



MEMO

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.



Nurse Aide Resident Abuse Prevention Training Act 14 (P.L. 169)

Please print clearly.

This form must be returned by February 28, 2017 to:

Pennsylvania Department of Education
 Bureau of Career and Technical Education – NATCEP
 333 Market Street, 11th Floor
 Harrisburg, PA 17126-0333
 Fax: 717-783-6672
 E-mail: ra-natcep@pa.gov

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:

Date	Duration Hrs/Mins.	Title of Program	Method of Presentation	Presenters Name	Presenters Title	# of NAs Attended

Name of Administrator (printed)

Signature of Administrator

Date