TO Administrators of Long-Term Care Facilities

FROM Tamalee Brassington, Division Manager
Adult & Postsecondary Career and Technical Education

DATE December 22, 2016

RE In-Service Education for Act 14 (P.L. 169)

MESSAGE

In compliance with Act 14 – Nurse Aide Resident Abuse Prevention Training Act of 1997, a nursing facility must offer annual in-service education on the identification, prevention, and reporting of abuse, exploitation, neglect, and the improper use of physical or chemical restraints; as well as, options and strategies for responsiveness to abusive behavior directed toward nurse aides by residents.

The Pennsylvania Department of Education is required to verify that in-service education for Nurse Aide Resident Abuse Prevention Training was conducted and attended by all nurse aides employed in your long-term care facility.

Complete the attached form to reflect in-service education for Resident Abuse Prevention Training that was conducted January through December 2016, and return it on or before February 28, 2017, to ra-natcep@pa.gov, fax (717) 783-6672, or mail to:

Pennsylvania Department of Education
Bureau of Career and Technical Education – NATCEP
333Market Street, 11th floor
Harrisburg, PA 17126-0333

Should you have any questions pertaining to this request, please email ra-natcep@pa.gov or telephone (717) 772-0814.

Revised 12/2016
Facility Name.______________________________________________________________________________________________

Address, City and Zip Code____________________________________________________________________________________

Email ______________________________________________________ DOH license number _______________________

Indicate number of nurse aides currently employed as of January 1, 2017 ______________

Resident Abuse Prevention Trainings conducted January through December 2016 includes:

<table>
<thead>
<tr>
<th>Date</th>
<th>Duration Hrs/Mins.</th>
<th>Title of Program</th>
<th>Method of Presentation</th>
<th>Presenters Name</th>
<th>Presenters Title</th>
<th># of NAs Attended</th>
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Name of Administrator (printed) __________________________ Signature of Administrator __________________________ Date ________________

Revised 12/2016