

Self-Study Booklet

**On-Site Compliance Review
for Re-Approval of a
Nurse Aide Training and
Competency Evaluation Program**

October 2014



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF EDUCATION**

333 Market Street
Harrisburg, PA 17126-0333
www.education.state.pa.us



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The Pennsylvania's Department of Education's (PDE) Nurse Aide Training and Competency Evaluation Program (NATCEP) has established the following procedures for the NATCEP to seek approval. The approval process requires a NATCEP program to provide evidence of compliance with regulations and an on-site review. The purpose of the self-study booklet is to provide both the Department and the NATCEP provider with assurance that all regulations are met and the Department can approve a NATCEP. The Department can approve a NATCEP for a 2 year period.

Program Responsibilities

1. Prepare two 3-hole binders. One binder is to be mailed to PDE prior to the on-site compliance review. Include tabs to separate each of the sections and subsections. Maintain a second copy of the binder for your files.

SECTION I – Insert the completed Self-Study Booklet in this section. The Booklet is first completed electronically beginning with page 5 of this document. To complete the booklet, “Click” on the underscored gray box to enter text and click on the square checkbox to mark YES or NO.

SECTION II – Program and Administrative Records and Faculty Information (pages 5 and 6 of this document)

SECTION III – Policies: Student, Administrative and Criminal History Record Information. Include a copy of your program calendar. (pages 7, 8, and 9 of this document)

SECTION IV – Clinical Experience (page 10 of this document) Include a copy of the Certificate of Licensure that is issued to the long term care facility by the Pennsylvania Department of Health, their last two annual surveys, current Clinical Affiliation Agreement, Clinical Site Status (page 22) and Clinical Information (page 23).

SECTION V – Basic Training/Post Training Information (page 11 of this document) Include a copy of a Pennsylvania Nurse Aide Training Report for each class conducted since the previous on-site compliance review, copies of the quarterly state competency examination results and Nurse Aide Resident Abuse Prevention Training Act of 1997 form that lists the number of nurse aides employed in your facility and verifies in-service education on the identification, prevention and reporting of abuse, exploitation, neglect and the improper use of physical or chemical restraints.

2. Mail the binder that contains the materials listed in Sections I – V to the address below by the date indicated in the notification memorandum that you will receive approximately two months prior to the due date. Non-compliance status will be imposed on the program if materials are not received at PDE by the date due. During a period of non-compliance, no new nurse aide classes may begin however current students may complete a class and take the state competency examination. Further delay in the submission of the binder and requested materials may result in program approval withdrawn. Should this occur, you will be required to submit a new Application for Approval of Nurse Aide Training Program to the Pennsylvania Department of Education.

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

3. The following items should be made available during the on-site compliance review
 - Curriculum binder (as described on page 12 of the document)
 - Class folders for all classes conducted since the previous on-site compliance review with documents placed in the order listed on page 17 of this document
 - Student folders for all classes conducted since the previous on-site compliance review with documents placed in the order listed on page 17 of this document
 - Procedure evaluation checklists for skills laboratory (as listed on page 21 of this document)
4. Plan for a member of your staff to be available during the on-site compliance review. In the event that this individual is not available, another program representative should be present.
5. Notify clinical site(s) that a PDE NATCEP advisor will be visiting their facility and have someone from your staff plan to accompany the PDE NATCEP advisor (unless other arrangements have been made in advance).

6. Arrange for three or four current students or recent graduates (within the last two years) to be available for an interview with the PDE NATCEP advisor
7. Prepare a classroom and lab for evaluation of the learning environment and all available equipment.

PDE NATCEP Advisor Responsibilities

1. Review the self-study booklet and supplemental binder submitted by the program before the on-site compliance review.
2. Complete the on-site compliance review by reviewing required documentation, interviewing appropriate personnel, and evaluating the nurse aide classroom, labs and clinical sites.
3. Observe the nurse aide students when the schedule coincides with the PDE NATCEP advisor's on-site compliance review.
4. Present preliminary findings during the exit conference to the program administrator, program coordinator or primary instructor and others deemed necessary. A final *Statement of Findings* will address one of the following:
 - Approval
 - Approval with required Methods of Remedy
 - Non-compliance
 - Approval withdrawn
5. Send a letter and *Statement of Findings* via email to the program administrator and program coordinator within 20 days following the on-site compliance review. Approximately 30 days are allotted for a program to develop remedies in response to the findings.
6. Approve the required Methods of Remedy. When the required Methods of Remedy are 30 days past the date due, program approval will be withdrawn by the Pennsylvania Department of Education. Should this occur, you will be required to submit a new Application for Approval of Nurse Aide Training Program to the Pennsylvania Department of Education.
7. Conduct a follow-up review in cases where a substantial issue resulted in non-compliance to ensure that all issues have been corrected. If the issues have not been corrected, the program approval will be withdrawn.

Response to Statement of Findings/Method of Remedies

When a NATCEP receives the *Statement of Findings* from an on-site compliance review, the NATCEP program coordinator **must** submit a response to all findings of non-compliance and required improvements by the date due to:

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

Failure to develop an acceptable method of remedy to satisfy the items identified on the *Statement of Findings* by the deadline date will result in denial of approval and the program cannot offer NATCEP programs in accordance with 42 CFR § 483.151.

A final letter of approval will be issued after the program's methods of remedy are accepted by the PDE NATCEP advisor.

Appeal Procedure

Nurse Aide Training and Competency Evaluation Programs (NATCEP) may file an appeal if the NATCEP on-site compliance review results in withdrawal of program approval pursuant to 42 CFR § 483.151. Appeals are governed by Pennsylvania's Rules of Administrative Practice and Procedure, which are published in Title 1 of the Pennsylvania Code at chapters 31, 33 and 35. These rules may be accessed at: <http://www.pacode.com/secure/data/001/partIItoc.html>. The following process shall be followed:

1. A NATCEP may appeal the withdrawal of program approval by filing an appeal within **30 calendar days** from the date of the letter accompanying the Statement of Findings issued by the Bureau of Career & Technical Education. The appeal may also request an administrative hearing.
2. An appeal shall be in petition form, meaning that the details are prepared in numbered sentences or paragraphs stating the reasons for appeal, and should provide concise reference to the facts and matters of law relied upon. The appeal should include as an attachment any and all additional documentation referenced in the petition.
3. The appeal must be sent to:

**Secretary of Education
Pennsylvania Department of Education
333 Market Street
Harrisburg, PA 17126-0333**
4. Failure to file a timely appeal will be considered a waiver of the right to appeal.
5. Untimely appeals will be dismissed.
6. If an administrative hearing is waived, the record will be reviewed by the Secretary of Education who will make a final decision based upon all the documentary information submitted.
7. If an administrative hearing has been requested, the Secretary of Education will appoint a hearing officer who will contact the NATCEP directly with relevant information concerning the hearing.
8. The final decision is made by the Secretary of Education.
9. Any appeals from the decision of the Secretary of Education must be made to the Commonwealth Court.

Frequently Found Issues of Non-Compliance

The following are issues that could result in a program being in non-compliance with the Omnibus Budget Reconciliation Act (OBRA) 42 CFR § 483.152, 63 P.S. § 671 et. seq. and/or Act 14 of 1997 – 22 Pa. Code § 701 et. seq., however this is not an all-inclusive list. Any program found to be in non-compliance may have approval withdrawn if not satisfied within 30 days. Should this occur, you will be required to submit a new Application for Approval of a Nurse Aide Training Program to the Pennsylvania Department of Education.

Note: If a program is found to be in non-compliance, students who are in training will be permitted to finish the program and be eligible for the state competency test. However, no new nurse aide training programs may begin until the noncompliant issue(s) and supporting documentation have been reviewed and approved by PDE NATCEP advisors.

1. Failure to seek approval by PDE of a primary, co-primary or assistant instructor prior to assisting or teaching a nurse aide training class
2. Failure to ensure that the curriculum includes a minimum of 16 hours of mandated instruction in the five required content areas prior to the start of clinical per OBRA of 1987
3. Failure to ensure that every student has been trained and found proficient by the instructor in the mandated instruction in the five required content areas per OBRA regulation and prior to the start of clinical
4. Failure to ensure that the curriculum includes all of the mandated content per Nurse Aide Resident Abuse Prevention Training Act, Act 14 1997.
5. Failure to ensure that all students received training in all of the content per Nurse Aide Resident Abuse Prevention Training Act, Act 14 1997.
6. Lack of required equipment (ex. Adjustable bed with side rails in working order, mannequin)
7. Record (Attendance Reports, Performance Checklist)
 - Incomplete, missing dates, signatures, makeup time
 - Unavailable for whatever reason during on-site compliance review
8. Requires students or employees to sign or agree to written or oral agreements with the expectation that if violated, a form of repayment for training or testing could occur
9. Criminal History Record Information
 - Failure to complete Criminal History Record Information report within the previous year before the start of class
 - Failure to ensure a Criminal History Record Information report that is free of prohibitive offenses as listed in 63 P.S. § 675
 - Failure to secure a FBI check for an applicant who is not a Pennsylvania resident for a minimum of two years
 - Failure to issue a letter of denial to someone who is not eligible for enrollment into a class based in whole, or in part, on the Criminal History Record Information report
 - Failure to sign and date Criminal History Record Information reports
 - Willful intent to not follow Act 14, 22 PA. Code – Chapter § 701 et. seq. may result in PDE holding a hearing and assessing a civil penalty
10. Clinical site(s) fails to meet federal/state requirements (42 CFR §§ 483.151 (B), (E))
11. Clinical experience
 - Is less than 37½ hours of minimum resident contact
 - Exceeds maximum 10:1 student/teacher ratio
 - Allowed students to be assigned to a facility employee or are not under the supervision of an instructor

PENNSYLVANIA NATCEP ON-SITE COMPLIANCE REVIEW

SECTION I Administrative and Program Contact Information. Complete the entire self-study booklet electronically. Click on the underscored gray boxes to enter text. Click on the square check boxes to mark **YES** or **NO**.

An incomplete self-study booklet will not be reviewed and will be returned to the NATCEP program administrator.

Facility/School Name _____	Training Code 3950 _____
Address _____	County _____
Date of Compliance Review _____	PDE NATCEP Advisor _____
Telephone _____	Fax _____
Original Approval Date _____	Last Re-Approval Date _____
Facility Owner _____	
Name of Program Administrator/Director _____	
Administrator Phone Number _____	Administrator Email _____
Name and Title of Program Coordinator _____	
Coordinator Phone Number _____	Coordinator Email Address _____

SECTION II Program and Administrative Records

The program operator must maintain a complete set of records to demonstrate compliance with the Omnibus Budget Reconciliation Act and 63 P.S. § 671 et. seq. (and supporting regulations). Include the following documents in the binder:

1. Original program approval letter from PDE
2. PDE *Statement of Findings* with approved Methods of Remedy from the most recent on-site compliance review. (All previous NATCEP *Statement of Findings* should be maintained in a binder at the program site.)
3. Documentation to show that at least once per year a nurse aide training program evaluation is conducted by the program administrator, his/her designee or other qualified persons (i.e. minutes from an advisory board or quality assurance meeting)
4. Copy of all *Report of Change Forms* that were submitted within the last two years (All previous *Report of Change Forms* should be maintained in a binder at the program site.)
5. Copy of coordinator and instructor(s) job descriptions
6. Copy of current licenses for primary, co-primary, assistant and resource instructor(s)
7. Copy of program coordinator and instructor(s) Criminal History Record Information reports, Mantoux Tuberculin Skin Test and job performance evaluations
8. Copy of private school license or third party contract(s)*
9. Copy of *NATCEP Assurance Form*, (applies only if tuition is charged)*
10. Copies of grievances and resolutions that have been filed against this training program by a student or any other party
11. Copies of agreements related to the NATCEP other than a clinical affiliation agreement* (i.e. non-employee “student” agreements, contracts between a nurse aide training program and long-term care facility)

*If not applicable, leave unchecked

SECTION III Policies Include a copy of the student, administrative, Criminal History Record Information policies and a **program calendar** in this section of the binder.

Administration and Guidelines for Submission of Applications for Approval of Nurse Aide Training Programs (42 CFR § 483.75) - Student Policies

13. **Student policy** document that is given to all students on or before the first day of class and contains a thorough explanation of at least the following:

YES **NO**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Non-discrimination policy |
| | | b. Admissions policy which outlines the entrance requirements for the program that includes a completed: |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Criminal History Record Information report |
| <input type="checkbox"/> | <input type="checkbox"/> | ii. Physical with statement to verify that the applicant is free from communicable disease |
| <input type="checkbox"/> | <input type="checkbox"/> | iii. Negative two-step Mantoux Tuberculin Skin Test or comparable method of verifying the absence of TB |
| | | c. Health/physical requirements within an established timeframe that includes: |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Physical examination to verify eligibility to perform the duties of the nurse aide |
| <input type="checkbox"/> | <input type="checkbox"/> | ii. Two-step Mantoux Tuberculin Skin Test or comparable method of verifying the absence of tuberculosis is completed prior to start of class |
| | | d. Attendance policies that includes: |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Conditions for making up missed time |
| <input type="checkbox"/> | <input type="checkbox"/> | ii. A method of reporting off |
| | | e. Level of achievement [grade(s)] required to satisfactorily pass the course that includes: |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Classroom (theory) |
| <input type="checkbox"/> | <input type="checkbox"/> | ii. Lab (skills) |
| <input type="checkbox"/> | <input type="checkbox"/> | iii. Clinical (practical) |
| <input type="checkbox"/> | <input type="checkbox"/> | iv. Program calendar (is inserted at the end of Section III) |
| | | f. Expected student behavior that includes: |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Academic honesty |
| <input type="checkbox"/> | <input type="checkbox"/> | ii. Professional practice |
| <input type="checkbox"/> | <input type="checkbox"/> | iii. Dress code |
| | | g. Student grievance policy that includes at least: |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Three steps in the grievance process |
| <input type="checkbox"/> | <input type="checkbox"/> | ii. Process begins with the instructor |
| <input type="checkbox"/> | <input type="checkbox"/> | iii. Process ends with the administrator |
| <input type="checkbox"/> | <input type="checkbox"/> | iv. Time frame for resolving the grievance is identified |
| | | h. Tuition refund, if applicable* |
| <input type="checkbox"/> | <input type="checkbox"/> | i. A sample reimbursement receipt when fees are charged for the nurse aide training course including books and supplies, if applicable* |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Written statement that students will perform only those tasks in which they have been instructed and deemed competent by the instructor |
| <input type="checkbox"/> | <input type="checkbox"/> | j. A signature page that confirms receipt and agreement to the program policies |

*If not applicable, leave unchecked

Administrative Policies

14. Administrative policies for implementation and governance of a NATCEP that include:

YES **NO**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Explanation of how the following are documented: |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Students' grades |
| <input type="checkbox"/> | <input type="checkbox"/> | ii. Attendance |
| <input type="checkbox"/> | <input type="checkbox"/> | iii. Performance level |
| <input type="checkbox"/> | <input type="checkbox"/> | iv. Anecdotal notes |
| | | |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Formal process for on-going evaluation of program including: |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Person responsible for evaluating the program |
| <input type="checkbox"/> | <input type="checkbox"/> | ii. Frequency of program evaluation |
| <input type="checkbox"/> | <input type="checkbox"/> | iii. How the program is evaluated |
| | | |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Forum for developing and revising policies |
| | | |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Record keeping that includes at least: |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Name of records kept |
| <input type="checkbox"/> | <input type="checkbox"/> | ii. Location of records |
| <input type="checkbox"/> | <input type="checkbox"/> | iii. Timeframe for maintaining records |
| | | |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Program advises prospective students of the Department of Public Welfare, Medical Assistance Bulletin, 99-11-05, Exclusion from Participation in Medicare, Medicaid or any other federal health care program and the implications regarding future employment. |

COMMENTS _____

Criminal History Record Information Policy

Act 14 of 1997 - Criminal History Record Information Nurse Aide Training Program Applicant (22 Pa. Code - Chapter § 701 et. seq.)

15. Criminal History Record Information policy that includes at least the following:

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Applicant to submit a Criminal History Record Information report, which was obtained during the year prior to enrolling in the nurse aide training program. |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Applicant who has resided in the commonwealth for two full years prior to their date of application, must obtain a Criminal History Record Information report from the Pennsylvania State Police. |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Applicant who has resided in the commonwealth less than two full years prior to their date of application must obtain a Criminal History Record Information report from the FBI and Pennsylvania State Police by contacting the Pennsylvania Department of Education for the proper forms and instructions. |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Facility administrator designates appropriate representative(s) for compliance review of Criminal History Record Information reports for enrollment eligibility. |

Name(s) and title of representative(s):

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | e. A written statement mandating the authorized facility representative(s) to: |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Receive an original or copy of the applicant's Criminal History Record Information report. |
| <input type="checkbox"/> | <input type="checkbox"/> | ii. Compliance review of Criminal History Record Information report for offenses listed in (22 Pa. Code § 701.16) (relating to the non-acceptance of certain applicants). |
| <input type="checkbox"/> | <input type="checkbox"/> | iii. Sign and date a copy of the Criminal History Record Information report and place it in a locked file cabinet (or similar storage area). Ensure that only those individuals named in the facility's "Right to Know" policy for the NATCEP and state and federal employees involved in the program review have access to these files. |
| <input type="checkbox"/> | <input type="checkbox"/> | iv. Notify the applicant in writing whether the decision not to admit the applicant is based in whole, or in part, on the Criminal History Record Information report. |
| <input type="checkbox"/> | <input type="checkbox"/> | v. A sample letter of denial for enrollment in a nurse aide training program based on the applicant's Criminal History Record Information is available. |
| <input type="checkbox"/> | <input type="checkbox"/> | vi. Provide assurance that the designated representatives may not enroll a nurse aide applicant whose Criminal History Record Information report indicates that the applicant has been convicted of (1) any offense designated as a felony under the Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. § 780-101 et. seq.), (2) any offense listed in 63 P.S. § 675, or (3) a Federal or out-of-state offense similar in nature to those crimes included in clauses (1) and (2). |
| <input type="checkbox"/> | <input type="checkbox"/> | vii. The facility has a written policy, which stipulates that, the individuals designated to review and approve applications for enrollment into the program who willfully fail to comply with 63 P.S. § 671 et. seq., or §§ 701.12(2) and (3), or 701.16 shall be subject to a civil penalty as provided for in § 701.21. |

COMMENTS _____

SECTION IV Clinical Experience Include items 16, 17, and 18 in binder.

On-Site Compliance Review and Approval of Nurse Aide Training and Competency Program
(42 CFR §§ 483.151, 483.152 and 483.154)

- 16. Current copy of the Certificate of Licensure issued by the Pennsylvania Department of Health is retained for all clinical sites.
- 17. Copy of the last two annual surveys by the Pennsylvania Department of Health is available for all clinical sites.
- 18. Copy of a Clinical Affiliation Agreement for all clinical sites is available*.

YES NO

- 19. Students who assist residents with nursing care are under the direct supervision of an instructor approved by the Pennsylvania Department of Education.
- 20. Student/teacher ratio during the clinical component of the nurse aide training program does not exceed 10:1.
- 21. Resident population assigned to the student for practical experience shall be selected to meet the objectives of the curriculum.
- 22. Identification tag is clearly worn to identify 'STUDENT' or 'TRAINEE' until the individual satisfactorily completes the state competency test.
- 23. Primary instructor is free of other service responsibilities while the nurse aide training program is in session.
- 24. Resident room provides adequate space for the instructor to observe the student.
- 25. Shower room provides adequate space for the instructor to observe the student.
- 26. Central dining room is located where the instructor can observe feeding techniques.
- 27. Clinical area is not in a specialized or locked unit.
- 28. Instructor utilizes a sample form to teach students how to document care.
- 29. Students DO NOT enter documentation on a resident's official record.
- 30. With proper supervision, only students aged 18 or older are permitted to operate the mechanical lift in the clinical environment.

31. Name the unit, floor and area where the clinical experiences occur (duplicate page if more than one clinical site/area is used).

- 32. All correspondence is retained from the Centers for Medicare/Medicaid Services that occurred in the last two years (i.e., Civil Money Penalty or Denial of Payment Letters)*.
- 33. The instructor has evaluated the training curriculum pertaining to the regulation tag items in the Pennsylvania Department of Health Survey?

34. What curriculum revisions were made as a result of the tag numbers?

*If not applicable, leave unchecked

COMMENTS _____

SECTION V Basic Training/Post-Training Information Include items 35, 36, and 37 in binder.

- 35. Copy of a *Pennsylvania Nurse Aide Training Report* for each class conducted since the previous on-site compliance review.
- 36. Copies of the quarterly state competency examination results.
- 37. *Nurse Aide Resident Abuse Prevention Training Act of 1997 (P.L. 169)* form that lists the number of nurse aides employed in your long-term care facility and verifies 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. (applies to long-term care facility-based programs only).

YES NO

- 38. Does your nurse aide training program accept students from another entity in your area? (applies to long-term care facility-based programs only)
- 39. Does the program assist the student to complete the examination registration form for the state competency exam?
- 40. Are the students hired before entering a NATCEP? (If the response is both yes and no, please explain)

- 41. Does the facility ask the student to sign an agreement to work for a specific number of months?
- 42. If the students are not hired before entering the NATCEP, are they asked to sign an agreement related to training, i.e. liability, responsibility for Criminal History Record Information report and physical. (If yes, please explain) _____
- 43. How long is the orientation period after the completion of the training program?

- 44. How long does a new nurse aide employee work before an examination registration form is submitted to take the competency evaluation?

- 45. What is a typical timeframe between the date the examination registration form is mailed and the test date?

Teaching Strategies and Concerns

- 46. List any teaching strategies and/or teaching materials that you have found to be effective.

_____ Your initials here give us permission to share these NATCEP strategies as a best practice.
- 47. List any concerns/recommendations regarding the current NATCEP process. Include comments from all members of instructional staff.

Curriculum Requirements

Requirements for Approval of Nurse Aide Training and Competency Evaluation Programs (42 CFR § 483.152 and 63 P.S. § 671 et. seq.)

Maintain a separate binder that contains the curriculum to be reviewed during the on-site compliance review.

YES NO

48. As outlined on the *Curriculum Content* form, lesson plans are available in the following objective areas:

- | | | | |
|--------------------------|--------------------------|------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.1 | Role and function |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.2. | Communications and interpersonal skills* |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.3. | Infection control* |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.4. | Safety/emergency procedures* |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.5. | Respecting resident's rights* |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.6. | Promoting resident's independence* |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.1. | Basic nutrition |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.2. | Reports signs and symptoms of disease and conditions |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.3. | Provides a safe, clean environment |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.4. | Personal care |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.5. | Death and dying |
| <input type="checkbox"/> | <input type="checkbox"/> | 3.1. | Restorative care |
| <input type="checkbox"/> | <input type="checkbox"/> | 4.1. | Mental health and social services |
| <input type="checkbox"/> | <input type="checkbox"/> | 5.1. | Care of the cognitively impaired |

49. Act 14 Requirements (63 P.S. § 673)

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. | Identification, prevention, and reporting of abuse |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Identification, prevention, and reporting of exploitation |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | Identification, prevention and reporting of neglect |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | Identification, prevention and reporting of improper use of physical or chemical restraints |
| <input type="checkbox"/> | <input type="checkbox"/> | e. | Stress reduction/conflict management |
| <input type="checkbox"/> | <input type="checkbox"/> | f. | Nurse aide response to abusive behavior by resident |

50. Hard copy of the curriculum including lesson plans that identifies:

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. | All of the educational objectives included on <i>Curriculum Content</i> for the Nurse Aide Training Program |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Instructional content |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | Teaching/learning activities |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | Relevant reading assignments in the textbook |
| <input type="checkbox"/> | <input type="checkbox"/> | e. | Procedure evaluation checklists that are utilized in the skills lab |
| <input type="checkbox"/> | <input type="checkbox"/> | f. | Quizzes/tests |
| <input type="checkbox"/> | <input type="checkbox"/> | g. | Handouts |
| <input type="checkbox"/> | <input type="checkbox"/> | h. | Videos/DVDs |
| <input type="checkbox"/> | <input type="checkbox"/> | i. | Other resources materials, books, periodicals, models, PowerPoint |
| <input type="checkbox"/> | <input type="checkbox"/> | j. | All resource materials are available for compliance review (i.e. textbooks, models, DVDs) |

51. Describe any additional content _____

* Required Omnibus Budget Reconciliation Act content areas to be completed prior to clinical experience.

COMMENTS _____

YES NO

52. Curriculum revisions

- a. Is the curriculum reviewed for compliance on at least an annual basis?
 b. Date of last curriculum revision _____
 c. Provide a brief explanation of the curriculum revision

- d. Individual(s) responsible for curriculum revisions

53. Title, author and publication date of textbook(s)

- a. Does each student have access to a textbook?
 b. Does the student receive a workbook?

54. Resource materials used: (i.e. videos, PowerPoint, procedure evaluation checklists, charts, reference books, handouts, models, etc.)

55. Program calendar

- a. Program calendar clearly reflects Omnibus Budget Reconciliation Act and Act 14 of 1997 objectives
 b. Program is a minimum of 80 hours long
 c. NATCEP includes at least 37.5 hours of clinical experience in an approved long-term care facility
 d. Resident contact (clinical) starts on day number _____
 e. Breaks, lunch and program orientation are identified on the program calendar and are not calculated in program hours
 f. Facility orientation is not included in the program hours?
 g. Identify the day(s) from the program calendar and the instructional hour(s) per day to validate a minimum of 16 hours of instruction in the following content areas before any resident/client contact:

Example:

Content	Day Taught	Instructional Hr(s).	Day Taught	Instructional Hr(s).
Communication and interpersonal skills	1	1	2	3

Content	Day Taught	Instructional Hr(s).	Day Taught	Instructional Hr(s).
Communication and interpersonal skills				
Infection Control				
Safety/emergency procedures including abdominal thrust				
Promotion of Resident's Independence				
Respecting Resident's Rights				

56. Break down the calendar by days and hours. Program coordinator or primary instructor should complete the entire page.

Latest PDE Approval Hour

Current Program Hours

Date _____

Date _____

Number of Classroom Hours _____

Number of Classroom Hours _____

Number of Lab Hours _____

Number of Lab Hours _____

Number of Clinical Hours _____

Number of Clinical Hours _____

Total Program Hours _____

Total Program Hours _____

Starting Time _____ End Time _____

Starting Time _____ End Time _____

Total Number of Days _____

Total Number of Days _____

Number of Training Hours per Day _____

Number of Training Hours per Day _____

Lunch _____

Breaks _____

Daily/Hourly Breakdown of the Total Program

Day No.	Class Hours	Lab Hours	Clinical	Day No.	Class Hours	Lab Hours	Clinical Hours
1	_____	_____	_____	16	_____	_____	_____
2	_____	_____	_____	17	_____	_____	_____
3	_____	_____	_____	18	_____	_____	_____
4	_____	_____	_____	19	_____	_____	_____
5	_____	_____	_____	20	_____	_____	_____
6	_____	_____	_____	21	_____	_____	_____
7	_____	_____	_____	22	_____	_____	_____
8	_____	_____	_____	23	_____	_____	_____
9	_____	_____	_____	24	_____	_____	_____
10	_____	_____	_____	25	_____	_____	_____
11	_____	_____	_____	26	_____	_____	_____
12	_____	_____	_____	27	_____	_____	_____
13	_____	_____	_____	28	_____	_____	_____
14	_____	_____	_____	29	_____	_____	_____
15	_____	_____	_____	30	_____	_____	_____

Daily/Hourly Breakdown of the Total Program (Continued)

Day No.	Class Hours	Lab Hours	Clinical Hours	Day No.	Class Hours	Lab Hours	Clinical Hours
31	_____	_____	_____	56	_____	_____	_____
32	_____	_____	_____	57	_____	_____	_____
33	_____	_____	_____	58	_____	_____	_____
34	_____	_____	_____	59	_____	_____	_____
35	_____	_____	_____	60	_____	_____	_____
36	_____	_____	_____	61	_____	_____	_____
37	_____	_____	_____	62	_____	_____	_____
38	_____	_____	_____	63	_____	_____	_____
39	_____	_____	_____	64	_____	_____	_____
40	_____	_____	_____	65	_____	_____	_____
41	_____	_____	_____	66	_____	_____	_____
42	_____	_____	_____	67	_____	_____	_____
43	_____	_____	_____	68	_____	_____	_____
44	_____	_____	_____	69	_____	_____	_____
45	_____	_____	_____	70	_____	_____	_____
46	_____	_____	_____	71	_____	_____	_____
47	_____	_____	_____	72	_____	_____	_____
48	_____	_____	_____	73	_____	_____	_____
49	_____	_____	_____	74	_____	_____	_____
50	_____	_____	_____	75	_____	_____	_____
51	_____	_____	_____	76	_____	_____	_____
52	_____	_____	_____	77	_____	_____	_____
53	_____	_____	_____	78	_____	_____	_____
54	_____	_____	_____	79	_____	_____	_____
55	_____	_____	_____	80	_____	_____	_____

* Copy this page if additional days are needed.

57. Enrollment Information

For all classes offered since the last on-site compliance review, enter the number of students [in brackets] accepted into the program and the START date. Enter the number of students [in brackets] who completed the program (those who received a certificate of completion) and the END date.

EXAMPLE: If your program had an on-site compliance review on October 10, 2011 and the next class started October 20, begin recording enrollment information as [15] START 10/20/2011 [11] END 12/15/2011.

- | | |
|----------------------------------|----------------------------|
| ex. [15] START <u>10/20/2012</u> | [11] END <u>12/15/2012</u> |
| a. [] START _____ | [] END _____ |
| b. [] START _____ | [] END _____ |
| c. [] START _____ | [] END _____ |
| d. [] START _____ | [] END _____ |
| e. [] START _____ | [] END _____ |
| f. [] START _____ | [] END _____ |
| g. [] START _____ | [] END _____ |
| h. [] START _____ | [] END _____ |
| i. [] START _____ | [] END _____ |
| j. [] START _____ | [] END _____ |
| k. [] START _____ | [] END _____ |
| l. [] START _____ | [] END _____ |
| m. [] START _____ | [] END _____ |
| n. [] START _____ | [] END _____ |
| o. [] START _____ | [] END _____ |
| p. [] START _____ | [] END _____ |
| q. [] START _____ | [] END _____ |
| r. [] START _____ | [] END _____ |
| s. [] START _____ | [] END _____ |

Copy this page if needed.

TOTAL STARTED _____

TOTAL COMPLETED _____

58. Projected start date of next class: _____

Class and Student Records

Nurse Aide Competency Evaluation and Guidelines for Submission of Applications for Approval of Nurse Aide Training Program (42 CFR § 483.152)

YES **NO**

59. Essential records

- a. Class and student records are kept in a locked location and confidentially is maintained
 b. Program records are retained and maintained according to the recording keeping policy

60. Class records—maintain nurse aide training class folders that contain the following items in the order listed.

- a. Program calendar
 b. Teaching assignment that includes instructor(s) names (assignment must align with the program calendar)
- c. *Pennsylvania Nurse Aide Training Report*
 d. Attendance record that indicates classroom, laboratory, clinical and make-up hours
 e. All quiz and exam grades for each student
 f. Evidence that procedure evaluation forms are used by the students
 g. Sample form that was used to teach students how to document care
- h. Program evaluation form completed by students and include, but is not limited to: Act 14, classroom facilities, instructional materials, skills lab including equipment, clinical experiences, textbook, and instructor
- i. Sample ID badge (include in first class folder only)
 j. Copies of a letter of denial for enrollment in a nurse aide training program based on the applicants Criminal History Record Information report

61. Student records—maintain individual student folders that contain the following items in the order listed.

- a. Signature page for student policies
 b. Signed and dated medical physical which verifies that they are free from communicable diseases
- c. Negative two-step Mantoux Tuberculin Skin Test or comparable method of determination
 d. A reliable form that verifies Pennsylvania residency
 e. Pennsylvania Criminal History Record Information report that is free of any prohibitive offenses contained in Act 14 of 1997 (63 P.S. § 671 et. seq., specifically § 675)
 f. Signed and dated copy of the Attestation of Compliance with Act 14 form
- g. Letter of approval from Pennsylvania Departments of Aging or Education for a person who has not established a two-year residency* (based on an FBI background check)
- h. *Performance Checklist*
 i. Clinical evaluation form that assesses the student's demonstration of curriculum objectives
- j. *Certificate of Completion* includes the program name, student's name, total number of program hours, date of completion, "approved by Pennsylvania Department of Education" and the complete training code 3950 _____
- k. Anecdotal notes
 l. Copy of a letter of reimbursement*

* If not applicable, leave unchecked

Competency Evaluation Information

YES NO

62. Competency evaluation information

- a. Sufficient documentation has been provided to ensure that **all** nurse aides completed the NATCEP within 120 days of hire. (applies only to long term care employers)*
- b. Are the state competency evaluation results available for the last two years?
- c. Are the state competency evaluation results used to determine if there is a repeated occurrence of failures in a specific test area?
- d. Is the state competency evaluation conducted at the training location? If not, indicate site and address. _____
- e. Are nurse aide students charged for training, books or supplies? Total fee is \$_____
- f. Are nurse aide students charged for the first, second or third opportunity to test?

* If not applicable, leave unchecked

63 . Number of students who have successfully completed the state competency test since the last on-site compliance review.

Oral: _____ Written _____ Skills _____

Number of students tested two times: Written _____ Skills _____

Number of students tested three times: Written _____ Skills _____

64. Indicate the content areas below 80 percent passing and the pass rate for all quarters over the past two years.

Written content areas below 80 percent | _____

Skills content areas below 80 percent _____

		<u>Written</u>	<u>Skills</u>
Year _____	1st quarter	_____	_____
	2nd quarter	_____	_____
	3rd quarter	_____	_____
	4th quarter	_____	_____
Year _____	1st quarter	_____	_____
	2nd quarter	_____	_____
	3rd quarter	_____	_____
	4th quarter	_____	_____

65. Indicate how the curriculum has been revised to improve the areas with less than 80 percent pass rate.

Classroom and Skills Laboratory Facilities

Methodology for State Review of Compliance with Program Requirements

YES **NO**

66. Classroom

- a. Classroom location is the same as in the most recent PDE approval
- b. Appropriate space is available for classroom instruction
- c. Classroom area is clean, safe and meets all local fire and safety codes
- d. The training areas have adequate lighting, heating and ventilation
- e. The instructor has adequate audio-visual equipment available to teach the program
- f. Classroom area is free of distractions
- g. Space provides at least 15 square feet per student
- h. Spaces allows for maximum seating of _____ students
- i. Basic teaching aides found in the classroom: (Check all that apply)

Black/whiteboard Flip chart TV & VCR/DVD Bulletin board

Computers and software Other: _____

67. Skills Laboratory

- a. Laboratory is the same location as in the most recent PDE approval
- b. Laboratory area is clean, safe and meets all local fire and safety codes
- c. A simulated resident care setting is available to support a maximum of six students
- d. Simulated resident care settings are in the same area as the classroom
- e. Each simulated resident care setting includes the equipment listed on page 20 of this document
- f. A privacy curtain is included for resident care setting
- g. A working sink is within reasonable distance for the mock set up (approx. 25 feet)
- h. A male/female mannequin is intact and available
- i. Classroom is used for other activities

If yes, please explain: _____

Basic Equipment for Skills Laboratory Training

68. Place an "X" in the box to signify that the equipment is available for the NATCEP. The laboratory and all equipment must be available for examination during the on-site compliance review.

**Simulated Resident Care Setting
(one per six students)**

- Adjustable bed with side rails in working condition
- Basin, wash and emesis (sufficient for students not to re-use)
- Bedpan or fracture pan for each bed
- Bedside cabinet for each bed
- Bedside chair for each bed
- Cups (disposable)
- Linen (minimum of six sets per bed)
- Lotion for each bedside cabinet
- Mattress that can be cleaned
- Over bed table for each bed
- Pillows for beds and positioning (minimum of five per bed)
- Privacy curtains
- Signaling device for each bed
- Skin cleanser/hand sanitizer
- Soiled linen container
- Toilet tissues for each bedside cabinet
- Urinal for each bed

In Classroom/Lab or within 25 feet

- Paper towels
- Restroom(s)
- Sink with running water
- Skin cleanser
- Waste basket with liner

Equipment Needed for In-Facility Testing

- Antimicrobial spray*
- Beverage (water is acceptable)*
- Designated fax machine*
- Spoon-fed foods (applesauce, pudding, diced fruit)*
- Yellow food coloring*

Training Supplies

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Alcohol swabs <input type="checkbox"/> Bath blankets, one for each student and extras* <input type="checkbox"/> Bath thermometer <input type="checkbox"/> Bedside commode or collection container <input type="checkbox"/> Blood pressure cuffs (regular and large) <input type="checkbox"/> Calibrated scale (dial or bar with weights) <input type="checkbox"/> Colostomy bag <input type="checkbox"/> Catheter for mannequin – internal, external (M) (with drainage bag) <input type="checkbox"/> Condom catheter (with drainage bag) <input type="checkbox"/> Clothing (tops, bottoms, socks, non-skid footwear, male and female) at least two sets <input type="checkbox"/> Clothing protectors, one for each student and extras* <input type="checkbox"/> Denture solution <input type="checkbox"/> Dentures <input type="checkbox"/> Denture cups (at least two sets) <input type="checkbox"/> Disposable briefs <input type="checkbox"/> Dual earpiece stethoscopes <input type="checkbox"/> Emery boards <input type="checkbox"/> Gloves (disposable) <input type="checkbox"/> Incontinent pads <input type="checkbox"/> Knee-high elastic stockings (several sizes) <input type="checkbox"/> Liquid soap | <ul style="list-style-type: none"> <input type="checkbox"/> Mannequin in good condition (male and female) <input type="checkbox"/> Meal tray with utensils, napkin, variety of foods available, clothing protectors <input type="checkbox"/> Measuring container (at least six) <input type="checkbox"/> Mechanical lifts <input type="checkbox"/> Orange sticks <input type="checkbox"/> Patient gowns (at least six) <input type="checkbox"/> Personal protection equipment (isolation gowns, mask) <input type="checkbox"/> Restorative devices <input type="checkbox"/> Sample charting sheets <input type="checkbox"/> Thermometer sheaths or similar <input type="checkbox"/> Thermometers—mercury free (oral and rectal) <input type="checkbox"/> Denture cups (at least two sets) (sufficient for each student to have and to read) <input type="checkbox"/> Toothbrushes or toothettes (sufficient for each student to have own) <input type="checkbox"/> Toothpaste <input type="checkbox"/> Towels (sufficient for each student to have own) <input type="checkbox"/> Transfer belt <input type="checkbox"/> Wall clock with second hand* <input type="checkbox"/> Washcloths (sufficient for each student to have own) <input type="checkbox"/> Wheelchair with foot rests |
|--|---|

* Required by the American Red Cross for in-facility testing

Name of individual confirming the availability of basic equipment

Date

Procedure Evaluation Checklists for Skills Laboratory

69. Place an "X" in the box to indicate that a *Procedure Evaluation Checklist* was developed for the skills listed below.

- | | |
|---|---|
| <input type="checkbox"/> Abdominal thrust
<input type="checkbox"/> Assists client to bathroom
<input type="checkbox"/> Assists client to use bedpan
<input type="checkbox"/> Assists client with shaving
<input type="checkbox"/> Assists client with a bed bath
<input type="checkbox"/> Counts and records respirations
<input type="checkbox"/> Demonstrates reality therapy
<input type="checkbox"/> Denture care (clean and store)
<input type="checkbox"/> Feeding client that cannot feed self
<input type="checkbox"/> Measures and records rectal temperature
<input type="checkbox"/> Measures and records axillary temperature
<input type="checkbox"/> Measures and records oral temperature
<input type="checkbox"/> Measures and records weight and height
<input type="checkbox"/> Measures and records blood pressure
<input type="checkbox"/> Mouth care to unconscious client
<input type="checkbox"/> Performs range of motion (head to toe)
<input type="checkbox"/> Prepare & serve tray to client who can feed self
<input type="checkbox"/> Demonstrates proper use of safety devices
<input type="checkbox"/> Provides postmortem care
<input type="checkbox"/> Provides catheter care
<input type="checkbox"/> Provides hand and fingernail care
<input type="checkbox"/> Assist client with a shower/whirlpool
<input type="checkbox"/> Assist client to transfer from bed to wheelchair
<input type="checkbox"/> Applies an incontinent brief
<input type="checkbox"/> Empties colostomy bag | <input type="checkbox"/> Applies knee-high elastic stockings
<input type="checkbox"/> Assists client to dangle, stand and ambulate
<input type="checkbox"/> Assists client to use urinal
<input type="checkbox"/> Gives a back rub
<input type="checkbox"/> Counts and records radial pulse
<input type="checkbox"/> Demonstrates perineal care (female and male)
<input type="checkbox"/> Demonstrates validation therapy
<input type="checkbox"/> Dresses client that cannot dress self
<input type="checkbox"/> Hand washing
<input type="checkbox"/> Make an occupied bed
<input type="checkbox"/> Make an unoccupied bed
<input type="checkbox"/> Assists client with mouth care
<input type="checkbox"/> Assist client to move to side of bed
<input type="checkbox"/> Positions client (supine, lateral & fowler's)
<input type="checkbox"/> Prepares soiled linen for laundry
<input type="checkbox"/> Demonstrates proper use of restraints
<input type="checkbox"/> Provide fresh drinking water
<input type="checkbox"/> Provides a safe client environment
<input type="checkbox"/> Provides foot and toenail care
<input type="checkbox"/> Reporting pain
<input type="checkbox"/> Transfer client with mechanic lift
<input type="checkbox"/> Turn and position client on side
<input type="checkbox"/> Assists client to shampoo and groom hair
<input type="checkbox"/> Isolation procedures (gown, glove, mask)
<input type="checkbox"/> Measures and records urinary output |
|---|---|

 Name of individual confirming the availability and utilization of the *Procedure Evaluation Checklists*

 Date

I completed the self-study booklet and binders for the on-site compliance review and re-approval of the Pennsylvania Nurse Aide Training and Competency Evaluation Program (NATCEP).

 Name of Program Coordinator

 Signature of Program Coordinator

SECTION IV

Clinical Site Status

On-Site Compliance Review of NATCEP (42 CFR §§ 483.151 (B), (E))

Instructions: Duplicate pages 22 and 23 of this document and provide each clinical site with a copy to be completed by the nursing home administrator. These pages should be inserted in the binder with Section IV material that includes; Certificate of Licensure issued to the long term care facility by the Pennsylvania Department of Health, copy of their last two annual surveys and a copy of the clinical affiliation agreement for each clinical sites.

The Omnibus Budget Reconciliation Act mandates that the Pennsylvania Department of Education must document the status of the long-term care facility where the clinical experience is approve. During the past two years, did any of the following conditions exist?

YES **NO**

1. *Substandard quality of care in:

- Resident Behavior and Facility Practices [42 CFR § 483.13]
- Quality of Life [42 CFR § 483.15]
- Quality of Care [42 CFR § 483.25]
- 2. A staffing waiver
- 3. An extended survey
- 4. Civil Money Penalty of not less than \$5,000
- 5. Medicare and/or Medicaid participation terminated
- 6. Denial of payment for admission under Medicare and/or Medicaid
- 7. Operated under temporary management
- 8. Pursuant to state action, was closed or had its residents transferred

* Substandard quality of care implies that a deficiency occurred for tag items 42 CFR §§ 483.13, 483.15, and 483.25 and the scope and severity were graded as F, H, I, J, K, or L.

If the answer is “YES” to any of the conditions cited above, please explain in detail.

Nursing Home Administrator (print name)

Signature of Administrator

Facility Name

Date

SECTION IV

Clinical Information

9. Name and address of approved clinical site(s) if different from the program

10. License Information of Clinical Site(s)

License _____ Maximum Persons _____

Approved for the period _____ to _____

11. Date of most recent Pennsylvania Department of Health Survey _____

12. What deficiencies in the Pennsylvania Department of Health Survey specifically related to the nurse aide job skills?

YES **NO**

 13. Facility is certified for Medicaid

 14. Facility is approved for Medicare

 15. During the last two years has the facility been in compliance with the Omnibus Budget Reconciliation Act of 1987?

16. List the Department of Health Tag number(s)

Tag Number	Area
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____