



**APPLICATION FOR REGISTRATION  
AS A NURSING HOME  
ADMINISTRATOR-IN-TRAINING**

**2016-2017**

**Preceptor Copy**

**NURSING HOME ADMINISTRATOR  
ADMINISTRATOR-IN-TRAINING (A.I.T.) PROGRAM**

**SCHOOL OF LIFESPAN DEVELOPMENT AND EDUCATIONAL STUDIES  
150 Terrace Drive, 405 White Hall  
KENT STATE UNIVERSITY  
KENT, OHIO 44242  
330-672-2294 (Phone) 330-672- 2512 (Fax)**

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**NURSING HOME ADMINISTRATION  
ADMINISTRATOR IN TRAINING (A.I.T.) PROGRAM**

**SCHOOL OF LIFESPAN DEVELOPMENT & EDUCATIONAL STUDIES  
KENT STATE UNIVERSITY**

**INSTRUCTIONS**

1. Read all sections completely and refer questions to Kent State University Nursing Home Administrator in Training (A.I.T.) internship coordinator Donna Alexander, 405 White Hall (330-672-2294).
2. Please type or print all sections of the application. This packet is also in electronic format for your use.
3. Other requirements of the facility may need to be met prior to an internship; e.g., a Criminal Background Check, a Mantoux (TB), H&P (History & Physical), a drug screen, a credit check, and any other type of prescreening as deemed necessary according to regulation, policy and procedure. Medical insurance and/or liability insurance may also be required.
4. State and Federal background checks are required for practicum/internship experiences. Results indicating one of the disqualifying offenses, whether expunged or current, may result in the inability to be placed at a skilled nursing facility for the required practicum hours and may prevent the applicant from applying for licensure required to operate a skilled nursing facility or an assisted living facility. Review the list of “Disqualifying Offenses” in this packet.
5. Return completed packet to Donna Alexander, 405 White Hall, Kent State University, by the deadline date no later than the first day of the practicum experience or a date determined by instructor. Keep a copy of the information for your files.

**Do not submit information to the Board of Executives of Long-term Services & Supports (Ohio BELTSS) but to the School of Lifespan Development & Educational Studies office at Kent State University.**

**CHECK LIST FOR AIT PROGRAM:**

TO BE SUBMITTED BY APPLICANT (student)

- \_\_\_\_\_ 1. Personal Data form completed by applicant.
- \_\_\_\_\_ 2. Education and Work History and Employment Status forms completed by applicant.
- \_\_\_\_\_ 3. NURSING HOME ADMINISTRATOR-IN-TRAINING AGREEMENT signed by the Preceptor.
- \_\_\_\_\_ 4. Facility Questionnaire completed by applicant with assistance from Preceptor.
- \_\_\_\_\_ 5. Resume of Preceptor.
- \_\_\_\_\_ 6. Work history or resume of Director of Nursing.
- \_\_\_\_\_ 7. The training plan assigning hours to specific subject areas and objectives. To be developed jointly with the AIT.
- \_\_\_\_\_ 8. Copies of the most recent survey reports on the training site for the including:
  - \_\_\_\_\_ a. Resident Census & Conditions, CMS Form 672
  - \_\_\_\_\_ b. Food Service Operation License
  - \_\_\_\_\_ c. Form CMS 2567-L (deficiencies and plans of correction for certification and Title XVIII and/or Title XIX).

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- 1. IT IS THE APPLICANT'S RESPONSIBILITY TO SEE THAT ALL ITEMS ARE SUBMITTED ON TIME, IN GOOD ORDER, AND IN THE PROPER NUMBER OF COPIES.
  - 2. IF A COMPLETE AIT APPLICATION INCLUDING ALL DOCUMENTATION DOES NOT ARRIVE IN THE KENT STATE UNIVERSITY A.I.T. INTERNSHIP COORDINATOR'S OFFICE BY THE STATED DEADLINE, THERE IS NO GUARANTEE THAT THE APPLICATION WILL BE ACCEPTED.

## KENT STATE UNIVERSITY

### ADMINISTRATOR-IN-TRAINING GUIDELINES AND MANUAL

This information has been prepared to answer the most commonly asked questions about the Administrator-in-Training (AIT) Program. It will also be useful in defining the relationship between AIT, preceptor and Kent State University. **From hereafter, “KSU” refers to the Nursing Home Administration Practicum Faculty Member.**

#### **I. PRECEPTOR**

Any licensed nursing home administrator with a minimum of two (2) years' experience within the last five (5) years within the State of Ohio is eligible to be a preceptor.

- A. At the discretion of KSU, a licensed nursing home administrator may be approved by KSU to supervise the practical training and experience of future nursing home administrators in a KSU-approved AIT Program.
- B. Such approval is temporary and must be approved prior to the start of each training program. Approval/Disapproval of a nursing home administrator for preceptorship in no way affects the licensure status of that administrator.
- C. If KSU should determine that a nursing home administrator is unsatisfactory to serve as a preceptor, KSU may withdraw its approval and/or deny future approval.
- D. KSU will base its approval of a nursing home administrator for preceptor on:
  1. The manner in which the nursing home administrator has administered his/her home as documented by various state inspections, certifications and his/her cooperation with state agencies.
  2. The nursing home administrator's personal record of professional accomplishment and performance.
  3. A preceptor must be a full-time nursing home administrator who has been licensed in and has practiced full-time in Ohio for a minimum of two years and must have a current active license in the State of Ohio, **and**
    - a. A candidate with a baccalaureate degree or higher must have two years' full-time nursing home administrator experience in the last five years, **or**
    - b. A candidate with college credits but no baccalaureate degree must have three years' full-time nursing home administrator experience in the last five years, and must have scored 113 or higher on the PES exam. Past preceptors are exempt from the score requirement, **or**
    - c. A candidate with no college credits must have six years' full-time nursing home administrator experience, three years of which must have occurred in the last five years, and must have scored 113 or higher on the PES exam. Past preceptors are exempt from the score requirement, **or**

- d. A candidate who is currently certified by the American College of Health Care Administrators must have two years' full-time nursing home administrator experience in the last five years.

## II. TRAINING SITE

The student may locate a preceptor by working with the Internship Coordinator/Instructor to identify a suitable facility. The student may also contact Ohio BELTSS office for some assistance in locating a facility/preceptor. The following organizations have offered to provide assistance in locating a preceptor. They will place a notice in their newsletter upon receipt of a completed form from the BELTSS website:

<http://beltss.ohio.gov/>

### **Leading Age**

855 South Wall Street  
Columbus, Ohio 43206-1921  
Phone: (614) 444-2882  
Fax (614) 444-2974

### **Ohio Health Care Association (OHCA)**

55 Green Meadows Drive South  
Lewis Center, Ohio 43035  
Phone: 614.436.4154  
Fax: 614.436.0939

### **American College of Health Care Administrators (ACHCA)**

8100 Clyo Road  
Centerville, Ohio 45458  
Fax (937) 439-7165

Internships may or may not be paid. This is strictly between the administrator and the student/administrator-in-training.

The training site must:

- A. Be under the full-time supervision of a licensed nursing home administrator (a minimum of 25 hours per week). Normally, a monthly schedule of internship hours should not exceed 180 hours per month.
- B. Provide professional nursing care under the full-time supervision of a director of nursing who is an R.N. The director of nursing must have at least two years' full-time experience in a nursing home or hospital.
- C. Be staffed and operated in accord with all applicable local, state, and federal laws and rules and must provide quality care in a safe environment. The administrator will be asked to submit copies of all current survey reports for both state licensure (nursing and sanitation reports) and certification for Title XVII and Title XIX.

### III. TRAINING PLAN

- A. The pre-training assessment must describe briefly those areas of nursing home administration in which the AIT applicant already possesses knowledge and/or skills; it must then list those areas of nursing home administration in which the AIT applicant needs further training and/or experience. *It is the responsibility of the AIT and/or preceptor to document any waiver request which is submitted.*
- B. The Required Training Plan must be used.
- C. The plan must list in the margin the number of hours needed for mastering each subject area and must indicate the total number of hours in the plan.
- D. The complete name of the AIT must be placed on each document.
- E. Hours must be successfully completed in each category as agreed upon by Preceptor and Student. More hours than planned may be completed.

### IV. PRECEPTOR'S RESPONSIBILITIES

- A. The administrator of the facility is the person ultimately responsible for the supervision of the AIT. However, partial responsibility may be delegated to department heads within the facility. Supervisors are urged to have regularly scheduled conferences with AIT's and to evaluate them on an ongoing basis so that AIT's are constantly aware of their strengths and weaknesses. The evaluation at the end of the internship period should contain no surprises for the AIT.
- B. The preceptor must request permission from KSU to train more than two AITs concurrently. There is an absolute limit of three AITs per preceptor at any one time.
- C. The preceptor should provide adequate orientation to the trainee before assigning responsibilities. Orientation should include knowledge of physical layout, personnel policies, goals, objectives, programs, etc.
- D. The preceptor should spell out the trainee's responsibilities, authority, and limitations in the student role.
- E. The preceptor should provide physical facilities and equipment needed by the student to perform the required tasks.
- F. The preceptor must contact KSU if problems arise that preclude the successful completion of the program by the AIT.
- G. The preceptor must notify KSU of any employment status changes, thus potentially affecting the trainee's internship program.

V. **A.I.T.'S RESPONSIBILITIES**

- A. The AIT must be at the facility at the specified times. In case of illness or other problems, the student must contact the administrator and explain the absence or tardiness as soon as possible. *For absences of more than 3 days, KSU must also be notified.*
- B. The AIT must comply with all facility policies relative to handling of residents and communication, dress code, grooming, etc.
- C. The AIT must have reliable transportation and be willing to accept an assigned preceptor at a licensed LTC facility within a fifty (50) mile radius of campus. A quality experience is dependent upon working with a preceptor familiar with Kent State University's NHA program. If assigned preceptor is not acceptable to the AIT, then the AIT may select a preceptor on their own. The preceptor will work with the Internship Coordinator to assure competencies are covered for a quality AIT experience.
- D. If the trainee experiences problems at the facility which cannot be resolved in cooperation with the assigned supervisor, it is the AIT's responsibility to contact first the preceptor, and if necessary, the KSU supervisor.
- E. The AIT is required to keep an accurate daily log of all training hours and subject areas covered during the internship. This is necessary not only to provide an accurate tally of hours on the weekly reports to KSU, but also as documentation of the day-by-day fulfillment of the approved training plan.
  - 1. This log is to be kept throughout the Internship.
  - 2. The log must be available for review by the KSU representative and be available at the training site at all times.
- F. The AIT must submit a monthly report by the **tenth** of the month following the report month. This form must be signed by the student and preceptor.

VII. **RESTRICTIONS AND GENERAL INFORMATION**

- A. The AIT is expected to serve the Internship between the hours of 6 a.m. and 6 p.m., Monday through Friday, on a regular basis. This does not preclude the AIT from training on weekends, holidays, and on second and third shifts for limited periods of exposure.
- B. The AIT is not allowed to serve in any capacity other than that of trainee during internship hours unless agreed upon by student, preceptor and Internship Coordinator.

- C. Normally a monthly schedule of internship hours should not exceed 180 hours. Some allowance is made for extra hours which are served to make up for time off due to illness, vacation, leaves of absence, etc.
- E. Vacation/leaves of absence: requests for vacations or leaves of absence in excess of two weeks must be made to KSU and countersigned by the preceptor; the time must be made up.
- E. Continuing education programs attended during the internship will be reported to KSU on the monthly report form. These hours may be used to fulfill the AIT hours if they fit into the Training Plan.
- F. Continuing education courses taken prior to licensing will not count for licensure renewal.
- G. The internship will be served only at the training site(s) approved by KSU prior to beginning the program. Internship training outside the training site is allowed on a temporary basis only, for specific purposes (e.g., when such training experiences cannot be supplied on site).

#### **VIII. LICENSING INFORMATION**

Application for licensure is a two-stage process. There is an application process with the Board of Ohio which precedes the on-line application process with NAB. Once the student completes the requirements for licensure, e.g., all coursework and all AIT hours, they must request an application from Ohio BELTSS. Information about licensing is located on the Ohio BELTSS website: <http://beltss.ohio.gov/>

It is the student's responsibility to apply for the examination, pay any fees associated with the two licensing exams (national and state) and to prepare for the examination utilizing skills gained during the AIT experience and classroom work.



## PART I - PERSONAL DATA

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FULL NAME OF APPLICANT                      LAST                      FIRST                      MIDDLE/(MAIDEN)

---

STUDENT ID NUMBER                      BIRTHDATE (Month-Day-Year)                      SEX    M    F

---

PLACE OF BIRTH

CITIZENSHIP (circle one):            Native Born                      Naturalized

RESIDENCE ADDRESS \_\_\_\_\_

AREA CODE-PHONE NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME OF NURSING HOME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street                      City                      County                      State                      Zip Code

NAME OF PRECEPTOR \_\_\_\_\_

PRECEPTOR E-MAIL \_\_\_\_\_

Beginning Internship Date: August \_\_\_\_\_ January \_\_\_\_\_ May/June \_\_\_\_\_

**Answer each of the following questions:**

\_\_\_ Yes \_\_\_ No - **Have you ever been convicted of a felony?**

\_\_\_ Yes \_\_\_ No - **Have you ever been convicted of or pleaded guilty to one of the Ohio Revised Code Disqualifying offenses (3701-13-05) – see list in packet**

\_\_\_ Yes \_\_\_ No - **Is there any criminal charge, other than a traffic violation, now pending against you?**

\_\_\_ Yes \_\_\_ No - **Has any application for a nursing home administrator's license ever been suspended or revoked?**

\_\_\_ Yes \_\_\_ No - **Have you ever been licensed as a nursing home administrator in any other state? If "Yes":** \_\_\_\_\_

State                      Lic. No.                      Date

**If your answer to any of the questions is YES, explain fully on a separate sheet of paper.**

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List the names of three persons who can serve as character references for you.

NAME	ADDRESS/PHONE	OCCUPATION	RELATIONSHIP TO APPLICANT
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## PART II – EDUCATION & WORK HISTORY

### II - (A) COLLEGE OR UNIVERSITY

NAME \_\_\_\_\_ LOCATION \_\_\_\_\_

MAJOR \_\_\_\_\_ NO. OF CREDIT HOURS \_\_\_\_\_

Dates Attended:                      From                                      To  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### II-(B) CONTINUING EDUCATION

Special courses in subjects relating to administration/operation of a nursing home (e.g., continuing education programs, institutes, workshops)

SCHOOL OR SPONSORING AGENCY AND LOCATION \_\_\_\_\_

COURSE TITLE	DATE/YR. ATTENDED	NO. OF HRS. IN SESSION

### II-(C) SPECIAL QUALIFICATIONS AND ACTIVITIES

List professional memberships and activities, community and service group participation, offices held, and dates of office.

NAME OF ORGANIZATION	OFFICES HELD	DATES

## PART III - WORK HISTORY

List your present or most recent job first.

EMPLOYER	DATES OF EMPLOYMENT	DUTIES PERFORMED

**EMPLOYMENT STATUS - AIT STUDENT**

(1) Name \_\_\_\_\_ (2) Training Site \_\_\_\_\_

(3) Internship Date: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

(4) Please circle **either A or B**, and fill in the time schedule below.

(A) I will not be employed during any hours of the day in any position other than administrator-in-training throughout the period of my internship, including within the facility or outside of the facility.

(B) I will be employed during some hours of the day in a position other than administrator-in-training during the period of my internship.

AIT SCHEDULE

OTHER EMPLOYMENT

	LOCATION	POSITION	HRS. FROM TO		LOCATION	POSITION	HRS. FROM TO
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

I certify that the information on this document is complete and accurate to the best of my knowledge and belief. I further understand that, should it be found that I have acted in any capacity other than that of administrator-in-training during the above stated training hours, part or all of said training program can be disallowed.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## ADMINISTRATOR-IN-TRAINING AGREEMENT

I, \_\_\_\_\_, have entered into an agreement with  
(Administrator-in-Training)

\_\_\_\_\_ to serve as my Preceptor for an internship period of  
(Preceptor)

\_\_\_\_\_ 8 \_\_\_\_\_ mos./ \_\_\_\_\_ 800 \_\_\_\_\_ hours, beginning \_\_\_\_\_  
(Month-Day-Year)

under the conditions approved by KSU for this internship.

The nursing home in which the internship is to be based is:

\_\_\_\_\_  
(Nursing Home)

\_\_\_\_\_  
(Street No./RFD./P.O. Box)

\_\_\_\_\_  
(City) (County) (State) (Zip Code)

\_\_\_\_\_  
Administrator-in-Training

\_\_\_\_\_  
Preceptor

## FACILITY QUESTIONNAIRE

Please fill in the information requested below and return this form to the above address.

Name of Facility \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_  
(Street No., Name &/or Apt.) (City, State) (Zip Code) (Mo.-Day-Year)

Home Classification and Bed Capacity:

(Check Type & Identity # of Beds) ( ) Nursing \_\_\_\_\_ ( ) Rest Home \_\_\_\_\_

Name of Operator \_\_\_\_\_

Name of Preceptor \_\_\_\_\_ NHA Lic. No. \_\_\_\_\_

Name of Employer	Date Employed	Ohio Lic. Reg. No. RN/LPN	NHA Lic. No.	Hours Worked Daily						
				Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
<b>I. Administrator(s)</b>										
<b>II. Assistant Administrator</b>										
<b>III. Director(s) of Nurses (Indicate RN or LPN)</b>										
<b>IV. Medical Consultants (Specify MD, DO, etc.)</b>										
<b>V. Admissions/Marketing</b>										

VI. Special Consultant (Specific Specialty of each, i.e. Nutritionist, Psychologist, Therapies – PT, OT, SLP; Medical Records, etc.)								
Name	Specialty	Mon	Tues	Wed	Thurs	Fri.	Sat.	Sun

VII. Services Available	Yes	No	Supervisor of Service
Dietary			
Housekeeping/Laundry			
Maintenance			
Social Services			
Physical Therapy			
Occupational Therapy			
Speech Therapy			
Activities			
Psychological			
Dental Services			
Spiritual Services			
Medical Records			
Pharmacy Services			
Discharge Planning Case Management			
Other			

Signature \_\_\_\_\_ (Student) \_\_\_\_\_ (Date Signed)

Signature \_\_\_\_\_ (Person Completing Form if other than Student) \_\_\_\_\_ (Date Signed)

**EXAMPLE OF DAILY ACTIVITIES ACCOMPLISHED/TASKS COMPLETED\***  
**(Used to Compile Monthly Report)**

DAY/DATE	TIME IN TRAINING SITE		TIME PER ACT RELATED TO OBJECTIVE	REFERENCE TO TRAINING PLAN
Monday 4/6/15	9:00 AM 5:30 PM	Tour of training site, met department heads, some staff & residents. Learned physical layout of building, and orientation to general program of the facility	4 hours	I-A
		Reviewed facility Philosophy of care, general goals and objectives	1 hour	I-B
		Orientation to general office; Executone telephone system for in-house communication, Xerox copy machine, TouchTone, memory typewriter, adding machine	½ hour	I-C
		Met with Adm. & Assist. Adm. premising and planning future goals of facility	2 hours	I-E
Tuesday 4/7/15	9:00 AM 5:00 PM	Reviewed Philosophy of Care with Adm., attended resident funeral, seeing Philos. of Care in action	1 ½ hours	I-8
		Reviewed Dept. of Health guidelines regarding C.O.N. for Health Services project	3 hours	II-A
		Worked with Adm. on facility C.O.N. application for addition to present facility	3 ½ hours	IV-8
Wednesday 4/8/15	9:00 AM 5:00 PM	Reviewed facility fire safety plan. Toured facility to check for alarms, extinguishers, exits, route of evac. in relation to plan	3 hours	III-F
		Reviewed admission inquiries, specific to type of accommodation requested, care needs, reasons for seeking placement	3 hours	IV-B
		Spent time meeting individual residents and staff	2 hours	I-A
Thursday 4/9/15	9:00 AM 5:00 PM	Learned use of electronic scanner, stencil maker	½ hour	I-C
		Worked on facility news bulletin	2 hours	VI-D
		Reviewed activity programming, attendance, variety of programs offered	4 hours	VI-B
Friday 4/10/15	9:00 AM 5:00 PM	Attended meeting in Columbus with Adm. & Asst. Adm. re: future planning for facility's new construction project	5 hours	I-E
		Attended meeting at O.D.P.H. for review of C.O.N. procedure with Dept. of Health	3 hours	II-A

**\*The sheet should be compiled daily and kept on record with the student.**

## ACTIVITIES ACCOMPLISHED/TASKS COMPLETED

DAY/DATE	TIME IN TRAINING SITE		TIME PER ACTIVITY RELATED TO OBJECTIVE	REFERENCE TO TRAINING PLAN



**MONTHLY SUMMARY REPORT  
AIT PROGRAM - KENT STATE UNIVERSITY**

REPORT FOR MONTH OF \_\_\_\_\_

NAME OF AIT \_\_\_\_\_

NAME OF NURSING HOME \_\_\_\_\_

NURSING HOME ADDRESS \_\_\_\_\_

Instructions: Please send the original report to Donna Alexander, Instructor, AIT Program, Kent State University, 405 White Hall, Kent, OH 44242. The report should be submitted by the **tenth** of the month following the reporting month unless otherwise directed. *Please keep a copy for your files.*

TRAINING PLAN AREA COVERED (I - IX)	TOTAL HRS. PLANNED	TOTAL HRS. THIS MONTH	TOTAL HRS. TO DATE
I. GENERAL ADMINISTRATION			
II. FEDERAL, STATE, LOCAL LAWS & RULES			
III. ENVIRONMENTAL HEALTH & SAFETY			
IV. PSYCHOLOGY OF PT CARE			
V. MEDICAL CARE			
VI. PERSONAL AND SOCIAL CARE			
VII. THERAPIES & SUPPORTIVE SVCS			
VIII. DEPARTMENTAL ORGANIZATION MGMT.			
IX. COMMUNITY INTERRELATIONSHIPS			
Totals:	800		

COMMENTS (Discuss progress and note absence, if any -- vacation, sick leave, etc.):

\_\_\_\_\_  
\_\_\_\_\_

LOCATIONS OTHER THAN HOME OF INTERNSHIP where parts of the above program were conducted:

\_\_\_\_\_  
\_\_\_\_\_

Signature (AIT) \_\_\_\_\_ Date \_\_\_\_\_

Signature (**PRECEPTOR**) \_\_\_\_\_ Date \_\_\_\_\_

Name (student) \_\_\_\_\_

### **TRAINING PLAN SUMMARY SHEET**

PLEASE USE THIS COPY OF THE REQUIRED TRAINING PLAN, TYPING YOUR HOURS FOR EACH SUBJECT AREA AND OBJECTIVE IN THE MARGIN. THEN SEND THE ORIGINAL TO THE KENT STATE UNIVERSITY NURSING HOME ADMINISTRATION COORIDNATOR AND KEEP A COPY FOR YOUR FILE AND FOR YOUR PRECEPTOR. BE SURE TO TOTAL YOUR HOURS FOR THE ENTIRE PLAN.

HOURS IN AREA	
I. GENERAL ADMINISTRATION	Total Hours in I
A. Orientation	
B. Philosophy of Care	
C. Business Practices	
D. Personnel Management	
E. Role of Administrator	
II. FEDERAL, STATE, LOCAL LAWS/RULES	Total Hours in II
III. ENVIRONMENTAL HEALTH SAFETY	Total Hours in III
A. Communicable Diseases	
B. Sanitary Procedures for Departments	
C. Isolation Policy	
D. Drug Handling & Administration	
E. Life Safety Code	
F. Emergency Policy	
IV. PSYCHOLOGY OF PT CARE	Total Hours in IV
A. Sensitization of Personnel	
B. Admission Process	
C. Discharge Process	
D. Room Transfers	

TRAINING PLAN SUMMARY SHEET

HOURS IN AREA (page 2)

V. MEDICAL CARE	Total Hours in V
A. Terminology & Abbreviations	
B. Medications	
C. Nutrition	
D. Nursing Policies	
E. Charting	
F. Communication	
G. Staffing Patterns: NSG	
H. Ancillary Services	
I. Aging Process	
VI. PERSONAL AND SOCIAL CARE	Total Hours in VI
A. Coordination of Medical & Social Needs	
B. Activities	
C. Resident Input	
D. Family Involvement	
VII. THERAPIES & SUPPORTIVE SERVICES	Total Hours in VII
A. Supportive Services	
B. Spiritual Needs	
C. Codes of Ethics	
VIII. DEPARTMENTAL ORGANIZATION/MGMT.	Total Hours in VIII
A. Department Role & Functions	
B. Budgets & Costs by Department	
C. Staffing Patterns	
D. Line Authority & Organizational Chart	
E. Departmental Equipment	
F. Performance Appraisal - DH	
IX. COMMUNITY INTERRELATIONSHIPS	Total Hours in IX
A. Volunteer Program	
B. Marketing of Department	

Preceptor \_\_\_\_\_

# REQUIRED TRAINING PLAN

## I. GENERAL ADMINISTRATION

- A. Become oriented to the facility
  - 1. Tour the Facility
  - 2. Meet all Department Heads
- B. Acquire an understanding of a facility's Philosophy of Care and how it is developed.
  - 1. Read the facility's Vision and Mission Statement.
  - 2. Discuss with Administrator.
- C. Acquire a functional knowledge of facility business practices.
  - 1. Review appropriate policies and procedures.
  - 2. Work in the business office and develop a working managerial knowledge of general ledger accounting systems, which would include understanding:
    - a. Accounting procedures,
    - b. Chart of accounts,
    - c. Profit and loss statements,
    - d. Balance sheets.
    - e. Cost reports,
    - f. Accounts receivable and aging of these accounts,
    - g. Policies relative to accounts payable and collection of accounts payable.
  - 3. Work with the Accountant or Controller to develop an understanding of their role in facility operations.
  - 4. Review previous annual budget statements and participate in current budgeting process (FTE's and/or PPDs).
  - 5. Participate in the purchase order process.
  - 6. Learn the Medicare, Medicaid, VA, and other insurance program reimbursement systems.
  - 7. Understand the significance of Resident Assessment and participate in an audit if possible.
  - 8. Identify the uses of facility specific computer programs to include EHR, as applicable.
  - 9. Understand the function of all office equipment.
  - 10. Understand the main elements of general business and malpractice liability insurance.
- D. Increase knowledge and skills related to personnel management.
  - 1. Read related policies and procedures.
  - 2. Develop an understanding of the organizational chart.
  - 3. Participate in three interviews with prospective employees.
  - 4. Assist in the orientation of three new employees.
  - 5. Learn the process for the evaluation of employee performance.
  - 6. Observe an employee termination and learn the necessary documentation.

7. Attend an Unemployment/Compensation appeal, if possible.
  8. Become familiar with the regulations and implications of Workers' Compensation, Unemployment Insurance, Equal Employment Opportunity Policy, Americans with Disability Act and Family Medical Leave Act.
  9. Develop an understanding of staffing patterns and the methods of assuring adequate coverage.
  10. Review process for payroll, to include preparation of time sheets.
  11. Participate in the writing of an employment classified advertisement.
  12. Review all job descriptions and objectives of line and staff personnel.
- E. Ascertain the roles and functions of the Administrator.
1. Attend staff meetings, whenever possible.
  2. Attend unscheduled meetings between Administrator and various employees.
  3. Observe administrative functions.
  4. Discuss roles, functions, and responsibilities with the Administrator.
  5. Attend meeting between Administrator and Board of Directors (if non-profit) or Executive Leadership.
  6. Understand the importance of trade and professional organizations.

## **II. PERTINENT FEDERAL, STATE, AND LOCAL HEALTH & SAFETY LAWS & RULES**

- A. Develop a functional knowledge of applicable laws and rules.
1. Study Ohio licensing regulations and requirements for participation in the Medicare, Medicaid, VA, and other insurance programs as applicable.
  2. Review and discuss the Federal and State laws and rules with the Administrator.
  3. Review facility policies and procedures with each department head with respect to their applicability to laws and rules, including Residents' Bill of Rights.
  4. Participate in the licensing and certification survey process.
  5. Read past facility survey reports.
  6. Discuss with the Administrator the facility deficiencies that have been cited in the past and the methods utilized to correct them.
  7. Become familiar with appropriate State Facility and Building regulations.
  8. Develop an understanding of the Occupational Safety and Health Administration and its role in facility operations.

## **III. STANDARDS OF ENVIRONMENTAL HEALTH AND SAFETY**

- A. Identify the common types and etiology of communicable diseases and methods of prevention.
1. Read infection control and pest control policies and procedures.
  2. Attend quarterly Infection Control Committee meetings.
  3. Research requirements for personnel record documentation related to communicable diseases. (i.e., TB tests, chest x-rays, hepatitis, etc.)

- B. Learn the sanitary procedures for each department (Nursing, Housekeeping, Dining Services, and Laundry).
  - 1. Discuss thoroughly the policies and procedures for each department with appropriate staff members.
  - 2. Identify each department's responsibility in maintaining sanitary conditions and observe its procedures.
- C. Acquire knowledge of the isolation process.
  - 1. Read related policies and procedures.
  - 2. Discuss with appropriate personnel.
  - 3. Develop a plan for an isolation room.
- D. Develop an understanding of the drug handling and control program.
  - 1. Read related policies and procedures.
  - 2. Interview appropriate personnel concerning the administration, procurement, labeling, controlling, and accountability of medications.
  - 3. Attend quarterly meetings attended by Pharmacist.
  - 4. Observe preparation and passing of medications.
  - 5. Observe a pharmacy audit.
- E. Become aware of Life Safety Code and safety precautions for physical plant and all major mechanical devices utilized in the provision of resident care (i.e., oxygen, suction, whirlpools, wheelchairs, geri-chairs, etc.)
  - 1. Read appropriate policy and procedure manual.
  - 2. Discuss with staff members responsible for usage of major adaptive and mechanical devices.
  - 3. Observe actual utilization of equipment.
- F. Acquire knowledge of emergency preparedness, policies and procedures
  - 1. Review, critique, and recommend modifications to appropriate policies and procedures on all potential forms of disaster including:
    - a. Fire
    - b. Tornado
    - c. Bomb threat
    - d. Winter storm
    - e. Chemical spill
    - f. Flood
    - g. Power Outage
  - 2. Become acquainted with the fire alarm system.
  - 3. Participate in a mechanical testing of the fire alarm system, smoke detector system, and the sprinkler system
  - 4. Conduct a fire drill.
  - 5. Participate in the Fire Marshall's inspection.
  - 6. Attend quarterly Safety Committee meetings.

#### **IV. PSYCHOLOGY OF PATIENT CARE**

- A. Become cognizant of the facility's techniques for sensitizing personnel to the emotional and social needs of residents.
  - 1. Discuss with the Nursing Director, Social Worker, Director of Activities, and In-Service Director/Staff Development Coordinator.
  - 2. Attend related in-services.
  - 3. Develop & schedule an in-service training session.
  
- B. Develop an understanding of the admissions procedure.
  - 1. Read appropriate policy and procedures.
  - 2. Observe the admissions process of three residents from the initial inquiry to assimilation into the facility.
  - 3. Become aware of Medicare and Medicaid eligibility requirements (and VA if applicable) as well as the applications process. Become familiar with various insurance plans accepted at facility.
  - 4. Learn the role of the County Department of Job and Family Service's (DJFS) caseworker in the admissions process.
  - 5. Identify the facility's approach for welcoming and orienting new residents.
  - 6. Recognize each department's responsibility in facilitating the resident's successful adjustment, and the role of each in the MDS assessment.
  - 7. Discuss with Social Services/Admissions the social needs of residents and the role of the family.
  
- C. Become familiar with discharge planning procedures.
  - 1. Observe the discharge and follow-up of three residents.
  - 2. Identify each department's responsibility in facilitating a successful discharge process.
  - 3. Observe the discharge process when a resident dies.
  
- D. Learn the policies and procedures related to room transfers.
  - 1. Read appropriate policies and procedures.
  - 2. Discuss with appropriate staff (i.e. Social Worker, Director of Nursing, and Administrator).
  - 3. Observe three room transfers.
  - 4. Identify each department's responsibility in facilitating a positive adjustment to the transfer.

#### **V. PRINCIPLES OF MEDICAL CARE**

- A. Learn medical terminology and abbreviations.
  - 1. Study appropriate printed materials.
  - 2. Discuss with Director of Nursing

- B. Identify the most commonly prescribed medications, their therapeutic effect, adverse reactions, and interactions with other drugs.
  - 1. Read appropriate policies and procedures and other related material.
  - 2. Attend quarterly Pharmacy Committee Meetings.
  - 3. Discuss with Medical Director, Nursing Director, and Pharmacy Consultant.
  - 4. Observe the process of use, distribution, and administration of medications and the distinctions between prescription and non-prescription drugs.
- C. Learn the facility's approach for promoting good nutrition.
  - 1. Discuss with the Dietitian, Diet Tech and others in the Dietary Department.
  - 2. Learn the different types of diets and the rationale for their usage.
- D. Become familiar with the policies and procedures pertinent to the Nursing Department.
  - 1. Read appropriate policies and procedures and other related material.
  - 2. Discuss with the Director of Nursing.
- E. Learn the charting procedure.
  - 1. Discuss with Director of Nursing, Assessment (MDS) Nurse, Charge Nurse, and Medical Records Consultant.
  - 2. Follow the charting entries of three residents for a period of two weeks, including more comprehensive charting knowledge and its multiple uses --- resident assessment, legal, MDS, etc.
  - 3. Attend a Utilization Review Committee Meeting or QA Meeting; differentiate skilled nursing facilities; include training in skilled nursing facilities for all trainees, if applicable.
- F. Develop an understanding of the communication process in the Nursing Department.
  - 1. Observe a shift report between nurses.
  - 2. Participate in monthly Resident Review meetings.
  - 3. Attend a Nursing Supervisor's Meeting.
- G. Learn the staffing patterns and assignments in the Nursing Department.
  - 1. Discuss with the Director of Nursing.
  - 2. Observe and participate in the process of scheduling employees.
  - 3. Observe the difference in nursing responsibilities on each shift.
  - 4. Review the techniques of providing adequate nursing coverage for each shift.
- H. Identify ancillary services.
  - 1. Discuss with appropriate staff (i.e., Administrator, Director of Nursing).
  - 2. Observe the process of referring and scheduling residents for necessary ancillary services.
- I. Develop an understanding of the Aging Process and its effect on medical care.
  - 1. Read appropriate material.
  - 2. Discuss with Director of Nursing and Medical Director.
  - 3. Attend Resident Care Meetings.



## **VI. PERSONAL AND SOCIAL CARE**

- A. Identify the facility's techniques for coordinating the medical and social needs of the residents.
  - 1. Attend related meetings (i.e., Resident Review).
  - 2. Review the effectiveness of care plans with appropriate personnel (i.e., Social Worker, Director of Nursing, and Director of Activities).
- B. Recognize the role of activities programming in meeting the social and psychological needs of residents.
  - 1. Observe the Activities Department.
  - 2. Discuss care plans with the Director of Activities.
- C. Learn the facility's approach for increasing the resident's input into the decision-making process.
  - 1. Attend a Resident Council Meeting.
  - 2. Observe the grievance process.
  - 3. Review the process for informed consent on advanced directives (living will).
  - 4. Participate in Plan of Care when resident attends. Understand notification process for residents.
- D. Identify the facility's technique for encouraging family involvement.
  - 1. Observe a family conference.
  - 2. Discuss with appropriate staff members (i.e., Administrator, Social Worker, Director of Nursing, and Director of Activities).
  - 3. Participate in a Family Night meeting if possible.

## **VII. THERAPEUTIC AND SUPPORTIVE CARE AND SERVICES IN LONG-TERM CARE**

- A. Learn about available supportive services.
  - 1. Read related policies and procedures manuals.
  - 2. Observe and/or participate in the departments of:
    - a. Physical Therapy/Restorative
    - b. Occupational Therapy
    - c. Speech Language Pathology
    - d. Dentist
    - e. Podiatrist
    - f. Optometrist
    - g. Psychologist
    - h. Others, as available
  - 3. Review job descriptions or contracts for supportive services
- B. Identify the facility's approach in meeting the spiritual needs of residents.
  - 1. Observe a religious service.
  - 2. Interview Chaplain or Spiritual Care Director.
  - 3. Accompany Chaplain on rounds, if applicable.

- C. Understand the codes of ethics pertaining to professional services.
  - 1. Read appropriate material.
  - 2. Discuss with the Administrator, Director of Nursing, Social Worker, Therapists, and Chaplain, the code of ethics for each discipline.

## **VIII. DEPARTMENTAL ORGANIZATION AND MANAGEMENT**

- A. Develop a thorough understanding of the roles, functions, and tasks of each department.
  - 1. Engage as a participant/observer in each department under the direction of the following department heads.
    - a. Nursing
    - b. Social Services
    - c. Admissions
    - d. Housekeeping
    - e. Laundry
    - f. Dietary
    - g. Therapies – PT, OT, SLP
    - h. Medical records
    - i. Activities
    - j. Business office
    - k. Other therapies, as applicable (music therapy, animal assisted therapy, etc.)
    - l. Volunteers
    - m. Maintenance or Environmental Services
    - n. Human Resources
    - o. Others not listed above, if applicable
  - 2. Compare with other long-term care facilities.
- B. Identify budget allocations, delineating staff costs, supplies expenses, and capital expenses for each department.
  - 1. Review budgets with department heads, the Administrator, and the Finance Director.
  - 2. Evaluate the procedures utilized by department heads to monitor and evaluate their expenditures.
- C. Recognize the staffing patterns and unique problems for each department.
  - 1. Participate in scheduling for each department.
  - 2. Evaluate the needs and problems associated with supplemental staffing.
  - 3. Identify appropriate disciplinary actions
- D. Review Organizational Chart and study relationship between Departments, and understand line of authority from Board of Directors or Executive Leadership.
  - 1. Attend staff meetings.
  - 2. Attend meetings between Administration and Board (if non-profit).
  - 3. Daily observations of staff.

- E. Develop an understanding of the function, operation, and maintenance of equipment used in each department.
  - 1. Read related material.
  - 2. Discuss with appropriate staff.
  - 3. Observe use and maintenance, including manuals & maintenance agreement
  - 4. Operate equipment, if possible.
- F. Learn the Administrator's technique for evaluating the performance of departments.
  - 1. Discuss thoroughly with the Administrator.
  - 2. Observe conference with individual department heads.

## **IX. COMMUNITY INTERRELATIONSHIPS**

- A. Understand the methods of enhancing community involvement through volunteer programming.
  - 1. Read appropriate policies and procedures.
  - 2. Interview Volunteer Director, if applicable.
  - 3. Observe the responsibilities of volunteers.
  - 4. Interview a prospective volunteer.
  - 5. Review the volunteer orientation process.
- B. Become familiar with all area activities of community agencies and organizations.
  - 1. Discuss with the Administrator and Department Heads.
  - 2. Become familiar with area community agencies and other LTC facilities (competitors) in the area.
  - 3. Attend related community events.
  - 4. Identify alternatives to long-term-care and observe the interrelationships between the facility and programs in the community.

## **Ohio Revised Code Disqualifying Offenses (3701-13-05)**

(A) Except as provided in rule [3701-13-06](#) of the Administrative Code no DCP [Direct Care Provider] shall employ a person in a position that involves providing direct care to an older adult if the person has been convicted of or pleaded guilty to:

- (1) A violation of any of the following sections of the Revised Code:
  - (a) 2903.01 Aggravated murder
  - (b) 2903.02 Murder
  - (c) 2903.03 Voluntary manslaughter
  - (d) 2903.04 Involuntary manslaughter
  - (e) 2903.11 Felonious assault
  - (f) 2903.12 Aggravated assault
  - (g) 2903.13 Assault
  - (h) 2903.16 Failing to provide for a functionally impaired person
  - (i) 2903.21 Aggravated menacing
  - (j) 2903.34 Patient abuse or neglect
  - (k) 2905.01 Kidnapping
  - (l) 2905.02 Abduction
  - (m) 2905.11 Extortion
  - (n) 2905.12 Coercion
  - (o) 2907.02 Rape
  - (p) 2907.03 Sexual battery
  - (q) 2907.05 Gross sexual imposition
  - (r) 2907.06 Sexual imposition
  - (s) 2907.07 Importuning
  - (t) 2907.08 Voyeurism
  - (u) 2907.09 Public indecency
  - (v) Former 2907.12 Felonious sexual penetration
  - (w) 2907.25 Prostitution; after positive HIV test
  - (x) 2907.31 Disseminating matter harmful to juveniles
  - (y) 2907.32 Pandering obscenity
  - (z) 2907.321 Pandering obscenity involving a minor
  - (aa) 2907.322 Pandering sexually oriented matter involving a minor
  - (bb) 2907.323 Illegal use of a minor in nudity-oriented material or performance
  - (cc) 2911.01 Aggravated robbery
  - (dd) 2911.02 Robbery
  - (ee) 2911.11 Aggravated burglary
  - (ff) 2911.12 Burglary
  - (gg) 2911.13 Breaking and entering
  - (hh) 2913.02 Theft
  - (ii) 2913.03 Unauthorized use of a vehicle
  - (jj) 2913.04 Unauthorized use of property; computer, cable, or telecommunication property
  - (kk) 2913.11 Passing bad checks
  - (ll) 2913.21 Misuse of credit cards
  - (mm) 2913.31 Forgery; identification card offenses
  - (nn) 2913.40 Medicaid fraud
  - (oo) 2913.43 Securing writings by deception
  - (pp) 2913.47 Insurance fraud
  - (qq) 2913.51 Receiving stolen property
  - (rr) 2919.25 Domestic violence
  - (ss) 2921.36 Illegal conveyance of weapons or prohibited items onto grounds of detention facility or institution
  - (tt) 2923.12 Carrying concealed weapons
  - (uu) 2923.13 Having weapons while under disability
  - (vv) 2923.161 Improperly discharging firearm at or into habitation or school safety zone

- (ww) 2925.02 Corrupting another with drugs
- (xx) 2925.03 Trafficking in drugs
- (yy) 2925.11 Possession of drugs
- (zz) 2925.13 Permitting drug abuse
- (aaa) 2925.22 Deception to obtain a dangerous drug
- (bbb) 2925.23 Illegal processing of drug documents
- (ccc) 3716.11 Placing harmful objects in food or confection
- (2) A violation of an existing or former law of this state, any other state or the United States that is substantially equivalent to any of the offenses or violations listed in paragraph (A)(1) of this rule.
- (B) Pardons. A conviction of or a plea of guilty to an offense listed or described in paragraph (A) of this rule shall not prevent an applicant's employment under any of the following circumstances:
  - (1) The applicant has been granted an unconditional pardon for the offense pursuant to Chapter 2967. of the Revised Code;
  - (2) The applicant has been granted an unconditional pardon for the offense pursuant to an existing or former law of the State of Ohio, this state, any other state, or the United States, if the law is substantially equivalent to Chapter 2967. of the Revised Code;
  - (3) The conviction or guilty plea has been set aside pursuant to law; or
  - (4) The applicant has been granted a conditional pardon for the offense pursuant to Chapter 2967. of the Revised Code, and the conditions under which the pardon was granted have been satisfied.

**\*Sites may also refuse individuals with the following background check results:**

- (a) Contributing to the delinquency of a minor
- (b) No matching identifiers on the SS# trace
- (c) Records with pending disposition or outstanding warrant
- (d) Three or more misdemeanor convictions
- (e) Two or more DUI/DWI convictions
- (f) Two or more misdemeanor marijuana convictions
- (g) All convictions involving: violence, weapons, controlled substance, sexual activity, theft, dishonesty or burglary
- (h) Failure to appear in court
- (i) All felony convictions for the following crimes:
  - a. Terrorist Threats
  - b. Sex Related
  - c. Forgery
  - d. Conspiracy to commit arson
  - e. Arson
  - f. Welfare fraud
  - g. Falsification to Law Enforcement
  - h. Illegal manufacture, sale, distribution or trafficking in controlled substances
  - i. Aiding a prisoners escape
  - j. Possession of concealed firearm
  - k. Conspiracy to commit any of the above

**\*Not all-inclusive.**