Weekly Patient Workload	100-124	50-74
% Planning Additional Education	12%	15%
% Expecting to Begin Accepting Administrators-in-Training	13%	12%
% Planning to Retire in Two Years	9%	7%
% Planning to Retire in Ten Years	31%	27%
Half of Current Workforce Retires	2038	2038

Summary prepared by DHP HWDC Staff for the Board of Long-Term Care Administrators Regulatory Committee – April 26, 2019

Full Profession-specific survey reports for each year 2013 to 2018 are accessible from the DHP HWDC Health Workforce Data Findings webpage: <https://www.dhp.virginia.gov/hwdc/findings.htm#lrc>.

<b>NOTED COMPARISONS 2013/14 vs. 2018</b>		
	NHA	ALFA
Renewing Licensee Survey Response Rate	+10% (now 98%)	+12% (now 94%)
Workforce	+ 8%	+ 1%
FTEs	+7%	+3%
% Female	-4%	-2%
% Female < 40 Years	-9%	-2%
Diversity Index	+6%	+4%
Diversity Index <40	+3%	+9%
Rural Childhood	-1%	-4%
Rural to Non-Metro Practice	+3%	-6%
Highest Education - General	Bachelors in Health Admin -3%	Bachelors +2%
Highest Education - Profession	AIT +3%	AIT +9%
Professional Education in Virginia	--	-2%
Employed in LTC Capacity	+1%	-3%
Current Primary Work Location > Two Yrs.	-5%	-7%
Median Income	Up 1 <sup>st</sup> time since 2014 (\$10K+)	Up 1 <sup>st</sup> time since 2014 (10K+)
One Full-time Position	+3%	+1%
Establishment Changes	9% Skilled Nursing +4% Continuing Care	-8% ALFs +1 Continuing Care
Planned Additional Education	-3%	-3%
Retirement w/in Next Two Years	+2%	+1%

Summary prepared by DHP HWDC Staff for the Board of Long-Term Care Administrators Regulatory Committee – April 26, 2019

Full Profession-specific survey reports for each year 2013 to 2018 are accessible from the DHP HWDC Health Workforce Data Findings webpage: <https://www.dhp.virginia.gov/hwdc/findings.htm#lrc>

National Association of  
Long Term Care  
Administrators Boards  
(NAB)

AIT Program Manual

National Association of Long Term Care  
Administrators Boards (NAB)

And

American College of Health Care  
Administrators (ACHCA)

National Administrator-in-Training  
Program Manual



# Special Appreciation to the AIT & Preceptor Task Force

Phil DuBois and Lisa Hahn (Co-Chairs)

## ACHCA Representatives

Becky Reisinger (Staff)  
Sue Anagnostou  
CC Andrews  
Denise Boudreau-Scott  
Melanie Eaton  
Michael Hotz  
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# The National Administrator-in-Training Program

An Administrator-in-Training (AIT) Program is a supervised internship during which the AIT works under the guidance and supervision of a preceptor, who is a licensed administrator meeting the qualifications established for preceptors by their respective states. The internship is a unique phase of education consisting of the supervised practice of long term care administration in the Nursing Home (NHA), Assisted Living (RCAL) and/or Home and Community Based Services (HCBCS) environment.

In this manual, we will refer mostly to the AIT Program for the Nursing Home Administrator. However, the manual, forms and Self-Assessment Instrument can be applied to all service lines, with minor modifications.

The purpose of the AIT Program is to spur and enhance the professional development of the AIT in the field of long term care (LTC) administration. It equips the AIT with the tools and knowledge for when they become an administrator. A significant portion of the program involves observing and participating in activities associated with administration or resident/patient care.

Many college health care administration programs have incorporated an internship/AIT program into their curricula. All National Association of Long Term Care Administrator Boards (NAB) accredited schools have an AIT component built into their programs. There have been several research studies that have validated the importance of the AIT experience towards a successful LTC administrator career.

The goal of this manual is to help to provide the AIT with a solid foundation in the exciting field of long term care. Another objective is to encourage state licensing boards to adopt this manual for their AIT programs. The more states that use the Model AIT Program, the more consistent our AIT training and our requirements become.

The AIT Program is designed by both the Preceptor and the AIT. It is developed specifically for the AIT based upon education, experience, knowledge, skills and abilities. The Preceptor and AIT are expected to exercise considerable initiative in planning and implementing the training program in order for the AIT to succeed.

The AIT program must conform to the number of AIT hours required by your State Board. Please be advised that, in addition to the following guidelines for designing the program, there may be a requirement in your state to submit the proposed Administrator in Training Program to the appropriate state board for approval prior to the beginning of the AIT Program. State boards typically have standard forms to use. However, sample forms can be found in [Appendix 10](#) for your review and use.

### Required Activity Areas:

The AIT Program should be based on the five domains of practice, which are covered in the various departments found in a long term care facility. The tool presents the departments as modules and rotations; it is through these departments/modules that the program should be designed, so that the individual AIT can meet an appropriate and tailored amount of time in each of the domains as appropriate. These modules include:

- **Administration**
- **Human Resources**
- **Nursing**
- **Business Office/Financial Management**
- **Diet**
- **Rehabilitation**
- **Medical Records**
- **Activities**
- **Social Services/Admissions**
- **Housekeeping/Laundry**
- **Environmental Management/ Maintenance**

The AIT must complete a rotation in each of these areas. The preceptor and the AIT may work together to determine the order in which these modules are undertaken, and the amount of time allocated to each. For example, if the AIT's background experience is in nursing, he/she would ideally spend less time in nursing, and more in other areas. However, each activity area, including those in which the AIT has prior experience, must be included in the training program.

The AIT should, through a combination of observation and participation, become familiar with all aspects of each activity area, including its purpose, the services it provides, staffing, and any problem areas. They should try to gain an understanding of the roles of the front line staff in that area, the role of its department manager, and the administrator's perspective on how to oversee that area. They should also understand how that area interacts with other areas in the provision of care and services.

## Inventory of Knowledge: Self-Assessment Instrument

The preceptor and AIT are encouraged to develop an inventory of the AIT's knowledge in each of these areas to determine where the AIT Program should be focused. To help with this process, we have included a Self-Assessment Instrument for the AIT to complete at the initiation of the AIT Program. Once this instrument is completed, the Preceptor will have a better indication of the AIT's strengths and weaknesses. Self-Assessment Forms are included in this manual.

We also recommend that this Self-Assessment be completed again, either mid-way or at the end of the program, to indicate the progress of the AIT.

### Other Activities:

Since state licensing regulations differ in terms of the number of AIT Program hours required, the AIT experience must be customized to individual needs based upon the state's particular licensing requirements. The tool we provide enables the preceptor to make such customization.

The preceptor is strongly encouraged to either arrange for the AIT to visit or conduct research to become familiar with state licensing agencies and professional associations, such as the state affiliates of the American Health Care Association (<https://www.ahcancal.org/>), Leading Age (<http://www.leadingage.org/>), and American College of Health Care Administrators (<http://www.achca.org/>), as well as the National Association of Long-Term Care Administrators Boards (<http://www.nabweb.org/>). The purpose of such visits is to provide the broadest possible experience for the AIT. Membership in and attending meetings of relevant industry associations and/or professional organizations should also be encouraged.

### Length of the Program:

Since state licensing regulations differ in terms of the number of Administrator in Training Program hours required, the AIT experience must be customized to the AIT's needs based upon the state's particular licensing requirements and the tool provided will enable the preceptor to make such customization.

NAB recommends a minimum of 1,000 hours for a Nursing Home Administrator's AIT Program. Some state boards require 2,000 hours for an NHA AIT, but there are also states that require less than 1,000 hours. Some state boards award credit based upon education and supervisory experience. NAB includes state-by-state board requirements on its website at <http://www.nabweb.org/state-licensure-requirements> for reference.

## Training Schedule:

Typically, it is expected that the AIT will work a full-time (40 hours/week) schedule. The AIT can be completed on a part-time basis unless your state precludes this type of schedule.

The AIT generally works a usual day shift of the facility where the training is taking place. However, it is strongly suggested that each program also include some coverage of night and weekend shifts to familiarize him/her with the unique aspects of facility administration during those times. The schedule should be individualized for each AIT. It is expected that the preceptor and AIT develop a schedule that maximizes exposure to new and previously unfamiliar aspects of the facility.

## Administrator in Training Program Approval

Once the preceptor and the AIT have developed a program outline, it may be required to be sent to the state board for approval, using the appropriate form that the board requires. In some states, the program may not begin without such approval.

We have developed sample forms for the state boards to utilize, if they so choose. These forms were created by reviewing many of the state's current forms. The *Administrator in Training Program Forms* can be located in the Appendix 10: Forms and Flashcards section of the manual.

*NAB recommends the following Process for use by the Preceptor and the AIT*

## Phase 1: Application and Interview Process

This partnership can be advantageous to both parties. The Preceptor can provide valuable training to the AIT, and both the AIT and the facility will benefit as a result of the AIT completing quality improvement projects and other activities. It is ultimately the Preceptor's decision if the AIT is a good fit for the profession. Through this experience, it may be determined that the AIT may be better suited for other career options.

The AIT must carefully select his/her Preceptor, and should be someone from whom the AIT feels they can learn. It is very important that you select someone you respect and who is willing to share information with you that will ensure a quality internship that will prepare you for a successful career in long term care administration. Therefore, prior to committing yourself to an internship, it is very important to spend time with a potential preceptor in their building to learn their management style; how they relate to staff, residents, and families; to what extent they are professionally involved; and their longevity with the corporation. The AIT should also be familiar with other information about the preceptor's corporation. From visiting with the potential preceptor, you should be able to recognize the personality of the community. The quality of the facility is based on the leadership of the community, which takes on the personality of its leader.

If you are having difficulty finding a Preceptor, you might want to arrange an informational interview with a corporation and share the *AIT Sample Learning Activities* which is included in Appendix #2 of this manual. It is a comprehensive list of projects that an AIT could perform and will hopefully help to demonstrate how valuable the AIT could be to their organization.

In most cases, the AIT Program is initiated with an interview between the Preceptor and the AIT. Prior to the interview, the AIT should provide a resume to the Preceptor and a follow up call to meet with the Preceptor. The interview should center on the AIT's prior work experience, educational background and professional goals. It is very important for the AIT to make the very best impression on the Preceptor at this initial interview.

The learning environment is most important to your success. You want to feel welcomed, accepted, and a part of the organization. Office space, access to a computer and telephone are contributing factors to a solid learning environment. A preceptor that provides a strong learning environment sends a positive message to the AIT and to a successful internship.

## Phase 2– Self-Assessment Instrument

Once the Preceptor and the AIT commit to the AIT Program, the Preceptor should have the AIT complete the Self-Assessment Instrument.

The Self-Assessment Instrument helps establish a foundation of what the AIT thinks he or she already knows. It is important for the AIT to be honest and open in this self-assessment; it is not a test but a guideline instrument to help the Preceptor develop a quality plan of action for the AIT. The self-assessment includes various tasks that the AIT scores numerically based on their own knowledge and skills in each of the five Domains of Practice. This provides the Preceptor the ability to tailor the AIT program in order to make the most of the experience based on the AIT's strengths and weaknesses. The Preceptor will see areas that may need more or less focus and can design the program accordingly.

The Self-Assessment Instrument is where the Preceptor determines how much time the AIT should expect to spend in each of the various Domains. For example, if the AIT has a nursing background, we would expect less time devoted to Domain 10 (Customer Care) and perhaps more somewhere else such as Human Resources or Finance. On the other hand, if the AIT has an accounting background, they would likely need to spend more time in Customer Care and less in Finance. This tool assists the Preceptor and AIT in making these determinations.

This tool can be found in [Appendix 3: Self Assessment Instrument for AITs](#)

We also recommend the use of NAB's Practice Examinations during the beginning phase of the AIT and at the conclusion of the AIT program. Taking this examination in the beginning will provide a good assessment of the areas of strength and weakness, and also help inform the candidate of their areas of competency and where they need further development, even prior to completing the self-assessment. The information on the Practice Examinations can be found at <http://www.nabweb.org/practice-exams>. The results of the practice examination will include your overall score and will provide the percentage of passage within each domain.

## Phase 3 – AIT Program Design

The next phase is designing the AIT Program using the Self-Assessment Instrument. The Preceptor should input the number of state mandated AIT hours in the Self-Assessment Instrument. Once the required hours are entered, it will self-populate a suggested number of hours in each sub-task and domain. The Preceptor and AIT should go through this tool together to determine modifications that would individualize this program for the AIT, as previously addressed.

Creation of the AIT Professional Development Plan involves determining activities that are designed to meet the objectives of each subtask. There are sample activities included in the Self-Assessment Instrument as well as the Manual, but they are not exhaustive but rather should be used as a sort of “brainstorming” platform by the Preceptor in designing the plan of study. The goal is to design an “AIT Plan” that works both for the Preceptor and advances the AIT’s development. For the first-time Preceptor, a master template should be saved so it can set the foundation for future AITs. It will allow the Preceptor to fine-tune these activities and improve at teaching and demonstrating the objectives. Another advantage of using this tool is that it helps the Preceptor to communicate with the department heads (*who also spend considerable time with the AIT*) exactly what the objectives are and how the team intends to get that message across. For that reason, it is also a good idea to include the department heads in the development of the plan and the design of the activities that will help teach the objectives.

NAB recommends all AITs go through CNA (Certified Nurse Aide) training if the AIT does not have a nursing background. These hours can count towards your AIT program.

Incorporated in the appendices are several tools—including a glossary and flashcards—to assist the AIT in a successful AIT Program completion and passage of the national examination. Additionally, NAB’s Nursing Home Administrators Examination Bibliography References and the Assisted Living Administrators Examination Bibliography References can be found at <http://www.nabweb.org/exam-references>.



## Phase 4 – The AIT Experience

Research has shown that Preceptors play a significant role in influencing the AIT's success.<sup>1</sup> The learning environment is also very important to the success of the AIT. Making the AIT feel welcomed, providing adequate office space including a computer, name badge and an email address will help the AIT to feel a part of the organization.

## Phase 5- Program Completion

Once you have completed your AIT program, submit the required forms to your state board. We have included sample NAB AIT Forms in case the state board wishes to utilize them.

The following Forms are included on the NAB website at [www.nabweb.org](http://www.nabweb.org):

NAB 101-Nursing Home Administrator-In-Training Application

NAB 102-Nursing Home Administrator-In-Training Proposed AIT Program

NAB 103-Nursing Home Administrator-In-Training Monthly Report

NAB 104-Nursing Home Administrator-In-Training Completion AIT Program Form

NAB 105-Nursing Home Administrator-In-Training Documentation of Completion Form

If your state board utilizes these forms, we recommend that you initially submit the AIT Application along with the Proposed AIT Program to your state board. If your state board requires monthly reports, we have included a sample for your usage. At the conclusion of your program, we recommend that you complete and submit both the Completion AIT Program Form and the Documentation of Completion Form.

<sup>1</sup>Johs-Artisensi, J. & Olson, D. (2012). *Advancing Practices to Enhance the Field Experience of Developing Long Term Care Administrators*, White Paper, New York City/Washington DC: The Commonwealth Fund and NAB Foundation.

We have incorporated NAB's 2014 Professional Practice Analysis, which applies to NHA, RCAL and HCBS. This manual will refer to the AIT Program for the Nursing Home Administrator. However, the manual, forms and Self-Assessment Instrument can be applied to all service lines with some small modifications. Suggested AIT Activities and Assignments for each of the Domains of Practice follow each section. These can also be found in the Self-Assessment Instrument.

## Domain 10 - Customer Care, Support, and Services

### ***10.01 - Establish care recipient service policies and procedures that comply with applicable federal and state laws, rules, and regulations.***

This task requires the Administrator to create policies and procedures that follow federal and states laws rules and regulations.

### ***10.02 - Ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipient preferences and assessed needs.***

This task requires the Administrator to ensure that staff implements a plan of care for each resident, based on the individuals needs and preferences, under the direction of a physician. This includes a comprehensive assessment of each resident/recipient. The comprehensive assessment should include (but not limited to) assessments for nutrition (to include diet, texture, weight, swallowing), therapy, mobility, fall risk, skin/wound management, medications and contraindications, cognitive abilities, behavior, mental health, etc.

### ***10.03 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of admission/move in process, including pre-admission/pre-move in information, to promote a quality experience for care recipients.***

This task requires the Administrator to ensure that the admission process is comprehensive and is resident-centered. This includes obtaining all available documentation at the time of admission to include, but not limited to: power of attorney for health care and financial, resident identification cards, insurance information, doctor and all other orders related to the resident to include hospital/ doctors/clinic records pertaining to the residents stay at the facility or services provided by the organization.

### ***10.04 Ensure the planning, development, implementation/execution, monitoring, and evaluation of discharge/move out process to promote a quality experience for care recipients.***

This task requires the Administrator to ensure that resident care is appropriate for the level of care they require and that an interdisciplinary team continually monitors the resident's progress and recommends the best care environment need to maximize the resident's quality of living.

### ***10.05 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of programs to meet care recipients psychosocial needs and preferences.***

This task requires the Administrator to ensure that residents are properly evaluated and cared for based on their psychosocial needs and preferences.

### ***10.06 Ensure the planning, development, implementation/execution, monitoring, and evaluation of care recipient's activities/recreation to meet social needs and preferences.***

This task requires the Administrator to ensure activities, events, and programs are resident centered and designed to meet the needs and preferences of each resident.

**10.07 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of a health information management program to meet documentation requirements in compliance with federal and state regulations.**

This task requires the Administrator to ensure all resident specific documentation is protected and follows state, federal, and HIPAA regulations.

**10.08 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of medication management that supports the needs of the care recipient.**

This task requires the Administrator to ensure that doctors' orders are strictly followed and that policies and procedures are in place to assure compliance.

**10.09 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of a rehabilitation program to maximize optimal level of functioning and independence for care recipients.**

This task requires the Administrator to provide individualized rehabilitative services to recipients that will help them meet their baseline and allow residents to be as independent as possible.

**10.10 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of systems for coordination and oversight of contracted services.**

This task requires the Administrator to ensure that services are available to meet the needs of each recipient from qualified vendors that meet city, state, and federal requirements.

**10.11 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of policies and procedures for responses to care recipient incidents, accidents, and/or emergencies.**

This task requires the Administrator to ensure that policies and procedures are written and followed to prevent incidents and accidents and to prepare staff to act appropriately when incidents, accidents, and emergencies occur.

**10.12 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of housekeeping and laundry services for care recipients.**

This task requires the Administrator to ensure a clean, safe, and sanitary environment.

**10.13 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of education intended for care recipients and their support networks.**

This task requires the Administrator to ensure that the care recipient and/or their responsible party is informed of their care, condition, and treatment as much as practical.

**10.14 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of nutritional needs and preferences of care recipients.**

This task requires the Administrator to ensure that the care recipient's nutritional needs are met in accordance with their individualized needs and preferences while simultaneously meeting all physicians prescribed orders.

**10.15 - Ensure the planning, development, implementation/execution, monitoring and evaluation of dining experience that meets the needs and preferences of care recipients.**

This task requires the Administrator to ensure that dining services are resident-centered and meet the nutritional needs paralleled with the recipient preferences.

**10.16 - Ensure care recipients rights and individuality with all aspects of care.**

This task requires the Administrator to ensure all staff are trained and follow state and federal guidelines related to resident rights. Attention must be made to issues related to abuse, neglect, misappropriation of resident property and mistreatment of residents.

**10.17 - Integrate support network's perspectives to maximize care recipients quality of life and care.**

This task requires the Administrator to ensure that measures are taken to review Quality Improvement Measures and to strategize how each team member influences quality measures and how they each help to improve quality based on recipient, responsible party, and team members input. Attention must be made to issues related to meeting the care recipient's individualized needs

**10.18 - Ensure transportation options are available for care recipients.**

This task requires the Administrator to ensure adequate transportation to recipients. The facility should identify transportation that is available and the costs (if any) for the services and inform recipients and their responsible parties of availability and cost. The facility/entity must be available to help coordinate transportation services based on the recipients preference and available funding.

**10.19 - Ensure the provision of a customer service culture that leads to a quality experience for care recipients.**

This task requires the Administrator to promote a resident centered experience that serves each recipient according to their choices and preferences as much as practical.

**Knowledge of:**

- K01 Applicable federal and state laws, rules, and regulations
- K02 Government programs and entities
- K03 Ethical decision-making
- K04 Interpersonal relationships, dispute resolution, and group dynamics
- K05 Psychosocial aspects of aging
- K06 Physiological aspects of aging
- K07 Basic principles and concepts of nursing
- K08 Basic medical terminology
- K09 Basic pharmaceutical terminology
- K10 Basic principles and regulations for medication management/administration
- K11 Basic principles and concepts of restorative/wellness programs
- K12 Basic principles of rehabilitation
- K13 Basic principles of acute and chronic diseases
- K14 Basic principles of infection control
- K15 Basic principles of pain management
- K16 Basic principles of fall prevention
- K17 Basic principles of elopement prevention
- K18 Basic principles of creating a safe environment for care recipients
- K19 Basic understanding of mental health issues
- K20 Basic understanding of cognitive impairments
- K21 Basic principles of behavior management
- K22 Basic principles of restraint usage and reduction
- K23 Basic elements of a social services program
- K24 Basic elements of a therapeutic recreation/activity program
- K25 Basic principles of nutrition including specialized diets
- K26 Basic principles of dietary sanitation, food storage, handling, preparation, and presentation
- K27 Basic principles of hospice and palliative care
- K28 Grieving process
- K29 Death and dying

- K30 Person-centered care concepts
- K31 Diversity of care recipients
- K32 Care recipients' support network interests, needs, and values
- K33 Care recipient Bill of Rights
- K34 Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process
- K35 Care recipient assessment instruments (OASIS) and interdisciplinary care plan requirements and process
- K36 Care recipient assessments and care plans other than RAI and OASIS
- K37 Admission/move-in, transfer, and discharge/move-out requirements
- K38 Bed-hold requirements (NHA only)
- K39 Roles, responsibilities, regulation and oversight of contracted providers and services
- K40 Services and resources available across the continuum of care (such as community, social, financial, spiritual)
- K41 Care recipient specific legal matters (such as power of attorney, guardianship, conservatorship, code status, Advance Directives)
- K42 Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs)
- K43 Role of Medical Director
- K44 Role of healthcare partners and clinical providers
- K45 Medical services, specialties and equipment (such as oxygen, durable medical equipment, podiatry)
- K46 Emergency medical services and techniques (such as CPR, first aid, Heimlich maneuver, AED)
- K47 Center for Medicare and Medicaid Services (CMS) quality indicators and measures
- K48 Quality assurance and performance improvement processes as related to care and services
- K49 Techniques for auditing care recipient services and outcomes
- K50 Signs and symptoms of abuse, neglect, and exploitation
- K51 Mandatory reporting requirements for incidents and adverse events
- K52 Medical record content, format, and documentation requirements
- K53 Confidentiality, disclosure, and safeguarding medical record information requirements
- K54 Transportation options for care recipients
- K55 Environmental services (such as housekeeping and laundry)
- K56 Hospitality services
- K57 Basic technological advances in healthcare

## I. Possible Activities/Assignments related to Domain 10: Customer Care, Support and Services

### A. Quality of Care/Nursing

1. Develop a rounding sheet with the administrator and director of nursing that is resident- centered; initiate implementation.
2. Observe nurse peer review on administration of medications.
3. With director of nursing, ensure medications are not expired.
4. Develop resident satisfaction surveys and make recommendations for implementation as necessary.

**B. Rehabilitation**

1. Organize and implement a follow-up program for discharged residents to the community.
2. Develop audit for equipment inventory and complete audit; report.

**C. Medical/Resident Records**

1. Conduct admission audit of current in-house resident population, analyze data and report. Assist with recommendations, as needed.
2. Conduct audit of flu vaccination response variables, analyze data and report. Assist with recommendations, as needed.
3. Conduct audit of admission and annual required vaccines, analyze data and report. Assist with recommendations, as needed.
4. Conduct medical records audit with appropriate staff.

**D. Activities**

1. Develop and implement a volunteer program.
2. Develop/enhance Life Enrichment/Person Centered Care program.
  - a. Interview residents and families and analyze information to ensure that desired activities are planned and implemented as necessary.
  - b. Working with Directors of Activities and other personnel as needed, help develop in-service for Life Enrichment/Person Centered Care; assist appropriate staff with delivering in-services.

**E. Social Services/Admission**

1. Conduct an audit of admissions documents (per regulations and organization policy), analyze and report.
2. Complete an audit of resident preferences, such as time to eat, rise and retire, bath/showers, time of therapy, etc. Make recommendations as necessary.
3. Develop and implement an outreach program that communicates regularly with residents and/or families post discharge.

**F. Dietary**

1. Develop a questionnaire for residents related to dietary satisfaction including variables such as taste, temperature, timeliness, presentation, etc; implement, analyze and report; make recommendations.
2. Meet with the dietician and dietary manager to learn how menus are developed, followed, and implemented; conduct an audit to confirm residents are receiving correct foods, drinks and adaptive devices.
3. Understand nutritionally compromised concerns and how weights are monitored.
4. Audit purchasing and storage of dietary supplies and food; report to dietary manager and administrator.
5. Audit to ensure foods are served and maintained at proper temperatures and in accordance with the Food Code.

**G. Housekeeping/Laundry**

1. Conduct weekly audits, evaluating such variables as dust, floors, toilet, showers of designated public areas; track, trend and report accordingly.
2. Audit resident rooms for housekeeping variables; track, trend and report accordingly.
3. Audit residents to determine if laundry is clean and received promptly.
4. Audit infection control, safety and cross contamination procedures and make recommendations as necessary.
5. Follow the linen distribution system from soiled to clean and report accordingly.
6. Observe resident clothing management.

## Domain 20 - Human Resources

### ***20.01 - Ensure that human resource management policies and programs comply with federal and state rules and regulations.***

This task requires the Administrator to create policies and procedures that follow federal and states laws rules and regulations.

### ***20.02 - Establish the planning, development, implementation, monitoring, and evaluation of recruitment, selection, and retention practices.***

This task requires the Administrator to ensure the facility has systems in place that will provide for a consistent, fair, and predictable method of job development, job hiring, job training, employee evaluation, and continuing education. These systems should follow the standards of the Fair Labor Standards Act (FLSA).

### ***20.03 - Establish the planning, development, implementation, monitoring, and evaluation of employee training and development programs.***

This task requires the Administrator to have policies and procedures in place to train managers/leaders to follow and design basic and continuing education programs aimed at evaluating individual employee performance and training programs that can meet the basic, continuing, or potential educational needs of the employee.

### ***20.04 - Establish the planning, development, implementation, monitoring, and evaluation of employee evaluation programs.***

This task requires the Administrator to ensure that policies and procedures are in place that clearly provide instruction to managers/leaders to regularly monitor employee performance and to timely inform employees of when their performance or adherence to procedures does not meet standards. This should include timely formal evaluations of the employee to communicate areas of poor performance and areas in which the employee meets and exceed facility standards.

### ***20.05 - Establish the planning, development, implementation, monitoring, and evaluation of compensation and benefit programs.***

This task requires the Administrator to ensure that policies and procedures are in place for employee compensation and benefits programs. This includes a formal method of informing employees of their employee benefits and compensation.

### ***20.06 - Establish the planning, development, implementation, monitoring, and evaluation of employee health and safety programs.***

This task requires the Administrator to ensure that policies and procedures are in place to prevent employee injury and encourage employee wellness. This includes having an effective workers compensation or group retro program and providing a health/wellness program that gives employees the opportunity to attain health, dental, vision, accident, pharmacy, and life insurance programs.

### ***20.07 - Establish the planning, development, implementation, monitoring, and evaluation of employee satisfaction and organizational culture.***

This task requires the Administrator to ensure policies and procedures are in place to measure employee satisfaction and that results are taken seriously and considered. This task also requires the Administrator to develop an organizational chart/diagram that will clearly communicate to employees the organization structure.

**20.08 - Establish the planning, development, implementation, monitoring, and evaluation of employee disciplinary policies and procedures.**

This task requires the Administrator to have policies and procedures in place that will set standards to objectively measure employee performance. When employee performance or behavior does not meet standards, employees are made aware of an allegation, and given an opportunity to give an explanation of their performance or behavior (give their side of the story), offer witnesses or evidence that will support their statement, and/or provide a written statement. The procedure should include that the employee will be made aware if an investigation will be done, if the employee will be suspended pending investigation, and that no discipline will be applied until a thorough investigation is completed.

**20.09 - Establish the planning, development, implementation, monitoring, and evaluation of employee grievance policies and procedures.**

This task requires the Administrator to have policies and procedures in place to clearly communicate with the employee a formal grievance procedure in which the employee, without fear of retaliation, can communicate areas of frustration, abuse, mistreatment, or concerns with the understanding that a formal response will follow.

**20.10 - Establish the planning, development, implementation, monitoring, and evaluation of leadership development programs.**

This task requires the Administrator to develop leadership development programs not only for managers and leaders but for all employees. This may be in the form of a formalized program designed by a corporation, outside vendor, or the Administrator.

**20.11 - Promote a safe work environment (such as safety training and employee risk management).**

This task requires the Administrator to ensure effective policies and procedures are in place to create an awareness of safety throughout the workplace that include reporting accidents, safety monitoring, fire drills, water, gas, and electric shut off valves, and that emergency generators are regularly tested.

**20.12 - Promote a positive work environment (using techniques such as conflict resolution, diversity training, and staff recognition programs).**

This task requires the Administrator to ensure that policies and procedures are in place to assure that the employees are provided a workplace that allows them to communicate concerns and grievances in a safe environment. It also includes training programs in diversity, conflict resolution, continuing education, and staff recognition programs.

**20.13 - Facilitate effective written, oral, and electronic communication among management and employees.**

This task requires the Administrator to ensure policies and procedures are in place to direct managers and employees on how to formally and informally communicate with each other. These procedures should include requirements to managers on effective leadership ensuring employees are aware and trained in their respective job duties and tasks. Supervisors should also be held accountable for validating performance and communicating with employees that progress.

**20.14 - Ensure employee records and documentation systems are developed and maintained.**

This task requires the Administrator to ensure employee records and correspondence are protected and secure from other employees, residents, and unauthorized individuals.



**20.15 - Establish a culture that encourages employees to embrace care recipients rights.**

This task requires the Administrator to create a culture that ensures that all resident rights are followed. and to develop policies and procedures on reporting violations of resident rights.

**Knowledge of:**

- K01 Applicable federal and state laws, rules, and regulations
- K02 Licensure requirements and scopes of practice
- K03 Service provider staffing requirements
- K04 Employee position qualifications, job analysis, job descriptions
- K05 Employee recruitment, selection, interviewing, reference and background checks
- K06 Employee orientation, training and continuing education requirements, and resources
- K07 Compensation and benefit programs (such as employee assistance programs, insurance, salary, retirement)
- K08 Human resource policies and procedures (such as employee grievance, workplace rules, discipline, absenteeism, turnover, classification, exemption status)
- K09 Diversity training
- K10 Performance evaluation procedures
- K11 Safety and injury prevention training
- K12 OSHA rules and regulations
- K13 Workers compensation rules, regulations, and procedures
- K14 Drug-free workplace programs
- K15 Methods for assessing, monitoring, and enhancing employee satisfaction
- K16 Employee recognition, appreciation, and retention programs
- K17 Leadership development
- K18 Types and methods of communication
- K19 Conflict resolution and team dynamics
- K20 Information technology safeguards related to such issues as data security, social media, e-mail, voicemail, computer software, cell phones, photography, video, texting
- K21 Union/management and labor relations
- K22 Employee record-keeping requirements and procedures
- K23 Mandatory reporting requirements

**II. Possible Activities/Assignments related to Domain 20: Human Resources**

- A. Conduct an employee file audit per regulations and organizational policy.
- B. Collect annual turnover rates for last few years, and develop a strategic plan with activities, timeframes, etc. for identified changes.
- C. Develop an employee satisfaction questionnaire, administer it and analyze data; develop a subsequent plan.
- D. Develop, organize and implement several employee activities.
- E. Track absentee information, such as shift, day of week, reason, frequency; analyze and report the findings.
- F. Audit external health care providers (e.g., physicians, dentists, podiatrists) to determine current licenses, liability insurance, etc.; analyze and report the findings.
- G. Study and analyze recruiting plans/staffing patterns and offer ideas to improve current processes to ensure that the needs of the residents cared for are met.

- H. Review and understand the facility's employee handbook to ensure accuracy and that all federal/state guidelines are followed and make recommendations as necessary.
- I. Review and evaluate payroll plans, compensation plans, and benefit packages
- J. Participate in a complete employee hiring and orientation process ( interview, background check, etc.).
- K. Conduct a staff meeting and an in-service training program.
- L. Participate in a disciplinary/grievance procedure and an employee counseling session.
- M. Understand and have knowledge of National Labor Relations Board (NRLB) as it relates to the facility.
- N. Review and evaluate the unemployment compensation record of the facility and attend an unemployment compensation hearing as necessary.
- O. Review and report on ways to encourage and support professional development of team members.

## Domain 30 - Finance

### ***30.01 Ensure that financial management policies, procedures, and practices comply with applicable federal and state regulations.***

This task requires the Administrator to create policies and procedures that follow federal and state laws, rules, and regulations, including those specific to NHA, RCAL or HCBS.

### ***30.02 - Develop, implement, and evaluate the service provider's budget.***

This task requires the Administrator to have knowledge of the budget process and have systems in place to accurately set budgets based on income, expense, capital improvements, and required tasks of the organization.

### ***30.03 - Oversee the billing and collections process and monitor the accuracy of charges and timely collection of accounts.***

This task requires the Administrator to have procedures in place to timely and accurately bill for resident care and services to appropriate parties, insurances, or state and federal agencies as appropriate. Systems should be in place to make sure each recipient knows and understands their bill so that timely payments can be made to the facility.

### ***30.04 - Negotiate, interpret, and implement contractual agreements to optimize financial viability.***

This task requires the Administrator to ensure the facility/organization has written agreements and contracts that include duration of contract, liability insurance required and assured for each party, language that includes duties of each party and what steps are required to notify each party of any breach of service and details of how to dissolve agreements for poor service or choice to use another vendor/contractor.

### ***30.05 - Develop, implement, monitor, and evaluate financial policies and procedures that comply with Generally Accepted Accounting Principles (GAAP).***

This task requires the Administrator to ensure policies and procedures are in place to direct staff on the steps to accurately perform their duties. Direction must be given for employees in the areas of payroll, accounts receivable, billing, accurate record keeping, internal controls, trust accounts, HIPAA, etc.

### ***30.06 - Monitor and evaluate the integrity of financial reporting systems and audit programs.***

This task requires the Administrator to ensure that internal controls are in place to validate systems, audit and verify information, and ensure proper supervision to protect theft.

An example way to monitor theft would be to never allow the person who prepares a deposit make the deposit. There should be checks and balances in place to allow for the person making the deposit to check the prepared paperwork by a different individual to ensure no errors were made. Another example would be to have a place where the administrator of designee can access all passwords in case of emergency or to validate access when a person may be unavailable.

**30.07 - Establish safeguards for the protection of the service provider's assets (such as insurance coverage, risk management)**

This task requires the Administrator to have knowledge and provide leadership in risk management, internal controls, workers compensation, and to prevent unnecessary insurance/legal claims.

**30.08 - Develop, implement, monitor, and evaluate systems to improve financial performance.**

This task requires the Administrator to use critical thinking to understand financial viability and to respond to the financial needs of the facility/organization.

**30.09 - Manage and adjust expenses with fluctuations in census/occupancy/care recipient levels (such as staffing rations).**

This task requires the Administrator to have systems in place that will effectively make adjustments in labor, supplies, and resources as needed to ensure continued financial performance.

**30.10 - Monitor and address changes in the industry that may affect financial viability.**

This task requires the Administrator to stay knowledgeable of the changes of all financial resources to include but not limited to Medicare, Medicaid, insurance companies, and other payor sources. In addition, the Administrator must be knowledgeable of any city, state, and federal changes that may affect the financial performance of the facility/organization and make changes as needed.

**Knowledge of:**

- K01 Applicable federal and state laws, rules, and regulations
- K02 Operational and capital budgeting and forecasting methods
- K03 Financial statements and reporting requirements for not-for-profit and for-profit service providers
- K04 Service-related sources of revenue/reimbursement
- K05 Reimbursement methods across the continuum of care
- K06 Alternative sources of revenue
- K07 Integration of clinical and financial systems
- K08 Billing, accounts receivable, and collections
- K09 Accounts payable procedures and management
- K10 Revenue cycle management
- K11 Internal controls
- K12 Contracts and agreements
- K13 Financial analysis (such as ratios, profitability, debt covenants, revenue mix, depreciation, forecasting)
- K14 Financial statements (such as income statement, balance sheet, statement of cash flows)
- K15 Financial measures (such as operating margin, daily cash on hand, staffing, expense analysis)
- K16 Risk management
- K17 Insurance coverage (such as property, liability)
- K18 Inventory control and management
- K19 Payroll procedures and documentation
- K20 Purchasing process and supply chain management (such as request for proposals, pricing, ordering, receiving, group purchasing organization [GPO])
- K21 Resident trust accounts for personal funds

### III. Possible Activities/Assignments related to Domain 30: Finance

- A. Assist the administrator with all budget (capital, cash, operating, etc.) development and submission.
- B. Understand and assist with accounts payable processing.
- C. Analyze and understand how aged accounts work.
- D. Understand the facility's bad debt and write-off policy; determine avenues for improvement.
- E. Understand triple-check systems for private pay and all third party payors.
- F. Describe and review regularly produced financial reports to determine if fiscal issues have arisen and make recommendations as necessary
- G. Review and describe the chart of accounts, bookkeeping procedures, income and expense statements and balance sheets; make recommendations as necessary.
- H. Understand the financial audit process utilized by third party payors to ensure billings are in accordance with services provided.
- I. Analyze and understand third party payor cost reporting systems.

## Domain 40 - Environment

### ***40.01 - Ensure that physical environment policies and practices comply with applicable federal, state, and local laws and regulations.***

This task requires the Administrator to create policies and procedures that follow federal and state laws, rules, and regulations, including those specific to NHA, RCAL or HCBS.

### ***40.02 - Ensure the planning, development, implementation, monitoring, and evaluation of a safe and secure environment.***

This task requires the Administrator to have policies and procedures in place that ensure the physical plant, systems, equipment, and resources are properly used and appropriate for the facility/organization. It is required that the Administrator understands, promotes, directs, and requires supervision to maintain all equipment and resources and continually validate the physical plant to include (but not limited to) the facility, grounds, equipment, tools, emergency systems, fire systems, sprinklers, etc.

### ***40.03 - Ensure the planning, development, implementation, monitoring, and evaluation of infection control and sanitation.***

This task requires the Administrator to have policies and procedures in place to effectively assure that infection control and sanitation are properly planned, implemented, and validated. This would include, but not limited to, training of personnel, assuring proper supplies and resources are available and effective communication through the facility/operation/agency of reporting violations and areas of concern.

### ***40.04 - Ensure the planning, development, implementation, monitoring, and evaluation of emergency and disaster preparedness program, including linkage to outside emergency agencies.***

This task requires the Administrator to have specific policies and procedures in place to assure that an effective disaster preparedness program is in place. It is extremely important that the plan includes regular training of staff related to fire drills, emergency shut off valves, fire evacuation routes, where to find flashlights, extension cords, emergency phone, etc. In addition, the plan needs to include regular testing of emergency systems such as sprinklers, fire alarm, systems, emergency generators, and all safety and emergency equipment. It requires having agreements made with outside vendors for equipment testing and maintenance, transportation in the event of an emergency, and transfer agreements with resources that can help provide care and service to

relocate residents when necessary. In the event of relocation, provisions for moving resident charts, medications, blankets, food, and other items need to be planned and implemented.

**40.05 - Ensure the planning, development, implementation, monitoring, and evaluation of environmental services, housekeeping, and laundry.**

This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all environmental, housekeeping, and laundry services department meet and/or exceed all local, state, and federal requirements. This task includes infection control, proper temperatures and temperature logs, proper use of chemicals and products used per Material Safety Data Sheets (MSDS), preventative maintenance, systems to validate compliance, etc.

**40.06 - Ensure the planning, development, implementation, monitoring, and evaluation of maintenance services for property, plant and all equipment, including preventative maintenance.**

This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all maintenance services meet or exceed all local, state, and federal requirements. This task includes infection control, proper temperatures and temperature logs, proper use of chemicals and products used per MSDS, preventative maintenance, systems to validate compliance, etc.

**40.07 - Ensure the planning, development, implementation, monitoring, and evaluation of appropriate HIPAA complaint technology infrastructure.**

This task requires the Administrator to ensure HIPAA compliance by developing technology infrastructures, safeguards (e.g., backup systems, external data storage areas, preventative maintenance for computer hardware and software) and ongoing validation surveys.

**40.08 – Establish, maintain, and monitor a physical environment that provides clean, safe, and secure home-like surroundings for care recipients, staff, and visitors.**

This task requires the Administrator to ensure policies and procedures are in place to create a clean, home-like environment that supports the well-being and safety of all recipients. This task includes creating a resident-centered culture that promotes choice, comfort, and cleanliness.

**40.09 – Identify opportunities to enhance the physical environment to meet changing market demands.**

This task requires the Administrator to regularly maintain the physical environment of the facility/organization and to evaluate and monitor trends within the market or community to keep the facility/organization current. This task includes creating a chart or schedule for the normal life of equipment and furnishings, using qualified professionals to assess the interior/exterior design of facility/organization, and developing annual and capital budgets to prepare for predicted capital spending.

**40.10 – Establish, maintain, and monitor an environment that promotes choice, comfort, and dignity for care recipients.**

This task requires the Administrator to ensure policies and procedures are in place to create a clean, home-like environment that supports the well-being and safety of all recipients. This task includes creating a resident-centered culture that promotes choice, comfort, and cleanliness.

**40.11 – Assess care recipients' environment for safety, security, and accessibility and make recommendations for referral or modification.**

This task requires the Administrator to ensure that each recipient's personal environment and accessibility is individually evaluated and accommodations are made to provide the most independent, comfortable, and safe environment possible.

**Knowledge of:**

- K01 Federal, state and local standards, codes and regulations for building, equipment, maintenance, and grounds
- K02 Environmental principles that promote care recipient rights
- K03 HIPAA compliance
- K04 Community resources, programs and agencies available to meet the care recipients' home needs
- K05 Design principles that create a safe, secure, and home-like atmosphere based on the needs of the individuals served
- K06 Safety and security procedures
- K07 Physical plant security principles
- K08 Preventative and routine maintenance for building, grounds and equipment
- K09 Contracted services for mechanical, electrical, plumbing, laundry and IT systems
- K10 Compliance matters related to provision of contracted services
- K11 Infection control and sanitation regulations/standards of practice
- K12 Pest control programs
- K13 Handling and disposal of potentially hazardous materials
- K14 Disaster and emergency planning, preparedness, and recovery
- K15 Community resources available in the event of emergency or disaster
- K16 The use, storage, and inspection of required emergency equipment
- K17 Policies and procedures for housekeeping, maintenance, and laundry services
- K18 Technology infrastructure

**IV. Possible Activities/Assignments related to Domain 40: Environment**

- A. Audit preventative maintenance logs per regulations and company policy; track and trend such variables as time of day, season, staff member, etc.
- B. Audit resident rooms, utilizing audit tools to evaluate such items as electrical outlet plates, call bells, water temperatures and beds; track, trend and report accordingly.
- C. Review emergency generator and life safety regulatory requirements according to state, local, and federal laws specific to your building(s) and prepare a compliance report. Conduct audit of past year of the log; develop/revise preventative maintenance log with maintenance supervisor.
- D. Conduct an audit of the past year's log; develop and/or revise preventative maintenance logs with the maintenance supervisor.
- E. Assist the administrator and maintenance supervisor with developing and implementing an emergency plan.
- F. Develop a rounding sheet with the administrator and maintenance supervisor that is environmental and safety centered; initiate its implementation.
- G. Audit Log Out/Tag Out procedures to ensure compliance.

**Domain 50 – Management and Leadership**

**50.01 - Ensure compliance with applicable federal and state laws, rules, and regulations.**

This task requires the Administrator to create policies and procedures that follow federal and states, laws, rules, and regulations, including those specific to NHA, RCAL or HCBS.

**50.02- Promote ethical practice throughout the organization.**

This task requires the Administrator to create policies and procedures to ensure that a system is in place to direct the facility/organization related to ethical topics/situations that arise. This task would include developing an ethics committee or the creation of an ad hoc ethics committee when necessary.

**50.03 – Develop, implement, monitor, and evaluate policies and procedures that comply with directives of governing body.**

This task requires the Administrator to know and understand the governing body and all directives, policies, and procedures. This task also requires the administrator to recommend changes or additions to policies and procedures and make recommendation to the governing board to change/add policies and procedures when necessary.

**50.04 – Develop, communicate, and champion the service provider’s mission, vision, and values to stakeholders.**

This task requires the Administrator to develop a process to train stakeholders to communicate the mission, vision, and value of the organization. This includes creating positive and effective ways to not only share the mission, vision, and values of the organization but to create an atmosphere of confidence and execution of the mission, vision, and values.

**50.05 – Develop, implement, and evaluate the strategic plan with governing body’s endorsement.**

This task requires the Administrator to develop a strategic plan that reflects the facility/organizational values, mission, and policies that will direct the facility/organization to conduct effective business practices with the endorsement of the governing body. The strategic plan must include how the plan will be implemented, validated, and evaluated in a timely manner.

**50.06 – Promote and monitor satisfaction of the care recipient’s and their support networks.**

This task requires the Administrator to develop a system to monitor resident satisfaction. This can be done by the Administrator being visible through onsite visits with residents and family. This can also be done with satisfaction surveys and mock inspections. The successful administrator will generally perform a combination of onsite visits, surveys, and daily interaction with staff in the form of a stand up meeting.

**50.07 - Identify, foster, and maintain positive relationships with key stakeholders.**

This task requires the Administrator to determine who key stakeholders are and develop a working relationship/understanding with each of them. This task includes creating an atmosphere of trust and understanding. This should be tempered with providing necessary information to work jointly on projects and systems that benefit the organization. At no time should the impression be given that any key stakeholder is asked to assist in leading the facility/organization.

**50.08 – Educate stakeholders on services provided, regulatory requirements, and standards of care.**

This task requires the Administrator to develop a strategy to provide instruction and resources to help the stakeholder to understand facility, state, and federal requirements. It is also important for stakeholders to understand facility protocols, standards, and services that are provided to meet residents needs and create a home like environment to ensure resident safety and choice are paramount.

**50.09 – Solicit information from appropriate stakeholders for use in decision making.**

This task requires the Administrator to set up protocols/standards of practice to use all available input from trusted resources to make effective, fair and timely

decisions. The Administrator must have the ability to weigh the situation/circumstance and the time used to make decisions. While the Administrator is accountable for the decisions he/she will make, it is important for the Administrator to know that sometimes a good decision is better than the best decision when time or the lives of others is a factor.

**50.10 – Manage the service provider’s role throughout any survey/inspection process.**

This task requires the Administrator to develop a protocol/practice to use for any unannounced survey or inspection. The protocol should include reporting the surveyors’/inspectors’ presence to all key management teams. In addition, the protocol/practice should include providing needed information to surveyors and inspectors, keeping copies of any documents the surveyor/inspector reviews (as known), cooperating with the inspection, being visible, supporting staff throughout the survey/inspection, responding quickly to surveyor/inspector requests, and fire marshal inspection. The Administrator should strive to be ready for a survey any day of the year by training his/her staff to do all that is right year round.

**50.11 – Develop and implement an intervention(s) or risk management program(s) to minimize or eliminate exposure.**

This task requires the Administrator to develop a risk management program that is designed to prevent problems before they occur. The program should start with the identification of key risk areas and a system or protocol to prevent them. This includes specific protocols to educate staff on reporting incidents, events or situations that occur timely, who to report to, and what steps to take to reduce liability. This program requires effective communication from the Administrator and her/his designees.

**50.12 – Identify and respond to areas of potential legal liability.**

This task requires the Administrator to create a plan that identifies, responds, and prevents any current or potential legal liability. This includes communicating with staff, residents, and responsible parties when issues arise and proactively responding to concerns before they become a liability. In addition, Administrators should have systems in place to ensure best practices are done and documentation occurs for any change of condition or abnormal action, event or activity. The plan should also clarify when legal representation is necessary and describe the process to retain an attorney.

**50.13 – Implement, monitor, and evaluate information management and technology systems to support service providers operations.**

This task requires the Administrator to meet all federal, state and community requirements for information management of health records, financial information and HIPAA. Safeguards to employee, patient, resident and client information must be in writing and show evidence of training/competency of all employees. In addition, the Administrator must ensure there is a process in place to protect access to information, secure and track passwords, and to back up and protect all data in the community servers. Attention must also be given to ensure all technology is designed to save employees time and allow more time for patient/resident/client care.

**50.14 – Develop, implement, and monitor comprehensive sales, marketing, and public relations strategies.**

This task requires the Administrator to develop an effective marketing strategy designed to help the consumer, resident or responsible party, and staff to know about the features, benefits, and amenities of the community/organization. The community/organization should have clear policies, standards, and protocols to build consumer confidence.



The Administrator should also have clear policies and procedures on how to communicate emergency and disaster situations within and outside the community. The Administrator must also ensure that a marketing plan reflects and communicates what the community does/stands for/has achieved in the form of writing/action/advertisement/brochure/word of mouth.

**50.15 – Ensure that written agreements between the care recipient and the service providers protect the rights and responsibilities of both parties.**

This task requires the Administrator to assure that all written agreements reflect the services provided to the resident and meets federal and state guidelines. This may include having legal representatives review the written agreements on a regular basis to ensure they meet the most current regulations at the time and protect the facility/community/resident. In relation to a resident agreement/service plan/admission/financial agreement/etc., it is always wise to have the agreements reviewed by an attorney. Service provider/vendor agreements should be carefully reviewed by the Administrator, a designated financial person and, when necessary, an attorney.

**50.16 – Develop, implement, and evaluate the organization's quality assurance and performance improvement programs.**

This task requires the Administrator to develop an effective QAPI (Quality Assurance and Performance Improvement) program. This includes following CMS guidelines related to QAPI and establishing specific procedures, policies, and systems to perform an effective QAPI program. This also includes ensuring the program is designed to meet the ever-changing needs of the facility/organization.

**50.17 – Lead organizational change initiatives.**

This task requires the Administrator to demonstrate leadership by carefully assessing the facility needs, strategically developing effective methods to meet these needs, and then communicating the need for change(s) to the individuals affected. All changes should include providing clear and concise purposes related to the change and then to effectively train, validate, and celebrate those who participate in the change.

**50.18 – Facilitate effective internal and external communication strategies.**

This task requires the Administrator to develop methods of effective communication, internally and externally. The administrator must establish a hierarchy of individuals who communicate with each other via an organizational chart. The chart should be available to residents, families and staff so that it is clear who is responsible and has the authority to provide information. This includes creating clear and concise messages so that all staff are aware of how and what is to be communicated and when the need for assistance in communication is necessary. No employee should ever feel that the total weight of providing information rests on them. Training and strategies should include not only verbal and written communication but also electronic media such as Facebook, blogs, and Twitter.

**50.19 – Promote professional development of all team members.**

This task requires the Administrator to purposefully assess team members' training and experience and to facilitate an environment that allows employees opportunities to grow professionally. This would include internal and external opportunities for employees motivated to develop themselves professionally.

**Knowledge of:**

- K1 Applicable federal and state laws, rules, regulations, agencies and programs
- K2 Code of ethics and standards of practice
- K3 Components and purpose of mission, vision and value statements

## AIT Model Standards Covering the Domains of Practice

- K4 Stakeholder roles, responsibilities and limitations
- K5 Roles and responsibilities of owners and governing bodies
- K6 Services available along the healthcare continuum
- K7 Provider's role along the healthcare continuum
- K8 Methods for assessing, monitoring and enhancing care recipient satisfaction
- K9 Provider's certifications and licensing requirements
- K10 Regulatory survey and inspection processes, including the plan of correction process
- K11 Grievance procedures
- K12 Procedures for Informal Dispute Resolution (IDR)
- K13 Compliance programs
- K14 Reportable outcome measurements
- K15 Risk management principles and processes
- K16 Provider's legal and criminal scope of liability
- K17 Internal investigation protocols and techniques
- K18 Strategic business planning
- K19 Management information systems
- K20 Technology to support operations
- K21 Sales and marketing techniques
- K22 Public relations, including media relations
- K23 Volunteer programs
- K24 Elements of contracts and agreements
- K25 Care recipient's rights and responsibilities
- K26 Role of care recipient advocates and advocacy groups
- K27 Mandatory reporting requirements
- K28 Quality assurance and performance improvement techniques and models
- K29 Organizational change management
- K30 Organizational structures
- K31 Leadership and management principles and philosophies (such as planning, organizing, directing, delegating, motivating and evaluating)
- K32 Personality and leadership styles
- K33 Diversity awareness (such as culture, ethnicity, race, sexual orientation, gender, religion and language)
- K34 Workforce planning and education
- K35 HR management theory and principles
- K36 Governmental relations and advocacy
- K37 Functions of all departments and services

### V. Possible Activities/Assignments related to Domain 50: Management & Leadership

- A. Review policy and procedure manuals to determine if they are appropriate and timely, per regulations and organization policy and make recommendations for change as necessary.
- B. Develop and assist the administrator with an annual strategic planning meeting.
- C. Review current internal and external contracts and agreements for accuracy, efficiency and timeliness; organize and make recommendations as necessary.
- D. Review and become comfortable with federal regulations and state specific regulations; assist with educating department leaders, if needed.
- E. Assist with writing a Plan of Correction and/or identified regulatory violations.
- F. Review and update the facility's organizational chart and job descriptions.
- G. Review short-term and long-term goals of the organization for appropriateness.
- H. Study the bylaws/mission statement/vision of the governing body and how decisions and policies are made within the organization. Analyze the authority throughout the facility.
- I. Plan and attend internal and external meetings and prepare reports for the organization, as necessary.

- J. Review the facility marketing plan and make recommendations for change as necessary based upon facility dynamics and community needs.
- K. Review and understand the facility's media publicity efforts, including (but not limited to) writing news releases, facility publications, newsletters, etc.
- L. Organize and write a report to include competitive information, such as description of services and amenities, survey history, CMS 5-Star rating and community involvement.
- M. Review the facility's corporate compliance program to ensure all appropriate rules and regulations are followed.
- N. Review and describe how the facility's risk management program minimizes legal liability.
- O. Review and analyze facility's information management system, including technology, to ensure safeguards are in place to provide resident confidentiality, data security, social media, cell phones, etc.
- P. Review and analyze the facility's quality improvement programs.
- Q. Review the facility's customer satisfaction program, including resident relations initiatives, reception/concierge duties and resident/family surveys.
- R. Transitional Care: understanding the various regional lines of service and how they relate, as well as initiatives to ensure continuous delivery of safe and quality care as consumers transition between the different lines of service.

**The Following are the Necessary Skills:**

- S01 Creating and communicating a vision
- S02 Communicating effectively
- S03 Cultivating effective relationships
- S04 Inspiring and motivating
- S05 Demonstrating empathy
- S06 Group facilitation, consensus building and team building
- S07 Delegating, leading, and empowering
- S08 Coaching, teaching, counseling and mentoring
- S09 Negotiating, collaborating and resolving disputes
- S10 Problem solving
- S11 Analyzing and interpreting information/data
- S12 Informed decision making/critical thinking
- S13 Recognizing and ensuring care recipients' holistic needs are being met
- S14 Assessing and recognizing safety concerns and needs
- S15 Allocating and optimizing resources and programs
- S16 Writing and evaluating policies and procedures
- S17 Developing and evaluating systems
- S18 Protecting and promoting financial viability
- S19 Managing regulatory and accreditation surveys, inspections and audits
- S20 Prioritizing and managing time
- S21 Utilizing technology
- S22 Utilizing social media

# Chapter 4 | Preparation for the NAB Examination

As you prepare for the NAB examination, you will want to keep in mind the approximate distribution of questions that will come from each of the Domains.

	NHA	RC/AL
Customer Care, Supports, and Services	35%	34%
Human Resources	13%	14%
Finance	14%	14%
Environment	13%	13%
Management and Leadership	25%	25%
TOTAL	100%	100%

The NAB is an entry level examination. You need to familiarize yourself with the type of questions that you will find on the examination. Don't forget that there are NAB practice examinations available that may help you become more comfortable with the examination and build confidence with the content. Please familiarize yourself with the tools that are included in this manual to assist in preparation for the national examination. Some of these tools, such as the Flashcards and Glossary items can be found in the Appendices in the Self-Assessment Instruments. Additionally, NAB's Nursing Home Administrators Examination Bibliography References and the Assisted Living Administrators Examination Bibliography References can be found at <http://www.nabweb.org/exam-references>.

We wish you the best of luck and a successful career in long term care!

# KNOWLEDGE AND SKILLS



Before accessing the sample learning activities it is recommended that you review the information below. Questions on the NAB exams are developed from these items. A helpful preparatory activity would be if you asked yourself how you would write questions to “test” each of these items if you were an exam item writer?

## SKILLS (applicable to ALL Domains)

- S01** Creating and communicating a vision
- S02** Communicating effectively
- S03** Cultivating effective relationships
- S04** Inspiring and motivating
- S05** Demonstrating empathy
- S06** Group facilitation, consensus building, and team building
- S07** Delegating, leading, and empowering
- S08** Coaching, teaching, counseling, and mentoring
- S09** Negotiating, collaborating, and resolving disputes
- S10** Problem solving
- S11** Analyzing and interpreting information/data
- S12** Informed decision making/critical thinking
- S13** Recognizing and ensuring care recipients' holistic needs are being met
- S14** Assessing and recognizing safety concerns and needs
- S15** Allocating and optimizing resources and programs
- S16** Writing and evaluating policies and procedures
- S17** Developing and evaluating systems
- S18** Protecting and promoting financial viability
- S19** Managing regulatory and accreditation surveys, inspections, and audits
- S20** Prioritizing and managing time
- S21** Utilizing technology
- S22** Utilizing social media

## KNOWLEDGE - Domain 10 - Customer Care, Supports, and Services

*Knowledge of:*

- K01** Applicable federal and state laws, rules, and regulations
- K02** Government programs and entities
- K03** Ethical decision-making
- K04** Interpersonal relationships, dispute resolution, and group dynamics
- K05** Psychosocial aspects of aging
- K06** Physiological aspects of aging
- K07** Basic principles and concepts of nursing

- K08** Basic medical terminology
- K09** Basic pharmaceutical terminology
- K10** Basic principles and regulations for medication management/administration
- K11** Basic principles and concepts of restorative/wellness programs
- K12** Basic principles of rehabilitation
- K13** Basic principles of acute and chronic diseases
- K14** Basic principles of infection control
- K15** Basic principles of pain management
- K16** Basic principles of fall prevention
- K17** Basic principles of elopement prevention
- K18** Basic principles of creating a safe environment for care recipients
- K19** Basic understanding of mental health issues
- K20** Basic understanding of cognitive impairments
- K21** Basic principles of behavior management
- K22** Basic principles of restraint usage and reduction
- K23** Basic elements of a social services program
- K24** Basic elements of a therapeutic recreation/activity program
- K25** Basic principles of nutrition including specialized diets
- K26** Basic principles of dietary sanitation, food storage, handling, preparation, and presentation
- K27** Basic principles of hospice and palliative care
- K28** Grieving process
- K29** Death and dying
- K30** Person-centered care concepts
- K31** Diversity of care recipients
- K32** Care recipients' support network interests, needs, and values
- K33** Care recipient Bill of Rights
- K34** Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process
- K35** Care recipient assessment instruments (OASIS) and interdisciplinary care plan requirements and process
- K36** Care recipient assessments and care plans other than RAI and OASIS
- K37** Admission/move-in, transfer, and discharge/move-out requirements
- K38** Bed-hold requirements (NHA only)
- K39** Roles, responsibilities, regulation and oversight of contracted providers and services
- K40** Services and resources available across the continuum of care (such as community, social, financial, spiritual)
- K41** Care recipient specific legal matters (such as power of attorney, guardianship, conservatorship, code status, Advance Directives)
- K42** Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs)
- K43** Role of Medical Director
- K44** Role of healthcare partners and clinical providers
- K45** Medical services, specialties and equipment (such as oxygen, durable medical equipment, podiatry)
- K46** Emergency medical services and techniques (such as CPR, first aid, Heimlich Maneuver, AED)
- K47** Center for Medicare and Medicaid Services (CMS) quality indicators and measures

- K48** Quality assurance and performance improvement processes as related to care and services
- K49** Techniques for auditing care recipient services and outcomes
- K50** Signs and symptoms of abuse, neglect, and exploitation
- K51** Mandatory reporting requirements for incidents and adverse events
- K52** Medical record content, format, and documentation requirements
- K53** Confidentiality, disclosure, and safeguarding medical record information requirements
- K54** Transportation option for care recipients
- K55** Environmental services (such as housekeeping and laundry)
- K56** Hospitality services
- K57** Basic technological advances in healthcare

## KNOWLEDGE - Domain 20 - Human Resources

### *Knowledge of:*

- K01** Applicable federal and state laws, rules, and regulations
- K02** Licensure requirements and scopes of practice
- K03** Service provider staffing requirements
- K04** Employee position qualifications, job analysis, job descriptions
- K05** Employee recruitment, selection, interviewing, reference and background checks
- K06** Employee orientation, training and continuing education requirements, and resources
- K07** Compensation and benefit programs (such as employee assistance programs, insurance, salary, retirement)
- K08** Human resource policies and procedures (such as employee grievance, workplace rules, discipline, absenteeism, turnover, classification, exemption status)
- K09** Diversity training
- K10** Performance evaluation procedures
- K11** Safety and injury prevention training
- K12** OSHA rules and regulations
- K13** Workers compensation rules, regulations, and procedures
- K14** Drug-free workplace programs
- K15** Methods for assessing, monitoring, and enhancing employee satisfaction
- K16** Employee recognition, appreciation, and retention programs
- K17** Leadership development
- K18** Types and methods of communication
- K19** Conflict resolution and team dynamics
- K20** Information technology safeguards related to such issues as data security, social media, e-mail, voicemail, computer software, cell phones, photography, video, texting
- K21** Union/management and labor relations
- K22** Employee record-keeping requirements and procedures
- K23** Mandatory reporting requirements



## KNOWLEDGE - Domain 30 - Finance

### *Knowledge of:*

- K01** Applicable federal and state laws, rules, and regulations
- K02** Operational and capital budgeting and forecasting methods
- K03** Financial statements and reporting requirements for not for profit and for profit service providers
- K04** Service-related sources of revenue/reimbursement
- K05** Reimbursement methods across the continuum of care
- K06** Alternative sources of revenue
- K07** Integration of clinical and financial services
- K08** Billing, accounts receivable, and collections
- K09** Accounts payable procedures and management
- K10** Revenue cycle management
- K11** Internal controls
- K12** Contracts and agreements
- K13** Financial analysis (such as ratios, profitability, debt covenants, revenue mix, depreciation, forecasting)
- K14** Financial statements (such as income statement, balance sheet, statement of cash flows)
- K15** Financial measures (such as operating margin, days cash on hand, staffing, expense analysis)
- K16** Risk Management
- K17** Insurance coverage (such as property, liability)
- K18** Inventory control and management
- K19** Payroll procedures and documentation
- K20** Purchasing process and supply chain management (such as request for proposals, pricing, ordering, receiving, group purchasing organization (GPO))
- K21** Resident trust accounts for personal funds

## KNOWLEDGE - Domain 40 - Environment

### *Knowledge of:*

- K01** Federal, state and local standards, codes and regulations for building, equipment, maintenance, and grounds
- K02** Environmental principles that promote care recipient rights
- K03** HIPAA compliance
- K04** Community resources, programs and agencies available to meet the care recipients' home needs
- K05** Design principles that create a safe, secure, and home-like atmosphere based on the needs of the individual served
- K06** Safety and security procedures
- K07** Physical plant security principles
- K08** Preventative and routine maintenance programs for buildings, grounds, and equipment
- K09** Contracted services for mechanical, electrical, plumbing, laundry systems, IT
- K10** Compliance matters related to provision of contracted services
- K11** Infection control and sanitation regulations/standards of practice
- K12** Pest control programs

- K13** Handling and disposal of potentially hazardous materials
- K14** Disaster and emergency planning, preparedness, and recovery
- K15** Community resources available in the event of emergency or disaster
- K16** The use, storage, and inspection of required emergency equipment
- K17** Policies and procedures for housekeeping, maintenance, and laundry services
- K18** Technology infrastructure

## **KNOWLEDGE - Domain 50 - Management and Leadership**

### *Knowledge of:*

- K01** Applicable federal and state laws, rules, and regulations, agencies, and programs
- K02** Code of ethics and standards of practice
- K03** Components and purpose of mission, vision, and value statements
- K04** Stakeholders roles, responsibilities, and limitations
- K05** Roles and responsibilities of owners and governing bodies
- K06** Services available along the healthcare continuum
- K07** Provider's role along the healthcare continuum
- K08** Methods for assessing, monitoring, and enhancing care recipient satisfaction
- K09** Provider's certifications and licensing requirements
- K10** Regulatory survey and inspection processes, including the plan of correction process
- K11** Grievance procedures
- K12** Procedures for Informal Dispute Resolution (IDR)
- K13** Compliance programs
- K14** Reportable outcome measurements
- K15** Risk management principles and processes
- K16** Providers legal and criminal scope of liability
- K17** Internal investigation protocols and techniques
- K18** Strategic business planning
- K19** Management information systems
- K20** Technology to support operations
- K21** Sales and marketing techniques
- K22** Public relations including media relations
- K23** Volunteer programs
- K24** Elements of contracts and agreements
- K25** Care recipient's rights and responsibilities
- K26** Role of care recipient advocates and advocacy groups
- K27** Mandatory reporting requirements
- K28** Quality assurance and performance improvement techniques and models
- K29** Organizational change management
- K30** Organizational structures

- K31** Leadership and management principles and philosophies (such as planning, organizing, directing, delegating, motivating, evaluating)
- K32** Personality and leadership styles
- K33** Diversity awareness (such as culture, ethnicity, race, sexual orientation, gender, religion, language)
- K34** Workforce planning and education
- K35** HR management theory and principles
- K36** Governmental relations and advocacy
- K37** Functions of all departments and services

# SAMPLE LEARNING ACTIVITIES



Below are examples of Sample Learning Activities that you may consider using in your Plan of Study. These activities are a sample list and may be tailored to meet each individual AIT experience. You may wish to copy and paste, edit and add to or delete from this list to tailor it to your own style when you're creating your "Plan of Study" for your AIT.

Before you review these sample learning activities, it is recommended that you review the information in the "Knowledge and Skills" section (Appendix 1). Questions from the NAB exams are developed from these items. Ask yourself how you would write questions to "test" each of these items if you were an exam item writer.

Sub-Domain	Task	Sample Learning Objective(s) - adjust/tailor (these are by no means comprehensive or perfect)	Sample Learning Activities - brainstorming ideas only (may not be properly placed/aligned with tasks)
10.01	<p><b>Establish care recipient service policies and procedures that follow federal and state laws, rules, and regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• list applicable laws, rules, regulations.</li> <li>• identify existing applicable policies.</li> </ul>	<p>Review applicable rules, laws, and regulations, review existing policies in the host facility; propose changes to update existing policies. Create a list of existing rules, laws, regulations and policies. Review care related survey tags. Review nursing job descriptions and policy/procedure manuals. Learn scheduling techniques/staffing patterns. Review the nursing in-service training session - attend a session. Observe quality of interactions between nursing staff and residents. Review infection control procedures. Identify major standards and regulations required for the facility. Determine how compliance is tracked and evaluated.</p>
10.02	<p><b>Ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipient preferences and assessed needs.</b> <i>This task requires the Administrator to ensure that staff implement a plan of care for each resident, based on the individual needs and preferences, under the direction of a physician. This task includes a comprehensive assessment of each resident/recipient. The comprehensive assessment should include (but not limited to) assessments for nutrition (to include diet, texture, weight, swallowing), therapy, mobility, fall risk, skin/wound management, medications and contraindications, cognitive abilities, behavior, mental health, and etc.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• create and update care plans.</li> <li>• describe the MDS.</li> <li>• summarize required information to be included in resident's records, how they are updated, etc.</li> </ul>	<p>Attend care planning meetings; assist with records reviews. Attend CNA training (become a CNA) - highly recommended for most AITs. Review facility policies governing the role of the physician. Study procedures and practices for emergency medical care. Study a random sample of 3-4 resident medical charts - review physicians' orders, nursing notes, etc.</p>

<p><b>10.03</b></p>	<p><b>Ensure the planning, development, implementation/execution, monitoring and evaluation of admission/move-in process, including pre-admission/pre-move in information, to promote a quality experience for care recipients.</b> <i>This task requires the Administrator to ensure that the admission process is comprehensive and is resident centered. This task includes obtaining all available documentation at the time of admission to include (but not limited to): power of attorney for health care and financial, resident identification cards, insurance information, doctor and all other orders related to the resident to include hospital/doctors/clinic records pertaining to the residents stay at the facility or services provided by the organization.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• describe the admission/move in process.</li> <li>• list the admission requirements and required documentation.</li> </ul>	<p>Observe an admission process; assist and/or conduct an admission. Research and list document requirements at the facility. Review the contents and organization of a standard medical record. Using a checklist, analyze a sample of 4-5 medical records for completeness and currency of information (audit records). Attend a meeting of the committee assigned to monitor quality of care. Become familiar with resident assessments and care plans. Identify quality measures used by the facility. Review the social worker's job description and job duties. Determine facility's philosophy regarding social services for residents and their families. Participate in a resident care planning meeting. Assist Social Services Director with a special project as needed (e.g., record review, resident satisfaction survey, etc.). Conduct an admission audit of current in-house resident population, analyze data and report (assist with recommendations as needed). Audit admissions documents. Complete an audit of resident preferences, such as time to eat, rise and retire, bathe, and time of therapy (make recommendations). Develop and implement an outreach program that communicates regularly with residents and/or families post discharge.</p>
<p><b>10.04</b></p>	<p><b>Ensure the planning, development, implementation/execution, monitoring and evaluation of discharge/move out process to promote a quality experience for care recipients.</b> <i>This task requires the Administrator to ensure that resident care is appropriate for the level of care they require and that an interdisciplinary team continually monitors the resident's progress and recommends the best care environment needed to maximize the resident's quality of living.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• explain the discharge/move out process.</li> <li>• describe the discharge requirements, restrictions, and required documentation.</li> </ul>	<p>Observe a discharge. Observe an interdisciplinary team meeting discussing a possible discharge. Assist with a discharge</p>
<p><b>10.05</b></p>	<p><b>Ensure the planning, development, implementation/execution, monitoring and evaluation of programs to meet care recipient's psychosocial needs and preferences.</b> <i>This task requires the Administrator to ensure residents are properly evaluated and cared for based on their psychosocial needs and preferences.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• demonstrate how residents are cared for and evaluated.</li> <li>• describe psychosocial needs/preferences.</li> <li>• summarize how resident care meets the psychosocial needs/preference of the resident.</li> </ul>	<p>Attend CNA training (become a CNA) (highly recommended). Develop a "rounds" checklist with the Administrator and DON that is resident-centered; initiate implementation. Develop resident satisfaction surveys and make recommendations for implementation as necessary.</p>
<p><b>10.06</b></p>	<p><b>Ensure the planning, development, implementation/execution, monitoring and evaluation of care recipient's activities/recreation to meet social needs and preferences.</b> <i>This task requires the Administrator to ensure activities, events, and programs are resident centered and designed to meet the needs and preferences of each resident.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• observe how the activities director learns the preferences of the residents.</li> <li>• describe the challenges associated with planning activities to meet the various needs/preferences of each resident.</li> </ul>	<p>Interview residents to learn what they are interested in doing; assist to plan activities/events/programs; review related survey tags. Explore the Activities Director's philosophy of service. Review and evaluate the activity calendar for variety and appropriateness. Participate in a variety of activities with residents. Work one-on-one with a resident in an activity (e.g., BINGO Buddy).</p>

10.07	<p><b>Ensure the planning, development, implementation/execution, monitoring and evaluation of a health information management program to meet documentation requirements in compliance with federal and state regulations.</b> <i>This task requires the Administrator to ensure all resident specific documentation is protected and follows state, federal and HIPAA regulations.</i></p>	<p>The AIT will be able to summarize HIPAA requirements</p>	<p>Review HIPAA requirements; review and observe HIPAA related policies and practices; suggest changes to HIPAA related policies and practices; review related survey tags. Conduct audit of flu vaccination response variables, analyze data and report (assist with recommendations as needed). Conduct audit of admission and annual required vaccines, analyze data and report (assist with recommendations as needed). Conduct medical records audit with appropriate staff.</p>
10.08	<p><b>Ensure the planning, development, implementation/execution, monitoring, and evaluation of medication management that supports the needs of the care recipient.</b> <i>This task requires the Administrator to ensure that doctor's orders are strictly followed and that policies and procedures are in place to assure compliance.</i></p>	<p>The AIT will be able to explain requirements for medication management to include documentation requirements, storage requirements, destruction requirements, etc.</p>	<p>Observe med passes/documentation; observe expired med destruction; review med storage policies/practices; review related survey tags. Learn the policies covering drug orders, receiving drugs, drug storage, disbursement of medication and drug destruction. Observe the procedures and techniques used in the administration of medications. Observe nurse peer review on administration of medications. With DON, ensure medications are not expired.</p>
10.09	<p><b>Ensure the planning, development, implementation/execution, monitoring and evaluation of a rehabilitation program to maximize optimal level of functioning and independence for care recipients.</b> <i>This task requires the Administrator to provide individualized rehabilitative services to recipients that will help them meet their baseline and allow residents to be as independent as possible.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• describe rehabilitation programs.</li> <li>• recognize declines in the range of motion, etc. that helped with rehabilitation.</li> </ul>	<p>Observe rehabilitation; observe range of motion measurements; observe assessments for rehabilitation. Determine how the facility provides rehabilitation services to residents (direct staff, contract, etc.). What types of rehabilitation specialists are used by the facility (PT, OT, Speech, etc.)? Visit with one of the rehabilitation specialists about his/her services. Observe, if possible, rehabilitation treatments. Organize and implement a follow-up program for discharged residents to the community. Develop audit for equipment inventory and complete audit report.</p>
10.10	<p><b>Ensure the planning, development, implementation/execution, monitoring and evaluation of systems for coordination and oversight of contracted services.</b> <i>This task requires the Administrator to ensure that services are available to meet the needs of each recipient from qualified vendors that meet city, state and federal requirements.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• interpret the process required to coordinate necessary services.</li> <li>• list items to avoid when preparing a facility contract.</li> <li>• provide examples of required services that must be contracted within various facility types.</li> </ul>	<p>Review existing contracts; assist to establish a new contract or renew an existing one. Summarize required services that have to be offered within the facility.</p>
10.11	<p><b>Ensure the planning, development, implementation/execution, monitoring and evaluation of policies and procedures for responses to care recipient incidents, accidents, and or emergencies.</b> <i>This task requires the Administrator to ensure that policies and procedures are written and followed to prevent incidents and accidents and to prepare staff to act appropriately when incidents, accidents, and emergencies occur.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• describe reporting requirements and the administrator's role in reporting interventions that follow an incident.</li> <li>• list the steps in conducting a proper investigation.</li> <li>• share expected reactions to incidents.</li> </ul>	<p>Assist to prepare incident report(s). Discuss/recommend interventions. Observe/ conduct/assist with an investigation. Participate in post-incident counseling</p>
10.12	<p><b>Ensure the planning, development, implementation/execution, monitoring and evaluation of housekeeping and laundry services for care recipients.</b> <i>This task requires the administrator to ensure a clean, safe, and sanitary environment.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• compare the overlap of infection control with housekeeping requirements.</li> <li>• identify the challenges/concerns of the housekeeping and laundry staff.</li> </ul>	<p>Review related survey tags. Assist with housekeeping daily chores. Assist with laundry procedures. Review housekeeping and laundry policies</p>

<p><b>10.13</b></p>	<p><b>Ensure the planning, development, implementation/execution, monitoring and evaluation of education intended for care recipients and their support networks.</b> <i>This task requires the Administrator to ensure that the care recipient and/or their responsible party is informed of their care, condition, and treatment as much as practical.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• explain the requirements for informing residents and/or their responsible party of their care, condition, and treatment.</li> <li>• describe what constitutes a significant change.</li> </ul>	<p>Become a CNA (attend training). If CNA training is completed, it is advised to complete the self assessment again and realign hours as needed.</p>
<p><b>10.14</b></p>	<p><b>Ensure the planning, development, implementation/execution, monitoring and evaluation of nutritional needs and preferences of care recipients.</b> <i>This task requires the Administrator to ensure that the care recipient's nutritional needs are met in accordance with their individualized needs and preferences while simultaneously meeting all physician-prescribed orders.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• identify geriatric nutritional needs that encompass various diet requirements.</li> <li>• describe requirements related to significant weight change, etc.</li> </ul>	<p>Become certified to feed residents; assist in feeding. Assist with weigh-in procedures Assist with preparation and storage of food. Assist with delivery of meals to residents. Review physician prescribed dietary requirements for various residents. Review job description of the Food Service Director, cooks and other staff. Learn how the dietary department is organized and how staff is scheduled. Review policies and procedures regarding key issues in food service (e.g., hand washing, temperatures, waste management, etc.) Review and discuss menu preparation with Food Service Director and/or Dietician.</p>
<p><b>10.15</b></p>	<p><b>Ensure the planning, development, implementation/execution, monitoring and evaluation of dining experience that meets the needs and preferences of care recipients.</b> <i>This task requires the Administrator to ensure that dining services are resident centered and meet the nutritional needs paralleled with the recipient preferences.</i></p>	<p>The AIT will be able to describe culture change issues as they relate to dining.</p>	<p>Visit another facility that delivers/serves meals in a different way (e.g. from a menu or a la carte). Review culture change. Interview residents to learn what they desire (variables in taste, temperature, timeliness, presentation, etc). Meet with Dietician and Dietary Manager to learn how menus are developed, followed and implemented. Audit to confirm residents are receiving correct diets, drinks and adaptive devices. Understand nutritionally compromised concerns and how weights are monitored. Audit purchasing and storage process. Audit food temperatures.</p>
<p><b>10.16</b></p>	<p><b>Ensure care recipients rights and individuality with all aspects of care.</b> <i>This task requires the Administrator to ensure all staff are trained and follow state and federal guidelines related to resident rights. Attention must be made to issues related to abuse, neglect, misappropriation of resident property and mistreatment of residents.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• define, in detail, resident rights.</li> <li>• analyze issues such as abuse, neglect, misappropriation, and mistreatment.</li> </ul>	<p>Study resident rights; present an in-service regarding aspect(s) of resident rights. Present an in-service regarding abuse, neglect, misappropriation of resident property and/or mistreatment of residents. Review the residents rights statements used by the facility - evaluate them for completeness, accuracy, timeliness. Review methods of disseminating resident rights information to residents and families. Evaluate the extent to which resident rights are being addressed by staff.</p>



10.17	<p><b>Integrate support network's perspectives to maximize care recipients quality of life and care.</b> <i>This task requires the Administrator to ensure that measures are taken to review Quality Improvement Measures, and to strategize how each team member influences quality measures and how they each help to improve quality based on recipient, responsible party, and team members' input. Attention must be made to issues related to meeting the care recipient's individualized needs.</i></p>	<p>The AIT will be able to evaluate needs of residents to maximize care and quality of life and determine the means to meet these goals.</p>	<p>Review Quality Improvement Measures; interview residents/responsible parties and employees to see how the facility is progressing. Develop and implement a Volunteer Program. Develop/Enhance Life Enrichment/Person Centered Care Program - interview residents and families to ensure desired activities are planned and implemented. Develop in-service alongside Activities Director for Life Enrichment/ Person Centered Care; assist to present in-services.</p>
10.18	<p><b>Ensure transportation options are available for care recipients.</b> <i>This task requires the Administrator to ensure adequate transportation to care recipients. The facility should identify transportation that is available and the costs (if any) for the services and inform recipients and their responsible parties of availability and cost. The facility/entity must be available to help coordinate transportation services based on the recipients preference and available funding.</i></p>	<p>The AIT will be able to list requirements to provide transportation to residents.</p>	<p>Explore additional options not currently used. Review existing policies.</p>
10.19	<p><b>Ensure the provision of a customer service culture that leads to a quality experience for care recipients.</b> <i>This task requires the Administrator to promote a resident centered experience that serves each recipient according to their choices and preferences as much as practical.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• understand the culture of customer service.</li> <li>• describe the administrator's role as a leader.</li> <li>• define customer service from a care recipients perspective.</li> </ul>	<p>Interview residents to learn their choices/ preferences. Study "customer service" in another setting (e.g. restaurant, hotel) and compare it to how this facility defines customer service. Conduct an in-service on the importance of customer service. Recognize employees who are good examples of customer service. Determine how resident care policies and procedures are developed and disseminated in the facility. Determine the extent to which staff knows relevant resident care policies. Audit/do rounds for dust, clean floors, toilets, showers, etc. Audit laundry. Audit infection control, safety and cross-contamination procedures. Follow the linen distribution system from soiled to clean.</p>
20.01	<p><b>Ensure that human resources management policies and programs comply with federal and state rules and regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i></p>	<p>The AIT will be able to interpret the requirements relating to HR from the federal and state levels.</p>	<p>Review federal and state HR requirements; review/update facility policies. Review facility policy on cultural diversity and cultural competence; determine how staff is being trained in these areas. Conduct employee file audit per regulations and organizational policy. Review/understand employee handbook - look for accuracy and compliance; make recommendations.</p>

<p><b>20.02</b></p>	<p><b>Establish the planning, development, implementation, monitoring, and evaluation of recruitment, selection, and retention practices.</b> <i>This task requires the Administrator to ensure the facility has systems in place that will provide for a consistent, fair, and predictable method of job development, job hiring, job training, employee evaluation, and continuing education. These systems should follow the standards of the Fair Labor Standards Act (FSLA).</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• explain the limitations of hiring practices and interview question restrictions.</li> <li>• describe turnover rate issues and methods available to address this.</li> <li>• Define the NRLB and provide examples of how this organizational entity affects the facility.</li> </ul>	<p>Participate in job interviews; interview employees to find out why they stay; conduct exit interviews to understand why employees are leaving. Review the process of interviewing prospective staff (who does it? What techniques are used, etc.?). Collect annual turnover rate for last few years and develop strategic plan with activities, timeframes, etc., for identified changes. Participate in a complete employee hiring and orientation process (i.e., interview, background check, etc.).</p>
<p><b>20.03</b></p>	<p><b>Establish the planning, development, implementation, monitoring, and evaluation of employee training and development programs.</b> <i>This task requires the Administrator to have policies and procedures in place to train managers/leaders to follow and design basic and continuing education programs aimed at evaluating individual employee performance and training programs that can meet the basic, continuing, or potential education needs of the employee.</i></p>	<p>The AIT will be able to list the requirements for evaluating individual employee performance.</p>	<p>Review policies and procedures to train managers/leaders regarding evaluation of employees. Conduct an in-service for managers/leaders. Conduct a staff meeting and in-service training program.</p>
<p><b>20.04</b></p>	<p><b>Establish the planning, development, implementation, monitoring, and evaluation of employee evaluation programs.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place that clearly provide instruction to managers/leaders to regularly monitor employee performance and to timely inform employees of when their performance or adherence to procedures does not meet standards. This should include timely formal evaluation of the employee to communicate areas of poor performance and areas that employee meets and exceed facility standards.</i></p>	<p>The AIT will be able to describe performance evaluation standards and how and why to enforce them.</p>	<p>Review performance evaluation requirements. Review status of performance evaluations. Study correlation of turnover with evaluation reports. Develop employee satisfaction questionnaire; administer it and analyze data; develop plan.</p>
<p><b>20.05</b></p>	<p><b>Establish the planning, development, implementation, monitoring, and evaluation of compensation and benefit programs.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place for employee compensation and benefit programs. This includes a formal method of informing employees of their employee benefits and compensation.</i></p>	<p>The AIT will be able to explain the Administrator's role in the compensation and benefit program.</p>	<p>Brief new employees at a new employee orientation regarding their benefits. Review facility recognition programs and procedures. Examine how performance reviews are conducted and by whom. Conduct an assessment of turnover rates and identify major factors that contribute to staff turnover. Review employee benefit policies and plans (Employee Manual). Determine how compensation and benefits policies and programs are developed and implemented. Conduct a compensation analysis using state, regional or national comparative data. Study and analyze recruiting plans and staffing patterns - offer ideas to improve. Review and evaluate payroll plans, compensation plans, and benefits packages.</p>

20.06	<p><b>Establish the planning, development, implementation, monitoring, and evaluation of employee health and safety programs.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place to prevent employee injury and encourage employee wellness. This includes an effective workers compensation or group retro program and providing a health/wellness program that gives employees the opportunity to attain health, dental, vision, accident, pharmacy, and life insurance programs.</i></p>	<p>The AIT will be able to describe the importance of employee health and safety programs</p>	<p>Review policies and procedures relating to the health and wellness of employees. Review facility safety policies and programs. Attend a safety committee meeting. Study OSHA regulations that pertain to the facility. Review workers compensation policies and procedures. Track absentee information by shift, days of week reasons, frequency; analyze and report.</p>
20.07	<p><b>Establish the planning, development, implementation, monitoring, and evaluation of employee satisfaction and organizational culture.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to measure employee satisfaction and that results are taken seriously and considered. This task also requires the Administrator to develop an organization chart/structure that will clearly communicate the organization structure to employees.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• give examples of ways to measure employee satisfaction.</li> <li>• illustrate the organizational structure.</li> </ul>	<p>Review policies and procedures relating to the measurement of employee satisfaction. Review organization chart.</p>
20.08	<p><b>Establish the planning, development, implementation, monitoring, and evaluation of employee disciplinary policies and procedures.</b> <i>This task requires the Administrator to have policies and procedures in place that will set standards to objectively measure employee performance. When employee performance or behavior does not meet standards, employees are made aware of an allegation, and given an opportunity to give an explanation of their performance or behavior (give their side of the story), offer witnesses or evidence that will support their statement, and/or provide a written statement. Procedures should state that the employees will be made aware if an investigation will be done, if the employee will be suspended pending investigation, and that no discipline will be applied until a thorough investigation is completed.</i></p>	<p>The AIT will be able to explain the importance and limitations of employee disciplinary policies and procedures.</p>	<p>Review employee disciplinary policies and procedures. Participate in counseling. Participate in incident investigations. Participate in and interview of employee regarding performance or behavior issue. Review and evaluate the unemployment compensation record of the facility and attend an unemployment compensation hearing as necessary.</p>
20.09	<p><b>Establish the planning, development, implementation, monitoring, and evaluation of employee grievance policies and procedures.</b> <i>This task requires the Administrator to have policies and procedures in place to clearly communicate with the employee a formal program/grievance procedure in which the employee, without fear of retaliation, can communicate areas of frustration, abuse, mistreatment, or concerns with the understanding that a formal response will follow.</i></p>	<p>The AIT will be able to explain the importance of employee grievance policies and procedures.</p>	<p>Participate in grievance procedures.</p>
20.10	<p><b>Establish the planning, development, implementation, monitoring, and evaluation of leadership development programs.</b> <i>This task requires the Administrator to develop leadership development programs not only for manager/leaders but also for all employees. This may be in the form of a formalized program designed by a corporation, outside vendor, or the Administrator.</i></p>	<p>The AIT will be able to describe their knowledge of leadership and leadership principles, including mentoring skills.</p>	<p>Conduct in-service for employees focusing on leadership. Study a new leadership principle. Learn about “empowerment” and teach a department head. Learn about delegation and teach it. Review and report on ways to encourage and support professional development of team members.</p>

20.11	<p><b>Promote a safe work environment (such as safety training and employee risk management).</b> <i>This task requires the Administrator to ensure effective policies and procedures are in place to create an awareness of safety throughout the workplace that include reporting accidents, safety monitoring, fire drills, water, gas and electric shut off valves, and that emergency generators are regularly tested.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• describe the need for safety training and risk management.</li> <li>• explain the importance of emergency/disaster drills, incident reporting, and knowledge of the facility.</li> </ul>	<p>Conduct and evaluate an emergency/disaster drill. Review emergency/disaster plans. Create a "cheat sheet" for the facility to show where all important shut-off valves/switches are located. Participate in the testing of emergency generators; conduct an in-service. Brief new employees on the details and importance of emergency procedures. Audit external health care providers to determine current license, liability insurance, etc.</p>
20.12	<p><b>Promote a positive work environment (using techniques such as conflict resolution, diversity training, and staff recognition programs).</b> <i>This task requires the Administrator to ensure that policies and procedures are in place to assure that the employees are provided a workplace that allows them to communicate concerns and grievances in a safe environment. This also includes training programs in diversity, conflict resolution, continuing education, and staff recognition programs.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• identify techniques for conflict resolution.</li> <li>• provide examples of diversity issues.</li> <li>• explain the importance and methods of staff recognition.</li> </ul>	<p>Participate in conflict resolution; test theories, methods. Study conflict resolution techniques. Attend diversity sensitivity training. Propose ideas to recognize staff performance; spontaneously recognize (informally) staff performance.</p>
20.13	<p><b>Facilitate effective written, oral, and electronic communication among management and employees.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to direct managers and employees on how to formally and informally communicate with each other. These procedures should include requirements to managers on effective leadership ensuring employees are aware and trained in their respective job duties and tasks. Supervisors should also be held accountable for validating performance and communicating with employees their progress.</i></p>	<p>The AIT will be able to explain the importance of effective formal and informal communication.</p>	<p>Review communication policies and procedures. Review performance evaluations. Examine the methods administrators use to communicate with employees (e.g., newsletters, bulletin boards, social media, etc.).</p>
20.14	<p><b>Ensure employee records and documentation systems are developed and maintained.</b> <i>This task requires the Administrator to ensure employee records and correspondence are protected and secure to other employees, residents and unauthorized individuals.</i></p>	<p>The AIT will be able to explain the requirements for protecting private employee information, data and correspondence.</p>	<p>Review laws, rules, regulations relating; review facility policies relating; observe the practice of protecting employee records (conduct an exercise to attempt to violate a faux record?)</p>
20.15	<p><b>Establish a culture that encourages employees to embrace care recipients rights.</b> <i>This task requires the Administrator to create a culture that ensures that all resident rights are followed and to develop policies and procedures on reporting violations of resident rights.</i></p>	<p>The AIT will be able to demonstrate expertise concerning the rights of care recipients.</p>	<p>Conduct an in-service involving residents rights. Conduct an orientation briefing that covers residents rights for new employees/volunteers. Review existing policies and procedures.</p>
30.01	<p><b>Ensure that financial management policies, procedures, and practices comply with applicable federal and state regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal and states laws, rules and regulations.</i></p>	<p>The AIT will be able to describe federal and state laws, rules and regulations relating to financial management.</p>	<p>Review laws, rules, regulations, and facility policies.</p>
30.02	<p><b>Develop, implement, and evaluate the service provider's budget.</b> <i>This task requires the Administrator to have knowledge of the budget process and have systems in place to accurately set budgets based on income, expense, capital improvements, and required tasks of the organization.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• explain how a budget is developed, how it is followed, and what it implies to various departments.</li> <li>• describe the chart of accounts, bookkeeping procedures, income/expense statements, and balance sheets.</li> </ul>	<p>Participate in establishing a new contract or renewing an existing one. Review existing contracts; discuss details of existing contracts with attorney (if possible). Participate in the process to dissolve an agreement (if the opportunity presents itself); discuss how/why you would dissolve an agreement. Review regularly produced financial reports and make recommendations if necessary.</p>

30.03	<p><b>Oversee the billing and collections process and monitor the accuracy of charges and timely collection of accounts.</b> <i>This task requires the Administrator to have procedures in place to timely and accurately bill for resident care and services to appropriate parties, insurances, or state and federal agencies as appropriate. Systems should be in place to make sure each recipient knows and understands their bill so that timely payments can be made to the facility.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• describe the billing and collection process.</li> <li>• explain how aged accounts work.</li> <li>• understand billing charges.</li> <li>• explain third party payor processes to ensure billings are in accordance with services provided.</li> </ul>	<p>Assist with billing. Assist with collection. Study billing charges (accounts payable). Review bad-debt and/or write-off policy; determine avenues for improvement.</p>
30.04	<p><b>Negotiate, interpret, and implement contractual agreements to optimize financial viability.</b> <i>This task requires the Administrator to ensure the facility/organization has written agreements and contracts that include duration of contract, liability insurance required and assured for each party, language that includes duties of each party and what steps are required to notify each party of any breach of service, and details of how to dissolve an agreement for poor service or choice to use another vendor/contractor.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• describe the process required to coordinate necessary services.</li> <li>• list items that should be avoided in a contract.</li> <li>• list required items that must be provided in a contract for various facility types.</li> </ul>	<p>Participate in establishing a new contract or renewing an existing one. Review existing contracts; discuss details of existing contracts with attorney (if possible). Participate in the process to dissolve an agreement (if the opportunity presents itself); discuss how/why you would dissolve an agreement. Review the facility's union contracts (if applicable). Study a sample consultant contract and reimbursement paperwork.</p>
30.05	<p><b>Develop, implement, monitor, and evaluate financial policies and procedures that comply with Generally Accepted Accounting Principles (GAAP).</b> <i>This task requires the Administrator to ensure policies and procedures are in place to direct staff on the steps to accurately perform their duties. Direction must be given to employees in the areas of payroll, accounts receivable, billing, accurate record keeping, internal controls, trust accounts, HIPAA, and etc.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• define GAAP.</li> <li>• describe internal controls and record keeping.</li> <li>• list trust account requirements.</li> </ul>	<p>Study GAAP. Study internal controls. Review established internal policies and procedures. Assist in trust account execution (disbursement, documentation, etc.). Review accounting documents. Review and understand facility financial statements. Determine how financial statements are monitored and how variances are addressed. Discuss the latest facility audit with relevant staff.</p>
30.06	<p><b>Monitor and evaluate the integrity of financial reporting systems and audit programs.</b> <i>This task requires the Administrator to ensure that controls are in place to validate systems, audit, and verify information, and ensure proper supervision to protect theft. An example way to monitor theft would be to never allow the person who prepares a deposit make the deposit. There should be checks and balances in place to allow for the person making the deposit to check the prepared paperwork by a different individual to ensure no errors were made. Another example would be to have a place where the Administrator or designee can access all passwords in case of emergency or to validate access when a person may be unavailable.</i></p>	<p>The AIT will describe the internal controls of the facility.</p>	<p>Study the internal controls used; review policies. Establish the back-up plan for passwords in case of emergency or plan to validate access when someone is not available. Determine the facility's revenue sources and how they are managed. Review billing and accounts receivable procedures. Review Medicaid and/or Medicare billing process, if applicable.</p>
30.07	<p><b>Establish safeguards for the protection of the service provider's assets (such as insurance coverage, risk management).</b> <i>This task requires the Administrator to have knowledge and provide leadership in risk management, internal controls, workers compensation, and to prevent unnecessary insurance/legal claims.</i></p>	<p>The AIT will explain risk management.</p>	<p>Review insurance policies. Review risk management policies and procedures. Proactively identify an issue in the facility that could be addressed more strongly. Study other risk management procedures (e.g., security systems).</p>
30.08	<p><b>Develop, implement, monitor, and evaluate systems to improve financial performance.</b> <i>This task requires the Administrator to use critical thinking to understand financial viability and to respond to the financial needs of the facility/organization.</i></p>	<p>The AIT will describe financial performance measures and the variables that contribute to them.</p>	<p>Review financial documents; identify opportunities and strengths.</p>

<p><b>30.09</b></p>	<p><b>Manage and adjust expenses with fluctuations in census/occupancy/care recipient levels (such as staffing ratios).</b> <i>This task requires the Administrator to have systems in place that will effectively make adjustments in labor, supplies, and resources as needed to ensure continued financial performance.</i></p>	<p>The AIT will explain census/occupancy issues and how they affect financial performance.</p>	<p>Perform calculations for the administrator to assess performance. Review systems that adjust labor requirements, supplies and resources based on census/occupancy rates. Determine the extent to which the facility provides inservice training to staff on financial issues. Develop a training module on some aspect of financial management for staff; provide the training and evaluate its effectiveness.</p>
<p><b>30.10</b></p>	<p><b>Monitor and address changes in the industry that may affect financial viability.</b> <i>This task requires the Administrator to stay knowledgeable of the changes of all financial resources to include, but not limited to: Medicare, Medicaid, insurance companies, and other payor sources. In addition, the Administrator must be knowledgeable of any city, state, and federal changes that may affect the financial performance of the facility/organization and make changes as needed.</i></p>	<p>The AIT will describe the impact of the various pay sources and how changes to those pay sources affect the facility/organization.</p>	<p>Study pay sources and rates. Study how these sources change.</p>
<p><b>40.01</b></p>	<p><b>Ensure that physical environment policies and practices comply with applicable federal, state and local laws and regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal laws, rules and regulations.</i></p>	<p>The AIT will define the Life Safety Code and describe all applicable federal, state, and local laws that apply to the facility.</p>	<p>Participate in a mock survey. Make rounds to find issues in the facility. Study applicable federal, state, local and facility rules, laws, regulations, policies and procedures. Review job descriptions of maintenance staff. Determine the facility's policies and procedures to monitor compliance with environmental regulations and standards. Compile a list of all federal, state and local standards and regulations that govern the facility. Review the content of these items and determine how they are managed within the facility.</p>
<p><b>40.02</b></p>	<p><b>Ensure the planning, development, implementation, monitoring, and evaluation of a safe and secure environment.</b> <i>This task requires the Administrator to have policies and procedures in place that ensure the physical plant, systems, equipment, and resources are properly used and appropriate for the facility/organization. It is required that the Administrator understands, promotes, directs, and requires supervision to maintain all equipment and resources and continually validate the physical plant to include (but not limited to) the facility, grounds, equipment, tools, emergency systems, fire systems, and sprinklers.</i></p>	<p>The AIT will be able to evaluate the facility's environment for violations and safe working equipment.</p>	<p>Review policies and procedures; determine how these are developed and updated. Determine how policies and procedures are monitored and evaluated. Make rounds; participate/conduct and evaluate drills. Learn the facility's system for repair orders. Study the preventive maintenance system. Accompany a staff member on a preventive maintenance assignment. Audit preventative maintenance logs per regulations and company policy - track and trend related variables such as time of day, season, staff members, etc. Audit resident rooms to evaluate such items as electrical safety, call lights operating properly, water temperatures, beds properly functioning, etc. Review emergency generator and life safety code requirements. Audit and analyze previous year's maintenance logs with Maintenance Supervisor. Develop a "rounds" sheet with Administrator and Maintenance Supervisor that is environmental and safety centered; initiate implementation.</p>

40.03	<p><b>Ensure the planning, development, implementation, monitoring, and evaluation of infection control and sanitation.</b> <i>This task requires the Administrator to have policies and procedures in place to effectively assure that infection control and sanitation are properly planned, implemented, and validated. This would include, but not be limited to, training of personnel, assuring proper supplies and resources are available and effective communication through the facility/operation/agency of reporting violations and areas of concern.</i></p>	The AIT will explain infection control and sanitation	Review policies and procedures. Make rounds.
40.04	<p><b>Ensure the planning, development, implementation, monitoring, and evaluation of emergency and disaster preparedness program, including linkage to outside emergency agencies.</b> <i>This task requires the Administrator to have specific policies and procedures in place to assure that an effective disaster preparedness program is in place. It is extremely important that the plan includes regular training of staff related to fire drills, emergency shut off valves, fire evacuation routes, where to find flashlights, extension cords, emergency phone, etc. In addition, the plan needs to include all safety and emergency equipment. Also included in this task is supervising agreements made with outside vendors for equipment testing and maintenance, transportation in the event of an emergency, and transfer agreements with resources that can help provide care and service to relocate residents when necessary. In the event of relocation, provisions for moving resident charts, medications, blankets, and food, etc. need to be planned and implemented.</i></p>	The AIT will describe the critical importance of disaster preparedness and associated drills/exercises.	Conduct and analyze exercises/drills. Review the various disaster plans (e.g. tornado, hurricane) and test various aspects of them randomly. Study the fire and evacuation plans and participate in a fire drill if possible. Review the facility's emergency management plan. Help update the plan/validate agreements if needed.
40.05	<p><b>Ensure the planning, development, implementation, monitoring, and evaluation of environmental services, housekeeping and laundry.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all environmental, housekeeping, and laundry service departments meet or exceed all local, state and federal requirements. This task includes infection control, proper temperatures, temperature logs, proper use of chemicals and products used per Material Safety Data Sheets (MSDS), preventative maintenance, and systems to validate compliance.</i></p>	The AIT will describe the roles of housekeeping, laundry personnel and maintenance personnel	Review policies and procedures. Take random temperatures (water and air); create a temperature log. Determine which systems need preventative maintenance and schedule the maintenance. Participate in mock survey or partial mock survey. Review job descriptions for housekeeping and laundry. Review the staffing patterns and determine how staff is scheduled. Review how resident laundry is managed. Determine resident satisfaction with the laundry services.
40.06	<p><b>Ensure the planning, development, implementation, monitoring, and evaluation of maintenance service for property, plant and all equipment, including preventative maintenance.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all maintenance services meet or exceed all local, state, and federal requirements. This task includes infection control, proper temperature and temperature logs, proper use of chemicals and products used per MSDS, preventable maintenance, and systems to validate compliance.</i></p>	The AIT will describe all federal, state and local requirements for the plant and equipment.	Review federal, state and local requirements, policies and procedures. Audit log out/tag out procedures for compliance.

40.07	<p><b>Ensure the planning, development, implementation, monitoring, and evaluation of appropriate HIPAA compliant technology infrastructure.</b> <i>This task requires the Administrator to ensure that HIPAA compliance is assured by developing technology infrastructures, technology safeguards (i.e., backup systems, external data storage areas, preventative maintenance for computer hardware and software) and ongoing validation surveys.</i></p>	<p>The AIT will describe the HIPAA compliance requirements and necessary safeguards.</p>	<p>Review HIPAA requirements; review technology safeguards in place; study other options available.</p>
40.08	<p><b>Establish, maintain, and monitor physical environment that provides clean, safe, and secure home-like surroundings for care recipients, staff, and visitors.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to create a clean, home-like environment that supports the well-being and safety of all recipients. This task includes creating a resident centered culture that promotes choice, comfort, and cleanliness.</i></p>	<p>The AIT will be able to identify expectations to create a home-like environment.</p>	<p>Review policies and procedures; conduct rounds to find issues. Interview residents to discover their desires and needs. Review the facility's safety program and procedures. Attend a safety committee meeting.</p>
40.09	<p><b>Identify opportunities to enhance the physical environment to meet changing market demands.</b> <i>This task requires the Administrator to regularly maintain the physical environment of the facility/organization and to evaluate and monitor changing trends within the market community to keep the facility/organization current. This task includes creating a chart/schedule for the normal life of equipment and furnishings, using qualified professionals to assess the interior/exterior design of facility/organization, and developing annual and capital budgets to prepare for predicted capital spending.</i></p>	<p>The AIT will evaluate the importance of the many aspects of the environment.</p>	<p>Survey age of furnishings and project life expectancy of these items. Create projected major replacement schedule for furniture items. Study innovations in the industry. Conduct rounds and inspect furniture.</p>
40.10	<p><b>Establish, maintain, and monitor an environment that promotes choice, comfort, and dignity for care recipients.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to create an environment that ensures color, accessibility, design, temperature, and square footage are appropriately appointed based on the residents who reside in the care setting. Resident rooms should allow residents the ability to decorate it based on their preferences and creativity as long as the room meets federal and state safety requirements.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• state methods to discover the needs and desires of care recipients.</li> <li>• analyze the importance of listening to the care recipients.</li> </ul>	<p>Interview care recipients to discover their desires and needs. Interview family members.</p>
40.11	<p><b>Assess care recipients' environment for safety, security, and accessibility and make recommendation for referral or modification.</b> <i>This task requires the Administrator to ensure that each recipient's personal environment and accessibility is individually evaluated and accommodations are made to provide the most independent, comfortable, and safe environment possible.</i></p>	<p>The AIT will be able to describe safety, security and accessibility requirements of care recipients.</p>	<p>Make rounds and survey/inspect rooms. Participate in a mock survey. Study OSHA regulations that pertain to the facility. Attend a safety meeting. Examine the extent to which resident rights are assured by the facility's environmental policies and practices.</p>
50.01	<p><b>Ensure compliance with applicable federal and state laws, rules, and regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i></p>	<p>The AIT will interpret the applicable laws, rules and regulations.</p>	<p>Study applicable rules, laws and regulations. Determine the KEY federal, state and local rules and regulations governing the facility; examine the procedures and practices for maintaining compliance with these factors.</p>



50.02	<p><b>Promote ethical practice throughout the organization.</b> <i>This task requires the Administrator to create policies and procedures to ensure that a system is in place to direct the facility/organization related to ethical topics/situations that arise. This task would include developing an ethics committee or the creation of an ad hoc ethics committee when necessary.</i></p>	<p>The AIT will be able to define ethics and describe how it relates to the facility/ organization.</p>	<p>Present an in-service related to ethics. Make an orientation briefing related to ethics. Attend an ethics committee meeting. Review existing ethics policies and procedures. Determine what outcomes are routinely measured by the facility (e.g., turnover rates, financial gains.). Determine how variances are addressed and followed up on.</p>
50.03	<p><b>Develop, implement, monitor, and evaluate policies and procedures that comply with directives of governing body.</b> <i>This task requires the Administrator to know and understand the governing body and all directives, policies, and procedures. This task also requires the administrator to recommend changes or additions to policies and procedures and make recommendations to the governing board to change/add policies and procedures when necessary.</i></p>	<p>The AIT will explain the role of the governing body.</p>	<p>Review policies and procedures influenced by governing body. Attend a governing body meeting. Determine the type of ownership of the facility (e.g., for profit, not for profit, governmental, etc.).</p>
50.04	<p><b>Develop, communicate, and champion the service provider's mission, vision, and values to stakeholders.</b> <i>This task requires the Administrator to develop a process to train stakeholders to communicate the mission, vision, and values of the organization. This includes creating positive and effective ways to not only share the mission, vision, and values of the organization but to create an atmosphere of confidence and execution of the mission, vision and values.</i></p>	<p>The AIT will identify the mission, vision and values of stakeholders</p>	<p>Identify stakeholders. Discuss the mission, vision and/or values at an orientation and/ or in-service. Review mission, vision and values. Write an example mission/vision statement and define values.</p>
50.05	<p><b>Develop, implement, and evaluate the strategic plan with governing body's endorsement.</b> <i>This task requires the Administrator to develop a strategic plan that reflects the facility/organizational values, mission, and policies that will direct the facility/ organization to conduct effective business practices with the endorsement of the governing body. The strategic plan must state how the plan will be implemented, validated, and evaluated in a timely manner.</i></p>	<p>The AIT will be able to recognize the importance of the strategic planning process.</p>	<p>Participate in a strategic planning process. Determine how the facility educates the governing body on compliance and regulatory requirements. Develop a briefing on new regulations or rule change for the preceptor to share with the governing body. Review the facility's strategic planning process. Evaluate the facility's governing ideas (vision, mission, values) for clarity and effectiveness.</p>
50.06	<p><b>Promote and monitor satisfaction of the care recipient's and their support networks.</b> <i>This task requires the Administrator to develop a system to monitor resident satisfaction. This can be done by the Administrator being visible through onsite visits with residents and family. This can also be done through satisfaction surveys and mock inspections. The successful Administrator will generally perform a combination of onsite visits, surveys, and daily interaction with staff in the form of a stand up meeting.</i></p>	<p>The AIT will identify methods to monitor resident satisfaction.</p>	<p>Conduct rounds. Conduct interviews with residents and/or staff. Conduct and/or participate in mock surveys. Participate in stand up meeting(s). Participate in care plan meetings with family members, etc. Review results of past resident/family satisfaction surveys. Assist preceptor in developing, administering and analyzing a new survey. Review Policy and Procedure manuals to determine if appropriate and current per regulations and organization policy - make recommendations as necessary.</p>

<p><b>50.07</b></p>	<p><b>Identify, foster, and maintain positive relationships with key stakeholders.</b> <i>This task requires the Administrator to determine who key stakeholders are and develop a working relationship/understanding with each of them. This task includes creating an atmosphere of trust and understanding. This should be tempered with providing necessary information to work jointly on projects and systems that benefit the organization. At no time should the impression be given that any key stakeholder is asked to assist in leading the facility/organization.</i></p>	<p>The AIT will identify key stakeholders and describe methods/techniques for developing a working relationship with each of them.</p>	<p>Discuss various key stakeholders and their needs/competing needs; discuss the relationship issues with each.</p>
<p><b>50.08</b></p>	<p><b>Educate stakeholders on services provided, regulatory requirements, and standards of care.</b> <i>This task requires the Administrator to develop a strategy to provide instruction and resources to help the stakeholder to understand facility, state, and federal requirements. It is also important for stakeholders to understand facility protocols (e.g. standards and services) that are provided to meet residents needs and create a home like environment to ensure resident safety and choice are paramount.</i></p>	<p>The AIT will identify the educational needs of each of the stakeholders.</p>	<p>Participate in an educational opportunity for a stakeholder.</p>
<p><b>50.09</b></p>	<p><b>Solicit information from appropriate stakeholders for use in decision making.</b> <i>This task requires the Administrator to set up protocols/standards of practice to use all available input from trusted resources to make effective/fair/timely decisions. While the Administrator is accountable for the decisions he/she will make, it is important for the Administrator to know that sometimes a good decision is better than the best decision when time or the lives of others is a factor.</i></p>	<p>The AIT will examine the importance of timely decision making.</p>	<p>Discuss decision making; participate in decision-making. Determine how the facility ensures that resources are available as needed. Review resource budgeting process.</p>
<p><b>50.10</b></p>	<p><b>Manage the service provider's role throughout any survey/inspection process.</b> <i>This task requires the Administrator to develop a protocol/practice to use for any unannounced survey/inspection. The protocol should include reporting the surveyors/inspectors presence to all key management teams. In addition, the protocol/practice should include providing needed information to surveyor/inspector, keeping copies of any documents the surveyor/inspector reviews (as known), cooperating with the inspection, being visible, support staff through survey/inspection, respond quickly to surveyor/inspector requests, and fire marshal inspections. The Administrator should strive to be ready for a survey any day of the year by training his/her staff to do all that is right year round.</i></p>	<p>The AIT will know how to prepare/stay prepared for a survey and how to interact with surveyors during a survey.</p>	<p>Participate in a survey/mock survey. Review survey protocol policies/procedures. Conduct an in-service regarding survey/inspection. Review/update survey preparation materials. Determine the process for providing administrative oversight for the survey process. Review the last 2-3 licensing or certification surveys. Study how the facility addressed any issues noted in the surveys.</p>
<p><b>50.11</b></p>	<p><b>Develop and implement an intervention(s) or risk management program(s) to minimize or eliminate exposure.</b> <i>This task requires the Administrator to develop a risk management program to prevent problems before they occur. The program should start with the identification of key risk areas and a system/protocol to prevent them. This includes specific protocols to educate staff on reporting incidents/events/situations that occur timely, whom to report to, and what steps to take to reduce liability. This program requires effective communication from the Administrator and her/his designees.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> <li>• define risk management.</li> <li>• demonstrate effective communication skills.</li> </ul>	<p>Review/update existing risk management policies/procedures. Review insurance policies. Conduct relevant in-service briefings. Review the facility's training plan for disseminating compliance and regulatory information to key parties. Participate in a training session.</p>

<p><b>50.12</b></p>	<p><b>Identify and respond to areas of potential legal liability.</b> <i>This task requires the Administrator to create a plan that identifies, responds to, and prevents any current or potential legal liability. This includes communicating with staff, residents, and responsible parties when issues arise and proactively responding to concerns before they become a liability. In addition, Administrators should have systems in place to ensure that best practices are done and documentation occurs for any change of condition or abnormal action/event/activity. The plan should also delineate when legal representation is necessary and clarify the process to retain an attorney.</i></p>	<p>The AIT will be able to:</p> <ul style="list-style-type: none"> <li>• identify legal liability issues.</li> <li>• demonstrate effective communication skills.</li> </ul>	<p>Discuss legal liability issues. Conduct in-service regarding relevant issue(s). Develop a system to analyze current practices and improve on them. Discuss an issue with the preceptor and identify areas of potential legal liability with the facility. Observe how the preceptor manages various areas of risk.</p>
<p><b>50.13</b></p>	<p><b>Implement, monitor, and evaluate information management and technology systems to support service providers operations.</b> <i>This task requires the Administrator to meet all federal/state/community requirements for information management of health records, financial information, and HIPAA. Safeguards to employee, patient, resident, and client information must be in writing and show evidence of training/competency of all employees. In addition, the Administrator must ensure there is a process in place to protect access to information, secure and track passwords, and back up and protect all data in the community servers. Attention must also be given to ensure all technology is designed/set up to save employee time and allow more time for patient/resident/client care.</i></p>	<p>The AIT will be able to:</p> <ul style="list-style-type: none"> <li>• identify information management requirements and note any restrictions.</li> <li>• evaluate methods to protect information appropriately.</li> </ul>	<p>Review information management processes; analyze strengths/weaknesses of current processes; recommend improvements, if necessary. Study the facility's information management system; suggest improvements to the system from a user's perspective.</p>
<p><b>50.14</b></p>	<p><b>Develop, implement, and monitor comprehensive sales, marketing, and public relations strategies.</b> <i>This task requires the Administrator to develop an effective marketing strategy designed to help the consumer, resident or responsible party, and staff to know the features, benefits, and amenities of the community/organization. The community/organization should have clear policies, standards, and protocols build consumer confidence. The Administrator should also have clear policies/procedures on how to communicate emergent/disaster solutions within and outside the community. The Administrator must also ensure that a marketing plan reflects and communicates what the community does/stands for/has achieved in writing/action/advertisement/brochure/word of mouth.</i></p>	<p>The AIT will be able to:</p> <ul style="list-style-type: none"> <li>• identify numerous stakeholders.</li> <li>• develop an effective marketing strategy.</li> <li>• demonstrate familiarity with policies/procedures relating to disaster scenarios.</li> </ul>	<p>Review policies, procedures, brochures. Draft needed changes to update policies, procedures, brochures. Meet with stakeholders. Draft a "mock" press release following a disaster exercise. Study the facility's marketing plan. Evaluate the effectiveness of various aspects of the plan in marketing the facility to the public. Determine facility practices in media relations. Review the facility's public relations and marketing budget. Explore the types and degree of interaction between the facility and various community resources. Attend a community meeting with your preceptor. Make a list of local, state and federal political representatives for the facility. With approval from your preceptor, compose a letter to a local or state representative regarding some aspect of legislation or regulation affecting the facility.</p>

50.15	<p><b>Ensure that written agreements between the care recipient and the service providers protect the rights and responsibilities of both parties.</b> <i>This task requires the Administrator to assure that all written agreements reflect the services provided to the resident and meets Federal and State guidelines. This may include having legal representatives review the written agreements on a regular basis to ensure they meet the most current regulations at the time and protect the facility/community/resident. In relation to a resident agreement/service plan/admission/financial agreement, the service provider/vendor agreements should be carefully reviewed by the Administrator, designated financial person and, when necessary, an attorney.</i></p>	<p>The AIT will model appropriate conversations about resident rights and applicable guidelines and agreements</p>	<p>Review and update written agreements. Review federal and state guidelines. Review provider/vendor agreements.</p>
50.16	<p><b>Develop, implement, and evaluate the organization's quality assurance and performance improvement programs.</b> <i>This task requires the Administrator to develop an effective QAPI (Quality Assurance and Performance Improvement) program. This includes following CMS guidelines related to QAPI and to establishing specific procedures, policies, and systems to perform an effective QAPI program. This also includes ensuring the program is designed to meet the ever changing needs of the facility/organization.</i></p>	<p>The AIT will be able to:</p> <ul style="list-style-type: none"> <li>• summarize QAPI concepts.</li> <li>• establish procedures, policies, and systems to perform an effective QAPI program.</li> </ul>	<p>Participate in quality assurance meetings. Design a program to meet a current need of the facility; implement with the aid of the preceptor/staff.</p>
50.17	<p><b>Lead organizational change initiatives.</b> <i>This task requires the Administrator to demonstrate leadership by carefully assessing the facility needs, strategically developing effective methods to meet these needs, and then communicating the need for change(s) to the individuals affected. All changes should include providing clear and concise purpose related to the change and then to effectively train, validate, and celebrate those who participate in the change.</i></p>	<p>The AIT will demonstrate leadership abilities.</p>	<p>Develop and assist with annual strategic planning meeting. Identify a program that needs to be advanced and lead the initiative to make those changes. By leading this change initiative the AIT will demonstrate their ability to:</p> <ul style="list-style-type: none"> <li>• manage a program.</li> <li>• lead individuals to make the change(s) that are necessary</li> <li>• secure buy-in to make the changes. etc.).</li> </ul>
50.18	<p><b>Facilitate effective internal and external communication strategies.</b> <i>This task requires the Administrator to develop methods of effective communication, internally and externally. The Administrator must establish a hierarchy of individuals who communicate with each other via an organizational chart. The chart should be available for residents/families/staff so that it is clear who is responsible and who has the authority to provide information. This includes creating clear and concise messages so that all staff are aware of how and what is to be communicated and when the need for assistance in communication is necessary. No employee should ever feel that the total weight of providing information rests on them. Training and strategies should include not only verbal and written communication but also electronic media such as Facebook, blogs, and Twitter.</i></p>	<p>The AIT will identify the "chain of command" and explain how to use it.</p>	<p>Review the organizational chart. Participate in resolving issues. Participate in various internal media. Discuss key management and leadership skills necessary for effectiveness. Evaluate the leadership and management styles of key management staff. Review current internal and external contracts/agreements for accuracy, efficiency and timeliness - make recommendations as necessary.</p>
50.19	<p><b>Promote professional development of all team members.</b> <i>This task requires the Administrator to purposefully assess team members' training and experience and to facilitate an environment that allows employees opportunities to grow professionally. This would include internal and external opportunities for employees who are motivated to develop themselves professionally.</i></p>	<p>The AIT will describe the importance of professional development</p>	<p>Participate in counseling. Assist the administrator to write a performance evaluation. Identify several possible professional development activities and ask the preceptor to sponsor you for one or more events (e.g., local seminars, meetings, professional groups, etc.).</p>

## The following skills apply to all Domains of Practice:

- Creating and communicating a vision
- Communicating effectively
- Cultivating effective relationships
- Inspiring and motivating
- Demonstrating empathy
- Group facilitation, consensus building, and team building
- Delegating, leading, and empowering
- Coaching, teaching, counseling, and resolving disputes
- Problem solving
- Analyzing and interpreting information/data
- Informed decision making/critical thinking
- Recognizing and ensuring care recipients' holistic needs are being met
- Assessing and recognizing safety concerns and needs
- Allocating and optimizing resources and programs
- Writing and evaluating policies and procedures
- Developing and evaluating systems
- Protecting and promoting financial viability
- Managing regulatory and accreditation surveys, inspections, and audits
- Prioritizing and managing time
- Utilizing technology
- Utilizing social media

# SELF ASSESSMENT INSTRUMENT FOR ADMINISTRATORS-IN-TRAINING



This tool is an instrument to use to help the Preceptor design a plan of study for the AIT. It will require the AIT to complete the self-assessment first and will assist the Preceptor to determine the areas in which the AIT would like to concentrate on and compare this to the NAB suggested times. The Preceptor can adjust the times as they see fit in any area.

**Step 1.** Have the AIT take the Self-Assessment on [page 57](#). For each sub-domain, there are tasks that an administrator performs. The AIT needs to rate themselves based on the sub-domain presented. To complete the rating response, select the box and click on the arrow in the lower right hand corner. This data feeds directly into the rest of the worksheet. It should be saved (when they start) with a new name that the preceptor will recognize as the AIT's self assessment.

**Step 2.** Review the AIT's assessment and see how it translated into the Modules (departments). Please visit [page 82](#) to weigh their assessment against the typical number of hours in each domain, the NAB percentages in each domain and their self-assessed weaknesses/strengths. This will create worksheets for the Preceptor to design that will suit the AIT in the various modules. Those percentages are the weighted areas of the NAB Exam.

**Step 3.** The Preceptor should consult with their department heads to design activities for the AIT to do in each of these areas. The Preceptor will need to either print and allow the AIT to handwrite their plan of study or collaborate to complete the plan electronically. By completing an electronic plan, it can be used with future AITs.





10.08	Ensure the planning, development, implementation/execution, monitoring, and evaluation of medication management that supports the needs of the care recipient. <i>This task requires the Administrator to ensure that doctor's orders are strictly followed and that policies and procedures are in place to assure compliance.</i>		
10.09	Ensure the planning, development, implementation/execution, monitoring and evaluation of a rehabilitation program to maximize optimal level of functioning and independence for care recipients. <i>This task requires the Administrator to provide individualized rehabilitative services to recipients that will help them meet their baseline and allow residents to be as independent as possible.</i>		
10.10	Ensure the planning, development, implementation/execution, monitoring and evaluation of systems for coordination and oversight of contracted services. <i>This task requires the Administrator to ensure that services are available to meet the needs of each recipient from qualified vendors that meet city, state and federal requirements.</i>		
10.11	Ensure the planning, development, implementation/execution, monitoring and evaluation of policies and procedures for responses to care recipient incidents, accidents, and or emergencies. <i>This task requires the Administrator to ensure that policies and procedures are written and followed to prevent incidents and accidents and to prepare staff to act appropriately when incidents, accidents, and emergencies occur.</i>		
10.12	Ensure the planning, development, implementation/execution, monitoring and evaluation of housekeeping and laundry services for care recipients. <i>This task requires the administrator to ensure a clean, safe, and sanitary environment.</i>		
10.13	Ensure the planning, development, implementation/execution, monitoring and evaluation of education intended for care recipients and their support networks. <i>This task requires the Administrator to ensure that the care recipient and/or their responsible party is informed of their care, condition, and treatment as much as practical.</i>		
10.14	Ensure the planning, development, implementation/execution, monitoring and evaluation of nutritional needs and preferences of care recipients. <i>This task requires the Administrator to ensure that the care recipient's nutritional needs are met in accordance with their individualized needs and preferences while simultaneously meeting all physician-prescribed orders.</i>		
10.15	Ensure the planning, development, implementation/execution, monitoring and evaluation of dining experience that meets the needs and preferences of care recipients. <i>This task requires the Administrator to ensure that dining services are resident centered and meet the nutritional needs paralleled with the recipient preferences.</i>		
10.16	Ensure care recipients rights and individuality with all aspects of care. <i>This task requires the Administrator to ensure all staff are trained and follow state and federal guidelines related to resident rights. Attention must be made to issues related to abuse, neglect, misappropriation of resident property and mistreatment of residents.</i>		
10.17	Integrate support network's perspectives to maximize care recipients quality of life and care. <i>This task requires the Administrator to ensure that measures are taken to review Quality Improvement Measures, and to strategize how each team member influences quality measures and how they each help to improve quality based on recipient, responsible party, and team members' input. Attention must be made to issues related to meeting the care recipient's individualized needs.</i>		
10.18	Ensure transportation options are available for care recipients. <i>This task requires the Administrator to ensure adequate transportation to care recipients. The facility should identify transportation that is available and the costs (if any) for the services and inform recipients and their responsible parties of availability and cost. The facility/entity must be available to help coordinate transportation services based on the recipients preference and available funding.</i>		
10.19	Ensure the provision of a customer service culture that leads to a quality experience for care recipients. <i>This task requires the Administrator to promote a resident centered experience that serves each recipient according to their choices and preferences as much as practical.</i>		
		Domain Total	or

## Domain 20: Human Resources

Subdomain	Task Item	Self Perception	
20.01	<b>Ensure that human resources management policies and programs comply with federal and state rules and regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i>		
20.02	<b>Establish the planning, development, implementation, monitoring, and evaluation of recruitment, selection, and retention practices.</b> <i>This task requires the Administrator to ensure the facility has systems in place that will provide for a consistent, fair, and predictable method of job development, job hiring, job training, employee evaluation, and continuing education. These systems should follow the standards of the Fair Labor Standards Act (FLSA).</i>		
20.03	<b>Establish the planning, development, implementation, monitoring, and evaluation of employee training and development programs.</b> <i>This task requires the Administrator to have policies and procedures in place to train managers/leaders to follow and design basic and continuing education programs aimed at evaluating individual employee performance and training programs that can meet the basic, continuing, or potential education needs of the employee.</i>		
20.04	<b>Establish the planning, development, implementation, monitoring, and evaluation of employee evaluation programs.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place that clearly provide instruction to managers/leaders to regularly monitor employee performance and to timely inform employees of when their performance or adherence to procedures does not meet standards. This should include timely formal evaluation of the employee to communicate areas of poor performance and areas that employee meets and exceed facility standards.</i>		
20.05	<b>Establish the planning, development, implementation, monitoring, and evaluation of compensation and benefit programs.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place for employee compensation and benefit programs. This includes a formal method of informing employees of their employee benefits and compensation.</i>		
20.06	<b>Establish the planning, development, implementation, monitoring, and evaluation of employee health and safety programs.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place to prevent employee injury and encourage employee wellness. This includes an effective workers compensation or group retro program and providing a health/wellness program that gives employees the opportunity to attain health, dental, vision, accident, pharmacy, and life insurance programs.</i>		
20.07	<b>Establish the planning, development, implementation, monitoring, and evaluation of employee satisfaction and organizational culture.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to measure employee satisfaction and that results are taken seriously and considered. This task also requires the Administrator to develop an organization chart/structure that will clearly communicate the organization structure to employees.</i>		
20.08	<b>Establish the planning, development, implementation, monitoring, and evaluation of employee disciplinary policies and procedures.</b> <i>This task requires the Administrator to have policies and procedures in place that will set standards to objectively measure employee performance. When employee performance or behavior does not meet standards, employees are made aware of an allegation, and given an opportunity to give an explanation of their performance or behavior (give their side of the story), offer witnesses or evidence that will support their statement, and/or provide a written statement. Procedures should state that the employees will be made aware if an investigation will be done, if the employee will be suspended pending investigation, and that no discipline will be applied until a thorough investigation is completed.</i>		

20.09	<b>Establish the planning, development, implementation, monitoring, and evaluation of employee grievance policies and procedures.</b> <i>This task requires the Administrator to have policies and procedures in place to clearly communicate with the employee a formal program/grievance procedure in which the employee, without fear of retaliation, can communicate areas of frustration, abuse, mistreatment, or concerns with the understanding that a formal response will follow.</i>		
20.10	<b>Establish the planning, development, implementation, monitoring, and evaluation of leadership development programs.</b> <i>This task requires the Administrator to develop leadership development programs not only for manager/leaders but also for all employees. This may be in the form of a formalized program designed by a corporation, outside vendor, or the Administrator.</i>		
20.11	<b>Promote a safe work environment (such as safety training and employee risk management).</b> <i>This task requires the Administrator to ensure effective policies and procedures are in place to create an awareness of safety throughout the workplace that include reporting accidents, safety monitoring, fire drills, water, gas and electric shut off valves, and that emergency generators are regularly tested.</i>		
20.12	<b>Promote a positive work environment (using techniques such as conflict resolution, diversity training, and staff recognition programs).</b> <i>This task requires the Administrator to ensure that policies and procedures are in place to assure that the employees are provided a workplace that allows them to communicate concerns and grievances in a safe environment. This also includes training programs in diversity, conflict resolution, continuing education, and staff recognition programs.</i>		
20.13	<b>Facilitate effective written, oral, and electronic communication among management and employees.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to direct managers and employees on how to formally and informally communicate with each other. These procedures should include requirements to managers on effective leadership ensuring employees are aware and trained in their respective job duties and tasks. Supervisors should also be held accountable for validating performance and communicating with employees their progress.</i>		
20.14	<b>Ensure employee records and documentation systems are developed and maintained.</b> <i>This task requires the Administrator to ensure employee records and correspondence are protected and secure to other employees, residents and unauthorized individuals.</i>		
20.15	<b>Establish a culture that encourages employees to embrace care recipients rights.</b> <i>This task requires the Administrator to create a culture that ensures that all resident rights are followed and to develop policies and procedures on reporting violations of resident rights.</i>		
	<b>Domain Total</b>	<i>or</i>	

## Domain 30: Finance

Subdomain	Task Item	Self Perception	
30.01	<b>Ensure that financial management policies, procedures, and practices comply with applicable federal and state regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal and states laws, rules and regulations.</i>		
30.02	<b>Develop, implement, and evaluate the service provider's budget.</b> <i>This task requires the Administrator to have knowledge of the budget process and have systems in place to accurately set budgets based on income, expense, capital improvements, and required tasks of the organization.</i>		
30.03	<b>Oversee the billing and collections process and monitor the accuracy of charges and timely collection of accounts.</b> <i>This task requires the Administrator to have procedures in place to timely and accurately bill for resident care and services to appropriate parties, insurances, or state and federal agencies as appropriate. Systems should be in place to make sure each recipient knows and understands their bill so that timely payments can be made to the facility.</i>		
30.04	<b>Negotiate, interpret, and implement contractual agreements to optimize financial viability.</b> <i>This task requires the Administrator to ensure the facility/organization has written agreements and contracts that include duration of contract, liability insurance required and assured for each party, language that includes duties of each party and what steps are required to notify each party of any breach of service, and details of how to dissolve an agreement for poor service or choice to use another vendor/contractor.</i>		
30.05	<b>Develop, implement, monitor, and evaluate financial policies and procedures that comply with Generally Accepted Accounting Principles (GAAP).</b> <i>This task requires the Administrator to ensure policies and procedures are in place to direct staff on the steps to accurately perform their duties. Direction must be given to employees in the areas of payroll, accounts receivable, billing, accurate record keeping, internal controls, trust accounts, HIPAA, etc.</i>		
30.06	<b>Monitor and evaluate the integrity of financial reporting systems and audit programs.</b> <i>This task requires the Administrator to ensure that controls are in place to validate systems, audit, and verify information, and ensure proper supervision to protect theft. An example way to monitor theft would be to never allow the person who prepares a deposit make the deposit. There should be checks and balances in place to allow for the person making the deposit to check the prepared paperwork by a different individual to ensure no errors were made. Another example would be to have a place where the Administrator or designee can access all passwords in case of emergency or to validate access when a person may be unavailable.</i>		
30.07	<b>Establish safeguards for the protection of the service provider's assets (such as insurance coverage, risk management).</b> <i>This task requires the Administrator to have knowledge and provide leadership in risk management, internal controls, workers compensation, and to prevent unnecessary insurance/legal claims.</i>		
30.08	<b>Develop, implement, monitor, and evaluate systems to improve financial performance.</b> <i>This task requires the Administrator to use critical based thinking to understand financial viability and to respond to the financial needs of the facility/organization.</i>		
30.09	<b>Manage and adjust expenses with fluctuations in census/occupancy/care recipient levels (such as staffing ratios).</b> <i>This task requires the Administrator to have systems in place that will effectively make adjustments in labor, supplies, and resources as needed to ensure continued financial performance.</i>		
30.10	<b>Monitor and address changes in the industry that may affect financial viability.</b> <i>This task requires the Administrator to stay knowledgeable of the changes of all financial resources to include, but not limited to: Medicare, Medicaid, insurance companies, and other payor sources. In addition, the Administrator must be knowledgeable of any city, state, and federal changes that may affect the financial performance of the facility/organization and make changes as needed.</i>		
		<b>Domain Total</b>	<i>or</i>

## Domain 40: Environment

Subdomain	Task Item	Self Perception	
40.01	Ensure that physical environment policies and practices comply with applicable federal, state and local laws and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal laws, rules and regulations.</i>		
40.02	Ensure the planning, development, implementation, monitoring, and evaluation of a safe and secure environment. <i>This task requires the Administrator to have policies and procedures in place that ensure the physical plant, systems, equipment, and resources are properly used and appropriate for the facility/organization. It is required that the Administrator understands, promotes, directs, and requires supervision to maintain all equipment and resources and continually validate the physical plant to include (but not limited to) the facility, grounds, equipment, tools, emergency systems, fire systems, and sprinklers.</i>		
40.03	Ensure the planning, development, implementation, monitoring, and evaluation of infection control and sanitation. <i>This task requires the Administrator to have policies and procedures in place to effectively assure that infection control and sanitation are properly planned, implemented, and validated. This would include, but not be limited to, training of personnel, assuring proper supplies and resources are available and effective communication through the facility/operation/agency of reporting violations and areas of concern.</i>		
40.04	Ensure the planning, development, implementation, monitoring, and evaluation of emergency and disaster preparedness program, including linkage to outside emergency agencies. <i>This task requires the Administrator to have specific policies and procedures in place to assure that an effective disaster preparedness program is in place. It is extremely important that the plan includes regular training of staff related to fire drills, emergency shut off valves, fire evacuation routes, where to find flashlights, extension cords, emergency phone, etc. In addition, the plan needs to include all safety and emergency equipment. Also included in this task is supervising agreements made with outside vendors for equipment testing and maintenance, transportation in the event of an emergency, and transfer agreements with resources that can help provide care and service to relocate residents when necessary. In the event of relocation, provisions for moving resident charts, medications, blankets, and food, etc. need to be planned and implemented.</i>		
40.05	Ensure the planning, development, implementation, monitoring, and evaluation of environmental services, housekeeping and laundry. <i>This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all environmental, housekeeping, and laundry service departments meet or exceed all local, state and federal requirements. This task includes infection control, proper temperatures, temperature logs, proper use of chemicals and products used per Material Safety Data Sheets (MSDS), preventative maintenance, and systems to validate compliance.</i>		
40.06	Ensure the planning, development, implementation, monitoring, and evaluation of maintenance service for property, plant and all equipment, including preventative maintenance. <i>This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all maintenance services meet or exceed all local, state, and federal requirements. This task includes infection control, proper temperature and temperature logs, proper use of chemicals and products used per MSDS, preventable maintenance, and systems to validate compliance.</i>		
40.07	Ensure the planning, development, implementation, monitoring, and evaluation of appropriate HIPAA compliant technology infrastructure. <i>This task requires the Administrator to ensure that HIPAA compliance is assured by developing technology infrastructures, technology safeguards (i.e., backup systems, external data storage areas, preventative maintenance for computer hardware and software) and ongoing validation surveys.</i>		

40.08	<p><b>Establish, maintain, and monitor physical environment that provides clean, safe, and secure home-like surroundings for care recipients, staff, and visitors.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to create a clean, home-like environment that supports the well-being and safety of all recipients. This task includes creating a resident centered culture that promotes choice, comfort, and cleanliness.</i></p>		
40.09	<p><b>Identify opportunities to enhance the physical environment to meet changing market demands.</b> <i>This task requires the Administrator to regularly maintain the physical environment of the facility/organization and to evaluate and monitor changing trends within the market community to keep the facility/organization current. This task includes creating a chart/schedule for the normal life of equipment and furnishings, using qualified professionals to assess the interior/exterior design of facility/organization, and developing annual and capital budgets to prepare for predicted capital spending.</i></p>		
40.10	<p><b>Establish, maintain, and monitor an environment that promotes choice, comfort, and dignity for care recipients.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to create an environment that ensures color, accessibility, design, temperature, and square footage are appropriately appointed based on the residents who reside in the care setting. Resident rooms should allow residents the ability to decorate it based on their preferences and creativity as long as the room meets federal and state safety requirements.</i></p>		
40.11	<p><b>Assess care recipients' environment for safety, security, and accessibility and make recommendation for referral or modification.</b> <i>This task requires the Administrator to ensure that each recipient's personal environment and accessibility is individually evaluated and accommodations are made to provide the most independent, comfortable, and safe environment possible.</i></p>		
	<b>Domain Total</b>	<i>or</i>	

## Domain 50: Leadership and Management

Subdomain	Task Item	Self Perception	
50.01	<b>Ensure compliance with applicable federal and state laws, rules, and regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i>		
50.02	<b>Promote ethical practice throughout the organization.</b> <i>This task requires the Administrator to create policies and procedures to ensure that a system is in place to direct the facility/organization related to ethical topics/situations that arise. This task would include developing an ethics committee or the creation of an ad hoc ethics committee when necessary.</i>		
50.03	<b>Develop, implement, monitor, and evaluate policies and procedures that comply with directives of governing body.</b> <i>This task requires the Administrator to know and understand the governing body and all directives, policies, and procedures. This task also requires the administrator to recommend changes or additions to policies and procedures and make recommendations to the governing board to change/add policies and procedures when necessary.</i>		
50.04	<b>Develop, communicate, and champion the service provider's mission, vision, and values to stakeholders.</b> <i>This task requires the Administrator to develop a process to train stakeholders to communicate the mission, vision, and values of the organization. This includes creating positive and effective ways to not only share the mission, vision, and values of the organization but to create an atmosphere of confidence and execution of the mission, vision and values.</i>		
50.05	<b>Develop, implement, and evaluate the strategic plan with governing body's endorsement.</b> <i>This task requires the Administrator to develop a strategic plan that reflects the facility/organizational values, mission, and policies that will direct the facility/organization to conduct effective business practices with the endorsement of the governing body. The strategic plan must state how the plan will be implemented, validated, and evaluated in a timely manner.</i>		
50.06	<b>Promote and monitor satisfaction of the care recipient's and their support networks.</b> <i>This task requires the Administrator to develop a system to monitor resident satisfaction. This can be done by the Administrator being visible through onsite visits with residents and family. This can also be done through satisfaction surveys and mock inspections. The successful Administrator will generally perform a combination of onsite visits, surveys, and daily interaction with staff in the form of a stand up meeting.</i>		
50.07	<b>Identify, foster, and maintain positive relationships with key stakeholders.</b> <i>This task requires the Administrator to determine who key stakeholders are and develop a working relationship/ understanding with each of them. This task includes creating an atmosphere of trust and understanding. This should be tempered with providing necessary information to work jointly on projects and systems that benefit the organization. At no time should the impression be given that any key stakeholder is asked to assist in leading the facility/organization.</i>		
50.08	<b>Educate stakeholders on services provided, regulatory requirements, and standards of care.</b> <i>This task requires the Administrator to develop a strategy to provide instruction and resources to help the stakeholder to understand facility, state, and federal requirements. It is also important for stakeholders to understand facility protocols (e.g. standards and services) that are provided to meet residents needs and create a home like environment to ensure resident safety and choice are paramount.</i>		
50.09	<b>Solicit information from appropriate stakeholders for use in decision making.</b> <i>This task requires the Administrator to set up protocols/standards of practice to use all available input from trusted resources to make effective/fair/timely decisions. While the Administrator is accountable for the decisions he/she will make, it is important for the Administrator to know that sometimes a good decision is better than the best decision when time or the lives of others is a factor.</i>		

50.10	<p><b>Manage the service provider's role throughout any survey/ inspection process.</b> <i>This task requires the Administrator to develop a protocol/practice to use for any unannounced survey/inspection. The protocol should include reporting the surveyors/inspectors presence to all key management teams. In addition, the protocol/practice should include providing needed information to surveyor/inspector, keeping copies of any documents the surveyor/inspector reviews (as known), cooperating with the inspection, being visible, support staff through survey/inspection, respond quickly to surveyor/inspector requests, and fire marshal inspections. The Administrator should strive to be ready for a survey any day of the year by training his/her staff to do all that is right year round.</i></p>		
50.11	<p><b>Develop and implement an intervention(s) or risk management program(s) to minimize or eliminate exposure.</b> <i>This task requires the Administrator to develop a risk management program to prevent problems before they occur. The program should start with the identification of key risk areas and a system/protocol to prevent them. This includes specific protocols to educate staff on reporting incidents/events/situations that occur timely, whom to report to, and what steps to take to reduce liability. This program requires effective communication from the Administrator and her/his designees.</i></p>		
50.12	<p><b>Identify and respond to areas of potential legal liability.</b> <i>This task requires the Administrator to create a plan that identifies, responds to, and prevents any current or potential legal liability. This includes communicating with staff, residents, and responsible parties when issues arise and proactively responding to concerns before they become a liability. In addition, Administrators should have systems in place to ensure that best practices are done and documentation occurs for any change of condition or abnormal action/event/activity. The plan should also delineate when legal representation is necessary and clarify the process to retain an attorney.</i></p>		
50.13	<p><b>Implement, monitor, and evaluate information management and technology systems to support service providers operations.</b> <i>This task requires the Administrator to meet all federal/state/ community requirements for information management of health records, financial information, and HIPAA. Safeguards to employee, patient, resident, and client information must be in writing and show evidence of training/competency of all employees. In addition, the Administrator must ensure there is a process in place to protect access to information, secure and track passwords, and back up and protect all data in the community servers. Attention must also be given to ensure all technology is designed/set up to save employee time and allow more time for patient/resident/client care.</i></p>		
50.14	<p><b>Develop, implement, and monitor comprehensive sales, marketing, and public relations strategies.</b> <i>This task requires the Administrator to develop an effective marketing strategy designed to help the consumer, resident or responsible party, and staff to know the features, benefits, and amenities of the community/organization. The community/organization should have clear policies, standards, and protocols build consumer confidence. The Administrator should also have clear policies/procedures on how to communicate emergent disaster solutions within and outside the community. The Administrator must also ensure that a marketing plan reflects and communicates what the community does/stands for/has achieved in writing/action/advertisement/brochure/word of mouth.</i></p>		
50.15	<p><b>Ensure that written agreements between the care recipient and the service providers protect the rights and responsibilities of both parties.</b> <i>This task requires the Administrator to assure that all written agreements reflect the services provided to the resident and meets Federal and State guidelines. This may include having legal representatives review the written agreements on a regular basis to ensure they meet the most current regulations at the time and protect the facility/community/resident. In relation to a resident agreement/ service plan/admission/financial agreement, the service provider/ vendor agreements should be carefully reviewed by the Administrator, designated financial person and, when necessary, an attorney.</i></p>		



50.16	<b>Develop, implement, and evaluate the organization's quality assurance and performance improvement programs.</b> <i>This task requires the Administrator to develop an effective QAPI (Quality Assurance and Performance Improvement) program. This includes following CMS guidelines related to QAPI and to establishing specific procedures, policies, and systems to perform an effective QAPI program. This also includes ensuring the program is designed to meet the ever changing needs of the facility/organization.</i>		
50.17	<b>Lead organizational change initiatives.</b> <i>This task requires the Administrator to demonstrate leadership by carefully assessing the facility needs, strategically developing effective methods to meet these needs, and then communicating the need for change(s) to the individuals affected. All changes should include providing clear and concise purpose related to the change and then to effectively train, validate, and celebrate those who participate in the change.</i>		
50.18	<b>Facilitate effective internal and external communication strategies.</b> <i>This task requires the Administrator to develop methods of effective communication, internally and externally. The Administrator must establish a hierarchy of individuals who communicate with each other via an organizational chart. The chart should be available for residents/families/staff so that it is clear who is responsible and who has the authority to provide information. This includes creating clear and concise messages so that all staff are aware of how and what is to be communicated and when the need for assistance in communication is necessary. No employee should ever feel that the total weight of providing information rests on them. Training and strategies should include not only verbal and written communication but also electronic media such as Facebook, blogs, and Twitter.</i>		
50.19	<b>Promote professional development of all team members.</b> <i>This task requires the Administrator to purposefully assess team members' training and experience and to facilitate an environment that allows employees opportunities to grow professionally. This would include internal and external opportunities for employees who are motivated to develop themselves professionally.</i>		
	<b>Domain Total</b>	<i>or</i>	

# HOURS CONVERSION



# Hours Conversion

The assessments will help the Preceptor adjust the hours for each module by individual task based on strengths and weaknesses in the various domains. A score of 0 or 1 may indicate that additional hours are needed within a specific area while a 4 may suggest that the recommended hours can be reduced.

**Preceptor:** You can adjust the applicable reference column hours to what you think is typical for each of these topics for instructing the AIT. Understand that the changes in hours have a ripple effect on other hours.

*\* NOTE: This is based on the 700 hour program and might need to be adjusted accordingly. For example, if it only takes an hour to show something (regardless of whether it's in a 560 or 1000 hour program), you would need to adjust and use that time elsewhere.*

					PRECEPTORS: THIS IS YOUR COLUMN
		Self-Assessment	Typical Program Hours in many states	Variable	Default Variable hours are set to 700 hours - Preceptors may change these hours. This number goes forward into the Plan of Study... Please note: Edits may occur in the white number columns only.
<b>ADMINISTRATION</b>					<b>Preceptor Assigned Hours</b>
<b>10.01</b>	<b>Establish care recipient service policies and procedures that follow federal and state laws, rules, and regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i>				
<b>10.11</b>	<b>Ensure the planning, development, implementation/ execution, monitoring and evaluation of policies and procedures for responses to care recipient incidents, accidents, and or emergencies.</b> <i>This task requires the Administrator to ensure that policies and procedures are written and followed to prevent incidents and accidents and to prepare staff to act appropriately when incidents, accidents, and emergencies occur.</i>				
<b>10.16</b>	<b>Ensure care recipients rights and individuality with all aspects of care.</b> <i>This task requires the Administrator to ensure all staff are trained and follow state and federal guidelines related to resident rights. Attention must be made to issues related to abuse, neglect, misappropriation of resident property and mistreatment of residents.</i>				
<b>10.17</b>	<b>Integrate support network's perspectives to maximize care recipients quality of life and care.</b> <i>This task requires the Administrator to ensure that measures are taken to review Quality Improvement Measures, and to strategize how each team member influences quality measures and how they each help to improve quality based on recipient, responsible party, and team members' input. Attention must be made to issues related to meeting the care recipient's individualized needs.</i>				
<b>10.19</b>	<b>Ensure the provision of a customer service culture that leads to a quality experience for care recipients.</b> <i>This task requires the Administrator to promote a resident centered experience that serves each recipient according to their choices and preferences as much as practical.</i>				

20.08	<p><b>Establish the planning, development, implementation, monitoring, and evaluation of employee disciplinary policies and procedures.</b> <i>This task requires the Administrator to have policies and procedures in place that will set standards to objectively measure employee performance. When employee performance or behavior does not meet standards, employees are made aware of an allegation, and given an opportunity to give an explanation of their performance or behavior (give their side of the story), offer witnesses or evidence that will support their statement, and/or provide a written statement. Procedures should state that the employees will be made aware if an investigation will be done, if the employee will be suspended pending investigation, and that no discipline will be applied until a thorough investigation is completed.</i></p>				
20.12	<p><b>Promote a positive work environment (using techniques such as conflict resolution, diversity training, and staff recognition programs).</b> <i>This task requires the Administrator to ensure that policies and procedures are in place to assure that the employees are provided a workplace that allows them to communicate concerns and grievances in a safe environment. This also includes training programs in diversity, conflict resolution, continuing education, and staff recognition programs.</i></p>				
20.13	<p><b>Facilitate effective written, oral, and electronic communication among management and employees.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to direct managers and employees on how to formally and informally communicate with each other. These procedures should include requirements to managers on effective leadership ensuring employees are aware and trained in their respective job duties and tasks. Supervisors should also be held accountable for validating performance and communicating with employees their progress.</i></p>				
20.15	<p><b>Establish a culture that encourages employees to embrace care recipients rights.</b> <i>This task requires the Administrator to create a culture that ensures that all resident rights are followed and to develop policies and procedures on reporting violations of resident rights.</i></p>				
30.06	<p><b>Monitor and evaluate the integrity of financial reporting systems and audit programs.</b> <i>This task requires the Administrator to ensure that controls are in place to validate systems, audit, and verify information, and ensure proper supervision to protect theft. An example way to monitor theft would be to never allow the person who prepares a deposit make the deposit. There should be checks and balances in place to allow for the person making the deposit to check the prepared paperwork by a different individual to ensure no errors were made. Another example would be to have a place where the Administrator or designee can access all passwords in case of emergency or to validate access when a person may be unavailable.</i></p>				
30.08	<p><b>Develop, implement, monitor, and evaluate systems to improve financial performance.</b> <i>This task requires the Administrator to use critical thinking to understand financial viability and to respond to the financial needs of the facility/organization.</i></p>				
30.09	<p><b>Manage and adjust expenses with fluctuations in census/occupancy/care recipient levels (such as staffing ratios).</b> <i>This task requires the Administrator to have systems in place that will effectively make adjustments in labor, supplies, and resources as needed to ensure continued financial performance.</i></p>				

30.10	<p><b>Monitor and address changes in the industry that may affect financial viability.</b> <i>This task requires the Administrator to stay knowledgeable of the changes of all financial resources to include, but not limited to; Medicare, Medicaid, insurance companies, and other payor sources. In addition, the Administrator must be knowledgeable of any city, state, and federal changes that may affect the financial performance of the facility/organization and make changes as needed.</i></p>				
40.01	<p><b>Ensure that physical environment policies and practices comply with applicable federal, state and local laws and regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal laws, rules and regulations.</i></p>				
40.04	<p><b>Ensure the planning, development, implementation, monitoring, and evaluation of emergency and disaster preparedness program, including linkage to outside emergency agencies.</b> <i>This task requires the Administrator to have specific policies and procedures in place to assure that an effective disaster preparedness program is in place. It is extremely important that the plan includes regular training of staff related to fire drills, emergency shut off valves, fire evacuation routes, where to find flashlights, extension cords, emergency phone, etc. In addition, the plan needs to include all safety and emergency equipment. Also included in this task is supervising agreements made with outside vendors for equipment testing and maintenance, transportation in the event of an emergency, and transfer agreements with resources that can help provide care and service to relocate residents when necessary. In the event of relocation, provisions for moving resident charts, medications, blankets, and food, etc. need to be planned and implemented.</i></p>				
40.09	<p><b>Identify opportunities to enhance the physical environment to meet changing market demands.</b> <i>This task requires the Administrator to regularly maintain the physical environment of the facility/organization and to evaluate and monitor changing trends within the market community to keep the facility/organization current. This task includes creating a chart/schedule for the normal life of equipment and furnishings, using qualified professionals to assess the interior/exterior design of facility/organization, and developing annual and capital budgets to prepare for predicted capital spending.</i></p>				
40.10	<p><b>Establish, maintain, and monitor an environment that promotes choice, comfort, and dignity for care recipients.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to create an environment that ensures color, accessibility, design, temperature, and square footage are appropriately appointed based on the residents who reside in the care setting. Resident rooms should allow the ability to decorate it based on preferences and creativity as long as the room meets federal and state safety requirements.</i></p>				
50.01	<p><b>Ensure compliance with applicable federal and state laws, rules, and regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i></p>				
50.02	<p><b>Promote ethical practice throughout the organization.</b> <i>This task requires the Administrator to create policies and procedures to ensure that a system is in place to direct the facility/organization related to ethical topics/situations that arise. This task would include developing an ethics committee or the creation of an ad hoc ethics committee when necessary.</i></p>				

50.03	<p><b>Develop, implement, monitor, and evaluate policies and procedures that comply with directives of governing body.</b> <i>This task requires the Administrator to know and understand the governing body and all directives, policies, and procedures. This task also requires the administrator to recommend changes or additions to policies and procedures and make recommendations to the governing board to change/add policies and procedures when necessary.</i></p>				
50.04	<p><b>Develop, communicate, and champion the service provider's mission, vision, and values to stakeholders.</b> <i>This task requires the Administrator to develop a process to train stakeholders to communicate the mission, vision, and values of the organization. This includes creating positive and effective ways to not only share the mission, vision, and values of the organization but to create an atmosphere of confidence and execution of the mission, vision and values.</i></p>				
50.05	<p><b>Develop, implement, and evaluate the strategic plan with governing body's endorsement.</b> <i>This task requires the Administrator to develop a strategic plan that reflects the facility/organizational values, mission, and policies that will direct the facility/organization to conduct effective business practices with the endorsement of the governing body. The strategic plan must state how the plan will be implemented, validated, and evaluated in a timely manner.</i></p>				
50.07	<p><b>Identify, foster, and maintain positive relationships with key stakeholders.</b> <i>This task requires the Administrator to determine who key stakeholders are and develop a working relationship/understanding with each of them. This task includes creating an atmosphere of trust and understanding. This should be tempered with providing necessary information to work jointly on projects and systems that benefit the organization. At no time should the impression be given that any key stakeholder is asked to assist in leading the facility/organization.</i></p>				
50.09	<p><b>Solicit information from appropriate stakeholders for use in decision making.</b> <i>This task requires the Administrator to set up protocols/standards of practice to use all available input from trusted resources to make effective/fair/timely decisions. While the Administrator is accountable for the decisions he/she will make, it is important for the Administrator to know that sometimes a good decision is better than the best decision when time or the lives of others is a factor.</i></p>				
50.10	<p><b>Manage the service provider's role throughout any survey/inspection process.</b> <i>This task requires the Administrator to develop a protocol/practice to use for any unannounced survey/inspection. The protocol should include reporting the surveyors/inspectors presence to all key management teams. In addition, the protocol/practice should include providing needed information to surveyor/inspector, keeping copies of any documents the surveyor/inspector reviews (as known), cooperating with the inspection, being visible, support staff through survey/inspection, respond quickly to surveyor/inspector requests, and fire marshal inspections. The Administrator should strive to be ready for a survey any day of the year by training his/her staff to do all that is right year round.</i></p>				
50.11	<p><b>Develop and implement an intervention(s) or risk management program(s) to minimize or eliminate exposure.</b> <i>This task requires the Administrator to develop a risk management program to prevent problems before they occur. The program should start with the identification of key risk areas and a system/protocol to prevent them. This includes specific protocols to educate staff on reporting incidents/events/situations that occur timely, whom to report to, and what steps to take to reduce liability. This program requires effective communication from the Administrator and her/his designees.</i></p>				

50.12	<p><b>Identify and respond to areas of potential legal liability.</b> <i>This task requires the Administrator to create a plan that identifies, responds to, and prevents any current or potential legal liability. This includes communicating with staff, residents, and responsible parties when issues arise and proactively responding to concerns before they become a liability. In addition, Administrators should have systems in place to ensure that best practices are done and documentation occurs for any change of condition or abnormal action/event/activity. The plan should also delineate when legal representation is necessary and clarify the process to retain an attorney.</i></p>				
50.16	<p><b>Develop, implement, and evaluate the organization's quality assurance and performance improvement programs.</b> <i>This task requires the Administrator to develop an effective QAPI (Quality Assurance and Performance Improvement) program. This includes following CMS guidelines related to QAPI and to establishing specific procedures, policies, and systems to perform an effective QAPI program. This also includes ensuring the program is designed to meet the ever changing needs of the facility/organization.</i></p>				
50.17	<p><b>Lead organizational change initiatives.</b> <i>This task requires the Administrator to demonstrate leadership by carefully assessing the these needs, strategically developing effective methods to meet facility needs, and then communicating the need for change(s) to the individuals affected. All changes should include providing clear and concise purpose related to the change and then to effectively train, validate, and celebrate those who participate in the change.</i></p>				
50.18	<p><b>Facilitate effective internal and external communication strategies.</b> <i>This task requires the Administrator to develop methods of effective communication, internally and externally. The Administrator must establish a hierarchy of individuals who communicate with each other via an organizational chart. The chart should be available for residents/families/ staff so that it is clear who is responsible and who has the authority to provide information. This includes creating clear and concise messages so that all staff are aware of how and what is to be communicated and when the need for assistance in communication is necessary. No employee should ever feel that the total weight of providing information rests on them. Training and strategies should include not only verbal and written communication but also electronic media such as Facebook, blogs, and Twitter.</i></p>				
<b>Module Total</b>					

<b>HUMAN RESOURCES</b>		Self-Assessment	Typical Program Hours in many states	Variable	Preceptor Assigned Hours
<b>20.01</b>	<b>Ensure that human resources management policies and programs comply with federal and state rules and regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i>				
<b>20.02</b>	<b>Establish the planning, development, implementation, monitoring, and evaluation of recruitment, selection, and retention practices.</b> <i>This task requires the Administrator to ensure the facility has systems in place that will provide for a consistent, fair, and predictable method of job development, job hiring, job training, employee evaluation, and continuing education. These systems should follow the standards of the Fair Labor Standards Act (FLSA).</i>				
<b>20.03</b>	<b>Establish the planning, development, implementation, monitoring, and evaluation of employee training and development programs.</b> <i>This task requires the Administrator to have policies and procedures in place to train managers/leaders to follow and design basic and continuing education programs aimed at evaluating individual employee performance and training programs that can meet the basic, continuing, or potential education needs of the employee.</i>				
<b>20.04</b>	<b>Establish the planning, development, implementation, monitoring, and evaluation of employee evaluation programs.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place that clearly provide instruction to managers/leaders to regularly monitor employee performance and to timely inform employees of when their performance or adherence to procedures does not meet standards. This should include timely formal evaluation of the employee to communicate areas of poor performance and areas that employee meets and exceed facility standards.</i>				
<b>20.05</b>	<b>Establish the planning, development, implementation, monitoring, and evaluation of compensation and benefit programs.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place for employee compensation and benefit programs. This includes a formal method of informing employees of their employee benefits and compensation.</i>				
<b>20.06</b>	<b>Establish the planning, development, implementation, monitoring, and evaluation of employee health and safety programs.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place to prevent employee injury and encourage employee wellness. This includes an effective workers compensation or group retro program and providing a health/wellness program that gives employees the opportunity to attain health, dental, vision, accident, pharmacy, and life insurance programs.</i>				
<b>20.07</b>	<b>Establish the planning, development, implementation, monitoring, and evaluation of employee satisfaction and organizational culture.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to measure employee satisfaction and that results are taken seriously and considered. This task also requires the Administrator to develop an organization chart/structure that will clearly communicate the organization structure to employees.</i>				



20.08	<p><b>Establish the planning, development, implementation, monitoring, and evaluation of employee disciplinary policies and procedures.</b> <i>This task requires the Administrator to have policies and procedures in place that will set standards to objectively measure employee performance. When employee performance or behavior does not meet standards, employees are made aware of an allegation, and given an opportunity to give an explanation of their performance or behavior (give their side of the story), offer witnesses or evidence that will support their statement, and/or provide a written statement. Procedures should state that the employees will be made aware if an investigation will be done, if the employee will be suspended pending investigation, and that no discipline will be applied until a thorough investigation is completed.</i></p>				
20.09	<p><b>Establish the planning, development, implementation, monitoring, and evaluation of employee grievance policies and procedures.</b> <i>This task requires the Administrator to have policies and procedures in place to clearly communicate with the employee a formal program/grievance procedure in which the employee, without fear of retaliation, can communicate areas of frustration, abuse, mistreatment, or concerns with the understanding that a formal response will follow.</i></p>				
20.10	<p><b>Establish the planning, development, implementation, monitoring, and evaluation of leadership development programs.</b> <i>This task requires the Administrator to develop leadership development programs not only for manager/leaders but also for all employees. This may be in the form of a formalized program designed by a corporation, outside vendor, or the Administrator.</i></p>				
20.14	<p><b>Ensure employee records and documentation systems are developed and maintained.</b> <i>This task requires the Administrator to ensure employee records and correspondence are protected and secure to other employees, residents and unauthorized individuals.</i></p>				
50.19	<p><b>Promote professional development of all team members.</b> <i>This task requires the Administrator to purposefully assess team members' training and experience and to facilitate an environment that allows employees opportunities to grow professionally. This would include internal and external opportunities for employees who are motivated to develop themselves professionally.</i></p>				
<b>Module Total</b>					

<b>NURSING DEPARTMENT/ HEALTH CARE SERVICES</b>		Self- Assessment	Typical Pro- gram Hours in many states	Variable	<b>Preceptor Assigned Hours</b>
<b>10.02</b>	<b>Ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipient preferences and assessed needs.</b> <i>This task requires the Administrator to ensure that staff implement a plan of care for each resident, based on the individual needs and preferences, under the direction of a physician. This task includes a comprehensive assessment of each resident/recipient. The comprehensive assessment should include (but not limited to) assessments for nutrition (to include diet, texture, weight, swallowing), therapy, mobility, fall risk, skin/wound management, medications and contraindications, cognitive abilities, behavior, mental health, and etc.</i>				
<b>10.03</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of admission/move-in process, including pre-admission/pre-move in information, to promote a quality experience for care recipients.</b> <i>This task requires the Administrator to ensure that the admission process is comprehensive and is resident centered. This task includes obtaining all available documentation at the time of admission to include (but not limited to): power of attorney for health care and financial, resident identification cards, insurance information, doctor and all other orders related to the resident to include hospital/doctors/clinic records pertaining to the residents stay at the facility or services provided by the organization.</i>				
<b>10.04</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of discharge/move out process to promote a quality experience for care recipients.</b> <i>This task requires the Administrator to ensure that resident care is appropriate for the level of care they require and that an interdisciplinary team continually monitors the resident's progress and recommends the best care environment needed to maximize the resident's quality of living.</i>				
<b>10.05</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of programs to meet care recipient's psychosocial needs and preferences.</b> <i>This task requires the Administrator to ensure residents are properly evaluated and cared for based on their psychosocial needs and preferences.</i>				
<b>10.08</b>	<b>Ensure the planning, development, implementation/execution, monitoring, and evaluation of medication management that supports the needs of the care recipient.</b> <i>This task requires the Administrator to ensure that doctor's orders are strictly followed and that policies and procedures are in place to assure compliance.</i>				
<b>10.11</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of policies and procedures for responses to care recipient incidents, accidents, and or emergencies.</b> <i>This task requires the Administrator to ensure that policies and procedures are written and followed to prevent incidents and accidents and to prepare staff to act appropriately when incidents, accidents, and emergencies occur.</i>				
<b>10.13</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of education intended for care recipients and their support networks.</b> <i>This task requires the Administrator to ensure that the care recipient and/or their responsible party is informed of their care, condition, and treatment as much as practical.</i>				
<b>10.16</b>	<b>Ensure care recipients rights and individuality with all aspects of care.</b> <i>This task requires the Administrator to ensure all staff are trained and follow state and federal guidelines related to resident rights. Attention must be made to issues related to abuse, neglect, misappropriation of resident property and mistreatment of residents.</i>				

<b>10.19</b>	<b>Ensure the provision of a customer service culture that leads to a quality experience for care recipients.</b> <i>This task requires the Administrator to promote a resident centered experience that serves each recipient according to their choices and preferences as much as practical.</i>				
<b>20.11</b>	<b>Promote a safe work environment (such as safety training and employee risk management).</b> <i>This task requires the Administrator to ensure effective policies and procedures are in place to create an awareness of safety throughout the workplace that include reporting accidents, safety monitoring, fire drills, water, gas and electric shut off valves, and that emergency generators are regularly tested.</i>				
<b>40.03</b>	<b>Ensure the planning, development, implementation, monitoring, and evaluation of infection control and sanitation.</b> <i>This task requires the Administrator to have policies and procedures in place to effectively assure that infection control and sanitation are properly planned, implemented, and validated. This would include, but not be limited to, training of personnel, assuring proper supplies and resources are available and effective communication through the facility/operation/agency of reporting violations and areas of concern.</i>				
<b>40.07</b>	<b>Ensure the planning, development, implementation, monitoring, and evaluation of appropriate HIPAA compliant technology infrastructure.</b> <i>This task requires the Administrator to ensure that HIPAA compliance is assured by developing technology infrastructures, technology safeguards (i.e., backup systems, external data storage areas, preventative maintenance for computer hardware and software) and ongoing validation surveys.</i>				
<b>40.11</b>	<b>Assess care recipients' environment for safety, security, and accessibility and make recommendation for referral or modification.</b> <i>This task requires the Administrator to ensure that each recipient's personal environment and accessibility is individually evaluated and accommodations are made to provide the most independent, comfortable, and safe environment possible.</i>				
<b>50.06</b>	<b>Promote and monitor satisfaction of the care recipient's and their support networks.</b> <i>This task requires the Administrator to develop a system to monitor resident satisfaction. This can be done by the Administrator being visible through onsite visits with residents and family. This can also be done through satisfaction surveys and mock inspections. The successful Administrator will generally perform a combination of onsite visits, surveys, and daily interaction with staff in the form of a stand up meeting.</i>				
<b>50.08</b>	<b>Educate stakeholders on services provided, regulatory requirements, and standards of care.</b> <i>This task requires the Administrator to develop a strategy to provide instruction and resources to help the stakeholder to understand facility, state, and federal requirements. It is also important for stakeholders to understand facility protocols (e.g. standards and services) that are provided to meet residents needs and create a home like environment to ensure resident safety and choice are paramount.</i>				
<b>Module Total</b>					

<b>REHABILITATION DEPARTMENT</b>		Self-Assessment	Typical Program Hours in many states	Variable	Preceptor Assigned Hours
<b>10.09</b>	Ensure the planning, development, implementation/ execution, monitoring and evaluation of a rehabilitation program to maximize optimal level of functioning and independence for care recipients. <i>This task requires the Administrator to provide individualized rehabilitative services to recipients that will help them meet their baseline and allow residents to be as independent as possible.</i>				
<b>Module Total</b>					

<b>MEDICAL/RESIDENT RECORDS</b>		Self-Assessment	Typical Program Hours in many states	Variable	Preceptor Assigned Hours
<b>10.07</b>	Ensure the planning, development, implementation/ execution, monitoring and evaluation of a health information management program to meet documentation requirements in compliance with federal and state regulations. <i>This task requires the Administrator to ensure all resident specific documentation is protected and follows state, federal and HIPAA regulations.</i>				
<b>Module Total</b>					

<b>ACTIVITIES DEPARTMENT</b>		Self-Assessment	Typical Program Hours in many states	Variable	Preceptor Assigned Hours
<b>10.06</b>	Ensure the planning, development, implementation/ execution, monitoring and evaluation of care recipient's activities/recreation to meet social needs and preferences. <i>This task requires the Administrator to ensure activities, events, and programs are resident centered and designed to meet the needs and preferences of each resident.</i>				
<b>Module Total</b>					

<b>SOCIAL SERVICES/ ADMISSIONS DEPARTMENT</b>		Self- Assessment	Typical Pro- gram Hours in many states	Variable	<b>Preceptor Assigned Hours</b>
<b>10.03</b>	<b>Ensure the planning, development, implementation/ execution, monitoring and evaluation of admission/ move-in process, including pre-admission/pre-move in information, to promote a quality experience for care recipients.</b> <i>This task requires the Administrator to ensure that the admission process is comprehensive and is resident centered. This task includes obtaining all available documentation at the time of admission to include but not limited to: power of attorney for health care and financial, resident identification cards, insurance information, doctor and all other orders related to the resident to include hospital/ doctors/clinic records pertaining to the residents stay at the facility or services provided by the organization.</i>				
<b>10.04</b>	<b>Ensure the planning, development, implementation/ execution, monitoring and evaluation of discharge/move out process to promote a quality experience for care recipients.</b> <i>This task requires the Administrator to ensure that resident care is appropriate for the level of care they require and that an interdisciplinary team continually monitors the resident's progress and recommends the best care environment needed to maximize the resident's quality of living.</i>				
<b>10.13</b>	<b>Ensure the planning, development, implementation/ execution, monitoring and evaluation of education intended for care recipients and their support networks.</b> <i>This task requires the Administrator to ensure that the care recipient and/or their responsible party is informed of their care, condition, and treatment as much as practical.</i>				
<b>10.18</b>	<b>Ensure transportation options are available for care recipients.</b> <i>This task requires the Administrator to ensure adequate transportation to care recipients. The facility should identify transportation that is available and the costs (if any) for the services and inform recipients and their responsible parties of availability and cost. The facility/entity must be available to help coordinate transportation services based on the recipients preference and available funding.</i>				
<b>Module Total</b>					

<b>BUSINESS OFFICE/ FINANCIAL MANAGEMENT</b>		Self- Assessment	Typical Pro- gram Hours in many states	Variable	<b>Preceptor Assigned Hours</b>
<b>10.10</b>	<b>Ensure the planning, development, implementation/ execution, monitoring and evaluation of systems for coordination and oversight of contracted services.</b> <i>This task requires the Administrator to ensure that services are available to meet the needs of each recipient from qualified vendors that meet city, state and federal requirements.</i>				
<b>30.01</b>	<b>Ensure that financial management policies, procedures, and practices comply with applicable federal and state regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal and states laws, rules and regulations.</i>				
<b>30.02</b>	<b>Develop, implement, and evaluate the service provider's budget.</b> <i>This task requires the Administrator to have knowledge of the budget process and have systems in place to accurately set budgets based on income, expense, capital improvements, and required tasks of the organization.</i>				
<b>30.03</b>	<b>Oversee the billing and collections process and monitor the accuracy of charges and timely collection of accounts.</b> <i>This task requires the Administrator to have procedures in place to timely and accurately bill for resident care and services to appropriate parties, insurances, or state and federal agencies as appropriate. Systems should be in place to make sure each recipient knows and understands their bill so that timely payments can be made to the facility.</i>				
<b>30.04</b>	<b>Negotiate, interpret, and implement contractual agreements to optimize financial viability.</b> <i>This task requires the Administrator to ensure the facility/organization has written agreements and contracts that include duration of contract, liability insurance required and assured for each party, language that includes duties of each party and what steps are required to notify each party of any breach of service, and details of how to dissolve an agreement for poor service or choice to use another vendor/contractor.</i>				
<b>30.05</b>	<b>Develop, implement, monitor, and evaluate financial policies and procedures that comply with Generally Accepted Accounting Principles (GAAP).</b> <i>This task requires the Administrator to ensure policies and procedures are in place to direct staff on the steps to accurately perform their duties. Direction must be given to employees in the areas of payroll, accounts receivable, billing, accurate record keeping, internal controls, trust accounts, HIPAA, and etc.</i>				
<b>30.07</b>	<b>Establish safeguards for the protection of the service provider's assets (such as insurance coverage, risk management).</b> <i>This task requires the Administrator to have knowledge and provide leadership in risk management, internal controls, workers compensation, and to prevent unnecessary insurance/legal claims.</i>				
<b>40.07</b>	<b>Ensure the planning, development, implementation, monitoring, and evaluation of appropriate HIPAA compliant technology infrastructure.</b> <i>This task requires the Administrator to ensure that HIPAA compliance is assured by developing technology infrastructures, technology safeguards (i.e., backup systems, external data storage areas, preventative maintenance for computer hardware and software) and ongoing validation surveys.</i>				

50.13	<p><b>Implement, monitor, and evaluate information management and technology systems to support service providers operations.</b> <i>This task requires the Administrator to meet all federal/state/community requirements for information management of health records, financial information, and HIPAA. Safeguards to employee, patient, resident, and client information must be in writing and show evidence of training/competency of all employees. In addition, the Administrator must ensure there is a process in place to protect access to information, secure and track passwords, and back up and protect all data in the community servers. Attention must also be given to ensure all technology is designed/set up to save employee time and allow more time for patient/resident/client care.</i></p>				
50.14	<p><b>Develop, implement, and monitor comprehensive sales, marketing, and public relations strategies.</b> <i>This task requires the Administrator to develop an effective marketing strategy designed to help the consumer, resident or responsible party, and staff to know the features, benefits, and amenities of the community/organization. The community/organization should have clear policies, standards, and protocols build consumer confidence. The Administrator should also have clear policies/procedures on how to communicate emergent/disaster solutions within and outside the community. The Administrator must also ensure that a marketing plan reflects and communicates what the community does/stands for/has achieved in writing/action/advertisement/brochure/word of mouth.</i></p>				
50.15	<p><b>Ensure that written agreements between the care recipient and the service providers protect the rights and responsibilities of both parties.</b> <i>This task requires the Administrator to assure that all written agreements reflect the services provided to the resident and meets Federal and State guidelines. This may include having legal representatives review the written agreements on a regular basis to ensure they meet the most current regulations at the time and protect the facility/community/resident. In relation to a resident agreement/service plan/admission/financial agreement, the service provider/vendor agreements should be carefully reviewed by the Administrator, designated financial person and, when necessary, an attorney.</i></p>				
<b>Module Total</b>					

<b>DIETARY DEPARTMENT</b>		Self-Assessment	Typical Program Hours in many states	Variable	<b>Preceptor Assigned Hours</b>
10.14	<p><b>Ensure the planning, development, implementation/ execution, monitoring and evaluation of nutritional needs and preferences of care recipients.</b> <i>This task requires the Administrator to ensure that the care recipient's nutritional needs are met in accordance with their individualized needs and preferences while simultaneously meeting all physician-prescribed orders.</i></p>				
10.15	<p><b>Ensure the planning, development, implementation/ execution, monitoring and evaluation of dining experience that meets the needs and preferences of care recipients.</b> <i>This task requires the Administrator to ensure that dining services are resident centered and meet the nutritional needs paralleled with the recipient preferences.</i></p>				
<b>Module Total</b>					

<b>HOUSEKEEPING/ LAUNDRY DEPARTMENT</b>		Self- Assessment	Typical Pro- gram Hours in many states	Variable	Preceptor Assigned Hours
<b>10.12</b>	<b>Ensure the planning, development, implementation/ execution, monitoring and evaluation of housekeeping and laundry services for care recipients.</b> <i>This task requires the administrator to ensure a clean, safe, and sanitary environment.</i>				
<b>40.05</b>	<b>Ensure the planning, development, implementation, monitoring, and evaluation of environmental services, housekeeping and laundry.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all environmental, housekeeping, and laundry service departments meet or exceed all local, state and federal requirements. This task includes infection control, proper temperatures, temperature logs, proper use of chemicals and products used per Material Safety Data Sheets (MSDS), preventative maintenance, and systems to validate compliance.</i>				
<b>40.08</b>	<b>Establish, maintain, and monitor physical environment that provides clean, safe, and secure home-like surroundings for care recipients, staff, and visitors.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to create a clean, home-like environment that supports the well-being and safety of all recipients. This task includes creating a resident centered culture that promotes choice, comfort, and cleanliness.</i>				
<b>Module Total</b>					

<b>ENVIRONMENTAL MANAGEMENT/ MAINTENANCE DEPARTMENT</b>		Self- Assessment	Typical Pro- gram Hours in many states	Variable	Preceptor Assigned Hours
<b>20.11</b>	<b>Promote a safe work environment (such as safety training and employee risk management).</b> <i>This task requires the Administrator to ensure effective policies and procedures are in place to create an awareness of safety throughout the workplace that include reporting accidents, safety monitoring, fire drills, water, gas and electric shut off valves, and that emergency generators are regularly tested.</i>				
<b>40.01</b>	<b>Ensure that physical environment policies and practices comply with applicable federal, state and local laws and regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal and laws, rules and regulations.</i>				
<b>40.02</b>	<b>Ensure the planning, development, implementation, monitoring, and evaluation of a safe and secure environment.</b> <i>This task requires the Administrator to have policies and procedures in place that ensure the physical plant, systems, equipment, and resources are properly used and appropriate for the facility/organization. It is required that the Administrator understands, promotes, directs, and requires supervision to maintain all equipment and resources and continually validate the physical plant to include (but not limited to) the facility, grounds, equipment, tools, emergency systems, fire systems, and sprinklers.</i>				
<b>40.06</b>	<b>Ensure the planning, development, implementation, monitoring, and evaluation of maintenance service for property, plant and all equipment, including preventative maintenance.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all maintenance services meet or exceed all local, state, and federal requirements. This task includes infection control, proper temperature and temperature logs, proper use of chemicals and products used per MSDS, preventable maintenance, and systems to validate compliance.</i>				



<b>40.08</b>	<b>Establish, maintain, and monitor physical environment that provides clean, safe, and secure home-like surroundings for care recipients, staff, and visitors.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to create a clean, home-like environment that supports the well-being and safety of all recipients. This task includes creating a resident centered culture that promotes choice, comfort, and cleanliness.</i>				
<b>40.09</b>	<b>Identify opportunities to enhance the physical environment to meet changing market demands.</b> <i>This task requires the Administrator to regularly maintain the physical environment of the facility/organization and to evaluate and monitor changing trends within the market community to keep the facility/organization current. This task includes creating a chart/schedule for the normal life of equipment and furnishings, using qualified professionals to assess the interior/exterior design of facility/organization, and developing annual and capital budgets to prepare for predicted capital spending.</i>				
<b>40.10</b>	<b>Establish, maintain, and monitor an environment that promotes choice, comfort, and dignity for care recipients.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to create an environment that ensures color, accessibility, design, temperature, and square footage are appropriately appointed based on the residents who reside in the care setting. Resident rooms should allow the ability to decorate it based on preferences and creativity as long as the room meets federal and state safety requirements.</i>				
<b>Module Total</b>					

<b>OTHER</b>	Self-Assessment	Typical Program Hours in many states	Variable	Preceptor Assigned Hours
As required/desired - shore up weaker than assessed areas (aka "slop factor"?)				
<b>Module Total</b>				

	Recommended Above					
<b>CROSS-CHECK OF TYPICAL AGAINST NAB PERCENTAGES...</b>			Domain%	<b>YOUR HOURS for this AIT</b>	Your Domain %s for this AIT	<b>PPA % (NAB - NHA)</b>
<b>Domain 10 Hours</b>						<b>35%</b>
<b>Domain 20 Hours</b>						<b>13%</b>
<b>Domain 30 Hours</b>						<b>14%</b>
<b>Domain 40 Hours</b>						<b>13%</b>
<b>Domain 50 Hours</b>						<b>25%</b>
<b>Total</b>						<b>100%</b>
(does not include "Other" module in percentage)	Compare and Consider self-assessment. Is it logical for this AIT?					

# Professional Development Plan



Please reference Appendix 2 for ideas of activities for each sub-domain.

Module/ Department	Sub-Domain	Task	Proposed Hours	Learning Activities
<b>Administration</b>				(list as many/few as necessary for the hours proposed)
	<b>10.01</b>	<b>Establish care recipient service policies and procedures that follow federal and state laws, rules, and regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i>		
Also in Nursing Module	<b>10.11</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of policies and procedures for responses to care recipient incidents, accidents, and or emergencies.</b> <i>This task requires the Administrator to ensure that policies and procedures are written and followed to prevent incidents and accidents and to prepare staff to act appropriately when incidents, accidents, and emergencies occur.</i>		
Also in Nursing Module	<b>10.16</b>	<b>Ensure care recipients rights and individuality with all aspects of care.</b> <i>This task requires the Administrator to ensure all staff are trained and follow state and federal guidelines related to resident rights. Attention must be made to issues related to abuse, neglect, misappropriation of resident property and mistreatment of residents.</i>		
	<b>10.17</b>	<b>Integrate support network's perspectives to maximize care recipients quality of life and care.</b> <i>This task requires the Administrator to ensure that measures are taken to review Quality Improvement Measures, and to strategize how each team member influences quality measures and how they each help to improve quality based on recipient, responsible party, and team members' input. Attention must be made to issues related to meeting the care recipient's individualized needs.</i>		
Also in Nursing Module	<b>10.19</b>	<b>Ensure the provision of a customer service culture that leads to a quality experience for care recipients.</b> <i>This task requires the Administrator to promote a resident centered experience that serves each recipient according to their choices and preferences as much as practical.</i>		

	<b>20.08</b>	<b>Establish the planning, development, implementation, monitoring, and evaluation of employee disciplinary policies and procedures.</b> <i>This task requires the Administrator to have policies and procedures in place that will set standards to objectively measure employee performance. When employee performance or behavior does not meet standards, employees are made aware of an allegation, and given an opportunity to give an explanation of their performance or behavior (give their side of the story), offer witnesses or evidence that will support their statement, and/or provide a written statement. Procedures should state that the employees will be made aware if an investigation will be done, if the employee will be suspended pending investigation, and that no discipline will be applied until a thorough investigation is completed.</i>		
	<b>20.12</b>	<b>Promote a positive work environment (using techniques such as conflict resolution, diversity training, and staff recognition programs).</b> <i>This task requires the Administrator to ensure that policies and procedures are in place to assure that the employees are provided a workplace that allows them to communicate concerns and grievances in a safe environment. This also includes training programs in diversity, conflict resolution, continuing education, and staff recognition programs.</i>		
	<b>20.13</b>	<b>Facilitate effective written, oral, and electronic communication among management and employees.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to direct managers and employees on how to formally and informally communicate with each other. These procedures should include requirements to managers on effective leadership ensuring employees are aware and trained in their respective job duties and tasks. Supervisors should also be held accountable for validating performance and communicating with employees their progress.</i>		
	<b>20.15</b>	<b>Establish a culture that encourages employees to embrace care recipients rights.</b> <i>This task requires the Administrator to create a culture that ensures that all resident rights are followed and to develop policies and procedures on reporting violations of resident rights.</i>		
	<b>30.06</b>	<b>Monitor and evaluate the integrity of financial reporting systems and audit programs.</b> <i>This task requires the Administrator to ensure that controls are in place to validate systems, audit, and verify information, and ensure proper supervision to protect theft. An example way to monitor theft would be to never allow the person who prepares a deposit make the deposit. There should be checks and balances in place to allow for the person making the deposit to check the prepared paperwork by a different individual to ensure no errors were made. Another example would be to have a place where the Administrator or designee can access all passwords in case of emergency or to validate access when a person may be unavailable.</i>		
	<b>30.08</b>	<b>Develop, implement, monitor, and evaluate systems to improve financial performance.</b> <i>This task requires the Administrator to use critical thinking to understand financial viability and to respond to the financial needs of the facility/organization.</i>		

	<b>30.09</b>	<b>Manage and adjust expenses with fluctuations in census/occupancy/care recipient levels (such as staffing ratios).</b> <i>This task requires the Administrator to have systems in place that will effectively make adjustments in labor, supplies, and resources as needed to ensure continued financial performance.</i>		
	<b>30.10</b>	<b>Monitor and address changes in the industry that may affect financial viability.</b> <i>This task requires the Administrator to stay knowledgeable of the changes of all financial resources to include, but not limited to; Medicare, Medicaid, insurance companies, and other payor sources. In addition, the Administrator must be knowledgeable of any city, state, and federal changes that may affect the financial performance of the facility/organization and make changes as needed.</i>		
Also in MX module	<b>40.01</b>	<b>Ensure that physical environment policies and practices comply with applicable federal, state and local laws and regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal laws, rules and regulations.</i>		
	<b>40.04</b>	<b>Ensure the planning, development, implementation, monitoring, and evaluation of emergency and disaster preparedness program, including linkage to outside emergency agencies.</b> <i>This task requires the Administrator to have specific policies and procedures in place to assure that an effective disaster preparedness program is in place. It is extremely important that the plan includes regular training of staff related to fire drills, emergency shut off valves, fire evacuation routes, where to find flashlights, extension cords, emergency phone, etc. In addition, the plan needs to include all safety and emergency equipment. Also included in this task is supervising agreements made with outside vendors for equipment testing and maintenance, transportation in the event of an emergency, and transfer agreements with resources that can help provide care and service to relocate residents when necessary. In the event of relocation, provisions for moving resident charts, medications, blankets, and food, etc. need to be planned and implemented.</i>		
Also in MX module	<b>40.09</b>	<b>Identify opportunities to enhance the physical environment to meet changing market demands.</b> <i>This task requires the Administrator to regularly maintain the physical environment of the facility/organization and to evaluate and monitor changing trends within the market community to keep the facility/organization current. This task includes creating a chart/schedule for the normal life of equipment and furnishings, using qualified professionals to assess the interior/exterior design of facility/organization, and developing annual and capital budgets to prepare for predicted capital spending.</i>		
Also in MX module	<b>40.10</b>	<b>Establish, maintain, and monitor an environment that promotes choice, comfort, and dignity for care recipients.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to create an environment that ensures color, accessibility, design, temperature, and square footage are appropriately appointed based on the residents who reside in the care setting. Resident rooms should allow the ability to decorate it based on preferences and creativity as long as the room meets federal and state safety requirements.</i>		

	<b>50.01</b>	<b>Ensure compliance with applicable federal and state laws, rules, and regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i>		
	<b>50.02</b>	<b>Promote ethical practice throughout the organization.</b> <i>This task requires the Administrator to create policies and procedures to ensure that a system is in place to direct the facility/organization related to ethical topics/situations that arise. This task would include developing an ethics committee or the creation of an ad hoc ethics committee when necessary.</i>		
	<b>50.03</b>	<b>Develop, implement, monitor, and evaluate policies and procedures that comply with directives of governing body.</b> <i>This task requires the Administrator to know and understand the governing body and all directives, policies, and procedures. This task also requires the administrator to recommend changes or additions to policies and procedures and make recommendations to the governing board to change/add policies and procedures when necessary.</i>		
	<b>50.04</b>	<b>Develop, communicate, and champion the service provider's mission, vision, and values to stakeholders.</b> <i>This task requires the Administrator to develop a process to train stakeholders to communicate the mission, vision, and values of the organization. This includes creating positive and effective ways to not only share the mission, vision, and values of the organization but to create an atmosphere of confidence and execution of the mission, vision and values.</i>		
	<b>50.05</b>	<b>Develop, implement, and evaluate the strategic plan with governing body's endorsement.</b> <i>This task requires the Administrator to develop a strategic plan that reflects the facility/organizational values, mission, and policies that will direct the facility/organization to conduct effective business practices with the endorsement of the governing body. The strategic plan must state how the plan will be implemented, validated, and evaluated in a timely manner.</i>		
	<b>50.07</b>	<b>Identify, foster, and maintain positive relationships with key stakeholders.</b> <i>This task requires the Administrator to determine who key stakeholders are and develop a working relationship/understanding with each of them. This task includes creating an atmosphere of trust and understanding. This should be tempered with providing necessary information to work jointly on projects and systems that benefit the organization. At no time should the impression be given that any key stakeholder is asked to assist in leading the facility/organization.</i>		
	<b>50.09</b>	<b>Solicit information from appropriate stakeholders for use in decision making.</b> <i>This task requires the Administrator to set up protocols/standards of practice to use all available input from trusted resources to make effective/fair/timely decisions. While the Administrator is accountable for the decisions he/she will make, it is important for the Administrator to know that sometimes a good decision is better than the best decision when time or the lives of others is a factor.</i>		

	<b>50.10</b>	<b>Manage the service provider's role throughout any survey/inspection process.</b> <i>This task requires the Administrator to develop a protocol/practice to use for any unannounced survey/inspection. The protocol should include reporting the surveyors/inspectors presence to all key management teams. In addition, the protocol/practice should include providing needed information to surveyor/inspector, keeping copies of any documents the surveyor/inspector reviews (as known), cooperating with the inspection, being visible, support staff through survey/inspection, respond quickly to surveyor/inspector requests, and fire marshal inspections. The Administrator should strive to be ready for a survey any day of the year by training his/her staff to do all that is right year round.</i>		
	<b>50.11</b>	<b>Develop and implement an intervention(s) or risk management program(s) to minimize or eliminate exposure.</b> <i>This task requires the Administrator to develop a risk management program to prevent problems before they occur. The program should start with the identification of key risk areas and a system/protocol to prevent them. This includes specific protocols to educate staff on reporting incidents/events/situations that occur timely, whom to report to, and what steps to take to reduce liability. This program requires effective communication from the Administrator and her/his designees.</i>		
	<b>50.12</b>	<b>Identify and respond to areas of potential legal liability.</b> <i>This task requires the Administrator to create a plan that identifies, responds to, and prevents any current or potential legal liability. This includes communicating with staff, residents, and responsible parties when issues arise and proactively responding to concerns before they become a liability. In addition, Administrators should have systems in place to ensure that best practices are done and documentation occurs for any change of condition or abnormal action/event/activity. The plan should also delineate when legal representation is necessary and clarify the process to retain an attorney.</i>		
	<b>50.16</b>	<b>Develop, implement, and evaluate the organization's quality assurance and performance improvement programs.</b> <i>This task requires the Administrator to develop an effective QAPI (Quality Assurance and Performance Improvement) program. This includes following CMS guidelines related to QAPI and establishing specific procedures, policies, and systems to perform an effective QAPI program. This also includes ensuring the program is designed to meet the ever changing needs of the facility/organization.</i>		
	<b>50.17</b>	<b>Lead organizational change initiatives.</b> <i>This task requires the Administrator to demonstrate leadership by carefully assessing the facility needs, strategically developing effective methods to meet these needs, and then communicating the need for change(s) to the individuals affected. All changes should include providing clear and concise purpose related to the change and then to effectively train, validate, and celebrate those who participate in the change.</i>		

	<b>50.18</b>	<b>Facilitate effective internal and external communication strategies.</b> <i>This task requires the Administrator to develop methods of effective communication, internally and externally. The Administrator must establish a hierarchy of individuals who communicate with each other via an organizational chart. The chart should be available for residents/families/staff so that it is clear who is responsible and who has the authority to provide information. This includes creating clear and concise messages so that all staff are aware of how and what is to be communicated and when the need for assistance in communication is necessary. No employee should ever feel that the total weight of providing information rests on them. Training and strategies should include not only verbal and written communication but also electronic media such as Facebook, blogs, and Twitter.</i>		
<b>Human Resources</b>				
	<b>20.01</b>	<b>Ensure that human resources management policies and programs comply with federal and state rules and regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i>		
	<b>20.02</b>	<b>Establish the planning, development, implementation, monitoring, and evaluation of recruitment, selection, and retention practices.</b> <i>This task requires the Administrator to ensure the facility has systems in place that will provide for a consistent, fair, and predictable method of job development, job hiring, job training, employee evaluation, and continuing education. These systems should follow the standards of the Fair Labor Standards Act (FSLA).</i>		
	<b>20.03</b>	<b>Establish the planning, development, implementation, monitoring, and evaluation of employee training and development programs.</b> <i>This task requires the Administrator to have policies and procedures in place to train managers/leaders to follow and design basic and continuing education programs aimed at evaluating individual employee performance and training programs that can meet the basic, continuing, or potential education needs of the employee.</i>		
	<b>20.04</b>	<b>Establish the planning, development, implementation, monitoring, and evaluation of employee evaluation programs.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place that clearly provide instruction to managers/leaders to regularly monitor employee performance and to timely inform employees of when their performance or adherence to procedures does not meet standards. This should include timely formal evaluation of the employee to communicate areas of poor performance and areas that employee meets and exceed facility standards.</i>		
	<b>20.05</b>	<b>Establish the planning, development, implementation, monitoring, and evaluation of compensation and benefit programs.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place for employee compensation and benefit programs. This includes a formal method of informing employees of their employee benefits and compensation.</i>		



	<b>20.06</b>	<b>Establish the planning, development, implementation, monitoring, and evaluation of employee health and safety programs.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place to prevent employee injury and encourage employee wellness. This includes an effective workers compensation or group retro program and providing a health/wellness program that gives employees the opportunity to attain health, dental, vision, accident, pharmacy, and life insurance programs.</i>		
	<b>20.07</b>	<b>Establish the planning, development, implementation, monitoring, and evaluation of employee satisfaction and organizational culture.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to measure employee satisfaction and that results are taken seriously and considered. This task also requires the Administrator to develop an organization chart/structure that will clearly communicate the organization structure to employees.</i>		
	<b>20.08</b>	<b>Establish the planning, development, implementation, monitoring, and evaluation of employee disciplinary policies and procedures.</b> <i>This task requires the Administrator to have policies and procedures in place that will set standards to objectively measure employee performance. When employee performance or behavior does not meet standards, employees are made aware of an allegation, and given an opportunity to give an explanation of their performance or behavior (give their side of the story), offer witnesses or evidence that will support their statement, and/or provide a written statement. Procedures should state that the employees will be made aware if an investigation will be done, if the employee will be suspended pending investigation, and that no discipline will be applied until a thorough investigation is completed.</i>		
	<b>20.09</b>	<b>Establish the planning, development, implementation, monitoring, and evaluation of employee grievance policies and procedures.</b> <i>This task requires the Administrator to have policies and procedures in place to clearly communicate with the employee a formal program/grievance procedure in which the employee, without fear of retaliation, can communicate areas of frustration, abuse, mistreatment, or concerns with the understanding that a formal response will follow.</i>		
	<b>20.10</b>	<b>Establish the planning, development, implementation, monitoring, and evaluation of leadership development programs.</b> <i>This task requires the Administrator to develop leadership development programs not only for manager/leaders but also for all employees. This may be in the form of a formalized program designed by a corporation, outside vendor, or the Administrator.</i>		
	<b>20.14</b>	<b>Ensure employee records and documentation systems are developed and maintained.</b> <i>This task requires the Administrator to ensure employee records and correspondence are protected and secure to other employees, residents and unauthorized individuals.</i>		

	<b>50.19</b>	<b>Promote professional development of all team members.</b> <i>This task requires the Administrator to purposefully assess team members' training and experience and to facilitate an environment that allows employees opportunities to grow professionally. This would include internal and external opportunities for employees who are motivated to develop themselves professionally.</i>		
<b>Nursing Department/Health Care Services</b>				
	<b>10.02</b>	<b>Ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipient preferences and assessed needs.</b> <i>This task requires the Administrator to ensure that staff implement a plan of care for each resident, based on the individual needs and preferences, under the direction of a physician. This task includes a comprehensive assessment of each resident/recipient. The comprehensive assessment should include (but not limited to) assessments for nutrition (to include diet, texture, weight, swallowing), therapy, mobility, fall risk, skin/wound management, medications and contraindications, cognitive abilities, behavior, mental health, and etc.</i>		
Also in Social Services Module	<b>10.03</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of admission/move-in process, including pre-admission/pre-move in information, to promote a quality experience for care recipients.</b> <i>This task requires the Administrator to ensure that the admission process is comprehensive and is resident centered. This task includes obtaining all available documentation at the time of admission to include (but not limited to): power of attorney for health care and financial, resident identification cards, insurance information, doctor and all other orders related to the resident to include hospital/doctors/clinic records pertaining to the residents stay at the facility or services provided by the organization.</i>		
Also in Social Services Module	<b>10.04</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of discharge/move out process to promote a quality experience for care recipients.</b> <i>This task requires the Administrator to ensure that resident care is appropriate for the level of care they require and that an interdisciplinary team continually monitors the resident's progress and recommends the best care environment needed to maximize the resident's quality of living.</i>		
	<b>10.05</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of programs to meet care recipient's psychosocial needs and preferences.</b> <i>This task requires the Administrator to ensure residents are properly evaluated and cared for based on their psychosocial needs and preferences.</i>		
	<b>10.08</b>	<b>Ensure the planning, development, implementation/execution, monitoring, and evaluation of medication management that supports the needs of the care recipient.</b> <i>This task requires the Administrator to ensure that doctor's orders are strictly followed and that policies and procedures are in place to assure compliance.</i>		

Also in Adm Module	<b>10.11</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of policies and procedures for responses to care recipient incidents, accidents, and or emergencies.</b> <i>This task requires the Administrator to ensure that policies and procedures are written and followed to prevent incidents and accidents and to prepare staff to act appropriately when incidents, accidents, and emergencies occur.</i>		
Also in Social Services Module	<b>10.13</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of education intended for care recipients and their support networks.</b> <i>This task requires the Administrator to ensure that the care recipient and/or their responsible party is informed of their care, condition, and treatment as much as practical.</i>		
Also in Adm Module	<b>10.16</b>	<b>Ensure care recipients rights and individuality with all aspects of care.</b> <i>This task requires the Administrator to ensure all staff are trained and follow state and federal guidelines related to resident rights. Attention must be made to issues related to abuse, neglect, misappropriation of resident property and mistreatment of residents.</i>		
Also in Adm Module	<b>10.19</b>	<b>Ensure the provision of a customer service culture that leads to a quality experience for care recipients.</b> <i>This task requires the Administrator to promote a resident centered experience that serves each recipient according to their choices and preferences as much as practical.</i>		
Also in Adm and MX Modules	<b>20.11</b>	<b>Promote a safe work environment (such as safety training and employee risk management).</b> <i>This task requires the Administrator to ensure effective policies and procedures are in place to create an awareness of safety throughout the workplace that include reporting accidents, safety monitoring, fire drills, water, gas and electric shut off valves, and that emergency generators are regularly tested.</i>		
	<b>40.03</b>	<b>Ensure the planning, development, implementation, monitoring, and evaluation of infection control and sanitation.</b> <i>This task requires the Administrator to have policies and procedures in place to effectively assure that infection control and sanitation are properly planned, implemented, and validated. This would include, but not be limited to, training of personnel, assuring proper supplies and resources are available and effective communication through the facility/operation/agency of reporting violations and areas of concern.</i>		
Also in Bus Off Module	<b>40.07</b>	<b>Ensure the planning, development, implementation, monitoring, and evaluation of appropriate HIPAA compliant technology infrastructure.</b> <i>This task requires the Administrator to ensure that HIPAA compliance is assured by developing technology infrastructures, technology safeguards (i.e., backup systems, external data storage areas, preventative maintenance for computer hardware and software) and ongoing validation surveys.</i>		
	<b>40.11</b>	<b>Assess care recipients' environment for safety, security, and accessibility and make recommendation for referral or modification.</b> <i>This task requires the Administrator to ensure that each recipient's personal environment and accessibility is individually evaluated and accommodations are made to provide the most independent, comfortable, and safe environment possible.</i>		

	<b>50.06</b>	<b>Promote and monitor satisfaction of the care recipient's and their support networks.</b> <i>This task requires the Administrator to develop a system to monitor resident satisfaction. This can be done by the Administrator being visible through onsite visits with residents and family. This can also be done through satisfaction surveys and mock inspections. The successful Administrator will generally perform a combination of onsite visits, surveys, and daily interaction with staff in the form of a stand up meeting.</i>		
	<b>50.08</b>	<b>Educate stakeholders on services provided, regulatory requirements, and standards of care.</b> <i>This task requires the Administrator to develop a strategy to provide instruction and resources to help the stakeholder to understand facility, state, and federal requirements. It is also important for stakeholders to understand facility protocols (e.g. standards and services) that are provided to meet residents needs and create a home like environment to ensure resident safety and choice are paramount.</i>		
<b>Rehabilitation Department</b>				
	<b>10.09</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of a rehabilitation program to maximize optimal level of functioning and independence for care recipients.</b> <i>This task requires the Administrator to provide individualized rehabilitative services to recipients that will help them meet their baseline and allow residents to be as independent as possible.</i>		
<b>Medical/Resident Records</b>				
	<b>10.07</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of a health information management program to meet documentation requirements in compliance with federal and state regulations.</b> <i>This task requires the Administrator to ensure all resident specific documentation is protected and follows state, federal and HIPAA regulations.</i>		
<b>Activities Department</b>				
	<b>10.06</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of care recipient's activities/recreation to meet social needs and preferences.</b> <i>This task requires the Administrator to ensure activities, events, and programs are resident centered and designed to meet the needs and preferences of each resident.</i>		

**Social Services/Admissions Department**

Also in Nursing Module	<b>10.03</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of admission/move-in process, including pre-admission/pre-move in information, to promote a quality experience for care recipients.</b> <i>This task requires the Administrator to ensure that the admission process is comprehensive and is resident centered. This task includes obtaining all available documentation at the time of admission to include (but not limited to): power of attorney for health care and financial, resident identification cards, insurance information, doctor and all other orders related to the resident to include hospital/doctors/clinic records pertaining to the residents stay at the facility or services provided by the organization.</i>		
Also in Nursing Module	<b>10.04</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of discharge/move out process to promote a quality experience for care recipients.</b> <i>This task requires the Administrator to ensure that resident care is appropriate for the level of care they require and that an interdisciplinary team continually monitors the resident's progress and recommends the best care environment needed to maximize the resident's quality of living.</i>		
Also in Nursing Module	<b>10.13</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of education intended for care recipients and their support networks.</b> <i>This task requires the Administrator to ensure that the care recipient and/or their responsible party is informed of their care, condition, and treatment as much as practical.</i>		
	<b>10.18</b>	<b>Ensure transportation options are available for care recipients.</b> <i>This task requires the Administrator to ensure adequate transportation to care recipients. The facility should identify transportation that is available and the costs (if any) for the services and inform recipients and their responsible parties of availability and cost. The facility/entity must be available to help coordinate transportation services based on the recipients preference and available funding.</i>		

**Business Office/Financial Management**

	<b>10.10</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of systems for coordination and oversight of contracted services.</b> <i>This task requires the Administrator to ensure that services are available to meet the needs of each recipient from qualified vendors that meet city, state and federal requirements.</i>		
	<b>30.01</b>	<b>Ensure that financial management policies, procedures, and practices comply with applicable federal and state regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal and states laws, rules and regulations.</i>		
	<b>30.02</b>	<b>Develop, implement, and evaluate the service provider's budget.</b> <i>This task requires the Administrator to have knowledge of the budget process and have systems in place to accurately set budgets based on income, expense, capital improvements, and required tasks of the organization.</i>		

	<b>30.03</b>	<b>Oversee the billing and collections process and monitor the accuracy of charges and timely collection of accounts.</b> <i>This task requires the Administrator to have procedures in place to timely and accurately bill for resident care and services to appropriate parties, insurances, or state and federal agencies as appropriate. Systems should be in place to make sure each recipient knows and understands their bill so that timely payments can be made to the facility.</i>		
	<b>30.04</b>	<b>Negotiate, interpret, and implement contractual agreements to optimize financial viability.</b> <i>This task requires the Administrator to ensure the facility/organization has written agreements and contracts that include duration of contract, liability insurance required and assured for each party, language that includes duties of each party and what steps are required to notify each party of any breach of service, and details of how to dissolve an agreement for poor service or choice to use another vendor/contractor.</i>		
	<b>30.05</b>	<b>Develop, implement, monitor, and evaluate financial policies and procedures that comply with Generally Accepted Accounting Principles (GAAP).</b> <i>This task requires the Administrator to ensure policies and procedures are in place to direct staff on the steps to accurately perform their duties. Direction must be given to employees in the areas of payroll, accounts receivable, billing, accurate record keeping, internal controls, trust accounts, HIPAA, etc.</i>		
	<b>30.07</b>	<b>Establish safeguards for the protection of the service provider's assets (such as insurance coverage, risk management).</b> <i>This task requires the Administrator to have knowledge and provide leadership in risk management, internal controls, workers compensation, and to prevent unnecessary insurance/legal claims.</i>		
Also in Nursing Module	<b>40.07</b>	<b>Ensure the planning, development, implementation, monitoring, and evaluation of appropriate HIPAA compliant technology infrastructure.</b> <i>This task requires the Administrator to ensure that HIPAA compliance is assured by developing technology infrastructures, technology safeguards (i.e., backup systems, external data storage areas, preventative maintenance for computer hardware and software) and ongoing validation surveys.</i>		
	<b>50.13</b>	<b>Implement, monitor, and evaluate information management and technology systems to support service providers operations.</b> <i>This task requires the Administrator to meet all federal/state/community requirements for information management of health records, financial information, and HIPAA. Safeguards to employee, patient, resident, and client information must be in writing and show evidence of training/competency of all employees. In addition, the Administrator must ensure there is a process in place to protect access to information, secure and track passwords, and back up and protect all data in the community servers. Attention must also be given to ensure all technology is designed/set up to save employee time and allow more time for patient/resident/client care.</i>		

	<b>50.14</b>	<b>Develop, implement, and monitor comprehensive sales, marketing, and public relations strategies.</b> <i>This task requires the Administrator to develop an effective marketing strategy designed to help the consumer, resident or responsible party, and staff to know the features, benefits, and amenities of the community/organization. The community/organization should have clear policies, standards, and protocols build consumer confidence. The Administrator should also have clear policies/procedures on how to communicate emergent/disaster solutions within and outside the community. The Administrator must also ensure that a marketing plan reflects and communicates what the community does/stands for/has achieved in writing/action/advertisement/brochure/word of mouth.</i>		
	<b>50.15</b>	<b>Ensure that written agreements between the care recipient and the service providers protect the rights and responsibilities of both parties.</b> <i>This task requires the Administrator to assure that all written agreements reflect the services provided to the resident and meets Federal and State guidelines. This may include having legal representatives review the written agreements on a regular basis to ensure they meet the most current regulations at the time and protect the facility/community/resident. In relation to a resident agreement/service plan/admission/financial agreement, the service provider/vendor agreements should be carefully reviewed by the Administrator, designated financial person and, when necessary, an attorney.</i>		
<b>Dietary Department</b>				
Also in Adm and Nursing Modules	<b>10.14</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of nutritional needs and preferences of care recipients.</b> <i>This task requires the Administrator to ensure that the care recipient's nutritional needs are met in accordance with their individualized needs and preferences while simultaneously meeting all physician-prescribed orders.</i>		
	<b>10.15</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of dining experience that meets the needs and preferences of care recipients.</b> <i>This task requires the Administrator to ensure that dining services are resident centered and meet the nutritional needs paralleled with the recipient preferences.</i>		

**Housekeeping/Laundry Department**

	<b>10.12</b>	<b>Ensure the planning, development, implementation/execution, monitoring and evaluation of housekeeping and laundry services for care recipients.</b> <i>This task requires the administrator to ensure a clean, safe, and sanitary environment.</i>		
	<b>40.05</b>	<b>Ensure the planning, development, implementation, monitoring, and evaluation of environmental services, housekeeping and laundry.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all environmental, housekeeping, and laundry service departments meet or exceed all local, state and federal requirements. This task includes infection control, proper temperatures, temperature logs, proper use of chemicals and products used per MSDS, preventative maintenance, and systems to validate compliance.</i>		
	<b>40.08</b>	<b>Establish, maintain, and monitor physical environment that provides clean, safe, and secure home-like surroundings for care recipients, staff, and visitors.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to create a clean, home-like environment that supports the well-being and safety of all recipients. This task includes creating a resident centered culture that promotes choice, comfort, and cleanliness.</i>		

**Environmental Management/Maintenance Department**

	<b>20.11</b>	<b>Promote a safe work environment (such as safety training and employee risk management).</b> <i>This task requires the Administrator to ensure effective policies and procedures are in place to create an awareness of safety throughout the workplace that include reporting accidents, safety monitoring, fire drills, water, gas and electric shut off valves, and that emergency generators are regularly tested.</i>		
	<b>40.01</b>	<b>Ensure that physical environment policies and practices comply with applicable federal, state and local laws and regulations.</b> <i>This task requires the Administrator to create policies and procedures that follow federal laws, rules and regulations.</i>		
	<b>40.02</b>	<b>Ensure the planning, development, implementation, monitoring, and evaluation of a safe and secure environment.</b> <i>This task requires the Administrator to have policies and procedures in place that ensure the physical plant, systems, equipment, and resources are properly used and appropriate for the facility/ organization. It is required that the Administrator understands, promotes, directs, and requires supervision to maintain all equipment and resources and continually validate the physical plant to include (but not limited to) the facility, grounds, equipment, tools, emergency systems, fire systems, and sprinklers.</i>		



	<b>40.06</b>	<b>Ensure the planning, development, implementation, monitoring, and evaluation of maintenance service for property, plant and all equipment, including preventative maintenance.</b> <i>This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all maintenance services meet or exceed all local, state, and federal requirements. This task includes infection control, proper temperature and temperature logs, proper use of chemicals and products used per MSDS, preventable maintenance, and systems to validate compliance.</i>		
	<b>40.08</b>	<b>Establish, maintain, and monitor physical environment that provides clean, safe, and secure home-like surroundings for care recipients, staff, and visitors.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to create a clean, home-like environment that supports the well-being and safety of all recipients. This task includes creating a resident centered culture that promotes choice, comfort, and cleanliness.</i>		
	<b>40.09</b>	<b>Identify opportunities to enhance the physical environment to meet changing market demands.</b> <i>This task requires the Administrator to regularly maintain the physical environment of the facility/organization and to evaluate and monitor changing trends within the market community to keep the facility/organization current. This task includes creating a chart/schedule for the normal life of equipment and furnishings, using qualified professionals to assess the interior/exterior design of facility/organization, and developing annual and capital budgets to prepare for predicted capital spending.</i>		
	<b>40.10</b>	<b>Establish, maintain, and monitor an environment that promotes choice, comfort, and dignity for care recipients.</b> <i>This task requires the Administrator to ensure policies and procedures are in place to create an environment that ensures color, accessibility, design, temperature, and square footage are appropriately appointed based on the residents who reside in the care setting. Resident rooms should allow the ability to decorate it based on preferences and creativity as long as the room meets federal and state safety requirements.</i>		
<b>Other</b>				

# Glossary



Term	Meaning/Explanation/Definition	50 - Leadership & Management
<b>Abuse</b>	(1) Willful intent to cause harm. Abuse may be resident to resident or staff to resident harm.(2) Fraud committed against a public program such as Medicare or Medicaid	10.0 - Customer Care, Supports and Services
<b>Access</b>	The ability of a person needing services to obtain those services.	10.0 - Customer Care, Supports and Services
<b>Acquired Immune Deficiency Syndrome (AIDS)</b>	A disease in which there is a severe loss of the body's cellular immunity, greatly lowering the resistance to infection and malignancy.	10.0 - Customer Care, Supports and Services
<b>Activities</b>	Refer to any endeavor, other than routine activities of daily living, in which a resident participates, that is intended to enhance his/her sense of well-being and to promote or enhance physical, cognitive, and emotional health. These include, but are not limited to, activities that promote self-esteem, pleasure, comfort, education, creativity, success, and independence.	10.0 - Customer Care, Supports and Services
<b>Activities of Daily Living (ADL)</b>	Individual self-performance skills needed in everyday life such as ambulation/locomotion, eating, toileting, grooming/personal hygiene, and bathing.	10.0 - Customer Care, Supports and Services
<b>Activity Therapist (AT)</b>	An allied health professional trained to develop and provide leisure time activities for facility residents (patients).	10.0 - Customer Care, Supports and Services
<b>Acuity</b>	The level of severity of a patient's condition. For example, patients who require intensive services are referred to as those having a higher level of acuity in relation to those who require less care.	10.0 - Customer Care, Supports and Services
<b>Acute Care</b>	Short-term, intense medical care for an episode of illness or injury often requiring hospitalization.	10.0 - Customer Care, Supports and Services
<b>Acute Conditions</b>	Episodic conditions that require short-term but intensive medical interventions.	10.0 - Customer Care, Supports and Services
<b>Administer</b>	The direct application of a vaccine or prescribed drug or device, whether by injection, ingestion or any other means, to the body of a resident (patient).	10.0 - Customer Care, Supports and Services
<b>Administrator</b>	See NURSING HOME ADMINISTRATOR/NURSING FACILITY ADMINISTRATOR	10.0 - Customer Care, Supports and Services
<b>Admission Agreement</b>	A contract that spells out the services the nursing home will provide and the cost of those services.	10.0 - Customer Care, Supports and Services
<b>Adult Day Care</b>	A daytime program of nursing, rehabilitation therapies, supervision and socialization that enables elderly people to remain in the community and live with family. Services are generally provided on weekdays from 7 am to 6 pm to individuals who return home in the evening.	10.0 - Customer Care, Supports and Services
<b>Advance Directive</b>	Written instructions from residents (patients) about the management and provision of care if they become incapacitated (e.g., living wills, do not resuscitate orders, durable power of attorney for healthcare).	10.0 - Customer Care, Supports and Services
<b>Adverse Drug Reaction (ADR)</b>	Any unintended response to a drug which is injurious or harmful to health and which occurs at normal doses.	10.0 - Customer Care, Supports and Services
<b>Aged</b>	People who, by definition, in their culture have reached an advanced age during which they may become less productive. In the U.S. they are often referred to as senior citizens, especially after reaching age 65.	10.0 - Customer Care, Supports and Services

<b>Ageism</b>	Prejudicial treatment of the elderly based on stereotypes and misconceptions.	10.0 - Customer Care, Supports and Services
<b>Aging-in-place</b>	Accommodating the changing needs of older adults while living in familiar surroundings.	10.0 - Customer Care, Supports and Services
<b>Agitation</b>	Verbal, vocal, and motor activities that are repetitive and outside of socially acceptable norms.	10.0 - Customer Care, Supports and Services
<b>Allopathic Medicine</b>	Medical approach--as practiced by physicians trained as doctors of medicine (MDs)--that views medical treatment as active intervention to produce a counteracting reaction in an attempt to neutralize the effects of disease.	10.0 - Customer Care, Supports and Services
<b>Alzheimer's Disease</b>	A progressive degenerative disease of the brain, producing memory loss, confusion, irritability, and severe functional decline. The disease becomes progressively worse and eventually results in death.	10.0 - Customer Care, Supports and Services
<b>Ambulation</b>	Moving about.	10.0 - Customer Care, Supports and Services
<b>Ambulatory</b>	Able to walk with or without difficulty or help.	10.0 - Customer Care, Supports and Services
<b>Ambulatory Care (Ambulatory Services)</b>	Services that require the patients to come and receive needed services at a community-based location. In a broader context, ambulatory care can be any outpatient services such as a visit to the physician's office, clinic or outpatient surgery.	10.0 - Customer Care, Supports and Services
<b>Annual Assessment</b>	An annual assessment of a resident's (patient's) physical, mental, emotional, cognitive, and functional status.	10.0 - Customer Care, Supports and Services
<b>Antianxiety Medication</b>	Psychoactive medications given to reduce anxiety (e.g., Ativan, Valium, Xanax)	10.0 - Customer Care, Supports and Services
<b>Antisepsis</b>	Removing or destroying microorganisms.	10.0 - Customer Care, Supports and Services
<b>Aphasia</b>	Impaired ability to communicate.	10.0 - Customer Care, Supports and Services
<b>Apraxia</b>	A speech disorder in which the tongue, lips, and vocal chords are unable to work together. As a result, the person is unable to say what he or she wants to say.	10.0 - Customer Care, Supports and Services
<b>Asepsis</b>	Absence of harmful micro-organisms called pathogens. It refers to the practice of clean procedures, such as hand-washing.	10.0 - Customer Care, Supports and Services
<b>Aspiration</b>	The inhaling of foreign objects, such as food or beverages if swallowed incorrectly into the lungs; results in introduction of bacteria from the mouth and stomach into the lungs which can lead to pulmonary bacterial infection known as aspiration pneumonia.	10.0 - Customer Care, Supports and Services
<b>Assessment</b>	The process by which health care professionals attempt to reliably characterize the patient's physical health, functional abilities, cognitive functioning, psychological state, social well-being, and past/current use of formal services.	10.0 - Customer Care, Supports and Services
<b>Assisted Living Administrator</b>	The person charged with operating an assisted living facility.	
<b>Audiologist</b>	A health care professional who is specially trained and licensed to provide direct clinical services to individuals with hearing or balance disorders.	10.0 - Customer Care, Supports and Services
<b>Autism</b>	A complex developmental disability that typically appears during the first three years of life and is the result of a brain disorder. It affects the person's social interaction and communication.	10.0 - Customer Care, Supports and Services
<b>Autonomy</b>	A cluster of notions that include self-determination, freedom, independence, and liberty of choice or actions.	10.0 - Customer Care, Supports and Services

<b>Bed-hold</b>	When a patient is temporarily out of the facility (at a hospital or with family), but the bed is being held and must be paid for.	10.0 - Customer Care, Supports and Services
<b>Bedsore</b>	See PRESSURE SORE/ULCER	10.0 - Customer Care, Supports and Services
<b>Behavioral Intervention</b>	Non-drug interventions used to change the resident's (patient's) behavior or environment to lessen or accommodate the resident's (patient's) behavioral symptoms.	10.0 - Customer Care, Supports and Services
<b>Biophilia</b>	The human tendency to pay attention to, affiliate with and respond positively to nature.	10.0 - Customer Care, Supports and Services
<b>Boarding Home</b>	A facility that offers room, and board and sometimes supervision of daily activities. It does NOT offer health care.	10.0 - Customer Care, Supports and Services
<b>Cardiologist</b>	A physician who specializes in the treatment of heart diseases.	10.0 - Customer Care, Supports and Services
<b>Care Plan</b>	A plan designed to meet all of a resident's (patient's) identified physical, mental, emotional, cognitive, and functional needs. The care plan is generally the result of assessment and collaboration by an interdisciplinary team of provider staff (also known as the Plan of Care).	10.0 - Customer Care, Supports and Services
<b>Case Mix</b>	A system that uses resident (patient) attributes (e.g., functional status in ADLs or cognitive abilities) to classify residents (patients) for purposes such as reimbursement. This can also be a measure of the intensity of care and services used by a group of residents in a nursing facility. "Case" refers to the overall data collected and used regarding an individual person under study. "Used" describes the combination of variables (observations) used for classifying an observation according to distinctive characteristics on the basis of a dependent variable, such as time or costs.	10.0 - Customer Care, Supports and Services
<b>Case Mix Index</b>	Each RUG (Resource Utilization Group) group is assigned a weight, or numeric score, which reflects the relative resources predicted to provide care to a resident. The higher the case mix index (weight), the greater the resource requirements are for the resident. Payment for each resident is made monthly to the facility based on the case mix index for the facility.	10.0 - Customer Care, Supports and Services
<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>	Federal agency responsible for administering the Federal Medicare and Medicaid programs. CMS headquarters is located in Baltimore, Maryland. Formerly the Health Care Financing Administration, (HCFA). Also administers Child Health Insurance Programs.	10.0 - Customer Care, Supports and Services
<b>Certification</b>	The process by which federal and state governments determine if a health care facility meets Medicare and/or Medicaid standards.	10.0 - Customer Care, Supports and Services
<b>Certified Nursing Assistant (CNA)</b>	A nurse aide who has completed at least the minimum training required by regulations.	10.0 - Customer Care, Supports and Services
<b>Charge Nurse</b>	The nurse in charge or supervising a particular part of a facility for a given time shift.	10.0 - Customer Care, Supports and Services
<b>Chemical Restraint</b>	A psychoactive drug used by a facility for discipline or convenience and not for medical treatment.	10.0 - Customer Care, Supports and Services
<b>Chronic</b>	Continuing over a long period of time or recurring frequently. Chronic conditions often begin inconspicuously and symptoms are less pronounced than in acute conditions.	10.0 - Customer Care, Supports and Services
<b>Chronic Care</b>	Care for residents (patients) who enter a nursing facility typically because they have chronic illnesses that require more assistance than they have available in their own home. The residents (patients) tend to remain in the facility for several months to years.	10.0 - Customer Care, Supports and Services
<b>Clinical Information System</b>	Information technology that is designed to be used by various clinicians to support the delivery of patient care.	10.0 - Customer Care, Supports and Services

<b>Clinical Pathway</b>	A care-planning tool that outlines, in a time sequence, important aspects of care necessary for meeting specific outcomes.	10.0 - Customer Care, Supports and Services
<b>Clinical Practice Guidelines</b>	Evidence-based standardized protocols indicated for the treatment of specific health conditions.	10.0 - Customer Care, Supports and Services
<b>Code of Federal Regulations (CFR)</b>	The codification of the general and permanent rules and regulations (sometimes called administrative law) published in the Federal Register by the executive departments and agencies of the federal government of the United States. The Guidelines to Surveyors is part of these regulations.	10.0 - Customer Care, Supports and Services
<b>Comorbidity</b>	The simultaneous presence of two or more health problems.	10.0 - Customer Care, Supports and Services
<b>Consultant Pharmacist</b>	Pharmacist who is contracted by the nursing home to do drug regimen reviews and provide other services.	10.0 - Customer Care, Supports and Services
<b>Continence</b>	The ability to self-regulate bladder and bowel elimination.	10.0 - Customer Care, Supports and Services
<b>Continuing Care Retirement Community (CCRC)</b>	Also called a life-care community, it is an organization that integrates and coordinates the independent living and other institution-based components of the LTC continuum. Different levels of services are generally housed in separate buildings, all located on one campus.	10.0 - Customer Care, Supports and Services
<b>Continuum of long-term care</b>	The full range of long-term care services that increase in the level of acuity and complexity from one end to the other -- from informal and community-based services at one end of the continuum to the institutional system at the other end.	10.0 - Customer Care, Supports and Services
<b>Controlled Substance</b>	A drug, substance or immediate precursor included in Schedules I to V of the Controlled Substance Act (e.g., morphine, acetaminophen with codeine, oxycodone). Except as provided under the law, their possession and use are illegal.	10.0 - Customer Care, Supports and Services
<b>Cross-contamination</b>	Transfer of disease causing organisms through contact with a dirty surface, unwashed hands, or insects.	10.0 - Customer Care, Supports and Services
<b>Culture</b>	A society's typical ways of behaving; its customs, morals and beliefs	10.0 - Customer Care, Supports and Services
<b>Custodial Care</b>	Nonmedical care that includes routine assistance with the ADLs but does not include active nursing or rehabilitative treatments. Such care is provided to maintain function because the person's overall condition is not likely to improve.	10.0 - Customer Care, Supports and Services
<b>Data Assessment and Verification (DAVE)</b>	A program administered by CMS designed to ensure accuracy of MDS data accomplished through data analysis, off-site review, on-site review, and provider education.	10.0 - Customer Care, Supports and Services
<b>Debilitated</b>	Weak and infirm, unable to care for many personal needs	10.0 - Customer Care, Supports and Services
<b>Dehydration</b>	A loss of the body's normal water content which can affect both physical and mental functions. Individuals with brain, kidney, or gastrointestinal disease may find it difficult to maintain a normal amount of water in the body without the aid of medications.	10.0 - Customer Care, Supports and Services
<b>Dementia</b>	A generic term that describes progressive and irreversible mental dysfunction that results in complex cognitive decline. These cognitive changes are commonly accompanied by disturbances of mood, behavior and personality.	10.0 - Customer Care, Supports and Services
<b>Dentition</b>	The makeup of a set of teeth including their kind, number, arrangement and usability.	10.0 - Customer Care, Supports and Services
<b>Depression</b>	An abnormal state of mind in which a person usually becomes inactive and disinterested in his environment and lacks motivation.	10.0 - Customer Care, Supports and Services
<b>Dermatologist</b>	A specialist physician who treats infections, growths, injuries, and other disorders related to the skin.	10.0 - Customer Care, Supports and Services

<b>Dietary history</b>	A review of a resident's usual food intake patterns, including any food preferences, chewing and swallowing problems, or difficulties with self-feeding that might affect overall food intake.	10.0 - Customer Care, Supports and Services
<b>Dietitian</b>	Sometime referred to as nutritionist, a dietitian provides nutritional information and diet-related services to residents/patients.	10.0 - Customer Care, Supports and Services
<b>Director of Nursing (DON)</b>	A registered nurse responsible for supervising the activities, functions, and training of nursing personnel.	10.0 - Customer Care, Supports and Services
<b>Director of Nursing Services (DNS)</b>	See DIRECTOR OF NURSING (DON).	10.0 - Customer Care, Supports and Services
<b>Discharge Planning</b>	A process that includes decisions about when a patient may need to be discharged from the facility and what may be needed to make a smooth transition from one level of care to another or from the facility to living independently.	10.0 - Customer Care, Supports and Services
<b>Dispense</b>	To deliver a prescribed drug to an ultimate user, including the compounding, packaging, and labeling necessary to prepare the prescribed drug.	10.0 - Customer Care, Supports and Services
<b>Do-Not-Resuscitate (DNR) Order</b>	An advance directive in which a person specifies that he or she does not wish to have heartbeat or breathing restored in the event of a cardiac or respiratory arrest.	10.0 - Customer Care, Supports and Services
<b>Drug</b>	Any substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease or other conditions in persons. Any substance other than a device or food intended to affect the structure or any function of the body of persons. In the survey guidelines, drug is used in most cases to mean medication.	10.0 - Customer Care, Supports and Services
<b>Drug Irregularity</b>	A drug that is given without a medical reason, in an excessive or inadequate dose or duration of therapy, where side effects indicate that a dose modification or drug discontinuation is indicated, or inadequate monitoring for effect of manufacturer's recommendations for laboratory monitoring. This therapy results in potential negative outcomes or is not achieving the stated objectives of the prescriber. The consulting pharmacist should address this potential drug therapy problem at the time of their drug regimen review.	10.0 - Customer Care, Supports and Services
<b>Drug Regimen Review (DRR)</b>	The review of drugs being used by a resident (patient) to determine effect and potential for harmful side effects.	10.0 - Customer Care, Supports and Services
<b>Drug Utilization Review (DUR)</b>	The study of drug use patterns in a facility.	10.0 - Customer Care, Supports and Services
<b>Dysarthria</b>	Slurred or unintelligible speech due to muscle weakness or other problem.	10.0 - Customer Care, Supports and Services
<b>Dysphagia</b>	Difficulty in swallowing due to a dysfunction in any phase of the swallowing process.	10.0 - Customer Care, Supports and Services
<b>Eden Alternative</b>	A cultural change that entails viewing the surroundings in facilities as habitats for human beings rather than as facilities for the frail and elderly, as well as applying the lessons of nature in creating vibrant and vigorous settings.	10.0 - Customer Care, Supports and Services
<b>Emphysema</b>	A chronic condition characterized by damaged air sacs in the lungs. The resulting reduction of surface area available for gas exchange makes breathing difficult and makes the heart work harder to circulate blood through the lungs. All these changes make less oxygen available to the body.	10.0 - Customer Care, Supports and Services
<b>Energy metabolism</b>	The process in the body of breaking down calories consumed into usable energy to allow the body to perform normal body functions.	10.0 - Customer Care, Supports and Services

<b>Enforcement Grid</b>	A table developed by the Center for Medicare and Medicaid Services that defines severity and scope of federal deficiencies and indicates whether plans of correction and remedies are necessary.	10.0 - Customer Care, Supports and Services
<b>Enteral Feeding</b>	Delivery of liquid food through a tube directly into the stomach.	10.0 - Customer Care, Supports and Services
<b>Epidemic</b>	Excessive prevalence of a negative health condition.	10.0 - Customer Care, Supports and Services
<b>Epilepsy</b>	A brain disorder in which signals sent by nerve cells become disturbed, causing strange sensations, emotions, convulsions, muscle spasms, or loss of consciousness.	10.0 - Customer Care, Supports and Services
<b>Esophagostomy Tube</b>	A small tube that enters a surgical incision on the side of the neck and is generally removed after each feeding. The tube allows food to enter the esophagus and then flow down into the stomach.	10.0 - Customer Care, Supports and Services
<b>Ethics Committee</b>	A multidisciplinary forum that is generally called upon to make decisions in the patient's best interest, particularly when legal avenues are not clear-cut.	10.0 - Customer Care, Supports and Services
<b>Evidence-Based Care</b>	Delivery of services using best practices that have been established through clinical research.	10.0 - Customer Care, Supports and Services
<b>Exempt Employees</b>	Salaried workers who are exempt from overtime provisions of the Fair Labor Standards Act.	10.0 - Customer Care, Supports and Services
<b>Extended Survey</b>	A federal survey conducted within 14 days of a finding of substandard care during a standard federal survey (see also STANDARD SURVEY).	10.0 - Customer Care, Supports and Services
<b>Extrapyramidal Symptoms (EPS)</b>	Abnormal movements of the mouth or tongue, pill rolling, tremors, rigid movements, mask-like face, constant movement of legs or body, tics, blinking, pacing, eyes rolled up, drooling.	10.0 - Customer Care, Supports and Services
<b>Gait</b>	How a person walks.	10.0 - Customer Care, Supports and Services
<b>Gastrostomy Tube (G-tube)</b>	A mechanism for delivering nutrition through a tube that passes through a surgical opening in the abdomen and into the stomach.	10.0 - Customer Care, Supports and Services
<b>Geriatric Medicine</b>	Also called <b>geriatrics</b> . The medical knowledge of physical disability in older persons--including diagnosis, treatment, and prevention of disorders. Geriatric medicine recognizes aging as a normal process, not a disease state.	10.0 - Customer Care, Supports and Services
<b>Geriatrician</b>	A physician with special training in geriatric medicine. In earlier years, this training was self-taught through the special attention physicians gave their older patients. Now, one- and three-year training programs, which follow the regular medical curriculum, are established in a number of teaching medical centers.	10.0 - Customer Care, Supports and Services
<b>Gerontology</b>	The study of aging from the broadest perspective. Gerontologists examine not only the clinical and biological aspects of aging but also psychosocial, and historical conditions.	10.0 - Customer Care, Supports and Services
<b>Green House</b>	A small freestanding facility designed to house 7 to 10 residents who live together in a homelike setting. Generally, a number of Green Houses are arranged around a central skilled nursing facility that provides support services.	10.0 - Customer Care, Supports and Services
<b>Guardian</b>	Legal representative, appointed by a court, to make decisions for a person not competent to make their own decisions. Generally, resident (patient) guardians have all of the legal rights normally granted to competent residents (patients).	10.0 - Customer Care, Supports and Services
<b>Harm</b>	Negative effect that has occurred to a resident (patient), infringement of a resident's (patient's) rights, or compromising of a resident's (patient's) ability to meet their highest practicable level of physical, mental or psychosocial well being.	10.0 - Customer Care, Supports and Services



<b>Hierarchy</b>	A Research Utilization Group methodology of assessment classification where an assessment is placed in the first classification category (there are over 40 reimbursement categories) and where a match is found by evaluating resident conditions and services. They are normally ordered from highest to lowest, for example extensive services, rehabilitation, special care, clinically complex, impaired cognition, behavioral problems, and reduced physical functions. These categories vary from time to time.	10.0 - Customer Care, Supports and Services
<b>Holistic Model</b>	A philosophy that emphasizes that health care delivery should focus not merely on a person's physical and mental needs, but should also emphasize well-being in every aspect of what makes a person whole and complete.	10.0 - Customer Care, Supports and Services
<b>Home Health Care</b>	Delivery of services such as nursing care and rehabilitation therapies to patients in their own homes because such patients do not need to be in an institution and yet are generally unable to leave their homes safely to get the care they need.	10.0 - Customer Care, Supports and Services
<b>Home Telehealth Systems</b>	Use of telecommunication technology for the distance monitoring of patients and delivery of health care with or without the use of video technology.	10.0 - Customer Care, Supports and Services
<b>Hospice Care</b>	As defined by Medicare, supportive services provided to terminally ill patients and their families in the final six months of a patient's life. This care is managed and coordinated by a certified Medicare hospice provider. It is a program for caring for the dying, in order to enhance quality of life rather than battling illness or warding off death.	10.0 - Customer Care, Supports and Services
<b>Human Immunodeficiency Virus (HIV)</b>	A virus that attacks the immune system, the body's natural defense system. Without a strong immune system, the body has trouble fighting off disease. Both the virus and the infection it causes are called HIV.	10.0 - Customer Care, Supports and Services
<b>Hypertension</b>	High blood pressure.	10.0 - Customer Care, Supports and Services
<b>Hypnotic Medication</b>	A psychoactive medication given to sedate or calm (e.g., Sonata, Restoril, Ambien).	10.0 - Customer Care, Supports and Services
<b>Iatrogenic</b>	Complications caused by the process of medical care.	10.0 - Customer Care, Supports and Services
<b>ICF/MR</b>	A federal certification for an Intermediate Care Facility for the Mentally Retarded.	10.0 - Customer Care, Supports and Services
<b>Incidence</b>	A quality indicator (QI) type from the Center of Health Systems Research & Analysis (CHSRA) that provides a description of what has taken place with a resident (patient) over the course of the last two MDS or OASIS assessments.	10.0 - Customer Care, Supports and Services
<b>Incontinence</b>	Lacking voluntary control over the bladder or bowel. In most people incontinence can be treated and controlled, if not cured. Specific changes in body function, often resulting from disease or the use of medications, are the cause of incontinence.	10.0 - Customer Care, Supports and Services
<b>Individual Program Plan</b>	A written statement of the services to be provided, as developed by an interdisciplinary team, and based on a comprehensive functional assessment of an individual's active treatment needs.	10.0 - Customer Care, Supports and Services
<b>Indwelling Catheter</b>	A catheter that remains in the bladder to drain urine into a bag.	10.0 - Customer Care, Supports and Services
<b>Infantalization</b>	Treating older adults as children.	10.0 - Customer Care, Supports and Services
<b>Infection Control</b>	A comprehensive program to prevent the transmission of infections to protect the residents, the staff, and visitors from contracting infections while in the facility.	10.0 - Customer Care, Supports and Services
<b>Infectious Waste</b>	Hazardous waste that can pose health risks from communicable infectious agents.	10.0 - Customer Care, Supports and Services

<b>Informed Consent</b>	The person giving consent receives information necessary to make a health care decision, including information about the benefits, reasonable risks, alternatives, the right to refuse, and consequences of any treatment or service.	10.0 - Customer Care, Supports and Services
<b>Initial Survey</b>	An on-site federal survey to determine whether a provider meets the requirements to begin participating in the Medicare and/or Medicaid programs.	10.0 - Customer Care, Supports and Services
<b>Injury</b>	Physical, financial, or emotional harm.	10.0 - Customer Care, Supports and Services
<b>Instrumental (Independent) Activities of Daily Living (IADLs)</b>	Activities that include meal preparation, housework (e.g., cooking), managing finances (e.g., keeping a checkbook) or medications, telephone use, shopping, and transportation (e.g., how one moves up and down stairs, how one moves in and out of cars).	10.0 - Customer Care, Supports and Services
<b>Interdependence</b>	A state of living together (symbiosis) in a mutually beneficial relationship.	10.0 - Customer Care, Supports and Services
<b>Interdisciplinary Team</b>	A facility team which allows involvement of multiple medical disciplines in providing patient care; can consist of all or some of the following professionals: physician, nurse, social worker/case manager, dietitian, therapists, pharmacists, etc.	10.0 - Customer Care, Supports and Services
<b>Internist</b>	A physician who specializes in treating diseases related to the internal organs of the body.	10.0 - Customer Care, Supports and Services
<b>Interoperable</b>	Electronic medical information that is available simultaneously to various health care providers.	10.0 - Customer Care, Supports and Services
<b>Jejunostomy tube (J-tube)</b>	A surgically placed tube that enters the small intestine for the delivery of specialized nutritional formulas.	10.0 - Customer Care, Supports and Services
<b>Learned Helplessness</b>	A psychological state in which patients believe that they can no longer do anything for themselves and must depend on others.	10.0 - Customer Care, Supports and Services
<b>License</b>	A duly-issued certificate that permits a person to practice or a nursing home to operate in a given state.	10.0 - Customer Care, Supports and Services
<b>Licensed Practical Nurse (LPN)</b>	A person licensed as a practical nurse by state statute. An LPN performs simple acts in the care of convalescent, sub-acute or chronically ill patients; or provides care to acutely ill patients under the specific direction of a registered nurse, physician, podiatrist or dentist. Similar to an LVN (Licensed Vocational Nurse) in some states.	10.0 - Customer Care, Supports and Services
<b>Licensure</b>	The granting of a license to a provider that has been determined to meet a state's requirements for operation.	10.0 - Customer Care, Supports and Services
<b>Living Will</b>	An advance directive specifying a person's wishes regarding medical treatment in the event this person becomes incompetent.	10.0 - Customer Care, Supports and Services
<b>Long Term Care (LTC)</b>	A general term used to describe care in nursing homes. This term is also used to describe a broader continuum of care for chronic and disabled persons that include nursing homes, assisted living facilities, board and care facilities, and community care such as home health agencies. It is a variety of individualized and well-coordinated total care services that promote the maximum possible independence for people with functional limitations and that are provided over an extended period of time, using appropriate current technology and available evidence-based practices, in accordance with a holistic approach while maximizing both the quality of clinical care and the individual's quality of life.	10.0 - Customer Care, Supports and Services
<b>Long Term Care Facility</b>	An institution, commonly referred to as a nursing home, that is duly licensed to provide long-term care services.	10.0 - Customer Care, Supports and Services
<b>Maintenance Rehabilitation</b>	Rehabilitation that is aimed at preserving the present level of function and preventing secondary complications.	10.0 - Customer Care, Supports and Services

<b>Malpractice</b>	Negligence or carelessness in the delivery of services according to accepted standards of care so that harm is caused to the recipient of care.	10.0 - Customer Care, Supports and Services
<b>Managed Care</b>	An approach to delivering a comprehensive array of health care services to a defined group of enrolled members through efficient management of service utilization and payment to providers.	10.0 - Customer Care, Supports and Services
<b>MDS Completion Date</b>	The date at which the RN assessment coordinator attests that all portions of the MDS have been completed.	10.0 - Customer Care, Supports and Services
<b>Medicaid</b>	A state program that provides medical services to clients of the state public assistance program and, at the state's option, other needy individuals, as well as supplements hospital and nursing facility (NF) services that are mandated under Medicaid. States may decide on the amount, duration, and scope of additional services. Generally, the only types of institutions participating solely in Medicaid are Nursing Facilities (NFs) and Intermediate Care Facilities for the Mentally Retarded (ICF/MR). Also called Title 19 of the Social Security Act, it is a jointly funded federal-state health insurance program for the indigent.	10.0 - Customer Care, Supports and Services
<b>Medical Model</b>	Delivery of health care that places its primary emphasis on the treatment of disease, relief of symptoms, and intensive use of medical technology, with little emphasis on the promotion of optimum health in a holistic context.	10.0 - Customer Care, Supports and Services
<b>Medical Nutrition Therapy</b>	A diet ordered by a physician as part of treatment for a disease or clinical condition, or to eliminate, decrease or increase specific nutrients in the diet. (May also be called Therapeutic Diet).	10.0 - Customer Care, Supports and Services
<b>Medicare</b>	A federal insurance program, as referenced in Title 18 of the Social Security Act, providing a wide range of benefits for specific periods of time through providers and suppliers participating in the program. Providers, are patient care institutions such as hospitals, hospices, nursing homes, and home health agencies. Benefits are payable for most people over age 65, Social Security beneficiaries under 65 entitled to disability benefits, and individuals needing renal dialysis or renal transplantation. Payment for services is made by the federal government through designated fiscal intermediaries (FIs) and carriers to the providers and suppliers.	10.0 - Customer Care, Supports and Services
<b>Medicare Data Communication Network (MDCN)</b>	A secure connection that is used to transmit MDS data to each state's repository. A user ID and password is issued for each person who requires access to the CMS MDS intranet.	10.0 - Customer Care, Supports and Services
<b>Medication Error</b>	Medications not given as intended by the prescriber, as required by the drug manufacturer, or according to acceptable professional standards.	10.0 - Customer Care, Supports and Services
<b>Mental Retardation</b>	Below-average intellectual functioning that is long term and incurable.	10.0 - Customer Care, Supports and Services
<b>Minimum Data Set (MDS)</b>	A federally mandated resident assessment instrument used to assess resident physical, mental, emotional, cognitive, and functional limitations and strengths. The MDS must be administered to all residents in Medicare- or Medicaid-certified facilities at the time of admission, annually, quarterly, and when a significant change in a resident's condition occurs.	10.0 - Customer Care, Supports and Services
<b>Misappropriation</b>	The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's (patient's) belongings or money without their consent.	10.0 - Customer Care, Supports and Services
<b>Multidisciplinary (or interdisciplinary)</b>	A team approach to problem solving or delivery of care in which all key disciplines, such as nursing, food service, therapy, social work, and activities, participate and make joint decisions.	10.0 - Customer Care, Supports and Services

<b>Multisensory Stimulation (MSS)</b>	Also known as “multisensory behavior therapy (MSBT),” it involves stimulation of all the primary senses through a combined effect of textured objects, soft music, colored lighting, aromas, and favorite foods.	10.0 - Customer Care, Supports and Services
<b>Nasoduodenal Tube</b>	A mechanism for delivering nutrition through a tube that passes through the patient’s nose and goes down into the duodenum, the first part of the small intestine.	10.0 - Customer Care, Supports and Services
<b>Nasogastric tube (NG-tube)</b>	A method of delivering nutrition through a tube that passes through the nasal openings, down to the esophagus, and into the stomach.	10.0 - Customer Care, Supports and Services
<b>Neglect</b>	Failure to provide goods and services to prevent resident (patient) harm, mental anguish, or mental illness.	10.0 - Customer Care, Supports and Services
<b>Negligence</b>	Failure to exercise the degree of care that a reasonable person would exercise in similar circumstances.	10.0 - Customer Care, Supports and Services
<b>Nephrologist</b>	A physician who specializes in kidney diseases, kidney transplantation, and dialysis therapy. Nephrology is classified as an internal medicine subspecialty.	10.0 - Customer Care, Supports and Services
<b>Nosocomial Infection in the LTC Facility</b>	An infection that develops after admission to the LTCF. Infections that are incubating at the time of admission, or develop within 48 to 72 hours of admission, usually are community-acquired or hospital associated if the person was transferred from the hospital.	10.0 - Customer Care, Supports and Services
<b>Nurse Aide Competency</b>	Federal and/or state training and capability requirements needed for employment of nurse aides in nursing homes.	10.0 - Customer Care, Supports and Services
<b>Nurse Aide Registry</b>	A listing of nurse aides who have met Federal and/or State training and competency requirements needed for employment in nursing homes.	10.0 - Customer Care, Supports and Services
<b>Nurse Aide, Nursing Assistant (NA)</b>	An unlicensed caregiver, under professional nurse supervision, who provides nursing and professional care.	10.0 - Customer Care, Supports and Services
<b>Nurse Practitioner</b>	A registered nurse who meets additional state requirements to meet this designation. In some states, nurse practitioners may act as physician extenders to conduct certain activities such as ordering tests and medications.	10.0 - Customer Care, Supports and Services
<b>Nursing Facility (NF)</b>	A nursing home that meets the requirements for Medicaid certification as defined in 1919(a) of the Federal Social Security Act.	10.0 - Customer Care, Supports and Services
<b>Nursing Home Administrator (NHA) Nursing Facility Administrator (NFA) Long-Term Care Administrator (LTCA) Administrator of Records</b>	The person charged to operate a nursing home and licensed by the state. “As the nursing home evolved, the title of the person was changed from operator to nursing home administrator. Since then the term nursing home has changed to nursing facility. A few states changed nursing home administrator to nursing facility administrator. However, the term nursing facility has not become popular. Predominantly they are called nursing homes, so the title nursing homes administrator (NHA) is likely to remain in vogue.” (Townsend, <i>et.al.</i> , page 7).	10.0 - Customer Care, Supports and Services
<b>Nursing Home Quality Improvement Initiative</b>	A program of the CMS and U.S. Department of Health and Human Services that compiles information about nursing home residents on eight situations/conditions called quality measures (QMs) and makes the information available to consumers.	10.0 - Customer Care, Supports and Services
<b>Occupational Therapist (OT)</b>	A person licensed, certified, or registered under state statutes to perform as an occupational therapist. Generally these individuals are certified by the American Occupational Therapy Association (AOTA).	10.0 - Customer Care, Supports and Services

<b>Occupational Therapy</b>	Specializes in the adaptive use of the upper extremities for performing various tasks...evaluating and treating functional impairments in the ADLs. Occupational therapists (OTs)also play a vital role in evaluating the independent living environment when the patient is scheduled for discharge to home.	10.0 - Customer Care, Supports and Services
<b>Ombudsman</b>	Paid or voluntary staff that investigate nursing home complaints from residents and their families and act as resident advocates addressing concerns of nursing home residents. Many Ombudsman programs are associated with state departments or boards of aging. An ombudsman is a trained professional who works independently with area nursing home residents and their families to resolve concerns they may have about their lives in a facility.	10.0 - Customer Care, Supports and Services
<b>Omnibus Budget Reconciliation Act of 1987 (OBRA)</b>	Changes to the Federal Social Security Act that significantly changed how nursing homes and home health agencies are regulated for Medicare and Medicaid certification. A law that enacted reforms in nursing facility care and provided the statutory authority for the MDS.	10.0 - Customer Care, Supports and Services
<b>Oncology</b>	A medical specialty dealing with cancers and tumors.	10.0 - Customer Care, Supports and Services
<b>One-to-one Programming</b>	Refers to programming provided to residents who will not, or cannot, effectively plan their own activity pursuits, or residents needing specialized or extended programs to enhance overall daily routine and activity pursuit needs.	10.0 - Customer Care, Supports and Services
<b>Online Survey/ Certification and Reporting (OSCAR)</b>	CMS database that includes Medicare and Medicaid certified facility demographic information, results of on-site surveys, and aggregate nursing home resident characteristics for comparison with state and national peer information.	10.0 - Customer Care, Supports and Services
<b>Ophthalmologist</b>	A physician who specializes in the treatment of diseases and injuries of the eye.	10.0 - Customer Care, Supports and Services
<b>Optician</b>	An optical technician who generally hold an associate's degree in optometry. An optician dispenses and fits eyeglasses.	10.0 - Customer Care, Supports and Services
<b>Optometrist</b>	A licensed professional who holds a doctor of optometry (OD) degree and is trained to diagnose and treat vision problems and other eye disorders. They most commonly prescribe eyeglasses and contact lenses.	10.0 - Customer Care, Supports and Services
<b>Orthopedist</b>	A physician who specializes in correcting deformities of the skeletal system and may surgically repair bones and joints.	10.0 - Customer Care, Supports and Services
<b>Osteopathic Medicine</b>	Medical approach -- practiced by doctors of osteopathic medicine (DOs) -- that emphasizes the musculoskeletal system of the body such as correction of joints and tissues.	10.0 - Customer Care, Supports and Services
<b>Outcome</b>	The status of care provided to a resident (patient).	10.0 - Customer Care, Supports and Services
<b>Palliation</b>	Medical care that is focused on relieving unpleasant symptoms such as pain, discomfort, and nausea.	10.0 - Customer Care, Supports and Services
<b>Palliative Care</b>	Management and support provided for the reduction or abatement of pain, for other physical symptoms and psychosocial and spiritual needs of individuals with terminal illness and includes physician services, skilled nursing care, medical services, social services, services of volunteers and bereavement services, but does not mean treatment provided to cure a medical condition or disease to artificially prolong life. It is the alleviating of suffering where "cure" of underlying disease is no longer possible.	10.0 - Customer Care, Supports and Services
<b>Parenteral Nutrition (PN)</b>	Delivering a special liquid nutritional formulation directly into the blood stream, when the gastrointestinal tract is not functioning properly.	10.0 - Customer Care, Supports and Services

<b>Parkinson's Disease</b>	A progressive disorder of the central nervous system. Clinically, the disease is characterized by a decrease in spontaneous movements, gait difficulty, postural instability, rigidity and tremor. Parkinson's disease is caused by the degeneration of certain neurons in the brain.	10.0 - Customer Care, Supports and Services
<b>Passivity</b>	A decline in human emotions, withdrawal from interactions with others and surroundings, and a decrease in motor activity.	10.0 - Customer Care, Supports and Services
<b>Pathogen</b>	Disease-causing organism.	10.0 - Customer Care, Supports and Services
<b>Pathological Waste</b>	Waste that may contain human tissue, blood, or body fluids.	10.0 - Customer Care, Supports and Services
<b>Percentile Rank</b>	For the CHSRA QIs, a means of ranking providers based on how they compare with each other on each separate QI. The higher a provider's percentile ranking, the more apt the provider is to have a care concern.	10.0 - Customer Care, Supports and Services
<b>Person Appropriate Activities</b>	Refers to the idea that each resident has a personal identity and history that involves more than just his/her medical illnesses or functional impairments. (Miller, cited in <i>The Long Term Care Survey</i> , 2008, page 86).	10.0 - Customer Care, Supports and Services
<b>Physiatrist</b>	A medical doctor who has specialized in physical medicine, rehabilitation, and pain medicine.	10.0 - Customer Care, Supports and Services
<b>Physical Restraint</b>	Devices that prevent or restrict resident (patient) movement. A device or manual method that works to treat a medical symptom(s) but is attached to or adjacent to the individual's body so that freedom of movement or normal access to one's body is restricted.	10.0 - Customer Care, Supports and Services
<b>Physical Therapist (PT)</b>	A person licensed, certified, or registered by state statute to perform as a physical therapist. Generally, these individuals are certified by the American Physical Therapy Association (APTA).	10.0 - Customer Care, Supports and Services
<b>Physical Therapy</b>	Physical therapy or physiotherapy (often abbreviated to PT) is a physical medicine and rehabilitation specialty that remediates impairments and promotes mobility, function, and quality of life through examination, diagnosis, prognosis, and physical intervention (therapy using mechanical force and movements). Some examples of physical therapy are strength training, fitting and using artificial limbs, training to use canes and walkers.	10.0 - Customer Care, Supports and Services
<b>Physician Assistant (PA)</b>	A person licensed or certified by state statute to perform as a physician assistant. It is a trained professional who can perform physical examinations, diagnose and treat illnesses, order and interpret laboratory tests, and make rounds at LTC facilities under the direction of a physician.	10.0 - Customer Care, Supports and Services
<b>Pioneer Network</b>	A national organization that began as a grassroots movement of caregivers, consumer advocates, and others who were concerned about the quality of life in nursing homes. The organization advocates cultural change in nursing facilities through educating, sharing of ideas, and forming coalitions with stakeholders such as regulators, ombudsmen, consumers, and care professionals.	10.0 - Customer Care, Supports and Services
<b>Plan of Correction (POC)</b>	A provider's plan for how and when it will correct federal deficiencies and/or state violations.	10.0 - Customer Care, Supports and Services
<b>Podiatrist</b>	A physician who treats patients with diseases or deformities of the feet.	10.0 - Customer Care, Supports and Services
<b>Post-Acute Care</b>	Care for residents (patients) who are admitted to a facility following an acute care hospitalization. Care may involve high-intensity rehabilitation or clinically complex care. Most post-acute stays are for less than 30 days. Some post-acute stays lead to long term admissions for chronic care.	10.0 - Customer Care, Supports and Services
<b>Post-Survey Revisit</b>	An on-site provider visit intended to verify correction of deficiencies and/or violations cited during a survey.	10.0 - Customer Care, Supports and Services
<b>Preadmission Screening/ Annual Resident Review (PASARR)</b>	Federally required screening of all nursing home residents, prior to admission, to determine if the individual residents are mentally ill or mentally retarded.	10.0 - Customer Care, Supports and Services

<b>Pressure Sore/Ulcer</b>	An inflamed lesion of the skin or internal mucous tissue caused by pressure or friction. Pressure sores are classified (Stages 1 - 4) for increasing severity.	10.0 - Customer Care, Supports and Services
<b>Prevalence</b>	A type of QI or QM that provides a description of a resident or patient at a point.	10.0 - Customer Care, Supports and Services
<b>Primary Care</b>	Basic, routine, continuous, and coordinated medical care rendered by a primary care physician or a mid-level provider such as a physician's assistant or nurse practitioner.	10.0 - Customer Care, Supports and Services
<b>Prior Assessment</b>	The assessment that occurs in the most recent four months (46-165 days) preceding the target assessment (See Assessment and Target Assessment).	10.0 - Customer Care, Supports and Services
<b>Program of Activities</b>	Includes a combination of large and small group, one-to-one, and self-directed activities; and a system that supports the development, implementation, and evaluation of the activities provided to the residents in the facilities.	10.0 - Customer Care, Supports and Services
<b>Provider Initiative Project (PIP)</b>	A quality indicator information system for long term care developed by the Center for Health Systems Research and Analysis (CHSRA) at the University of Wisconsin-Madison that utilizes MDS assessment data.	10.0 - Customer Care, Supports and Services
<b>Psychoactive Medication</b>	Medications used to change, modify, or alter an individual's behavior or mood. This general term includes antianxiety, antidepressant, antipsychotic, and hypnotic medications.	10.0 - Customer Care, Supports and Services
<b>Psychotropic Medications</b>	Psychoactive medications used to change, modify, or alter an individual's behavior or mood. This general term includes antianxiety, antidepressant, antipsychotic, and hypnotic medications.	10.0 - Customer Care, Supports and Services
<b>Personal User Identification (PUID)</b>	An individual logon that is unique to each staff member who uses the ePIP system. New IDs can be requested at any time by contacting the ePIP help desk.	10.0 - Customer Care, Supports and Services
<b>QI Domain</b>	For the CHSRA QIs, the broad areas of care that represent the common conditions and important aspects of care and life to nursing home residents. Each domain is represented by one or more QIs.	10.0 - Customer Care, Supports and Services
<b>Quality Assurance</b>	A provider program to monitor and study the quality of the services it delivers, and to make recommendations for improvement. A designated quality assurance committee usually coordinates this activity.	10.0 - Customer Care, Supports and Services
<b>Quality Indicators (QIs)</b>	CHSRA's indicators of provider level and resident (patient) level status derived from MDS (OASIS) information. The QIs are pointers or signposts of resident (patient) and/or provider care problems. QIs are used by surveyors to help structure the survey process and can be used by the provider to help monitor and improve their own performance.	10.0 - Customer Care, Supports and Services
<b>Quality Initiative Survey (QIS)</b>	An initiative by CMS to move the facility survey process to completing surveys on laptops using wireless technology. This will enable the surveyors to communicate with each other via laptop throughout the survey process itself.	10.0 - Customer Care, Supports and Services
<b>Quality Measures (QMs)</b>	Publicly reported information made available by CMS to help consumers assess the quality of nursing home care. There are two categories of quality measures: (1) conditions relevant primarily to long-term residents (patients) (chronic care), including decline in late loss ADLs, pressure sores, residents with pain, physical restraints, and prevalence of infections; and (2) short-stay (temporary) residents (patients) (post-acute care), specifically prevalence of delirium, residents with pain, and improvements in walking. Many of the QMs are based on, and virtually identical to, QIs.	10.0 - Customer Care, Supports and Services
<b>Quality of Care</b>	General area of the federal nursing home requirements that addresses specific issues.	10.0 - Customer Care, Supports and Services

<b>Quality of Life</b>	General area of the federal nursing home regulations that addresses resident (patient) life issues such as dignity, participation in activities, social services, accommodation of needs, and the facility's environment such as lighting, sound, temperature and homelike environment.	10.0 - Customer Care, Supports and Services
<b>Quarterly Assessments</b>	MDS assessments required each quarter for all residents (patients) in Medicare and/or Medicaid facilities.	10.0 - Customer Care, Supports and Services
<b>Range of Motion (ROM)</b>	The extent or magnitude of a resident's (patient's) joint movement.	10.0 - Customer Care, Supports and Services
<b>Reality Orientation</b>	A form of therapy for confused or disoriented individuals that consists of reiteration of the person's identity, orientation to time and place, and reinforcement of consistency in daily routine. Repeated attempts are made to draw the person into conversation, using simple questions, pictures, or whatever may spark their interest.	10.0 - Customer Care, Supports and Services
<b>Recreational Therapist (RT)</b>	A person certified, by a recognized certifying organization, to perform as a recreational therapist.	10.0 - Customer Care, Supports and Services
<b>Registered Dietitian</b>	The health professional designated to oversee food and nutrition services in acute and long-term care settings by both the Centers for Medicare and Medicaid Services and the Joint Commission on Accreditation of Healthcare Organizations; this professional has received a degree in nutrition science, completed a 1,000-hour dietetic internship, and passed a comprehensive national registration examination - a minimum of 15 continuing education hours must be obtained and approved by the Commission on Dietetic Registration for the registered dietitian credentials to be maintained.	10.0 - Customer Care, Supports and Services
<b>Registered Dietitian (RD)</b>	A person registered as a dietitian by state statute or the American Dietetics Association.	10.0 - Customer Care, Supports and Services
<b>Registered Nurse (RN)</b>	A person registered as a nurse by state statute.	10.0 - Customer Care, Supports and Services
<b>Registered Pharmacist (RPh)</b>	A person registered as a pharmacist by state statute.	10.0 - Customer Care, Supports and Services
<b>Regulations</b>	Federal requirements promulgated to "flesh out" the statutory requirements in the Social Security Act (see also Rules and Statutory Requirement).	10.0 - Customer Care, Supports and Services
<b>Resident Assessment Instrument (RAI)</b>	A tool to help facilities identify residents' needs and strengths and develop an appropriate care plan. The federal RAI system includes: the MDS, RAPS, and utilization guidelines. It is the designation for the complete resident assessment process mandated by CMS, including the comprehensive MDS, RAPS, and care planning decisions.	10.0 - Customer Care, Supports and Services
<b>Resident Assessment Protocols (RAPs)</b>	Eighteen problem-oriented guides for care planning with "trigger" conditions to signal the need for additional assessment and review (e.g., activities RAP, mood state RAP, pressure ulcer RAP, etc.). Checking certain boxes or combination of boxes upon filling out the MDS form trigger the requirement for that resident's care plan to address condition(s) identified as in need of special attention.	10.0 - Customer Care, Supports and Services
<b>Resident Centered Care</b>	Practices that encourage residents to be involved in making decisions about their care and daily activities; examples of resident-centered dietary functions include cook-to-order eating schedules, resident-involved menu planning, and buffet style or family dining meal service.	10.0 - Customer Care, Supports and Services
<b>Resource Utilization Groups (RUGS)</b>	A collection of nursing facility resident classification systems used in a variety of case mix indexed reimbursement systems. Using assessment tools like the MDS 3.0, these systems group residents by expected level of resource utilization, usually based upon staff time measurements per resident per day. Relative resource utilization is reflected in a case mix index (CMI) value assigned to each RUG cell.	10.0 - Customer Care, Supports and Services



<b>Respite Care</b>	Any temporary long-term care service (adult day care, home health, or temporary institutionalization) that focuses on giving family caregivers time off while the patient's care is taken over by the respite care provider.	10.0 - Customer Care, Supports and Services
<b>Scope</b>	The extent or magnitude of deficient facility practice on resident (patient) outcome. There are three levels of scope as described in the Federal Enforcement Grid (see also ENFORCEMENT GRID)	10.0 - Customer Care, Supports and Services
<b>Sentinel Health Events</b>	Significant conditions or events that exist for only a single case or a few cases. For the CHSRA QI, they may represent a significant problem that needs to be investigated (e.g., fecal impaction, dehydration, pressure ulcers--low risk).	10.0 - Customer Care, Supports and Services
<b>Septicemia</b>	Also called "blood poisoning," it is a rapidly progressing and life threatening infection due to the presence of bacteria in the blood.	10.0 - Customer Care, Supports and Services
<b>Severity</b>	The effect of seriousness of deficient facility practice on resident (patient) outcome. There are four levels of severity as described in the Federal Enforcement Grid (see also ENFORCEMENT GRID).	10.0 - Customer Care, Supports and Services
<b>Shelf-Stable Food</b>	Preserved (often canned or boxed) food which is able to be stored at room temperature for long periods and made ready for service in an emergency situation without the use of electricity.	10.0 - Customer Care, Supports and Services
<b>Short-Term Stay</b>	Admission and discharge of a nursing home resident (patient) that occurs in less than 14 days.	10.0 - Customer Care, Supports and Services
<b>Side Effect</b>	Undesirable effect of a medication that causes minimal discomfort in some people.	10.0 - Customer Care, Supports and Services
<b>Significant Change</b>	A major decline or improvement in a resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of a resident's health status and requires interdisciplinary review or revision of the care plan, or both.	10.0 - Customer Care, Supports and Services
<b>Significant Change in Condition</b>	A substantial modification in a resident's (patient's) physical, mental, emotional, cognitive, or functional status that requires a new assessment using the MDS instrument, and also generally requires notification of the resident's (patient's) attending physician, family, or guardian.	10.0 - Customer Care, Supports and Services
<b>Significant Medication Error</b>	Medication error that cause a resident (patient) discomfort and/or jeopardizes his/her health and safety.	10.0 - Customer Care, Supports and Services
<b>Significant Weight Loss</b>	The threshold used to determine when intervention and documentation is required to prevent under-nutrition from excessive weight loss; in the long term care setting, significant weight loss is 5% in 30 days, 7.5% in 90 days and 10% in 180 days.	10.0 - Customer Care, Supports and Services Skilled Nursing Facility (SNF)
<b>Skilled Nursing Facility (SNF)</b>	A nursing home that meets the requirements for Medicaid certification as defined in 1819(a) of the Federal Social Security Act. Also the term used by most states to define the type of nursing home that is licensed to provide the highest level of care.	10.0 - Customer Care, Supports and Services
<b>Social Security Act</b>	Federal statutory law that includes the requirements for participation in the Medicare and Medicaid programs.	10.0 - Customer Care, Supports and Services
<b>Speech Language Pathology</b>	Encompasses evaluation and treatment of speech, language, and cognitive disorders; treats several kinds of disorders such as aphasia, dysarthria, and dysphagia.	10.0 - Customer Care, Supports and Services
<b>Speech Pathologist (SP)</b>	A person licensed, certified, or registered by state statute to perform as a speech pathologist.	10.0 - Customer Care, Supports and Services
<b>Speech Therapist (ST)</b>	A person licensed, certified, or registered by state statute to perform as a speech therapist.	10.0 - Customer Care, Supports and Services

<b>Standard of Care</b>	The duty to have and to use the degree of knowledge and skill that is usually possessed and used by competent, health care providers in similar circumstances.	10.0 - Customer Care, Supports and Services
<b>Standard Precautions (SP)</b>	General infection control precautions to be used when delivering hands-on care to any patient, or when handling soiled articles of linen and clothing. It requires the use of gloves, gowns, and masks as necessary to avoid contact with body fluids.	10.0 - Customer Care, Supports and Services
<b>Standard Survey</b>	An on-site federal survey of nursing homes conducted every 9-15 months to determine compliance with federal regulations for Medicare and/or Medicaid.	10.0 - Customer Care, Supports and Services
<b>State Operations Manual (SOM)</b>	The title given to the current set of requirements and guidelines to surveyors. Current edition with changes in red can be downloaded from the CMS web site, <a href="http://www.cms.gov">www.cms.gov</a>	10.0 - Customer Care, Supports and Services
<b>Statement of Deficiency (SOD)</b>	A written summary of noncompliance with regulations found during a federal provider survey or complaint investigation (see also VIOLATION). Statements of deficiency are written on a CMS 2567 form.	10.0 - Customer Care, Supports and Services
<b>Stoma</b>	An artificially created opening in the body.	10.0 - Customer Care, Supports and Services
<b>Stroke</b>	A sudden interruption in the blood supply of the brain. Most strokes are caused by an abrupt blockage of arteries leading to the brain (ischemic stroke). Other strokes are caused by bleeding into brain tissue when a blood vessel bursts (hemorrhagic stroke).	10.0 - Customer Care, Supports and Services
<b>Subacute</b>	Type of nursing home care that is generally considered above skilled nursing but below acute hospital care.	10.0 - Customer Care, Supports and Services
<b>Substandard Care</b>	Substandard quality of care is any deficiency in 42 CFR 483.13 -- Resident Behavior and Facility Practice, 42 CFR 483.15 -- Quality of Life or 42 CFR 483.25 -- Quality of Care that constitutes immediate jeopardy to resident (patient) health or safety; or a pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm that is not immediate jeopardy, with no actual harm. On the Federal Enforcement Grid, substandard care equates to boxes F, H, I, J, K and L, and also results in imposition of penalties (see also ENFORCEMENT GRID). Four elements are required for a civil lawsuit: (1) duty owed, (2) breach or violation of that duty, (3) damage or injury, and (4) causation. (see the Enforcement Grid)" to the end of definition.	10.0 - Customer Care, Supports and Services
<b>Substantial Compliance</b>	Minor deficiencies or violations, but a facility generally meets the intent of federal or state regulations. On the Federal Enforcement Grid, Substantial Compliance is equated to boxes A-C (see also ENFORCEMENT GRID).	10.0 - Customer Care, Supports and Services
<b>Target Assessment</b>	The most recent full or quarterly assessment that is available for the time in which the QM score is calculated (see ASSESSMENT and PRIOR ASSESSMENT).	10.0 - Customer Care, Supports and Services
<b>Temperature Danger Zone</b>	The temperature range of 40F (5C) and 140F (60C) in which food bacteria thrive and multiply rapidly.	10.0 - Customer Care, Supports and Services
<b>Terminal Care</b>	Care provided to a dying resident (patient) that may or may not include hospice care (see also HOSPICE CARE).	10.0 - Customer Care, Supports and Services
<b>Texture Modification</b>	Changing the consistency of food offered to a resident to help accommodate difficulties in chewing or swallowing; textures can include chopped food (the size of green peas), ground food (the size of apple seeds), and pureed food (the consistency of smooth mashed potatoes).	10.0 - Customer Care, Supports and Services
<b>Therapeutic Diet</b>	A diet ordered by a physician as part of treatment for a disease or clinical condition, or to eliminate, decrease or increase specific nutrients in the diet. (May also be called Medical Nutrition Diet).	10.0 - Customer Care, Supports and Services

<b>Threshold</b>	A set point for each CHSRA QI at which the likelihood of a problem is sufficient to warrant further investigation. There may also be a concern below the threshold especially if the percentile rank is close to the threshold. Generally, the threshold point is set at the 90th percentile (see also PERCENTILE RANK).	10.0 - Customer Care, Supports and Services
<b>Transfer</b>	(1) Movement of a patient from one surface to another, such as from a bed to a chair, or from a wheelchair to a car seat. (2) Movement of a patient from one facility to another.	10.0 - Customer Care, Supports and Services
<b>Transitional Care Unit (TCU)</b>	A skilled nursing unit located within a hospital.	10.0 - Customer Care, Supports and Services
<b>Transmission-based Precautions</b>	Infection control precautions to follow when caring for patients who have communicable disease. These precautions are used in addition to standard precautions.	10.0 - Customer Care, Supports and Services
<b>Universal Precautions</b>	Measures taken to prevent transmission of infection from contact with blood or other body fluids or materials having blood or other body fluids on them, as recommended by the U.S. Public Health Services Centers for Disease Control and adopted by the US Occupational Safety and Health Administration (OSHA) as 29 CFR 1910.1030.	10.0 - Customer Care, Supports and Services
<b>Unnecessary Drug</b>	Any of the following: drug that is given without a medical reason; drug given in excessive dose; drug given for an excessive amount of time; drug without adequate monitoring; drug given with side effects and/or adverse reactions that indicate the drug should be reduced or discontinued.	10.0 - Customer Care, Supports and Services
<b>Validation Therapy</b>	A type of therapy in which a person's belief that he or she is actually living in the past is accepted and validated by staff members working with the patient.	10.0 - Customer Care, Supports and Services
<b>Variance</b>	The granting of an alternate requirement in place of a federal or state regulation.	10.0 - Customer Care, Supports and Services
<b>Ventilator</b>	A small machine that takes over the breathing function by automatically moving air into and out of the patient's lungs.	10.0 - Customer Care, Supports and Services
<b>Violation</b>	A written summary of noncompliance with regulations found during a state provider survey or complaint investigation (see also STATEMENT OF DEFICIENCY). The written document is generally called a Notice of Violation.	10.0 - Customer Care, Supports and Services
<b>Vital Signs</b>	Generally, body temperature, pulse rate, blood pressure, and respiratory rate are referred to as vital signs. Any abnormalities in these measures should trigger further clinical evaluation.	10.0 - Customer Care, Supports and Services
<b>Waiver</b>	The granting of an exemption from a federal or state regulation (see also VARIANCE).	10.0 - Customer Care, Supports and Services
<b>Immediate Jeopardy (IJ)</b>	A situation in which a provider's noncompliance with one or more regulations has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident (patient). (42 CFR Part 489.3.)	10.0 - Customer Care, Supports and Services & 50.0 - Leadership & Management
<b>Adverse Impact</b>	Under the Civil Rights Act of 1964 and its amendments, adverse impact occurs whenever the selection rate for any protected group is less than 80% of the rate for the group with the highest rate. The focus is on the hiring standard used by the employer as a method of screening applicants. "The burden of proof is on the employer to show that a hiring standard is job related."	20.0 - Human Resources
<b>Affirmative Action</b>	Review of a facility's hiring practices (recruiting, advertising, and data on the applicants) by the federal government to ensure conformity to the 1964 Civil Rights Act and its amendments. Legal violations can be processed if it is determined that the facility has discriminated based on age, sex, marital status, race, religion, handicap or national origin.	20.0 - Human Resources

<b>Arbitration</b>	Utilization of a third party to resolve disputes. As used here, this concept is related to facilities that have unions. The third party hears the arguments on both sides and then makes a decision which is binding on both the union and the facility.	20.0 - Human Resources
<b>Bargaining Unit</b>	Determination by the National Labor Relations Board of which workers will be grouped together for the purposes of forming or taking steps towards forming a union.	20.0 - Human Resources
<b>Benefits (Fringe Benefits)</b>	Compensation other than wages paid to workers, such as paid vacation/leave, paid health insurance, and retirement plans.	20.0 - Human Resources
<b>Career Ladder</b>	Paths or promotion routes established by the organization along which employees can seek to progress, such as financial assistance and release time to CNAs who seek to become a licensed nurse, or a licensed practical nurse who seeks to become a registered nurse.	20.0 - Human Resources
<b>Career Paths</b>	Defined avenues for upward mobility available to employees within an organization (similar to career ladder.)	20.0 - Human Resources
<b>Clinical Approach to Hiring Decision</b>	A hiring technique in which the employer makes the decision after reviewing all the information in hand about the match of the applicant and the job (see also STATISTICAL APPROACH.)	20.0 - Human Resources
<b>Coaching</b>	Either help given by a superior to a subordinate, or personal assistance from a person who is not the employee's supervisor, but may be a manager of another division or from outside the company.	20.0 - Human Resources
<b>Collective Bargaining</b>	Bargaining by groups of workers recognized and constituted through supervised election procedures under the National Labor Relations Board.	20.0 - Human Resources
<b>Compensation Management</b>	Determining and administering wage, incentive, and benefit programs for a facility.	20.0 - Human Resources
<b>Compensation Theory</b>	Ideas or approaches to the functions of wages and benefits in motivating employees to meet the requirements of the employer (see e.g., EQUITY THEORY).	20.0 - Human Resources
<b>Controlling</b>	(as a managerial behavior) Determination by administration of how well jobs have been done and what progress is being made to achieve the organization goals, then taking necessary corrective actions to achieve these goals. It is the process of monitoring, evaluating and correcting.	20.0 - Human Resources
<b>Cost of Living Allowance (COLA)</b>	Upward adjustments in wages during times of inflation to assist workers to maintain their purchasing power.	20.0 - Human Resources
<b>Cultural Competency</b>	The ability of service agencies to understand the world view of clients of different cultures, and adapt practices to ensure their effectiveness.	20.0 - Human Resources
<b>Cultural Diversity</b>	The mosaic of individuals and groups with varying backgrounds, experiences, styles, perceptions, values and beliefs.	20.0 - Human Resources
<b>Discrimination</b>	The use of any selection procedure which has an adverse impact on the hiring, promotion or other employment or membership opportunities of members of any race, age, religion, marital status, sex, or national origin.	20.0 - Human Resources
<b>Employee Assistance Program (EAP)</b>	24-hour, 7-day-a-week confidential telephone service providing assistance to employees on matters such as child and elder care, substance abuse, financial counseling, etc.	20.0 - Human Resources
<b>Employee Handbook</b>	A compilation of the facility policies that directly relate to work conditions. It is often treated as a binding contract by the courts.	20.0 - Human Resources
<b>Empowerment</b>	The concept of encouraging and authorizing workers to take the initiative to improve operations, reduce costs, and improve quality of services.	20.0 - Human Resources

<b>Equal Employment Opportunities Commission (EEOC)</b>	The organization created by the Civil Rights Act of 1964 to carry out the provisions of that act. The EEOC also administers the Americans with Disabilities Act of 1990 (ADA), the Age Discrimination in Employment Act of 1967 (ADEA), Equal Pay Act of 1963 (EPA), The Pregnancy Discrimination Act of 1978, and the Genetic Information Nondiscrimination Act (GINA).	20.0 - Human Resources
<b>Equity Theory</b>	Concept that employees seek an exchange in which their wages and benefits are equal to their work effort, especially when compared to wages and benefits being paid to similarly situated co-workers.	20.0 - Human Resources
<b>Error of Central Tendency</b>	Error by supervisors using rating scales in employee evaluations when consistently giving only moderate scores to employees on performance appraisals, regardless of whether the employee is a poor or an outstanding performer.	20.0 - Human Resources
<b>Expectancy Theory</b>	Belief that the level of motivation to perform (make an effort at work) is a mathematical function of the expectations individuals have about future outcomes multiplied by the value the employee places on these outcomes.	20.0 - Human Resources
<b>Federal Mediation and Conciliation Service (FMCS)</b>	A federal agency making government facilities available for conciliation, mediation and voluntary arbitration of labor disputes.	20.0 - Human Resources
<b>Flex Time</b>	A program allowing employees to choose the hours they work, so long as they put in the expected number of hours per time period.	20.0 - Human Resources
<b>Flexible Spending Account</b>	An optional benefit in which employees can set aside a designated amount of funds for future medical services. As medical services are incurred, the charge is made against the account. The funds are usually a pre-tax withdrawal from the employees check. This optional benefit must be a careful calculation and is usually for persons that have consistent or relatively high medical expenses. There is an administrative fee from the processing agent and funds not used can't be carried over to the next year.	20.0 - Human Resources
<b>Global Rating</b>	A summary score based on the components of a performance appraisal.	20.0 - Human Resources
<b>Goal Setting</b>	Setting of objectives to be achieved by an employee before the next performance appraisal.	20.0 - Human Resources
<b>Grievance Procedure</b>	The established method, and outlined in the employee handbook, by which an employee can have any decision of a supervisor reviewed by higher level management with the organization.	20.0 - Human Resources
<b>Halo Effect</b>	Error made by supervisors using rating scales in an employee evaluation where they value one particular type of job behavior and permit the presence or absence of that one trait to color several or most other trait ratings.	20.0 - Human Resources
<b>Health Insurance</b>	A fringe benefit available to many nursing facility employees. Typically the employee is covered free or shares in the cost, and can obtain family coverage for an additional periodic payment.	20.0 - Human Resources
<b>Health Insurance Portability and Accountability Act (HIPAA)</b>	Established principles of patient privacy and confidentiality regarding use and misuse of their personal medical information and records, as well as standards for communication, storage and transmission of information.	20.0 - Human Resources
<b>Human Resource Management</b>	The organizational function of planning for human resource needs, recruitment, selection, compensation, development, evaluation, and handling of grievances and labor relations.	20.0 - Human Resources
<b>In Migration--Out Migration</b>	Movement of laborers into or out of the geographic area within which a facility is recruiting for specific positions.	20.0 - Human Resources
<b>Individual Bargaining</b>	Individuals with skills especially needed by a facility may be able to negotiate a higher wage than other employees in similar positions.	20.0 - Human Resources
<b>In-Service Training</b>	Seminars, online programs, DVDs, workshops, etc., offered during the work career of the employee. An "in-service" is an educational session.	20.0 - Human Resources

<b>Job</b>	A collection of tasks assigned to an employee.	20.0 - Human Resources
<b>Job Analysis</b>	The process of defining a position in terms of tasks or behaviors required, specifying the qualification of the employee to be assigned those duties.	20.0 - Human Resources
<b>Job Bidding</b>	The practice of posting available jobs on bulletin boards and encouraging employees to apply or bid for openings.	20.0 - Human Resources
<b>Job Description</b>	A statement of the tasks to be done based on the job analysis, usually including a list of duties and responsibilities of the position in order of importance.	20.0 - Human Resources
<b>Job Evaluation</b>	The process of assessing and rating all jobs in an organization as a basis for the wage and salary system.	20.0 - Human Resources
<b>Job Family</b>	A group of two or more jobs that have similar duties, for example, the duties of the registered nurse and licensed nurse practitioners.	20.0 - Human Resources
<b>Job Posting</b>	Same as job bidding; a form of internal recruitment in which job openings are posted on the bulletin boards, inviting employees to bid.	20.0 - Human Resources
<b>Job Specification</b>	A statement of the skills, education, and experience required to perform the work. This is derived from the job description.	20.0 - Human Resources
<b>Job Title</b>	Naming of the job to distinguish from all other jobs, often indicating level, e.g., Supervisor II.	20.0 - Human Resources
<b>Job Worth</b>	Establishing the value of a job by comparing it to all other jobs accomplished by an organization.	20.0 - Human Resources
<b>Key Job Comparison</b>	A method of establishing wage rates for jobs, based on comparing all jobs in the organization to a touchstone job in the facility, such as nursing.	20.0 - Human Resources
<b>Labor Market</b>	The geographic area from which applicants for positions are to be recruited.	20.0 - Human Resources
<b>Layoff</b>	Temporary dismissal of workers from their jobs due to lack of work, not "for cause."	20.0 - Human Resources
<b>Leniency Error</b>	Consistently giving high ratings to all employees when evaluating in an attempt to avoid conflict.	20.0 - Human Resources
<b>Life Insurance</b>	Some facilities offer free or shared fees for life insurance (a specific payment amount upon the death of the insured), usually term type life insurance, as a benefit. Term insurance features low premiums or high-dollar coverage, but has no cash, loan or other value.	20.0 - Human Resources
<b>Line Manager</b>	Person responsible for performing most of the personnel functions, who is delegated authority by the administrator to make decisions on his/her behalf and authority to commit facility resources.	20.0 - Human Resources
<b>Manpower Inventory</b>	A projection of the present and future availability of qualified personnel in a number sufficient to meet facility needs.	20.0 - Human Resources
<b>Mediation</b>	Another concept that is related to facilities that are unionized. In this case, the third party seeks to reach a settlement between the union and the facility on an issue.	20.0 - Human Resources
<b>Mentor</b>	An individual who agrees to advise a person over a set period of time.	20.0 - Human Resources
<b>National Labor Relations Board</b>	An organized panel set up to administer the process under the National Labor Relations Act, under which unions become certified as the bargaining agents for groups of workers.	20.0 - Human Resources
<b>Nepotism</b>	Favoring one's family members in hiring practices.	20.0 - Human Resources
<b>On-The-Job-Training</b>	Assignment of employee to one staff member who assists the employee to acquire the capabilities required to perform job duties within the facility.	20.0 - Human Resources

<b>Organizing</b>	The grouping of activities and people who will carry them out, assigning roles and delegating authority.	20.0 - Human Resources
<b>Ownership</b>	Term coined to suggest giving employees a proprietary sense of participation in the facility and its goals through treating employees as members of a team.	20.0 - Human Resources
<b>Performance Evaluation</b>	Usually an annual evaluation of employees in which the performance of the employee is formalized into written appraisals or rating scales by the administrator and given to the employee prior to a face-to-face meeting to review the evaluation and allow the employee to respond to the comments or rating. This evaluation is based on clear measures and goals set the previous year. Setting work goals for the next evaluation period is also part of this process.	20.0 - Human Resources
<b>Performance Feedback</b>	Same as performance evaluation; comments by the employee on the employee on the evaluation by the administrator.	20.0 - Human Resources
<b>Performance-Centered Objectives</b>	Stating training goals in terms of behaviors that can be learned and observed by supervisors or others, e.g., ability to demonstrate proper procedures for turning a resident suffering from pressure ulcers.	20.0 - Human Resources
<b>Personnel Manager</b>	An individual that assists line managers in record keeping, recruitment, selection, training and retaining employees as well as compensation management and performance evaluation. This person is most responsible for the human resources function.	20.0 - Human Resources
<b>Planning</b>	Deciding what is to be done, setting short- and long-term objectives, then identifying the means for achieving them. Requires forecasting the economic, social, and political environment anticipated for the organization and the resources that will be available to it.	20.0 - Human Resources
<b>Position</b>	The responsibilities and duties performed by one individual. There are as many positions as there are employees.	20.0 - Human Resources
<b>Preliminary Interview</b>	A short questionnaire and interview used by some facilities to help screen out unsuitable applicants for a position.	20.0 - Human Resources
<b>Prevailing Wage Rate</b>	The wages paid by the predominant number of facilities in a community. Most businesses indicate they pay the prevailing wage rate or a competitive rate.	20.0 - Human Resources
<b>Preventive Labor Relations</b>	Maximizing the communication and facility acceptance by non-unionized employees in hopes that they will not feel the need to form a union to achieve their work goals.	20.0 - Human Resources
<b>Progressive Discipline</b>	Use of a specified number of verbal, then written warnings for each offense of the same rule before suspending or firing an employee.	20.0 - Human Resources
<b>Rate Range</b>	The pay variation permitted within a class or grade of jobs.	20.0 - Human Resources
<b>Rating Scale</b>	Listing a number of characteristics, traits and/or requirements of an employee's position on a line or scale which is checked off by the rater as the degree to which the employee does or does not possess a specified characteristic, trait, or ability to fill a slated requirement.	20.0 - Human Resources
<b>Ratio Hiring</b>	Requirement by a government agency that an employer increase the proportion of women or minority persons in the employer's workforce.	20.0 - Human Resources
<b>Reasonable Accommodation</b>	Actions such as alteration of facilities and the work environment as well as job restructuring to focus on the essential functions, and altering or eliminating nonessential aspects of a job in order to accommodate a disabled employee.	20.0 - Human Resources
<b>Referrals</b>	Recommendations by others of a person for a position at a facility.	20.0 - Human Resources

<b>Search Firm</b>	Employment agency which usually focuses its efforts on middle and upper level positions, often conducting national searches, charging the employer for the services.	20.0 - Human Resources
<b>Staffing</b>	Involves such activities as recruiting, orienting, training, rating, disciplining and terminating employees.	20.0 - Human Resources
<b>Statistical Approach to Hiring</b>	Identifying the most valid predictors of job success, then using weights in a formula to choose among applicants for a position (see also CLINICAL APPROACH).	20.0 - Human Resources
<b>Task</b>	A coordinated and aggregated series of work elements used to produce an output (e.g., making beds).	20.0 - Human Resources
<b>Task Analysis</b>	Review of job descriptions and activities essential for performing each job (step two of establishing training needs).	20.0 - Human Resources
<b>Uniform Guidelines on Employee Selection Procedures</b>	A publication of four federal agencies in 1987 setting standards by which federal agencies determine the acceptability of validation procedures used for written tests and other selection devices.	20.0 - Human Resources
<b>Wage Class</b>	Establishment of pay grades and rates by employers to both achieve equity and offer some flexibility to supervisors in setting an employee's wage.	20.0 - Human Resources
<b>Wage Mix</b>	Determination of wage rates by considering the labor market, prevailing wage rates, cost of living, ability to pay, collective bargaining agreements, individual bargaining agreements, and value of the job.	20.0 - Human Resources
<b>Wage Policy</b>	Decisions by management on the rate of pay for the facility staff, the amount of discretion supervisors may use in setting individual salaries, the spread between pay rates for long-time and new employees, and the periods between pay raises together.	20.0 - Human Resources
<b>Accelerated Method of Depreciation</b>	A depreciation method that allows for larger amounts of depreciation in early years and smaller amounts in later years. The double declining-balance method is an example. This enables the owner to receive tax and/or reimbursement benefits more quickly than using the straight line method.	30.0 - Finance
<b>Accounting</b>	The process of identifying, recording, and communicating information about the financial position and results of operations of a business entity, using principles designed to facilitate informed decision-making by the entity's managers as well as by external groups.	30.0 - Finance
<b>Accounting Equation</b>	$Assets = Liabilities + Owners' Equity$ (capital). This equation states that the assets of a firm are equal to the claims of the creditors plus the claims of the owners. The balance sheet is a detailed statement of this equation.	30.0 - Finance
<b>Accounts Payable</b>	Amounts owed to suppliers for goods and services.	30.0 - Finance
<b>Accounts Receivable</b>	Amounts owed to the facility for services or for the sale of goods.	30.0 - Finance
<b>Accrual Basis of Accounting</b>	A system of accounting in which revenues are recorded in the period earned, and expenses are recorded in the period incurred even if cash is received or paid in a later or earlier time period. (Contrast with cash basis of accounting)	30.0 - Finance
<b>Accumulated Depreciation</b>	The total depreciation from the start of the life of a plant asset to any point in time. On the balance sheet, there is a deduction for accumulated depreciation taken from the gross evaluation of depreciable plant and equipment to yield a net evaluation.	30.0 - Finance
<b>Acid-Test Ratio (or Quick Ratio)</b>	Cash and other current assets that can be converted to cash right away (such as marketable securities and current receivables) divided by current liabilities. A measure of the ability of a firm to pay its current liabilities in the very short term (see also CURRENT RATIO).	30.0 - Finance



<b>Adjusting Entries</b>	Entries made at the end of an accounting period to record certain transactions or other accounting events that have not been recorded or have been improperly recorded during the accounting period. Examples include entries for depreciation expense and unused portions of prepaid expenses.	30.0 - Finance
<b>Administrative Information System</b>	Information technology that is designed to assist in carrying out financial and administrative support activities such as payroll, patient accounting, billing, accounts receivable, materials management, budgeting, cost control and office automation.	30.0 - Finance
<b>Aging of Accounts Receivable</b>	Summarizing unpaid balances in terms of age groups, such as: currently due, 1-30 days past due, 31-60 days past due each of the remaining 30-day periods through 151-180 days past due, and finally past due more than 180 days. This classification may be broken down by type of debtor. Aging receivables is a step in the collections effort, in reporting on the balance sheet a deduction from accounts receivable for estimated bad debt, and in making write-off decisions.	30.0 - Finance
<b>Aging Schedule</b>	Also called an "aging report," it shows the length of time that various amounts within each patient's account have been outstanding (not paid).	30.0 - Finance
<b>Allowable Charge</b>	The maximum fee that a third party will use in reimbursing or paying a provider for a service rendered.	30.0 - Finance
<b>Allowable Costs</b>	Costs that are reimbursable under a third-party payment formula.	30.0 - Finance
<b>Amortization of Debt</b>	The periodic reduction of a debt by regular payments applied to both principal and interest over a scheduled period.	30.0 - Finance
<b>Ancillary Charges</b>	Extra charges for supplies and services, e.g., drugs and lab tests, that are not included in the per diem rate.	30.0 - Finance
<b>Anti-Kickback Law</b>	The Medicare and Medicaid Anti-Kickback Law penalizes anyone who knowingly and willfully solicits, receives, offers, or pays a remuneration in cash or in kind to induce, or in return for:  <b>A.</b> Referring and individual to a person for the furnishing, or arranging of the furnishing, of an item or service to be paid for by the Medicare or Medicaid program; or  <b>B.</b> Arranging or recommending the purchase, lease, or order of goods or services to be paid for under Medicare or Medicaid. Violators are subject to criminal penalties or exclusion from participation in the Medicare and Medicaid programs, or both (see also SAFE HARBORS).	30.0 - Finance
<b>Assets</b>	Resources owned by a business that are measured in monetary terms. On a balance sheet, assets are generally classified into current and noncurrent portions. <b>Current Assets</b> are cash, accounts receivable, supply inventories, and prepaid expenses. <b>Noncurrent assets</b> include Property, Plant & Equipment (PP&E)(also referred to as fixed assets, capital assets, or plant assets) which are assets having an estimated life in excess of one year and not intended for sale in the ordinary course of operations.	30.0 - Finance
<b>Assisted Living Facility (ALF)</b>	Term applied to broad array of residential options for frail seniors who need assistance with one or more activities of daily living, such as dressing or bathing, but do not require continuous skilled nursing care. ALF's generally emphasize a homelike environment offering a maximum amount of independence, privacy, and choice.	30.0 - Finance
<b>Audit</b>	Examination of accounting systems, controls, and records to ascertain their conformity to legal and professional standards and their adequacy in protecting against loss of assets by fraud and waste.	30.0 - Finance

<b>Average Daily Census</b>	The average number of patients per day over a specified period of time such as a week, a month, or a year.	30.0 - Finance
<b>Baby Boomers</b>	People born between 1946 and 1964. This age group constitutes approximately 70 million Americans who will start retiring around 2010. By 2030, when all the Baby Boomers will have retired, experts predict that they will severely strain the nation's health care system.	30.0 - Finance
<b>Bad Debt</b>	An account receivable determined to be uncollectible.	30.0 - Finance
<b>Balance Sheet (or Statement of Financial Position)</b>	A report summarizing a firm's assets, liabilities, and owners' equity at a specific date.	30.0 - Finance
<b>Bank Statement</b>	Statement sent by a bank to a bank account holder showing beginning and ending balances, and all transactions in the account for a month.	30.0 - Finance
<b>Bank Statement Reconciliation</b>	Process of explaining and correcting any discrepancies between a bank statement balance and the depositor's record of the cash balance.	30.0 - Finance
<b>Benefit Period</b>	Period of consecutive days during which covered services furnished to a patient, up to certain specified maximum amounts, may be paid for by an insurance plan. Each insurance carrier has its own definition of benefit period.	30.0 - Finance
<b>Bidding</b>	The process of requesting from vendors a response (bid or offer) to provide goods or services according to written specifications. The bidding may be closed (directed to select bidders) or open (to all bidders). The bids may be negotiated (as to price, payment terms, etc.) before a contract is finalized.	30.0 - Finance
<b>Bonds</b>	Interest-bearing notes, usually in \$1,000 or \$5,000 amounts, in which the issuer (borrower) promises to repay the bondholder (lender) the principal and interest of a loan according to a schedule.	30.0 - Finance
<b>Bookkeeping</b>	The clerical process of recording the financial transactions of an organization.	30.0 - Finance
<b>Break-Even Point</b>	The point at which total revenues for a firm or a program are equal to the total expenses incurred. This may be illustrated on a graph where revenues (and expenses) are plotted on the vertical axis while resident-days are plotted on the horizontal axis. Look for the point where the line representing total cost (fixed plus variable) intersects with the line representing total revenue. The number of resident-days indicated by the point on the horizontal axis directly below this intersection is the number of resident days needed for the firm or program to break even, i.e., neither incur any loss nor make any profit.	30.0 - Finance
<b>Budget</b>	A tool for exercising financial control. It sets expectations that become financial objectives that the administrator is responsible for achieving. "Budgeting" is the process of financial planning.	30.0 - Finance
<b>Case-Mix-Based Payment Systems</b>	Payment systems used by Medicare and many state Medicaid programs under which the per diem rates for each nursing facility are determined in part by some measure of the acuity, and thus the likely resource consumption, of each covered resident in the facility. Assessments are conducted to classify covered residents into defined groups based primarily on functional disability scores, but certain diagnoses, service needs and behavioral problems may also be considered. The per diem rate is different for each group, with higher rates paid for residents needing and receiving more services.	30.0 - Finance
<b>Cash Basis of Accounting</b>	A system of accounting in which revenues are recorded when cash is received, and expenses are recorded when cash is paid (contrast with accrual basis of accounting).	30.0 - Finance

<b>Cash Flow</b>	Cash inflows from collections of revenues and other sources minus cash outflows for payments of expenses and liabilities. A cash budget of cash-flow forecast projects these amounts, whereas a cash flow report shows actual experience.	30.0 - Finance
<b>Census</b>	Number of patients in a facility on a given day.	30.0 - Finance
<b>Charity Care</b>	Care provided to a patient who does not have the capacity to pay.	30.0 - Finance
<b>Chart of Accounts</b>	A list of names and numbers of all the accounts used in a business. There typically are accounts for various subcategories of each of the following: assets, liabilities, owner's equity, revenues, and expenses.	30.0 - Finance
<b>Civil Law</b>	Body of laws governing private legal affairs, such as private rights and duties, contracts, and commercial relations.	30.0 - Finance
<b>Civil Liability</b>	The three primary sources in health care malpractice lawsuits are: (1) failure to obtain consent before intervening in the life of the resident; (2) breach or violation of a contract or promise; and (3) the rendering of substandard, poor-quality care.	30.0 - Finance
<b>Claim</b>	A bill submitted to the fiscal intermediary claiming payment for services provided.	30.0 - Finance
<b>Collection period</b>	Number of days' worth of revenue that is accounts receivable.	30.0 - Finance
<b>Contractual Discount</b>	The difference between the rate the facility normally charges for services to its self-pay residents, and the lower rate that the facility has agreed to receive as reimbursement from Medicare, Medicaid, or other third-party payers. For external reporting purposes, revenues are recorded as the amount to be actually collected. However, for internal reporting purposes, management may record such contractual discounts as deductions from operating revenues on the income statement and accounts receivable on the balance sheet so that the amount of discounts given to each payer class is known.	30.0 - Finance
<b>Controller (or Comptroller)</b>	The chief accountant of a firm.	30.0 - Finance
<b>Cost Center</b>	An organizational unit charged with responsibility for controlling its own costs, and so its costs (for salaries, supplies, etc.) are separately accumulated in the accounts. A cost center may or may not be a revenue center, i.e., a unit providing direct services to patients for which they are charged.	30.0 - Finance
<b>Cost Shifting</b>	Practice by health care providers of charging private-pay patients more than the actual costs of their care, in order to compensate for shortfalls in payments for patients covered by Medicaid and other government programs which may pay less than actual costs.	30.0 - Finance
<b>Current Ratio</b>	Current assets divided by current liabilities. A measure of a firm's ability to pay current debts. A current ratio much below 1.00 (or 1:1) may indicate problems in meeting current liabilities as they become due. (see also ACID-TEST RATIO).	30.0 - Finance
<b>Days in Resident Accounts Receivable</b>	The number of days during which expenses could be paid using the cash on hand. It is: $\frac{\text{Cash} + \text{Marketable Securities}}{\text{Total operating expenses minus depreciation}} \div 365$	30.0 - Finance
<b>Days of Care</b>	Also called "Patient Days." Cumulative census over a specified period of time.	30.0 - Finance
<b>Debt Service Coverage Ratio</b>	Projected annual cash flow (i.e., excess of cash receipts over cash expenses), divided by required annual debt payments. Measure used by potential lenders of the credit-worthiness of an entity.	30.0 - Finance

<b>Debt-to-Assets Ratio</b>	A measure of the relative obligations of a facility. Generally, the lower the debt ratio, the more financially sound the facility is believed to be. The ratio is calculated by: $\frac{\text{Current Liabilities} + \text{Noncurrent Liabilities}}{\text{Total Assets}}$	30.0 - Finance
<b>Deemed Status</b>	Medicare rule that a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations is deemed to have met the Medicare certification criteria.	30.0 - Finance
<b>Depreciation</b>	The systematic allocation of the cost of a fixed asset to expense over its useful life.	30.0 - Finance
<b>Differentiation</b>	A competitive strategy in which a facility creates distinctive features that allow customers to distinguish the facility's offer from that of its competitors.	30.0 - Finance
<b>Dividend</b>	A distribution of earnings to shareholders of a corporation.	30.0 - Finance
<b>Double-entry Accounting</b>	The system of recording transactions that requires each transaction to be recorded at least twice: as an addition or subtraction to one account (a debit), and as an addition or subtraction to at least one other account (a credit). This system provides a logical way to record much information. At the end of a period, after all adjusting entries are made, the sum of the debits should equal the sum of the credits. When a trial balance indicates that these two totals are equal, the "books balance" and financial statements can be prepared. Failure to find this equality is an indicator that one or more recording errors were made.	30.0 - Finance
<b>Double-entry Rules</b>	Increases in asset accounts and expense accounts are recorded as debits; decreases are credits. Increases in liability, revenue, and owners' equity accounts are credits, decreases are debits.	30.0 - Finance
<b>Durable Power of Attorney</b>	Appointment of an agent who is empowered to act on behalf of the person creating the power in the case of future incompetence. ( <i>Ordinary POA ends when the person creating the power becomes incompetent</i> ).	30.0 - Finance
<b>Earnings Before Interest, Taxes, Depreciation, Amortization, and Rent (EBITDAR)</b>	This shows cash flow available to pay interest, rent and taxes after paying operational costs. It is a measure used by potential lenders to determine the credit-worthiness of an entity.	30.0 - Finance
<b>Elimination Period</b>	In a long-term care insurance plan, the initial waiting period during which LTC services are used but not covered by insurance.	30.0 - Finance
<b>Equity</b>	The excess of a firm's assets over its liabilities equals the owner's equity (in a for-profit corporation).	30.0 - Finance
<b>False Claims Act</b>	Federal law that provides for civil or criminal penalties for individuals and entities for submitting a false claim, or causing a false claim to be submitted, to a federal health care program. False or fraudulent claims include claims for items not provided or not provided as claimed, claims for services that are not medically necessary, and claims when there has been a failure of care. Many states have a parallel law that applies to the state Medicaid and other state health care programs.	30.0 - Finance
<b>First In, First Out (FIFO)</b>	<ol style="list-style-type: none"> <li>Inventory usage ideal of using the oldest supplies first (as long as the use-by or expiration date has not been reached). To facilitate this, new supplies are shelved based on the use-by or expiration date, so that the oldest products are stored in front of, or otherwise made more accessible than, more recently acquired products.</li> <li>Inventory costing method for balance sheet purposes that assumes that the first goods purchased (first-in) are the first goods used (first-out), so the ending inventory should be valued at the cost of the most recent goods purchased. The Last In, Last Out method assumes the opposite, and values ending inventory at the cost of the earliest goods purchased.</li> </ol>	30.0 - Finance

<b>Fixed Costs</b>	Costs that do not vary with the number of patients. These costs are not controllable.	30.0 - Finance
<b>Flexible Budget</b>	An adjusted budget in which the costs are raised or lowered to reflect the actual census.	30.0 - Finance
<b>Fraud</b>	Deliberate deceit by providers or consumers in obtaining payment for services that were not actually delivered or received, or in claiming program eligibility. To be distinguished from abuse, which refers to improper or excessive use of program benefits, resources, or services by either providers or consumers. Abuse is not necessarily intentional or illegal.	30.0 - Finance
<b>Funded Depreciation</b>	The setting aside of a portion of retained earnings (equal to a depreciation expense) in a separate account designated to be used only for the purchase of replacement capital assets.	30.0 - Finance
<b>General Ledger</b>	Financial record, consisting of a collection of accounts, that summarizes all the entries in each of the journals for an accounting period, for the purpose of keeping a continuous record of account balances and arriving at a trial balance.	30.0 - Finance
<b>Generally Accepted Accounting Principles (GAAP)</b>	The policies, standards, and rules followed by accountants in the preparation of financial statements and in recording and summarizing transactions.	30.0 - Finance
<b>Health Maintenance Organization (HMO)</b>	An organization that has management responsibility for providing comprehensive health care services on a prepayment basis to voluntarily enrolled persons within a designated population.	30.0 - Finance
<b>Historical Cost (or Acquisition Cost)</b>	Cost of acquiring a depreciable asset, which includes not only the purchase price but also the cost of taxes, shipping, assembly and installation.	30.0 - Finance
<b>Home- and Community-Based Services (HCBS) Waiver</b>	Enacted under Section 1915(c) of the Social Security Act, the program allows states to offer LTC services that are not otherwise available through the Medicaid program. The latter had authorized payments for institutional care only.	30.0 - Finance
<b>Income</b>	An increase in owner's equity resulting from services rendered or goods provided.	30.0 - Finance
<b>Income Statement (or Statement of Revenue and Expenses)</b>	A report which lists, in summary form, revenues and expenses for a certain time period, such as a month or a year. A profit results from an excess of revenues over expenses for the period, and a loss occurs when expenses exceed revenues. So the income statement also shows profit or loss, and is therefore also called the profit-and-loss (or P-and-L) statement.	30.0 - Finance
<b>Independent Contractors</b>	Category of persons providing services who are not considered by the IRS as employees. Therefore, employers generally do not have to withhold federal income tax or FICA taxes on payments to independent contractors. The IRS offers 20 guidelines for determining whether an individual falls into this category. The general rule is that independent contractors "follow independent trade, business or profession in which they offer their services to the general public," and those who pay for their services "have the right to control or direct only the result of the work and not the means and methods of accomplishing the result." However, employers who pay an independent contractor \$600 or more during a year must issue and file a Form 1099-MISC.	30.0 - Finance
<b>Intangible Asset</b>	An item or right that has no physical substance and provides an economic benefit. The reputation of a nursing facility as the best caregiver in the community is a valuable intangible asset, for example.	30.0 - Finance
<b>Inventory</b>	The goods and materials on hand which are to be used in producing services or held for resale.	30.0 - Finance
<b>Invoice</b>	Document prepared by a seller for a buyer that describes goods sold or services rendered and the terms for payment.	30.0 - Finance

<b>Journal</b>	Book of original entry, the first place in which transactions are formally recorded. Entries are in chronological order. A separate journal is generally maintained for the following categories of transactions: cash receipts, cash payments, billings, accounts payable, and payroll. A General Journal is used for entries that do not properly belong in any of the other journals, and for adjusting entries. Adjusting entries include entries for depreciation, prepaid expenses, and inventory usage.	30.0 - Finance
<b>Kerr-Mills Act</b>	Congressional legislation that made federal funds available to states for health care for the needy.	30.0 - Finance
<b>Kickback</b>	A portion of a fee, salary, or other payment that is given to a third party for having assisted--or refrained from preventing--the payment in the first place. Most types of kickbacks are unethical or illegal.	30.0 - Finance
<b>Lease</b>	A contract requiring the lessee (user) to make periodic payments (rentals) for a specified period of time to the lessor (owner) for the use of an asset. Operating leases are generally for a short term or limited number of years. A capital lease is a long-term lease agreement extending generally for the entire life of equipment or property leased. Operating lease expenses are listed on the income statement. Capital leases should be reported as assets and as long-term liabilities on the balance sheet. The asset (capital lease) is amortized for depreciated based on its useful life.	30.0 - Finance
<b>Liabilities</b>	Debts owed by a firm to a persons or firms other than its owners. On a balance sheet, liabilities are classified as current if they are due within one year from the balance sheet date, and long-term (or non-current) if they are due more than one year from the balance sheet date.	30.0 - Finance
<b>Line of Credit</b>	Form of financing in which a financial institution commits itself to make a loan to a company up to a specified maximum amount. The company may choose to use its line of credit, subject to the terms of credit, when and if the need arises.	30.0 - Finance
<b>List of Excluded Individuals/ Entities</b>	Online database maintained by the OIG ( <a href="http://www.hhs.gov/oig">www.hhs.gov/oig</a> ) providing information regarding over 15,000 individuals and entities that are excluded from participation in Medicare, Medicaid and other federal health care programs. Certified facilities should check (and periodically recheck) this list and must refrain from contracting with or otherwise doing business with anyone on it in the course of providing items or services for which payment may be made under a federal health care program. Providers are advised to also check the General Services Administration (GSA) monthly "List of Parties Excluded From Federal Procurement and Non-procurement Programs" at <a href="http://epls.arnet.gov">http://epls.arnet.gov</a> .	30.0 - Finance
<b>Loan-to-Value Percentage</b>	The maximum loan amount based on a percentage of the borrowing facility's appraised value.	30.0 - Finance
<b>Long-Term Asset</b>	An asset with future economic benefits that are expected for a number of years. Long-term assets are reported on the balance sheet as noncurrent assets and include buildings and equipment. A new central building for a life care community may have a long-term expected asset value for perhaps 40 or more years to come.	30.0 - Finance
<b>Managed Care Organization (MCO)</b>	Entity that integrates the financing and delivery of health care to covered individuals by means of arrangements with a limited number of selected providers. It provides financial incentives for membership, quality assurance programs, and formal utilization management programs (i.e., processes to evaluate the necessity, appropriateness, and efficacy of health care services). (see also Medicaid MCO).	30.0 - Finance

<b>Medicaid Managed Care Organization (MCO)</b>	Entity that has entered into a risk contract with a state Medicaid agency to provide a specified package of benefits to Medicaid enrollees in exchange for a monthly capitation payment on behalf of each enrollee. These plans may include or carve out acute care services. Some MCOs coordinate Medicare and Medicaid services for dually eligible beneficiaries. Such arrangements may include a capitated amount for both Medicare and Medicaid services or only Medicaid with an additional fee paid to the MCO to coordinate Medicare services that are not part of the plan.	30.0 - Finance
<b>Mortgage</b>	A written promise giving a creditor an interest in the debtor's property as security (collateral) for a debt.	30.0 - Finance
<b>Net present value</b>	In corporate finance, the present value (i.e., the value of cash to be received in the future expressed in current dollars) of an investment in excess of the initial amount invested. When a proposed project, such as building a new wing has a positive net present value, it should perhaps proceed; when a proposed wing shows a negative net present value, it should perhaps be delayed or abandoned.	30.0 - Finance
<b>Note</b>	A written promise to pay a specific sum with or without interest at a fixed future date.	30.0 - Finance
<b>Occupancy Rate</b>	The ratio of actual number of resident days to the total possible resident days, usually expressed as a percentage. Alternatively, the ratio of occupied beds to available licensed beds. For example, if a facility has 100 beds and 80 are occupied for a day, the occupancy rate is 80/100 or 80%. This may be reported as the average of the daily occupancy rates for a period, such as 30 days or a year. A particular resident's bed may be considered an occupied bed in calculating this rate even though that resident is in the hospital or temporarily discharged for some other reason, if the facility is receiving a "bed-hold" or "bed-reserve" rate and/or is reserving the bed for that resident.	30.0 - Finance
<b>Office of Inspector General (OIG)</b>	Office in the US Department of Health and Human Services charged with identifying and eliminating fraud, abuse and waste in the Medicare, Medicaid, and other DHHS programs. The OIG carries out this mission through a nationwide program of audits, inspections, and investigations, and through issuance of <b>Special Fraud Alerts</b> .	30.0 - Finance
<b>Operating Margin</b>	Total profit (or loss) as a percent of total revenue.	30.0 - Finance
<b>Opportunity Cost</b>	The value of the benefits sacrificed when money or other asset is used one way rather than in an alternative way. It is the net benefits that might have been obtained had the money been spent on the next best use. For example, if \$1,000 is spent for activity program supplies, the opportunity cost of NOT having the benefits of \$1,000 worth of food or landscaping services, or of not earning the interest had the money simply been left in the bank.	30.0 - Finance
<b>Payback Period</b>	A simple device for comparing investment proposals. It is the time in years for the net cash inflow from a capital investment to be equal to its cost, that is for the item to "pay for itself." It is criticized for failure to consider the time value of money, expected net cash flows after the payback period, and some key benefits from use of an item. If the estimated net cash receipts are the same amount each year, the payback period is calculated by dividing the total investment by the expected annual savings or increase in net cash inflow. Depreciation does not affect cash flow, so it is ignored.  EXAMPLE: A machine is purchased for \$30,000 to replace a worker earning \$20,000 per year.  Payback period = $\frac{\text{Total Investment}}{\text{Annual savings or increased net cash flow}}$ $\frac{\$30,000}{\$20,000} = 1.5 \text{ years}$	30.0 - Finance

<b>Pledging of Accounts Receivable</b>	Use of receivables as security or collateral for a loan. When this is done "with recourse," the borrower remains responsible for collecting the receivables but promises to use the proceeds for repaying the debt. In contrast, factoring of receivables is the sale of receivables as a means of short-term financing. When this is done "without recourse," the seller transfers not only the receivables but also the risk of default.	30.0 - Finance
<b>Posting</b>	A step the accounting process when journal entries are transferred (posted) to accounts in the general ledger in order to summarize information such as cash on hand.	30.0 - Finance
<b>Prepaid Expense</b>	Expenses paid in advance for several months, e.g., building rental payments, journal subscriptions, insurance premiums. These expenses are allocated to the months by adjusting entries.	30.0 - Finance
<b>Prospective Payment System (PPS)</b>	A payment system developed for Medicare for skilled nursing facilities that pays facilities an all-inclusive rate for all Medicare Part A beneficiary services. Payment is determined by a case mix classification system (RUGs).	30.0 - Finance
<b>Prospective Rate-Setting</b>	Practice by Medicare and most state Medicaid programs of using predetermined rates to reimburse nursing facilities without adjusting payment to cover actual costs. The states use a wide variety of methodologies to develop these rates. If the provider can keep costs below the formula determined rate, a profit can be made. If the provider's costs exceed the rate, a loss is incurred.	30.0 - Finance
<b>Purchase Order</b>	Document from a prospective purchaser requesting a seller to provide certain quantities of described goods or services at a given price, with payment to be made later.	30.0 - Finance
<b>Reserve</b>	Funds set aside to meet some future obligation.	30.0 - Finance
<b>Restricted Funds</b>	Funds established to account for assets with uses limited by the requirements of donors or grantees. For example, a fund may be restricted to plant replacement. If the donor has specified that the principal must be maintained perpetually, and only the investment income it generates may be expended, the principal is accounted for as an endowment fund.	30.0 - Finance
<b>Retained Earnings (or earned surplus, undistributed profits)</b>	The income left to a company after taxes and dividends have been paid and are a major source of funds for the company's expansion.	30.0 - Finance
<b>Return on Equity (ROE)</b>	A means of assessing a company's profitability. It is calculated by dividing the firm's annual net income by total shareholder's equity.	30.0 - Finance
<b>Revenues</b>	Income earned from carrying out the activities of a firm. Revenues of health care institutions are typically reported in terms of these three components: a. <b>Patient service revenues</b> may be divided into the "room, board, and general nursing services" covered by rates billed to all patients; and ancillary services, such as physical therapy or pharmacy, which are billed to only some patients. Patient service revenues accounts may also be segregated by level of care (skilled, intermediate) or by payer status (self-pay, Medicare, Medicaid, commercial insurance). b. <b>Other operating revenues</b> are revenues earned incidental to the main purpose of rendering patient care, such as revenues from the employee cafeteria, beauty shop, and other concessions. c. <b>Non-operating revenues</b> may include separate line items for interest and other investment income, unrestricted gift income or gains (or losses) on sales of property.	30.0 - Finance
<b>RUG Creep</b>	A form of <b>upcoding</b> under the Medicare Prospective Payment System for SNFs which occurs when the SNF falsely or fraudulently completes the MDS, and this results in incorrect assignment of a resident to a higher-paying RUG category.	30.0 - Finance



<b>Safe Harbors</b>	Federal regulations that define practices that, if fully followed, will not be considered violations of the federal anti-kickback. There are regulations, for example, that describe conditions under which discounts may be received from equipment suppliers, and conditions under which payments may be made to operators of referral services.	30.0 - Finance
<b>Self-Insurance</b>	An alternative to purchased insurance. An entity assumes its own expenses relative to a specific risk of loss by periodically setting aside an actuarially determined amount of money, which may be held by a trustee.	30.0 - Finance
<b>Special Fraud Alerts</b>	Statements issued by the Office of Inspector General (OIG) to the general health care community addressing national trends of health care fraud and providing guidance relative to violations of the anti-kickback statute and other federal laws.	30.0 - Finance
<b>Stark Act</b>	Common name for a set of laws, including the Ethics in Patient Referrals Act of 1989, that prohibits the practice of "self-referral" by physicians, that is, referrals of Medicare and Medicaid patients to a provider of services paid for by government programs, when the physician has a direct or indirect ownership or investment interest in that provider. "Safe harbors" is the name given to permissible referral practices, as outlined in laws. Some states have a law limiting "self-referral" regardless of payer source.	30.0 - Finance
<b>Statement of Cash Flows</b>	Financial statement that displays how the cash balance has changed during a fiscal period. Cash increases and decreases are reported in three categories of activities: operating, investing, and financing. This information can be useful in assessing the entity's ability to generate positive future net cash flows, meet its financial obligations, and pay dividends.	30.0 - Finance
<b>Statement of Changes in Owners' Equity (or Fund Balance)</b>	A financial statement that reflects the beginning owner's equity, the profit or loss of the current period, and the ending owner's equity as of the balance sheet date. Not-for-profits use "fund balance" instead of "owner's equity."	30.0 - Finance
<b>Straight-line Method of Depreciation</b>	A depreciation method that allocates equal amounts of depreciation expense to each full period of the asset's life:  Annual Depreciation Expense = (Historical cost) / (Years of estimated useful life)	30.0 - Finance
<b>Subacute Care</b>	As defined by the American Health Care Association, this is: "a comprehensive inpatient program designed for an individual who: (1) has had an acute event as a result of an illness, injury or exacerbation of a disease process, (2) has a determined course of treatment; and (3) does not require intensive diagnostic and/or invasive procedures." Sub-acute medical and rehabilitative care programs in nursing facilities may include specialty programs for : Post-operative recovery, extensive wound care, ventilator support, brain injury care, hospice care, and respiratory or pulmonary management.	30.0 - Finance
<b>Supplies</b>	Items consumed in the normal course of business operations, e.g., bandages and soap. Projected supply expenses are included in the operating budget, not the capital budget.	30.0 - Finance
<b>Swapping</b>	Practice of a supplier giving a nursing facility excessive discounts on Medicare Part A items and services in return for the ability to service and bill nursing facility residents with part B coverage. This may be considered an illegal inducement.	30.0 - Finance
<b>Third Party Payer</b>	Commercial insurer or other private or public entity (such as Medicare and Medicaid) which pays for all or part of the charges for a resident.	30.0 - Finance
<b>Upcoding</b>	The selection, when a claim is submitted to a third-party payer, of a billing code that is not the most appropriate descriptor of a service or condition and that may result in an overpayment to the provider. One type of upcoding is <b>RUG creep</b> .	30.0 - Finance

<b>Useful Life (or Service Life)</b>	The period of time a fixed asset (such as a building, piece of equipment, or vehicle) can be used by its owner in the production or sale of other assets or services. In order to allocate depreciation over time, total service life must be estimated when a fixed asset is purchased.	30.0 - Finance
<b>Variable Cost</b>	A cost that varies with the change in the number of patients.	30.0 - Finance
<b>Variance Analysis</b>	A control technique that evaluates significant differences between budgeted and actual revenues and expenses.	30.0 - Finance
<b>W-2</b>	Form that the IRS requires an employer to give each employee by January 31 that shows the employee's earnings and income tax and FICA tax deductions for the past year.	30.0 - Finance
<b>W-4</b>	Form that the IRS requires an employer to allow each employee to submit on which the employee indicates marital status and number of withholding allowances claimed. This information must be used by the employer in determining amount of income tax to withhold.	30.0 - Finance
<b>Working Capital</b>	The excess of current assets over current liabilities. Working capital management is the effort to increase this desirable excess by increasing current assets and decreasing current liabilities in various ways.	30.0 - Finance
<b>Write-off</b>	Removing an uncollectible account from the accounts receivable. Bad debts expense is increased and the asset, account receivable, is decreased when the account receivable is written off.	30.0 - Finance
<b>Accident</b>	Any unexpected or unintentional incident, which may result in injury or illness to a resident. This does not include adverse outcomes from treatment or care.	40.0 - Environment
<b>Area of refuge</b>	A zone of safety within a building that is protected from the effects of fire and smoke that provides direct access to an exit.	40.0 - Environment
<b>As-built plans</b>	The blueprints or plans depicting the way the building was actually completed and approved.	40.0 - Environment
<b>Avoidable Accident</b>	An accident that occurred because the facility failed to identify and evaluate a hazard, implement interventions, and monitor the effectiveness.	40.0 - Environment
<b>Bloodborne Pathogens</b>	Pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).	40.0 - Environment
<b>Effective Pest Control Program</b>	Measures used to contain and eradicate common household pests (e.g., roaches, ants, mosquitoes, flies, mice and rats).	40.0 - Environment
<b>Environment</b>	Refers to any area outside or inside the facility that is frequented by residents, staff, and guests and areas within the facility including the residents' rooms, bathrooms, hallways, dining and activity areas and therapy areas.	40.0 - Environment
<b>Health Hazard Chemical</b>	One for which there is significant evidence, based on at least one study conducted in accordance with established scientific principles, that an acute or chronic health effect may occur in exposed employees.	40.0 - Environment
<b>Integrated Pest Management (IPM)</b>	A program of Serve Safe that outlines procedures for controlling access of pests to the building.	40.0 - Environment
<b>Life Safety Code</b>	Rules and standards developed by the National Fire Protection Association to address construction, protection, and occupancy features necessary to minimize danger to life from the effects of fire, including smoke, heat, and toxic gases created during a fire in which nursing facilities must comply.	40.0 - Environment
<b>Nosocomial Infection</b>	An infection that is acquired by a person within the facility.	40.0 - Environment

<b>Physical Hazard Chemical</b>	A chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, or organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water-reactive.	40.0 - Environment
<b>Preventive Maintenance</b>	A program to assure that equipment and components operate in optimal conditions. This includes inspections of all systems and equipment on a scheduled basis and planned performance of certain tasks aimed at preventing unexpected equipment failures.	40.0 - Environment
<b>Unavoidable Accident</b>	An accident occurring despite the facility's efforts to identify and evaluate a hazard, implement interventions, and monitor the effectiveness.	40.0 - Environment
<b>Accreditation</b>	Accreditation of a nursing facility by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)	50.0 - Leadership & Management
<b>Administrative Law</b>	Rules and regulations formulated by departments or agencies of the executive branch of government to carry out the intent of statutory law.	50.0 - Leadership & Management
<b>Agent</b>	Someone authorized to act on behalf of another (a principal); for example, a corporation generally authorizes the administrator to represent it or act on its behalf.	50.0 - Leadership & Management
<b>Best practices</b>	Evidence-based practices	50.0 - Leadership & Management
<b>Board of Directors</b>	Also "board of trustees" or "governing body." It has the ultimate legal responsibility for a facility's operations.	50.0 - Leadership & Management
<b>Civil Money Penalties</b>	A per day or per instance fine resulting from deficiencies in quality of care or resident safety following a CMS Survey.	50.0 - Leadership & Management
<b>Community Advisory Board</b>	Composed of key community leaders, the community advisory board functions as the "eyes and ears" for the facility. Through their influences, the advisory board members can also assist the administrator to form meaningful partnerships with community agencies.	50.0 - Leadership & Management
<b>Culture Change (Cultural Change)</b>	A course of action to move from one way of doing things to another. In long-term care, culture change is widely referred to as a process of transforming from an institutional to a homelike model. It is the integration of the three elements of person-centered care -- clinical care, socio-residential elements and human factors -- along with the enrichment of the environments in which people live and the empowerment of both clients and associates.	50.0 - Leadership & Management
<b>Deficiency</b>	A nursing facility's failure to meet any of the standards as determined by a survey.	50.0 - Leadership & Management
<b>Dual Certification</b>	A facility that is dually certified as both a skilled nursing facility and a nursing facility. Such facilities can admit Medicare and Medicaid residents in any part of the facility.	50.0 - Leadership & Management
<b>Good Faith</b>	A legal term that refers to actions that are generally consistent with how a reasonable person would act under similar circumstances.	50.0 - Leadership & Management
<b>Governance</b>	The act of governing. It refers to trusteeship and stewardship of an organization's resources and capabilities to benefit its stakeholders.	50.0 - Leadership & Management
<b>Incident</b>	Any unexpected negative occurrence involving a patient, family, or employee, or visitor.	50.0 - Leadership & Management
<b>Leadership</b>	The art of collaboratively engaging colleagues toward a shared vision. As defined by Yukl, leadership is "the process of influencing others to understand and agree about what needs to be done and how to do it, and the process of facilitating individuals and collective efforts to accomplish shared objectives."	50.0 - Leadership & Management

<b>Management</b>	Organization and coordination of the activities assigned to a department or group of people in accordance with objectives, policies and procedures. It is what managers do to maintain an organization and move it forward. Management is about getting tasks accomplished on a daily basis, as opposed to leadership, where the individual's main objective is to inspire and motivate people. You lead people and manage things.	50.0 - Leadership & Management
<b>Management By Objectives (MBO)</b>	A system of management that is based on a joint agreement between supervisors and associates on what specific measurable objectives would be accomplished over a given period of time, at the end of which the supervisors evaluate individual associates on the basis of the accomplishment of these objectives.	50.0 - Leadership & Management
<b>Management Information System (MIS)</b>	A system for managing information to assist the organization in evaluating, planning, and implementation of daily work to improve processes and resident care.	50.0 - Leadership & Management
<b>Minimum Data Set (MDS)</b>	The MDS is a resident assessment tool, utilizing computerized resident information to assess and monitor resident care. Reports are electronically transmitted to CMS, as well, to classify a resident into a resource utilization group (RUG) which sets the reimbursement level for the patient's care. It is a core set of screening, clinical, and functional status elements, including common definitions and coding categories that form the foundation for the comprehensive assessment for all residents of long-term care facilities certified to participate in Medicare and/or Medicaid.	50.0 - Leadership & Management
<b>National Institute of Occupational Safety and Health (NIOSH)</b>	Federal agency formed under the Occupational Safety and Health Act (OSHA) to establish and monitor workplace safety standards.	50.0 - Leadership & Management
<b>Nursing Facility (NF)</b>	A facility licensed to provide assistance with activities of daily living such as bathing, dressing, eating (often referred to as custodial care) in addition to providing general nursing and medical care. A nursing facility must be certified to receive Medicaid reimbursement.	50.0 - Leadership & Management
<b>Nursing Home Compare</b>	A public website, <a href="http://www.medicare.gov">www.medicare.gov</a> , which includes facility information and previous survey results from the Online Survey Certification and Reporting data (OSCAR) and other facility performance measures from the Minimum Data Set (MDS) for consumer review.	50.0 - Leadership & Management
<b>Online Survey Certification and Reporting Data (OSCAR)</b>	A database of facility characteristics and previous inspection results related to nursing facility performance. The OSCAR 3 report summarizes a facility's regulatory compliance history. The OSCAR 4 reports the facility's recent survey results and provides an opportunity for benchmarking by comparing those results to other facilities, statewide and nationwide.	50.0 - Leadership & Management
<b>Person-Centered / Person-Directed Care</b>	A philosophy of care in which the focus of the community is on meeting the expressed desires of the residents.	50.0 - Leadership & Management
<b>Plan of Correction (POC)</b>	A written plan developed by the facility, outlining steps the facility has taken or will take to correct deficiencies found during licensure or other surveys.	50.0 - Leadership & Management
<b>Resource Utilization Group (RUG)</b>	Group based on MDS information; utilized to determine reimbursement rates.	50.0 - Leadership & Management
<b>Servant Leadership</b>	Leadership in which the focus is on serving others.	50.0 - Leadership & Management
<b>Sharps</b>	A term used to describe medical devices such as needles, lancets and syringes, which put individuals at risk for "needle sticks," or the transmission of blood and bodily fluids from the device to an individual.	50.0 - Leadership & Management

<b>Skilled Nursing Facility (SNF)</b>	A facility licensed to provide nursing and medical care requiring a certain level of training and expertise. To qualify as a Medicare provider and receive Medicare reimbursement, a facility must be certified as a SNF.	50.0 - Leadership & Management
<b>Substandard Quality of Care</b>	One or more requirements were not met, resulting in immediate jeopardy to resident health or safety, and a scope or pattern of widespread actual harm, or a widespread potential for more than minimal harm.	50.0 - Leadership & Management
<b>Survey</b>	An inspection to verify compliance with state and federal standards.	50.0 - Leadership & Management
<b>Transformation</b>	The act or process of major or complete change.	50.0 - Leadership & Management
<b>Transformational Leadership</b>	A participatory, holistic, organizationally driven leadership model where the focus is on educating, supporting and caring for one another.	50.0 - Leadership & Management
<b>Vision</b>	A mental image or dream of what an organization is trying to create and become.	50.0 - Leadership & Management
<b>Administrator In Training (AIT)</b>	An internship with an approved certified preceptor where on-the-job training occurs in preparation for licensing as a NHA.	Related to all domains of practice.
<b>Americans with Disabilities Act (ADA)</b>	A US labor law, established in 1990, which prohibits discrimination based on a disability. This law mandated that businesses and organizations make significant changes in physical accessibility to their buildings as well as their employment and customer service policies.	Related to all domains of practice.
<b>Certificate of Need (CON)</b>	Aimed at restraining health care facility costs and allowing coordinated planning of new services and construction. Laws authorizing such programs are one mechanism by which state governments seek to reduce overall health and medical costs. Certain health care providers are required to obtain state approval before offering new or expanded services.	Related to all domains of practice.
<b>Community-Based Care</b>	See Adult Day Care	Related to all domains of practice.
<b>Corporate Integrity Agreement</b>	Agreement negotiated by the Office of the Inspector General (OIG) with a health care provider as part of the settlement of a federal health care program investigation arising under the False Claims Act. To avoid severer penalties, a company may agree to such compliance activities as: hire a compliance officer or appoint a compliance committee, develop written standards and policies, implement an employee training program, and/or retain an independent review organization to evaluate claims submitted to federal health care programs.	Related to all domains of practice.
<b>Functional Disabilities</b>	Limitations on one's ability to function independently.	Related to all domains of practice.
<b>National licensing exam</b>	The examination handled by NAB (National Association of Long-Term-Care Administrator Boards) that an applicant must take to be a licensed NHA or ALA (two different exams).	Related to all domains of practice.
<b>Preceptor</b>	A LTC administrator who meets prescribed qualifications and has been certified to mentor interns in an AIT program.	Related to all domains of practice.
<b>Utilization Review</b>	Intended to ensure that the Medicare system did not pay for care beyond that which was determined to be necessary. Recent years have seen increased involvement of other payers and the compressing of allowable lengths of stay.	Related to all domains of practice.

# Prefixes



Prefixes	Meaning	Example
<b>a-, an-</b>	<i>without</i>	anorexia
<b>ab-</b>	<i>from, off, away</i>	abnormal
<b>ad-</b>	<i>toward, to, at</i>	advertise
<b>an-</b>	<i>without</i>	anoxia - absence of oxygen supply
<b>adeno-</b>	<i>gland</i>	adenoma - a benign epithelial tumor in which the cells form recognizable glandular structures
<b>ambi-</b>	<i>both</i>	ambilateral (both sides)
<b>ana-</b>	<i>up, toward</i>	anabolism (building up metabolism)
<b>angio-</b>	<i>relating to a vessel</i>	angiofibrosis (hardening of a vessel wall)
<b>ante-</b>	<i>in front of, before</i>	ante cibum (before a meal)
<b>anti-</b>	<i>against</i>	as antidote or antiseptic
<b>arthro-</b>	<i>pertaining to the joints</i>	arthropathy (any disease affecting the joints)
<b>auto-</b>	<i>self, same</i>	autoanalysis (analysis by a person of their own disorder)
<b>bact</b>	<i>relating to bacteria</i>	bacteruria (presence of bacteria in the urine)
<b>bi-</b>	<i>two</i>	bilateral (relating to both sides)
<b>bio-</b>	<i>relation to life</i>	biopsy (the process of removing tissue from living residents for a diagnostic examination)
<b>brady-</b>	<i>slow</i>	bradycardia (slow heart)
<b>broncho-</b>	<i>relating to the trachea or windpipe</i>	bronchoedema (swelling of the mucosa of the bronchial tube)
<b>carcino-</b>	<i>pertaining to cancer</i>	carcinogen (any cancer producing substance)
<b>cardi or cardio-</b>	<i>pertaining to the heart</i>	cardioplegia (paralysis of the heart)
<b>cata-</b>	<i>downward, against</i>	catabolism (the breaking down in the body of complex chemical compounds into simpler ones, often accompanied by the liberation of energy)
<b>celio-</b>	<i>pertaining to the abdomen</i>	celiectomy (excision of the stomach)
<b>cephalo-</b>	<i>head</i>	cephalogram (x-ray image of the structure of the head)
<b>cervic-, cervici-, cervi-, cervico-</b>	<i>neck OR cervix</i>	cervicovesical (pertaining to the urinary bladder and the cervix)
<b>chiro-</b>	<i>pertaining to the hand</i>	chiroplasty (plastic surgery on the hand)
<b>chole-</b>	<i>pertaining to bile</i>	cholecystotomy (incision into the gall bladder)
<b>circum-</b>	<i>around</i>	circumcorneal (around or about the cornea of the eye)
<b>com-, con-</b>	<i>with, together</i>	complication (a disease or adverse condition associated with another disease or adverse condition)
<b>contra-</b>	<i>against, opposite</i>	contraindicated (not recommended, advised against)
<b>counter-</b>	<i>against, opposite</i>	counteraction (action of a drug or agent opposed to that of some other drug or agent)
<b>cranio-</b>	<i>pertaining to the head</i>	cranioplasty (any plastic operation on the skull)
<b>cyst-, cysti-, cystido-, cysto-</b>	<i>pertaining to the bladder</i>	cystitis (inflammation of the urinary bladder)

<b>cyto-</b>	<i>relation to a cell</i>	cytolysis (the dissolution of a cell)
<b>de-</b>	<i>down, away from</i>	defibrillation (the arrest of fibrillation, that is irregular or rapid randomized contractions of the cardiac muscle restored to normal rhythm)
<b>dent- or denti-</b>	<i>teeth</i>	dentures
<b>derm-, derma- or dermi-</b>	<i>pertaining to the skin</i>	dermatitis (inflammation of the skin)
<b>dextro-</b>	<i>toward or on the right side</i>	dextrocardiogram (the part of the ECG that is derived from the right ventricle of the heart)
<b>di-</b>	<i>double, twice</i>	diarthric (relating to two joints)
<b>dia-</b>	<i>through, apart</i>	diagastric (through the stomach)
<b>dys-</b>	<i>painful, difficult</i>	dysphasia (difficulty in talking)
<b>ecto-</b>	<i>out, away from</i>	ectoderm (the outermost layer of the skin)
<b>em-, en-</b>	<i>in front of, before</i>	embolic (pushing or growing in)
<b>encephalo-</b>	<i>condition of the brain or head</i>	encephalomyelitis (an acute inflammation of the brain and spinal cord)
<b>endo-</b>	<i>within, inner</i>	endocarditis (inflammation of the endocardium or lining membrane of the heart) or endoscopy (an examination of lower intestinal tract)
<b>entero-</b>	<i>relating to the intestines</i>	enterocolitis (inflammation of the mucous membrane of both small and large intestines)
<b>epi-</b>	<i>above, upon, over</i>	epidermitis (inflammation of the epidermis or the superficial layer of the skin)
<b>eu-</b>	<i>good</i>	euphoria (a feeling of well-being, commonly exaggerated and not necessarily well founded)
<b>fibro-</b>	<i>pertaining to fiber</i>	fibromyalgia (a condition characterized by fatigue, stiffness, and chronic pain of the muscles, tendons and ligaments)
<b>gastro-</b>	<i>stomach</i>	gastrostomy (the establishment of an artificial opening into the stomach, usually for feeding purposes)
<b>gero-</b>	<i>old age</i>	as in gerontology
<b>glyco-</b>	<i>relationship to sweetness (sugar)</i>	glycogen (the chief carbohydrate storage material in animals formed by and largely stored in the liver and, to a lesser extent, in the muscles)
<b>gyneco-, gyno-</b>	<i>pertaining to a female</i>	gynecology (the science of diseases of women, especially those of the genital tract)
<b>hemato-, hema- or hemo-</b>	<i>pertaining to the blood</i>	hemorrhage (bleeding, a flow of blood); hematuria (blood in the urine)
<b>hemi-</b>	<i>half</i>	hemialgia (pain affecting one entire half of the body)
<b>hepat-, hepatic-, hepato-</b>	<i>liver</i>	hepatitis (inflammation of the liver)
<b>histo-</b>	<i>relationship to tissue</i>	histolysis (disintegration of the tissue)
<b>hydro-</b>	<i>pertaining to water</i>	hydrocyst (a cyst or sore with clear, watery contents)
<b>hyper-</b>	<i>excessive</i>	hyperesthesia (abnormal acuteness of sensitivity to touch, pain or other stimuli)



<b>hypno(a)-</b>	<i>relating to sleep</i>	hypnotherapy (the treatment of a disease by inducing prolonged sleep)
<b>hypo-</b>	<i>deficiency, lack of</i>	hypochondria (a false belief that one is suffering from a disease)
<b>hystero-</b>	<i>relating to the uterus</i>	hysterogram (an x-ray of the uterus)
<b>ileo-</b>	<i>relating to the ileum (remote end of the small intestine)</i>	ileocolitis (inflammation of the mucous membrane of both ileum and colon)
<b>infra-</b>	<i>below, beneath</i>	infracardiac (beneath the heart, below the level of the heart)
<b>inter-</b>	<i>between</i>	intercostal (between the ribs)
<b>intro-</b>	<i>in, into</i>	introgastric (leading or passed into the stomach, such as a nasogastric tube for feeding)
<b>kerato-</b>	<i>relating to the cornea, or horny tissue</i>	keratoconjunctivitis (inflammation of the conjunctiva at the border of the cornea of the eye)
<b>labio-</b>	<i>relating to the lip</i>	labiocervical (pertaining to the lip and to the neck)
<b>macro-</b>	<i>large, long</i>	macrocyte (a giant red cell)
<b>mast-</b>	<i>relating to the breast</i>	mastectomy (amputation of the breast)
<b>mega-</b>	<i>large, oversize</i>	megacardia (enlargement of the heart)
<b>meta-</b>	<i>after, beyond, transformation</i>	metastasis (the shifting of a disease)
<b>micro-</b>	<i>small</i>	microinfarct (a very small infarct, ie, death of tissue due to lack of blood supply, due to obstruction of circulation in capillaries or small arteries)
<b>mono-</b>	<i>one or single</i>	monocular (refers to one eye)
<b>multi-</b>	<i>many</i>	multicellular (composed of many cells)
<b>myel-</b>	<i>pertaining to the spinal cord</i>	myeloplegia (spinal paralysis)
<b>myo-</b>	<i>relating to muscle</i>	myotrophy (muscular atrophy)
<b>naso-</b>	<i>pertaining to the nose and nasal passages</i>	nasogastric
<b>necro-</b>	<i>relating to death</i>	necrocytosis (death of cells)
<b>neuro-</b>	<i>relating to the nerves</i>	a neurogenic bladder is one that is controlled by the nervous system rather than by voluntary control by the person
<b>nephro(o)-</b>	<i>pertaining to the kidney</i>	nephritis (inflammation of the kidney)
<b>odont-</b>	<i>relating to the teeth</i>	odontalgia (a toothache)
<b>omo-</b>	<i>pertaining to the shoulder</i>	omodynia (pain in the shoulder joint)
<b>ophthalmo-</b>	<i>relating to the eye</i>	ophthalmoplegia (paralysis of the motor nerves of the eye)
<b>opto-</b>	<i>relating to vision</i>	optometer (an instrument for determining the refraction of the eye)
<b>ortho-</b>	<i>straight</i>	orthostatic (standing upright from a sitting or reclining position)
<b>osteo-</b>	<i>pertaining to the bones</i>	osteoporosis (reduction in the quantity of bone or atrophy of skeletal tissue)
<b>oto-</b>	<i>pertaining to the ear</i>	otology
<b>oxy-</b>	<i>sharp, acute</i>	oxyesthesia (a condition of increased acuity of sensation)
<b>pachy-</b>	<i>thick</i>	pachylosis (a condition of roughness, dryness, and thickening of the skin)
<b>pan-</b>	<i>all</i>	pancarditis (diffuse inflammation of the heart)

<b>para-</b>	<i>two like parts</i>	paraplegia (both legs paralyzed)
<b>patho-</b>	<i>disease</i>	pathogenesis (the origin or development of a disease)
<b>per-</b>	<i>through</i>	perfusion (the act of pouring over or through, especially the passage of a fluid through the vessels of a specific organ)
<b>peri-</b>	<i>around</i>	peribronchitis (inflammation of the tissues surrounding the bronchial tubes)
<b>phleb(o)-</b>	<i>relating to a vein</i>	phlebitis (inflammation of a vein)
<b>pneumo-</b>	<i>lung</i>	pneumonia (inflammation of the lung)
<b>poly-</b>	<i>many, much</i>	polyarthritis (inflammation of several joints)
<b>procto-</b>	<i>relating to the anus</i>	proctoscope (a short tubular instrument with illumination for inspecting the rectum)
<b>pseudo-</b>	<i>false</i>	pseudo dementia (a condition of indifference to one's surroundings without actual mental impairment)
<b>psycho-</b>	<i>pertaining to the mind</i>	psychotherapy (counseling help)
<b>pulmo-</b>	<i>lung</i>	pulmonologist (a specialist in the anatomy, physiology, and pathology of the lungs)
<b>pyo-</b>	<i>signifying pus</i>	pyoderma (any infection of or on the skin that contains pus, that is, a collection of white blood cells and other materials generated by the immune response)
<b>quadra-</b>	<i>involving four</i>	as quadraplegia (all 4 limbs paralyzed)
<b>rachi-</b>	<i>spine</i>	rachiocampsis (curvature of the spine)
<b>rhino-</b>	<i>nose</i>	rhinoplasty (a repair of the nose)
<b>semi-</b>	<i>partial, not full</i>	semiconscious (only somewhat awake and able to understand what is happening around you)
<b>sub-</b>	<i>under</i>	subcutaneous (under the skin)
<b>syn-</b>	<i>loss</i>	syncope (to faint, a temporary loss of consciousness due to generalized cerebral ischemia, that is, too little blood getting to the brain.
<b>tachy-</b>	<i>rapid</i>	tachycardia (rapid beating of the heart)
<b>thermo-</b>	<i>heat</i>	thermophobia (morbid fear of heat)
<b>thorac(i)-, thorac(o)-, thoracico-</b>	<i>pertains to the chest or thorax</i>	thoracostomy (a small incision of the chest wall, with maintenance of the opening for drainage through a chest tube)
<b>tri-</b>	<i>three</i>	triceps (muscle with three heads)
<b>uni-</b>	<i>one</i>	unicellular (composed of one cell)
<b>uro-</b>	<i>relating to the urine</i>	urosepsis (septic poisoning from retained and absorbed urinary substances)
<b>vaso-</b>	<i>vessel</i>	vasoconstriction (narrowing of the blood vessels)

# Suffixes



Suffixes	Meaning	Example
<b>-ac</b>	<i>pertaining to</i>	cardiac (pertaining to the heart)
<b>-algia</b>	<i>pain</i>	neuralgia (nerve pain)
<b>-cele</b>	<i>hernia, pouching</i>	hydrocele (a pathological accumulation of serous fluid in a body cavity)
<b>-centesis</b>	<i>surgical puncture</i>	paracentesis (puncture of the body cavity for removing fluid)
<b>-clasis</b>	<i>breaking</i>	thromboclasia (breaking up of a blood clot)
<b>-clysis</b>	<i>washing, irrigation</i>	enteroclysis (enema of the intestines)
<b>-cyte</b>	<i>cell</i>	hematocyte (any blood cell)
<b>-ectasia</b>	<i>dilation, stretching</i>	gastrectasia (dilation of the stomach)
<b>-emesis, -emis</b>	<i>vomiting</i>	hyperemesis (excessive vomiting)
<b>-ectomy</b>	<i>excision (cutting out)</i>	tonsillectomy (cutting out of the tonsils)
<b>-emia</b>	<i>denoting a condition of the blood</i>	glycemia (sugar in the blood)
<b>-emis</b>	<i>vomiting</i>	
<b>-genesis</b>	<i>condition of producing</i>	carcinogenesis (the origin or production of cancer)
<b>-ism</b>	<i>abnormal condition from excess of something</i>	alcoholism, botulism
<b>-itis</b>	<i>inflammation</i>	dermatitis (inflammation of the skin)
<b>-lith</b>	<i>stone</i>	nephrolith (kidney stone)
<b>-lysis</b>	<i>breakdown</i>	hemolysis (the destruction of red blood cells)
<b>-malasia</b>	<i>softening</i>	osteomalasia (a disease characterized by gradual softening and bending of the bones)
<b>-mania</b>	<i>madness or passion for</i>	as kleptomania (compulsive stealing)
<b>-megaly</b>	<i>enlargement</i>	cardiomegaly (enlargement of the heart)
<b>-odynia</b>	<i>painful condition</i>	cardiodynia (pain in the heart)
<b>-ology</b>	<i>study of</i>	as neurology (study of nervous system)
<b>-oma</b>	<i>tumor</i>	carcinoma (a malignant tumor)
<b>-opsy</b>	<i>examination or inspection</i>	biopsy (excision of a small piece of living tissue from a patient for microscopic examination)
<b>-orexia</b>	<i>appetite, desire</i>	anorexia (loss of appetite)
<b>-orrhaphy</b>	<i>suture</i>	gastrorrhaphy (the suture of a perforation of the stomach)
<b>-orrhea, -rrhea</b>	<i>flow, discharge</i>	gastrorrhoea (excessive secretion of gastric juice or mucus by the stomach)
<b>-osis</b>	<i>abnormal or diseased condition</i>	as in osteoporosis (bone disease)
<b>-ostomy</b>	<i>to make a new opening</i>	colostomy (the establishment of an artificial anus by an opening into the colon)
<b>-otomy</b>	<i>incision, to cut into</i>	nephrotomy (an incision into the kidney)
<b>-paresis</b>	<i>partial or incomplete paralysis</i>	hemiparesis (weakness of the entire left or right side of the body)
<b>-path</b>	<i>morbid or diseased</i>	sociopath (a person who feels no remorse or guilt about behaving in socially unaccepted ways)
<b>-pathy</b>	<i>disease</i>	neuropathy (any nerve disease)
<b>-penia</b>	<i>deficiency</i>	leukopenia (any situation in which the total number of leukocytes (white blood cells) in the circulating blood is less than normal)
<b>-pepsia</b>	<i>digestion</i>	dyspepsia (indigestion or upset stomach)

<b>-pexy</b>	<i>fixation, to put into place</i>	nephropexy (surgical attachment of a floating kidney)
<b>-philia</b>	<i>a liking or affinity for</i>	as hemophilia (a bleeder)
<b>-phobia</b>	<i>fear</i>	claustrophobia (fear of being closed in a small space)
<b>-plasty</b>	<i>surgical repair</i>	thoracoplasty (reparative or plastic surgery to the chest)
<b>-plegia</b>	<i>paralysis</i>	as hemiplegia (a paralysis of one side of the body)
<b>-pnea</b>	<i>breath</i>	polypnea (very rapid breathing)
<b>-rhythmia</b>	<i>rhythmical</i>	arrhythmia (any variation from the normal rhythm of the heart)
<b>-rrhage</b>	<i>abnormal or excessive discharge or flow</i>	hemorrhage (bleeding)
<b>-sclerosis</b>	<i>hardening</i>	arteriosclerosis (hardening of the arteries)
<b>-spasm</b>	<i>sudden violent contraction of muscles</i>	myospasm (spasm of a muscle)
<b>-stasis</b>	<i>arrest, control</i>	cholestasia (an arrest in the flow of bile from the liver)
<b>-taxis</b>	<i>order, arrangement</i>	thermotaxis (regulation of the temperature of the body)
<b>-tripsy</b>	<i>crushing</i>	lithotripsy (the crushing of a stone in the kidney by a machine called a lithotripter, that uses sound waves to break stones into minute particles, which can then be passed in the urine)
<b>-trophy</b>	<i>development, nourishment</i>	hypertrophy (an overgrowth or increase in the bulk of a body part or organ)
<b>-uria</b>	<i>urine</i>	albuminuria (the presence of protein in urine, chiefly albumin; albumin is any protein that is soluble in water)

# Abbreviations



# Abbreviations

<b>aa</b>	of each	<b>decub</b>	lying down
<b>Abd</b>	abdomen	<b>Diab</b>	diabetic
<b>ac</b>	before meals	<b>Diag or Dx</b>	diagnosis
<b>AD</b>	advance directive	<b>Diff</b>	differential blood count
<b>ADL</b>	activities of daily living	<b>Dil</b>	dilute
<b>Ad lib</b>	as much as desired, at pleasure	<b>Disc</b>	discontinue
<b>A/G</b>	albumin/globulin ratio	<b>Disch or D/C</b>	discharge
<b>AIDS</b>	acquired immunity deficiency syndrome	<b>DM</b>	diabetes mellitus
<b>A.M.A.</b>	against medical advice	<b>DNR</b>	do not resuscitate
<b>AMD</b>	age-related macular degeneration	<b>dx</b>	diagnosis
<b>amp</b>	ampule	<b>EEG</b>	electroencephalogram
<b>amt</b>	amount	<b>EKG or ECG</b>	electrocardiogram
<b>aq</b>	water	<b>EMS</b>	emergency medical service
<b>aq dist</b>	distilled water	<b>ESRD</b>	end stage renal disease
<b>ASH.D.</b>	arteriosclerotic heart disease	<b>exam</b>	examination
<b>BE</b>	barium enema	<b>fl or fld</b>	fluid
<b>bld</b>	twice a day	<b>FUO</b>	fever of unknown origin
<b>BMR</b>	basal metabolic rate	<b>Fx</b>	fracture
<b>BP or B/P</b>	blood pressure	<b>GII</b>	gastrointestinal
<b>BRP</b>	bathroom privileges	<b>gm</b>	gram
<b>c̄</b>	with	<b>gr</b>	grain
<b>Ca</b>	carcinoma	<b>gtt or gtts</b>	drop(s)
<b>CAD</b>	coronary artery disease	<b>H or hr</b>	hour
<b>caps</b>	capsules	<b>HBP</b>	high blood pressure
<b>cath</b>	catheter	<b>HBV</b>	Hepatitis B virus that infects the liver; highly contagious
<b>CBC</b>	complete blood count	<b>HIV</b>	human immunodeficiency virus
<b>c c</b>	cubic centimeter	<b>hs</b>	at bedtime
<b>cf</b>	compare	<b>hypo</b>	hypodermically
<b>CHF</b>	congestive heart failure	<b>IDDM</b>	insulin dependent diabetes mellitus
<b>CMP</b>	comprehensive metabolic panel	<b>IM</b>	intramuscular
<b>CNS</b>	central nervous system	<b>inf</b>	infusion
<b>COLD</b>	chronic obstructive lung disease, same as COPD	<b>I &amp; O</b>	intake and output
<b>comp</b>	compound	<b>IV</b>	intravenous
<b>COPD</b>	chronic obstructive pulmonary disease	<b>KUB</b>	kidney-ureter-bladder
<b>CVA</b>	cerebral vascular accident	<b>l</b>	liter
<b>d/c</b>	discontinued		

**lab** laboratory  
**Lat** lateral  
**lb** pound  
**liq** liquid  
**mg** milligram  
**min** minute  
**ml** milliliter  
**mm** millimeter  
**MN** midnight  
**MRSA** methicillin-resistant Staphylococcus aureus  
**N** noon  
**NIDDM** noninsulin dependent diabetes mellitus  
**no** number  
**noct.** at night  
**NPO** nothing by mouth  
**NV** nausea and vomiting  
**od** right eye  
**OOB** out of bed  
**os** left eye  
**OT** occupational therapy  
**ou** both eyes  
**oz** ounce  
**p** pulse  
**pc** after meal  
**PEARL** pupils equal and reactive to light  
**PEG** percutaneous endoscopic gastrostomy  
**po** by mouth  
**prn** as needed  
**prog** prognosis  
**PROM** passive range of motion  
**pt** pint  
**PT** physical therapy  
**PX** physical exam  
**qd** every day  
**qh** every hour  
**qhs** each bedtime  
**qid** four times a day

**qn** every night  
**qod** every other day  
**qs** sufficient quantity  
**ROM** range of motion  
**Rx** prescription  
**̄** without  
**SOB** shortness of breath  
**sol** solution  
**sos** one dose, if necessary  
**spec** specimen  
**SS** soap solution  
**ss** half  
**stat** immediately  
**surg** surgery  
**T** temperature  
**tab** tablet  
**TB** tuberculosis  
**tld** three times a day  
**tinct or tr** tincture  
**TO** telephone order  
**TPR** temperature, pulse and respiration  
**u** unit  
**ung** ointment  
**URI** upper respiratory infection  
**UTI** urinary tract infection  
**VO** verbal order  
**vol** volume  
**vs** vital signs  
**WBC** white blood cells  
**W/C** wheel chair  
**wt** weight



# Therapeutic Actions



Drugs	Therapeutic Actions	Example (if applicable)
<b>Analgesic</b>	reduces pain (does not cure illness). Two types are (a) opiates as codeine, morphine, and Davon and (b) nonopiates as aspirin, Tylenol and Advil	See definition given for two types and examples
<b>Antacid</b>	neutralizes the acid in the stomach	Maalox®
<b>Antianemic</b>	used in treatment of anemia	liver extract
<b>Antibiotic</b>	destroys microorganisms in the body	penicillin, doxycycline, Keflex
<b>Anticoagulant</b>	depresses (slows) the clotting of blood	Coumadin (given orally) or heparin (injected)
<b>Anticonvulsant</b>	used to prevent or control convulsions	Dilantin, phenobarbital, and intravenous Valium
<b>Antidepressant</b>	given to relieve depression	Prozac, Zoloft, Paxil
<b>Antidote</b>	used to counteract poisons	
<b>Antihistamine</b>	used in certain allergy cases and to dry out nasal tissues to reduce postnasal drip	Benadryl, Chlortrimeton
<b>Antiseptic</b>	slows down growth of bacteria, but does not kill all of the bacteria	hydrogen peroxide
<b>Antispasmodic</b>	relieves smooth muscle spasm	Valium ® (diazepam)
<b>Antipsychotic</b>	drug given for mental disorders	Thorazine, loxitane, Mellaril
<b>Antitoxin</b>	neutralizes bacterial toxins in infections	tetanus antitoxin
<b>Antitussive</b>	given to control coughing	Robitussin ® and Phenergen expectorant
<b>Astringent</b>	used to constrict skin and mucous membranes by withdrawing water	alum
<b>Carminative</b>	an agent that reduces flatulence (gas) in the stomach or intestinal tract	Simethicone tabs
<b>Cathartic</b>	laxative, purgative, inducing bowel movements	casacara sagrada
<b>Caustic</b>	destroys tissue by local application	silver nitrate
<b>Chemotherapeutics</b>	chemicals used to treat illness	sulfanilamide for streptococcal infection
<b>Coagulant</b>	stimulates clotting of the blood	
<b>Decongestant</b>	constricts blood vessels in the nose and relieves nasal congestion	Sudafed, Afrinol
<b>Diaphoretic</b>	used to induce perspiration	Solution of acetate to ammonium (2 oz)
<b>Disinfectant</b>	destroys pathogenic organisms	Zephiran ® chloride
<b>Diuretic</b>	stimulates elimination of urine, often used with medications prescribed to reduce hypertension	diazide, Lasix, Diuril
<b>Emetic</b>	induces vomiting	warm salt water
<b>Emollient</b>	used to soften and soothe tissue	cold cream, petroleum jelly
<b>Expectorant</b>	used to induce coughing, an agent that increases bronchial secretion and facilitates its expulsion (coughing)	Robitussin ®

<b>Generic Substitution</b>	a different brand or an unbranded drug product substituted by the pharmacist for a trade-name drug product prescribed. The drugs are exactly the same chemically and in the same dosage form, but distributed by different drug companies.	
<b>Hypertensive</b>	helps raise blood pressure	
<b>Hypnotic</b>	assists patients/residents to fall asleep	Nembutal
<b>Laxative</b>	used to relieve constipation	Dulcolax, Doxidan, Metamucil
<b>Miotic</b>	constricts the pupil of the eye	
<b>Mydriatic</b>	dilates the pupil of the eye	
<b>Palliative</b>	relieves pain without curing	aspirin, Tylenol
<b>Parenteral</b>	drug or solution given by subcutaneous or intravenous injection	
<b>Placebo</b>	inactive medication having no physical healing effect. Usually given to satisfy the resident. Also used in drug studies to determine the effectiveness of another drug. May be given orally, by injection, as a suppository, or topically	
<b>Sedative</b>	relieves anxiety and emotional tensions	Seconal ®
<b>Suppository</b>	semisolid substance for introduction into the rectum, vagina or urethra where it is dissolved and absorbed.	
<b>Suspension</b>	medication served in a liquid form	
<b>Tonic, or stimulant</b>	used to stimulate body activity	Eldertonc ® or Ritalin ®
<b>Topical medication</b>	medication applied to an area of the skin, as ointments and lotions	
<b>Vasoconstrictor</b>	causes blood vessels to narrow or constrict	Pseudoephedrine
<b>Vasodilator</b>	expands or dilates blood vessels	
<b>Vitamins</b>	used in replacement therapy	vitamin C

# Common Diagnoses



## Common Diagnoses

<b>Acquired Immune Deficiency Syndrome (AIDS)</b>	A syndrome that results in a person having little or no immunity to disease.
<b>Alcoholism</b>	A chronic, progressive, potentially fatal disease characterized by physical dependency and/or pathological organ changes due to ingestion of alcohol.
<b>Alzheimer's disease</b>	A chronic, progressive, degenerative cognitive disorder. It accounts for over 60% of all dementias, commonly occurring in people over 65. The disease is staged according to the behaviors exhibited by the victim. There are three stages, with Stage I considered the early stage and Stage III the late stage.
<b>Age-related Macular Degeneration (AMD)</b>	A disorder of the eye characterized by the inability to see anything that requires straight ahead vision, often resulting in blindness.
<b>Angina pectoris</b>	Severe pain about the heart, usually radiating to the left shoulder and down the arm.
<b>Anorexia</b>	Loss of appetite - serious psychological disorder.
<b>Aphasia</b>	Absence or impairment of the ability to communicate through oral and/or written language; it often occurs after brain damage in accidents and from strokes.
<b>Apnea</b>	Temporary cessation of breathing, a serious symptom sometimes occurring in the aged during profound sleep.
<b>Arteriosclerosis</b>	Thickening, hardening and loss of elasticity of the walls of the arteries; it is the most frequent metabolic disorder of the aged.
<b>Arthritis</b>	Inflammation of a joint, usually accompanied by pain, and frequently by changes in bone and joint structure.
<b>Atrophy</b>	A decrease in size of an organ or tissue that can result from a number of factors including malnutrition and inactivity.
<b>Benign Disequilibrium of Aging (BDA)</b>	A very common disorder in which the balance centers of the inner ear fail to function properly causing imbalance while walking.
<b>Botulism</b>	Food poisoning caused by toxin of bacillus that may infect preserved foods, sausage and canned meats.
<b>Carcinoma</b>	A new growth or malignant tumor that tends to give rise to metastasis; it is synonymous with the term cancer.
<b>Cataract</b>	The darkening of the lens of the eye or its capsule or both; very common in the aged; the most common cause of blindness of adults. The only effective treatment is surgery.
<b>Cerebrovascular accident (CVA)</b>	A cerebrovascular condition resulting from a hemorrhage, a stroke - may result in paralysis.
<b>Congestive heart failure (CHF)</b>	A condition characterized by weakness, breathlessness, abdominal discomfort, and edema in the lower portions of the body due to reduced outflow of blood from the heart.
<b>Coronary heart disease</b>	Myocardial damage due to insufficient blood supply, caused by pathological changes in the coronary arteries.
<b>Cystitis</b>	Inflammation of the bladder; also called a urinary tract infection (UTI).
<b>Dementia</b>	Impairment of mental powers due to organic causes.
<b>Depression</b>	An affective disorder characterized by feelings of hopelessness, sadness, and inadequacy. It is the most frequent mental problem in nursing facilities. Residents may withdraw, isolate themselves, lack motivation, and/or show agitation.
<b>Diabetes</b>	A general term for disease characterized by many symptoms, one of which is excessive urination. There are many types but usually refers to diabetes mellitus (sugar diabetes) in which there is a deficiency of insulin.

<b>End-stage renal disease</b>	A permanent failure of the kidneys to perform essential functions that results in a need for dialysis.
<b>Epilepsy</b>	A recurring paroxysmal disorder of the brain characterized by sudden, brief convulsive seizures, altered consciousness, motor activity, or sensory phenomena.
<b>Fecal Impaction</b>	Constipation caused by a firm mass of feces in the colon or rectum. The size or firmness prevents its passage. Common in nursing home residents.
<b>Glaucoma</b>	Disease of the eye characterized by increase in pressure within the eye; may result in blindness. It can be controlled but generally has no cure.
<b>Heart attack</b>	Descriptive term for a clinical condition caused by occlusion of a coronary artery(s), characterized by heavy pressure or squeezing pain in the chest that may spread to the shoulder and arm. There may also be sweating, nausea, vomiting, and shortness of breath.
<b>Hemiparesis</b>	Partial or incomplete paralysis of one side of the body.
<b>Hemiplegia</b>	Paralysis of one side of the body.
<b>Hypertension</b>	A condition in which a person has higher blood pressure than normal.
<b>Hemophilia</b>	Hereditary blood disease in which there is greatly prolonged coagulation time for blood; abnormal bleeding occurs.
<b>Herpes</b>	A general term used for a variety of infections of nerve endings caused by a number of different herpes viruses.
<b>Methicillin-resistant Staphylococcus Aureus (MRSA)</b>	Infection that is resistant to anti-infective agents. Patients with MRSA should be isolated in a manner consistent with the state of infection.
<b>Multiple sclerosis</b>	A chronic, slowly progressive disease of the nervous system, with many symptoms, that is degenerative.
<b>Nephritis</b>	Inflammation of the kidney.
<b>Obesity</b>	Abnormal amount of fat on the body, usually 20 to 30 percent over the average weight for a person's age, sex, and height.
<b>Osteoporosis</b>	Disease of the bone characterized by a reduction in bone density associated with loss of calcium.
<b>Paraplegia</b>	Paralysis of lower portion of the body and of both legs.
<b>Parkinson's Disease</b>	A chronic nervous system disease characterized by a fine slowly-spreading tremor, muscular weakness and rigidity, and peculiar gait; common in the aged.
<b>Pulmonary conditions</b>	Disorders of the lungs and bronchial tubes, as pneumonia, lung cancer and bronchitis.
<b>Quadriplegia</b>	Paralysis of all four limbs and usually the trunk of the body.
<b>Senile dementia</b>	Deteriorative mental state due to organic brain damage occurring in the aged, characterized by loss of memory.
<b>Shingles</b>	Acute inflammation of peripheral nerves in the trunk of the body, and sometimes elsewhere, by a herpes virus.
<b>Standing Orders</b>	Physician orders that nurses can activate in specific situations without first having to notify the physician. These orders are specific to the individual attending physician, and the scope of the orders may vary greatly from one doctor to the next.
<b>Stroke</b>	Sudden loss of consciousness followed by paralysis caused by hemorrhage into the brain, formation of a blood clot, or rupture of an artery in the brain; a cerebrovascular accident (CVA).
<b>Syndrome</b>	A group of signs and symptoms that collectively characterize or indicate a particular disease or abnormal condition, such as Down's Syndrome.

# Forms and Flashcards

## Proposed Curriculum and Checklist AIT/Preceptor Agreement/Training Permit

### Forms

[Proposed AIT Program](#)

[AIT Monthly Report](#)

[AIT Program Hours Completed](#)

[AIT Documentation of Completion Form](#)

### Flashcards

Already used by many states, you can also get an app for your Smart Phone to study these anywhere.

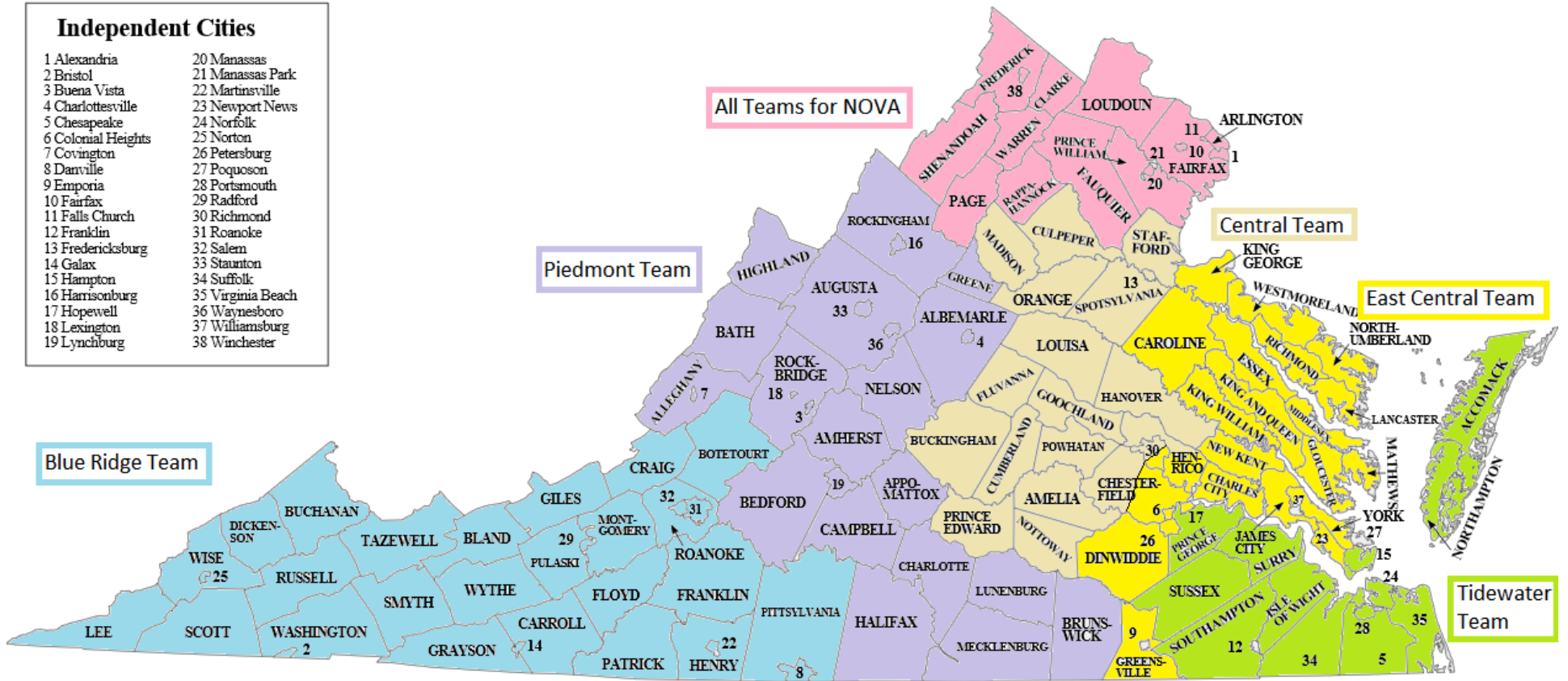
<b>Domain 10</b>	<a href="http://www.flashcardmachine.com/1279484/v39a">http://www.flashcardmachine.com/1279484/v39a</a>	274 items
<b>Domain 20</b>	<a href="http://www.flashcardmachine.com/1279490/b87z">http://www.flashcardmachine.com/1279490/b87z</a>	85 items
<b>Domain 30</b>	<a href="http://www.flashcardmachine.com/1279492/p7o2">http://www.flashcardmachine.com/1279492/p7o2</a>	128 items
<b>Domain 40</b>	<a href="http://www.flashcardmachine.com/1279498/2b1g">http://www.flashcardmachine.com/1279498/2b1g</a>	14 items
<b>Domain 50</b>	<a href="http://www.flashcardmachine.com/1279504/c7h4">http://www.flashcardmachine.com/1279504/c7h4</a>	42 items - includes miscellaneous definitions related to the long term care field, but are not specific to a domain.
<b>Therapeutic Actions</b>	<a href="http://www.flashcardmachine.com/1279340/5jq2">http://www.flashcardmachine.com/1279340/5jq2</a>	45 items
<b>Prefixes and Suffixes</b>	<a href="http://www.flashcardmachine.com/1279344/5oz4">http://www.flashcardmachine.com/1279344/5oz4</a>	165 items
<b>Abbreviations</b>	<a href="http://www.flashcardmachine.com/1279342/l75j">http://www.flashcardmachine.com/1279342/l75j</a>	139 items
<b>Common Diagnoses</b>	<a href="http://www.flashcardmachine.com/1279350/x9o9">http://www.flashcardmachine.com/1279350/x9o9</a>	42 items
<b>Just the terms</b>	<a href="http://www.flashcardmachine.com/1279355/z4c3">http://www.flashcardmachine.com/1279355/z4c3</a>	543 items
<b>Includes terms, prefixes, suffixes, common diagnoses, and abbreviations.</b>	<a href="http://www.flashcardmachine.com/1279276/8fd4">http://www.flashcardmachine.com/1279276/8fd4</a>	938 items

# Virginia Department of Health



## Independent Cities

- |                    |                   |
|--------------------|-------------------|
| 1 Alexandria       | 20 Manassas       |
| 2 Bristol          | 21 Manassas Park  |
| 3 Buena Vista      | 22 Martinsville   |
| 4 Charlottesville  | 23 Newport News   |
| 5 Chesapeake       | 24 Norfolk        |
| 6 Colonial Heights | 25 Norton         |
| 7 Covington        | 26 Petersburg     |
| 8 Danville         | 27 Poquoson       |
| 9 Emporia          | 28 Portsmouth     |
| 10 Fairfax         | 29 Radford        |
| 11 Falls Church    | 30 Richmond       |
| 12 Franklin        | 31 Roanoke        |
| 13 Fredericksburg  | 32 Salem          |
| 14 Galax           | 33 Staunton       |
| 15 Hampton         | 34 Suffolk        |
| 16 Harrisonburg    | 35 Virginia Beach |
| 17 Hopewell        | 36 Waynesboro     |
| 18 Lexington       | 37 Williamsburg   |
| 19 Lynchburg       | 38 Winchester     |



## Virginia Nursing Home Top 10 for Emergency Preparedness Surveys

### By Calendar Year

	2017*	2018	Description for most recent year	# Cites	% Cited
1	E-0025	E-0035	LTC and ICF/IID Sharing Plan with Patients	23	8.00%
2	E-0037	E-0026	Roles Under a Waiver Declared by Secretary	23	7.70%
3	E-0036	E-0024	Policies/Procedures-Volunteers and Staffing	21	7.00%
4	E-0035	E-0039	EP Testing Requirements	18	5.90%
5	E-0026	E-0007	EP Program Patient Population	17	5.90%
6	E-0039	E-0018	Procedures for Tracking of Staff and Patients	17	5.60%
7	E-0034	E-0015	Subsistence Needs for Staff and Patients	17	5.90%
8	E-0033	E-0037	EP Training Program	14	4.90%
9	E-0023	E-0036	EP Training and Testing	14	4.90%
10	E-0022	E-0033	Methods for Sharing Information	13	4.50%

Report run date 01/07/2019

\*Emergency Preparedness regulations went into effect on 11/16/2016. However, surveys started on 11/15/2017.

% Cited = % of providers surveyed that were cited

## National Nursing Home Top 10 for Emergency Preparedness Surveys

### By Calendar Year

	2017*	2018	Description for most recent year	# Cites	% Cited
1	E-0039	E-0039	EP Testing Requirements	1068	6.70%
2	E-0036	E-0015	Subsistence Needs for Staff and Patients	842	5.30%
3	E-0026	E-0026	Roles Under a Waiver Declared by Secretary	746	4.70%
4	E-0029	E-0036	EP Training and Testing	646	4.10%
5	E-0024	E-0024	Policies/Procedures-Volunteers and Staffing	618	3.90%
6	E-0015	E-0001	Establishment of the Emergency Program (EP)	515	3.20%
7	E-0037	E-0035	LTC and ICF/IID Sharing Plan with Patients	477	3.00%
8	E-0041	E-0041	Hospital CAH and LTC Emergency Power	473	3.00%
9	E-0013	E-0037	EP Training Program	468	3.00%
10	E-0001	E-0013	Development of EP Policies and Procedures	442	2.80%

## Virginia Nursing Home Top 10 for Health Surveys

### By Calendar Year

	2014	2015	2016	2017*	2018	Description for most recent year	# Cites	% Cited
1	F-309	F-309	F-309	F-309	F-880	Infection Prevention & Control	116	38.30%
2	F-514	F-514	F-514	F-514	F-684	Quality of Care	110	33.40%
3	F-281	F-323	F-323	F-323	F-657	Care Plan Timing and Revision	93	30.00%
4	F-323	F-441	F-441	F-441	F-656	Develop/Implement Comprehensive Care Plan	90	28.60%
5	F-441	F-281	F-281	F-280	F-658	Services Provided Meet Professional Standards	89	26.80%
6	F-278	F-278	F-280	F-281	F-689	Free of Accident Hazards/Supervision/Devices	83	24.70%
7	F-329	F-280	F-371	F-371	F-842	Resident Records - Identifiable Information	81	25.10%
8	F-280	F-371	F-329	F-278	F-761	Label/Store Drugs and Biologicals	78	25.40%
9	F-371	F-425	F-278	F-157	F-812	Food Procurement, Store/Prepare/Serve Sanitary	76	26.50%
10	F-157	F-329	F-425	F-314	F-695	Respiratory/Tracheostomy Care and Suctioning	64	19.50%

Report run date 01/07/2019

All survey types included (i.e. standard, complaint, focus, etc.)

\*On 11/28/2017, Health F-tag numbers changed

% Cited = % of providers surveyed that were cited

## National Nursing Home Top 10 for Health Surveys

### By Calendar Year

	2014	2015	2016	2017*	2018	Description for most recent year	# Cites	% Cited
1	F-323	F-323	F-323	F-323	F-880	Infection Prevention & Control	5996	34.80%
2	F-441	F-441	F-441	F-441	F-689	Free of Accident Hazards/Supervision/Devices	5438	27.00%
3	F-309	F-309	F-309	F-371	F-812	Food Procurement, Store/Prepare/Serve Sanitary	4744	28.50%
4	F-371	F-371	F-371	F-309	F-656	Develop/Implement Comprehensive Care Plan	4446	25.10%
5	F-329	F-279	F-279	F-431	F-684	Quality of Care	4013	20.80%
6	F-279	F-329	F-431	F-279	F-761	Label/Store Drugs and Biologicals	3055	18.50%
7	F-431	F-431	F-329	F-514	F-657	Care Plan Timing and Revision	2910	16.80%
8	F-514	F-514	F-514	F-329	F-686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	2520	13.70%
9	F-241	F-241	F-241	F-225	F-758	Free from Unnec Psychotropic Meds/PRN Use	2508	15.10%
10	F-282	F-225	F-225	F-226	F-677	ADL Care Provided for Dependent Residents	2444	13.10%

## Virginia Nursing Home Top 10 for Life Safety Code Surveys

### By Calendar Year

	2014	2015	2016*	2017	2018	Description for most recent year	# Cites	% Cited
1	K-062	K-062	K-353	K-353	K-353	Sprinkler System - Maintenance and Testing	75	23.00%
2	K-147	K-147	K-345	K-918	K-918	Electrical Systems - Essential Electric Syste	56	13.60%
3	K-038	K-025	K-372	K-920	K-920	Electrical Equipment - Power Cords and Extens	55	17.80%
4	K-018	K-018	K-511	K-923	K-363	Corridor - Doors	49	15.70%
5	K-029	K-052	K-363	K-901	K-372	Subdivision of Building Spaces - Smoke Barrie	43	12.90%
6	K-025	K-029	K-914	K-363	K-511	Utilities - Gas and Electric	42	12.50%
7	K-052	K-144	K-379	K-372	K-321	Hazardous Areas - Enclosure	40	13.20%
8	K-027	K-072	K-321	K-921	K-345	Fire Alarm System - Testing and Maintenance	36	10.50%
9	K-072	K-027	K-211	K-321	K-923	Gas Equipment - Cylinder and Container Storag	28	9.80%
10	K-012	K-038	K-923	K-161	K-161	Building Construction Type and Height	26	7.30%

Report run date 01/07/2019

All survey types included (i.e. standard, complaint, focus, etc.)

\*On 11/01/2016, Life Safety Code started using the 2012 edition

% Cited = % of providers surveyed that were cited

## National Nursing Home Top 10 for Life Safety Code Surveys

### By Calendar Year

	2014	2015	2016*	2017	2018	Description for most recent year	# Cites	% Cited
1	K-353	K-353	K-353	K-353	K-353	Sprinkler System - Maintenance and Testing	4,464	26.60%
2	K-511	K-511	K-511	K-363	K-363	Corridor - Doors	2,847	17.50%
3	K-321	K-321	K-363	K-321	K-918	Electrical Systems - Essential Electric Syste	2,647	15.70%
4	K-363	K-363	K-321	K-372	K-321	Hazardous Areas - Enclosure	2,490	15.50%
5	K-271	K-914	K-372	K-920	K-712	Fire Drills	2,235	13.20%
6	K-372	K-372	K-914	K-918	K-920	Electrical Equipment - Power Cords and Extens	2,125	13.20%
7	K-379	K-271	K-379	K-345	K-372	Subdivision of Building Spaces - Smoke Barrie	2,055	12.80%
8	K-914	K-379	K-271	K-712	K-345	Fire Alarm System - Testing and Maintenance	2,008	12.10%
9	K-712	K-712	K-712	K-324	K-211	Means of Egress - General	1,856	11.50%
10	K-351	K-345	K-345	K-511	K-324	Cooking Facilities	1,643	10.30%

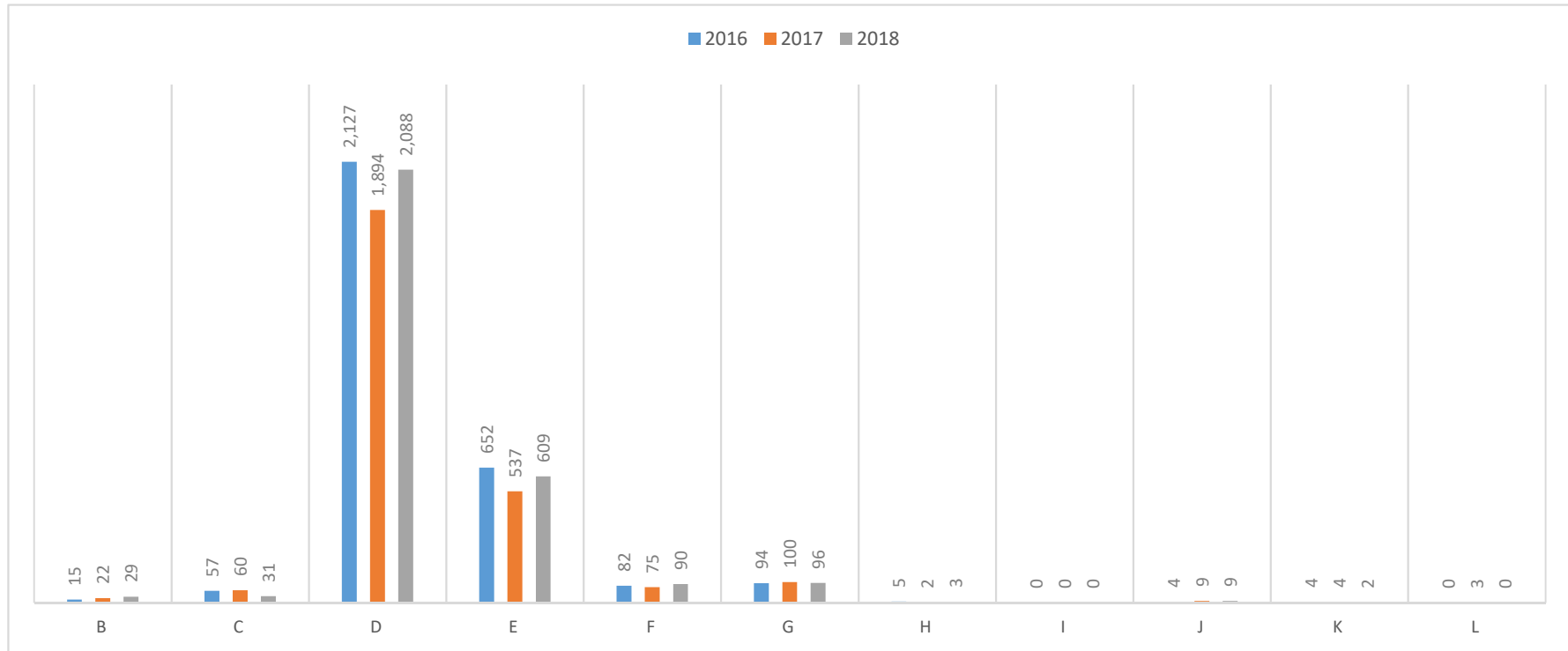
## Administrator related citations (tags)

\*in December 2017, federal regulations and tag numbers changed

<b>2016</b>		<b>Tag Description</b>	<b># Citations</b>	<b>% Providers Cited</b>	<b>% Surveys Cited</b>	<b>Sample Size</b>
F490		Effective Administration/Resident Well-being	3	1.00%	0.70%	437
F500		Use of Outside Resources	2	0.70%	0.50%	
<b>2017</b>		<b>Tag Description</b>	<b># Citations</b>	<b>% Providers Cited</b>	<b>% Surveys Cited</b>	<b>Sample Size</b>
F490		Effective Administration/Resident Well-being	6	1.70%	1.50%	398
F500		Use of Outside Resources	3	1.00%	0.80%	398
<b>2018</b>		<b>Tag Description</b>	<b># Citations</b>	<b>% Providers Cited</b>	<b>% Surveys Cited</b>	<b>Sample Size</b>
F835		Administration	8	2.40%	2.50%	323
F840		Use of Outside Resources	0	0.00%	0.00%	323

### Number of Citations per Year by Scope and Severity

	B	C	D	E	F	G	H	I	J	K	L	Total	
2016	15	57	2,127	652	82	94	5	0	0	4	4	0	3,040
2017	22	60	1,894	537	75	100	2	0	0	9	4	3	2,706
2018	29	31	2,088	609	90	96	3	0	0	9	2	0	2,957



# Scope and Severity Grid

<i>Level 4</i> <i>(Immediate Jeopardy)</i>	J	K	L
	G	H	I
<i>Level 3</i> <i>(Actual Harm)</i>	D	E	F (w/ SQC)
			F (no SQC)
<i>Level 2</i> <i>(Substantial Compliance)</i>	A (no POC)	B	C
	<i>Isolated</i> (Less than 4)	<i>Pattern</i> (4 or more)	<i>Widespread</i>

## Substandard Quality of Care (SQC)

Scope/severity of F, H, I, J, K, L in one of the following tags:

F550 F558 F559 F561 F565 F584 F600 F602 F603 F604 F605 F606 F607  
 F608 F609 F610 F675 F676 F677 F678 F679 F680 F684 F685 F686 F687  
 F688 F689 F690 F691 F692 F693 F694 F695 F696 F697 F698 F699 F700  
 F742 F743 F744 F745 F757 F758 F759 F760 F850 F883