Self-Study Booklet

Compliance Review for Approval of a

Nurse Aide Training and Competency Evaluation Program

*December 2022*



**COMMONWEALTH OF PENNSYLVANIA**

**DEPARTMENT OF EDUCATION**

333 Market Street

Harrisburg, PA 17126-0333

[www.education.pa.gov](http://www.education.pa.gov/)



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# INTRODUCTION

The Pennsylvania Department of Education (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 a 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 for a 2-year period.

## Program Responsibilities

1. Prepare two 3-hole binders. One binder is to be mailed to PDE prior to the compliance review. **Include tabs to separate each of the sections and subsections. Do not insert pages and documents into plastic sleeves.** Maintain a second copy of the binder for your files.

**SECTION I** Insert the completedSelf-Study Booklet in this section. The booklet is first completed electronically beginning with page 5. 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 andAdministrative Records and Faculty Information (pages 5 and 6).

**SECTION III** Policies: Student, Administrative and Criminal History Record Information. Include a copy of your **program calendar and daily lesson plans** (pages 7, 8, and 9).

**SECTION IV** Clinical Experience (page 10). 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 23) and Clinical Information (page 24).

**SECTION V** Basic Training/Post Training Information (page 11). Include a copy of a **Pennsylvania Nurse Aide Training Report** for each class conducted since the previous 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.

1. 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:

**Pennsylvania Department of Education**

**Bureau of Career and Technical Education, NATCEP**

**333 Market Street, 11th Floor**

**Harrisburg, PA 17126-0333**

1. **NEW PROCESS** beginning July 2018, **all** programs are be required to maintain and have available for the compliance review:
* Curriculum binder as described on page 12
* Class folders for all classes conducted since the previous compliance review with documents placed in the order listed on page 17
* Student folders for all classes conducted since the previous compliance review with documents placed in the order listed on page 17
* Procedure evaluation checklists for skills laboratory as listed on page 21.
1. Plan for a program staff or representative to be available during the compliance review.
2. When scheduled, notify clinical site(s) that a PDE advisor will be visiting their facility and have someone from your staff plan to accompany the PDE advisor (unless other arrangements have been made in advance).
3. When scheduled, arrange for three or four current students or recent graduates (within the last two years) to be available for an interview with the PDE advisor.
4. When scheduled, prepare a classroom and lab for evaluation of the learning environment and all equipment.

## PDE NATCEP Advisor Responsibilities

1. Review the self-study booklet and supplemental binder submitted by the program before the compliance review.

2. Complete the compliance review by evaluating required documentation, interviewing appropriate personnel, and inspecting the nurse aide classroom, labs and clinical sites.

3. Observe and interview nurse aide students if possible.

4. Present preliminary findings during the optional exit conference with the program administrator, program coordinator or primary instructor and others deemed necessary. A *Statement of Findings* will address findings that result in:

* Approval
* Approval with required improvements
* Non-compliance
* Approval withdrawn

5. Send a letter and *Statement of Findings* via email to the program administrator and program coordinator within 30 calendar days following the compliance review. Programs are allotted 30 calendar days to develop and submit remedies with supporting documentation 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 may be withdrawn by PDE. Should this occur, you will be required to submit a new Application for Approval of Nurse Aide Training Program to PDE but no sooner than 2 years from the withdrawal date.

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* following the compliance review, the NATCEP 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 approved by the PDE NATCEP advisor.

## Appeal Procedure

NATCEP may file an appeal if the NATCEP compliance review results in withdrawal of program approval pursuant to 42 CFR §483.151. Appeals are governed by the Pennsylvania Rules of Administrative Practice and Procedure, published in Title 1 of the [Pennsylvania Code Chapters 31, 33 and 35](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 ten (10) 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**

1. Failure to file a timely appeal will be considered a waiver of the right to appeal.
2. Untimely appeals will be dismissed.
3. 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.
4. 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.
5. The final decision is made by the Secretary of Education.
6. 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 PDE after two years from the date of the withdrawal letter.

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 classes** 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 an instructor prior to the individual teaching or assisting with a nurse aide training class.
2. Failure to retain an approved RN supervisor or be available if an LPN instructor teaches part or all of a NATCEP.
3. Failure to include the signature of the RN supervisor on the Performance Checklist and other NATCEP forms.
4. 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.
5. 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.
6. Failure to ensure that the curriculum includes all of the mandated content per Nurse Aide Resident Abuse Prevention Training Act, Act 14 1997.
7. Failure to ensure that all students received training in all of the content per Nurse Aide Resident Abuse Prevention Training Act, Act 14 1997.
8. Lack of required equipment (ex. Adjustable bed with side rails in working order, mannequin).
9. Records (Attendance Reports, Performance Checklist)
	* Incomplete, missing dates, signatures, makeup time or unavailable for whatever reason
10. 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.
11. 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 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 at least the past 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 per Act 14
* 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.
1. Clinical site(s) fails to meet federal/state requirements (42 CFR §§483.151 (B), (E)).
2. Clinical experience
	* Is less than 37½ hours of 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 approved instructor.

SECTION I Administrative and Program Contact Information**.** Complete the entire self-study booklet electronically. Click on the underscored gray boxesto enter text. Click on the square check boxes to indicate **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 395

Address       County

Date of Compliance Review       Website     \_\_\_\_\_\_\_\_\_

Telephone       Fax

Original Approval Date       Last PDE Approval Date

Facility Owner       Last PDE NATCEP Advisor

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 administrator/coordinator 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 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 NATCEP representative (advisory board or quality assurance meeting minutes).
4. Copy of the PDE signed *Report of Change* pagefor *all* approved changeswithin the last two years. All previous *Report of Change* *Forms* are maintained at the program site.
5. Copy of coordinator and instructor(s) NATCEP job descriptions.
6. Copy of current licenses for each instructor, RN supervisor and resource instructors.
7. Current verification of instructor license from the PA Department of State website.
8. Copy of NATCEP program coordinator and instructor(s) Criminal History Record Information reports, Mantoux Tuberculin Skin Test and job performance evaluations.
9. Copy of private school license or third-party contract(s)\*.
10. Copy of *NATCEP Assurance Form*, applies only if tuition is charged\*. (PDE 3128G)
11. Sample copy of a letter of denial for enrollment in a nurse aide training program based on the applicant’s Criminal History Record Information report.
12. Copy of grievances and resolutions that have been filed against this training program by a student or any other party \*.
13. Copy 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 applicable

## Faculty Information

**Requirements for Approval of NATCEP 42 CFR §483.152**

1. Provide the following information for all faculty involved in the program since the last compliance review.

Under the “Position” column indicate either: Instructor (RN/LPN), RN Supervisor (S), or Resource Instructor. Enter dates as 00/00/00.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Position** | **License #** | **License Expiration Date** | **Date Approved by PDE** | **Date of Last Faculty Evaluation** | **Date of Criminal History Record Information Report** | **Date of Last Mantoux** |
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| **Name of Resource Instructor(s)** | **Credential** | **Years of Experience in Area of Expertise** | **NATCEP Objectives Instructed by Resource Instructor** | **Number of Hours/Minutes of Instruction** |
| --- | --- | --- | --- | --- |
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\* Duplicate this page if needed

SECTION III Include a copy of the student, administrative, Criminal History Record Information policies; program calendar; and daily lesson plans in this section of the binder.

**Administration and Guidelines for Approval of**

**Nurse Aide Training Programs (42 CFR §483.75)**

Student Policy. 13. Student policy document to be given to all students on or before the first day of class and contains a thorough explanation of at least the following: Indicate confirmation by checking each box below.

**YES NO**

[ ]  [ ]  a. Non-discrimination policy

 b. Admissions policy which outlines the entrance requirements for the program that includes a completed:

[ ]  [ ]  i. Criminal History Record Information report

[ ]  [ ]  ii. Physical with statement to verify that the applicant is free from communicable disease

[ ]  [ ]  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:

[ ]  [ ]  i. Physical examination to verify eligibility to perform duties of the nurse aide

[ ]  [ ]  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 include:

[ ]  [ ]  i. Conditions for making up missed time

[ ]  [ ]  ii. A method of reporting off

 e. Level of achievement [grade(s)] required to satisfactorily pass the course that includes:

[ ]  [ ]  i. Classroom (theory)

[ ]  [ ]  ii. Lab (skills)

[ ]  [ ]  iii. Clinical (practical)

 f. Expected student behavior that includes:

[ ]  [ ]  i. Academic honesty

[ ]  [ ]  ii. Professional practice

[ ]  [ ]  iii. Dress code

 g. Student grievance policy that includes at least:

[ ]  [ ]  i. Three steps in the grievance process

[ ]  [ ]  ii. Process begins with the instructor

[ ]  [ ]  iii. Process ends with the administrator

[ ]  [ ]  iv. Time frame for resolving the grievance is identified

[ ]  [ ]  h. If applicable, sample reimbursement letter, provided when tuition and fees are

 charge for the nurse aide training course.

[ ]  [ ]  i. Written statement that students will perform only those tasks in which they

 have been instructed and deemed competent by the instructor.

[ ]  [ ]  j. A signature page that confirms receipt and agreement to the program policies

 k. Curriculum

[ ]  [ ]  i. Program Calendar

[ ]  [ ]  ii. Lesson Plans

Administrative Policy. 14. Administrative policies for implementation and governance of a NATCEP that include: Indicate confirmation by checking each box below.

**YES NO**

a. Explanation of how the following are documented:

[ ]  [ ]  i. Students’ grades

[ ]  [ ]  ii. Attendance

[ ]  [ ]  iii. Performance level

[ ]  [ ]  iv. Anecdotal notes

b. Formal process for on-going evaluation of program including:

[ ]  [ ]  i. Person responsible for evaluating the program

[ ]  [ ]  ii. Frequency of program evaluation

[ ]  [ ]  iii. How the program is evaluated

[ ]  [ ]  iv. Minutes from program evaluation meetings that includes review of LPN/RN Supervisor effectiveness to deliver quality program

[ ]  [ ]  c. Forum for developing, reviewing, and revising policies. Include minutes.

d. Record keeping policy that includes at least:

[ ]  [ ]  i. Name of records kept

[ ]  [ ]  ii. Specific location of records

[ ]  [ ]  iii. Timeframe for maintaining records

[ ]  [ ]  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.

[ ]  [ ]  f. If program allows the execution of electronic signatures, a policy and procedure are required to provide guiding principles or rules that influence the decisions and actions pertaining to the use of electronic signature. The program may include a process to describe the series of actions that will be taken to achieve the results permitted.

 i. An electronic signature policy must include procedures that provide:

 (a) a method and the order (steps) followed

 (b) when electronic signatures are permitted

 (c) which documents permit an electronic signature and

 (d) by whom.

 ii. Procedure must include the follow elements:

 (a) defines the specific instruction necessary to perform a task or part of a

 process

 (b) structured by subject and

 (c) identifies who performs the procedure, what steps are performed, and

 when they are performed

Note: It is recommended that the policy committee and all NATCEP parties determine electronic

 signatures on all documents the same as handwritten signature for the purpose of validity,

 enforceability, and admissibility.

 It is recommended that a solicitor or legal counsel review the electronic signature policy prior

 to implementation.

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 includes at least the following:

**YES NO**

[ ]  [ ]  a. Applicant to submit a Criminal History Record Information report that was obtained during the yearprior to enrolling in the nurse aide training program.

[ ]  [ ]  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.

[ ]  [ ]  c. Applicant who has resided in the commonwealth less than two full years prior to the class start date must obtain a Criminal History Record Information report from the FBI and Pennsylvania State Police by contacting the representative of the NATCEP for the proper forms and instructions.

[ ]  [ ]  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):

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 e. A written statement mandating the authorized facility representative(s) to:

[ ]  [ ]  i. Receive an original or copy of the applicant’s Criminal History Record Information report.

[ ]  [ ]  ii. Review for compliance the Criminal History Record Information report for offenses listed in (22 Pa. Code §701.13) (relating to the non-acceptance of certain applicants).

[ ]  [ ]  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.

[ ]  [ ]  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.

[ ]  [ ]  v. Provide a sample letter of denial for enrollment in a nurse aide training program based on the applicant’s Criminal History Record Information.

[ ]  [ ]  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).

[ ]  [ ]  vii. Provide 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 701.13 shall be subject to a civil penalty as provided for in §701.21.

COMMENTS     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECTION IVClinical ExperienceInclude items 16, 17, and 18 in binder.

 **Compliance Review and Approval of Nurse Aide Training and Competency Program**

**(42 CFR §§483.151, 483.152 and 483.154)**

1. Copy of the current Certificate of Licensure issued by the Pennsylvania Department of Health for all clinical sites.
2. Copy of the last two annual surveys by the Pennsylvania Department of Health for all clinical sites.

18. Copy of a current Clinical Affiliation Agreement for all clinical sites, if applicable\*.

# YES NO

Indicate confirmation by checking a box for each item below.

[ ]  [ ]  19. Students who assist residents with nursing care are under the direct supervision of a PDE-approved instructor.

[ ]  [ ]  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 clinical 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 passes the state competency test.

[ ]  [ ]  23. Primary instructor is free of other service responsibilities while the nurse aide training program/class 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. Were curriculum revisions made as a result of the tag numbers? If so, please list.

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 COMMENTS     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECTION VBasic Training/Post-Training Information.Include items 35, 36, and 37 in binder. Include documentation for the period under review.

35. Copy of a *Pennsylvania Nurse Aide Training Report* for each class conducted since the last PDE compliance review.

36. Copy of each 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. Name the sources from which students are drawn together for a class. List all sources that apply (employees, secondary school, general public, non-profit, Career Link).

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

[ ]  [ ]  39. Does your nurse aide training program accept students from another entity in your area?

[ ]  [ ]  40. Does the program assist the student to complete the on-line registration form for the state competency exam?

[ ]  [ ]  41. Are the students hired before entering a NATCEP? (If the response is both YES and NO, please explain)

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

[ ]  [ ]  42. Does the facility ask the nurse aide student to sign an agreement to work in the facility for a specific number of months?

[ ]  [ ]  43. 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 costs of Criminal History Record Information report and physical (If yes, please explain).

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

44. How long is the orientation period after the completion of the training program?

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

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

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

46. What is a typical timeframe between the date the on-line form is completed and the test date?

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

## Teaching Strategies and Concerns

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

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

       Initial here to give permission to share these NATCEP strategies as a best practice.

48. 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.)**

Prepare a separate binder(s) organized to support the **daily** instruction of required curriculum content, per federal OBRA of 1987 and Pennsylvania Act 14 of 1997, and aligns with the program calendar. The binder(s) should contain daily lesson plans, handouts, procedure evaluation checklists, quizzes, and learning activities be reviewed for compliance.

**YES NO**

49. As outlined on the *Curriculum Content* form, lesson plans are available and include:

[ ]  [ ]  1.1 Role and Function

[ ]  [ ]  1.2. Communications Skills\*

[ ]  [ ]  1.3. Infection Control\*

[ ]  [ ]  1.4. Safety/Emergency \*

[ ]  [ ]  1.5. Client’s Rights\*

[ ]  [ ]  1.6. Client’s Independence\*

[ ]  [ ]  2.1. Nutrition

[ ]  [ ]  2.2. Identify and Report Conditions of Body Systems

[ ]  [ ]  2.3. Client’s Environment

[ ]  [ ]  2.4. Personal Care Skills

[ ]  [ ]  2.5 Caring for the Client when Death is Imminent

[ ]  [ ]  3.1. Restorative Care

[ ]  [ ]  4.1. Behavioral Health and Social Service Needs

[ ]  [ ]  5.1. Care of Cognitively Impaired Clients

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

[ ]  [ ]  a. Identification, prevention, and reporting of abuse

[ ]  [ ]  b. Identification, prevention, and reporting of exploitation

[ ]  [ ]  c. Identification, prevention and reporting of neglect

[ ]  [ ]  d. Identification, prevention and reporting of improper use of physical or chemical restraints

[ ]  [ ]  e. Stress reduction/conflict management

[ ]  [ ]  f. Nurse aide response to abusive behavior by resident

51. Curriculum including lesson plans that identifies:

[ ]  [ ]  a. All of the educational objectives included on *Curriculum Content* for the Nurse Aide Training Program

[ ]  [ ]  b. Instructional content

[ ]  [ ]  c. Teaching/learning activities that enhance the curriculum, specifically Act 14,

 are integrated throughout the curriculum.

[ ]  [ ]  d. Relevant reading assignments in the textbook

[ ]  [ ]  e. Procedure evaluation checklists that are utilized in the skills lab

[ ]  [ ]  f. Quizzes/tests

[ ]  [ ]  h. Videos/DVDs/online resources

[ ]  [ ]  i. Other resource materials, handouts, books, periodicals, models, PowerPoint

[ ]  [ ]  j. All resource materials are available for compliance review

52. Describe any additional content     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMENTS     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

53. Curriculum revisions

**YES NO**

[ ]  [ ]  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

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

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

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

[ ]  [ ]  a. Does each student have access to a textbook?

[ ]  [ ]  b. Does each student receive a workbook?

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

55. Program Calendar

[ ]  [ ]  a. Program calendar clearly reflects federal Omnibus Budget Reconciliation Act and PA Act 14 of 1997 objectives

[ ]  [ ]  b. Program is a minimum of 80 hours long

[ ]  [ ]  c. NATCEP includes at least 37.5 hours of supervised 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, overview of facility policies, enrollment documents, scavenger

 hunts, and graduation ceremonies are not included in 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 mandated content areas before any resident/client contact:

| **Content** | **Day Taught** | **Instructional Hour(s)** | **Day Taught** | **Instructional Hour(s)** |
| --- | --- | --- | --- | --- |
| ***EXAMPLE: Communication and interpersonal skills*** | ***1*** | ***1*** | ***2*** | ***3*** |
| Communication Skills |  |  |  |  |
| Infection Control |  |  |  |  |
| Safety/Emergency, including abdominal thrust |  |  |  |  |
| Client’s Independence |  |  |  |  |
| Client’s Rights |  |  |  |  |

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

**Latest PDE Approved Hours 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 and Hourly Breakdown of the Total Program

**Day Class Lab Clinical Day Class Lab Clinical**

 **No. Hours Hours Hours No. Hours Hours 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

**Day Class Lab Clinical Day Class Lab Clinical**

**No. Hours Hours Hours No. Hours Hours Hours**

 31                   56

 32                   57

 33                   58

3 4                   59

3 5                   60

3 6                   61

3 7                   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.

## Enrollment Information

57. For all classes offered since the last 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 the program had a compliance review on October 10, 2020 and the next class started October 15, begin recording enrollment information as [15] START 10/15/2020 [11] END 12/15/2020.

ex. [*15*] START *10/15/2020* [*11*] END *12/15/2020*

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

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/maintained according to the recording keeping policy

60. Class records—maintain nurse aide training class folders and documents in the order listed.

[ ]  [ ]  a. Program calendar

[ ]  [ ]  b. Teaching assignment that includes instructor(s) names, dates, instructional time and assignment aligns 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. Sample copy and copies of a letter of denial for enrollment in a nurse aide training program based on the applicant’s Criminal History Record Information

61. Student records—maintain individual student folders and documents in the order listed.

[ ]  [ ]  a. Signature page for student policies

[ ]  [ ]  b. Signed and dated medical physical which verifies the applicant is free from communicable diseases

[ ]  [ ]  c. Negative two-step Mantoux Tuberculin Skin Test or comparable method of determination

[ ]  [ ]  d. Signed and dated Verification of Pennsylvania Residency form

[ ]  [ ]  e. Signed and dated copy of the Attestation of Compliance with Act 14 form

[ ]  [ ]  f. 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)

[ ]  [ ]  g. FBI letter and report\*, from Pennsylvania Departments of Aging or Education for a person who has not established a two-year residency and is signed and dated by facility/NATCEP representative

[ ]  [ ]  h. Written verification of the prospective student’s employment (not impending hire) on nursing facility letterhead; includes initial hire date, job title of employee, if an FBI report was secure through the Department of Aging\*

[ ]  [ ]  i. Performance Checklist

[ ]  [ ]  j. Clinical evaluation form that assesses the student’s demonstration of curriculum objectives

[ ]  [ ]  k. 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 7-digit training code 395

[ ]  [ ]  l. Anecdotal notes

[ ]  [ ]  m. Copy of reimbursement letter or sponsor invoice\*

[ ]  [ ]  n. Copy of graded student exam showing an understanding of PA Act 13 and Act 14 regulations and requirements.

\* If applicable

 **Competency Evaluation Information**

**YES NO**

62. Competency evaluation information

[ ]  [ ]  a. Sufficient documentation has been provided to ensure that **all** nurse aide trainees/students complete the NATCEP within 120 days of **hire** as a nurse aide (applies only to long-term care employers)**\*.**

[ ]  [ ]  b. State competency evaluation results available for the last two years?

[ ]  [ ]  c. State competency evaluation results used to determine if there is a repeated occurrence of failures in a specific test area?

[ ]  [ ]  d. 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 $

[ ]  [ ]  f. Are students required to pay for the first or subsequent competency exams?\*

\*If not applicable, leave unchecked

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

 Oral:       Written       Skills

 Number of students tested two times: Oral:       Written       Skills

 Number of students tested three times: Oral:       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 (e.g., restorative care 64%)

Skills content areas below 80 percent (e.g., provides mouth care 67%)

 Written Skills

 Year      1st quarter

 2nd quarter

 3rd quarter

 4th quarter

 Year      1st quarter

 2nd quarter

 3rd quarter

 4th quarter

65. Indicate how the curriculum was revised to improve 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. Space 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 & 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. 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. Privacy curtain is included for resident care setting.

[ ]  [ ]  g. Working sink is within approximately 25 feet from the mock set up.

[ ]  [ ]  h. Male/female mannequin is intact and available.

[ ]  [ ]  i. Classroom is used for other activities.

 If yes, explain:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Basic Equipment for Skills Laboratory Training

68. Check the box to signify that the equipment is available for the NATCEP. The laboratory and all equipment must be available for examination during the compliance review.

Maximum seating of students       Number of simulated settings (1 per 6 students)

**Simulated Resident Care Setting required for each bed:**

[ ]  Adjustable bed & side rails (full & half positioning) [ ]  Over bed table

[ ]  Basin, wash & emesis [ ]  Personal Care items (e.g., brush, soap etc.)

[ ]  Bedpan or fracture pan [ ]  Privacy curtains

[ ]  Bedside cabinet & chair [ ]  Signaling device

[ ]  Cups (disposable) [ ]  Skin cleanser/hand sanitizer

[ ]  Linen [ ]  Toilet tissue

[ ]  Lotion for each bedside cabinet [ ]  Urinal

[ ]  Mannequin in good condition (male and female)

[ ]  Mattress that can be cleaned

**In Classroom/Lab or within 25 feet**

[ ]  Paper towels [ ]  Sink with running water

[ ]  Restroom(s) [ ]  Skin cleanser

 [ ]  Waste basket with liner

**Training Supplies**

[ ]  Alcohol swabs [ ]  Liquid soap

[ ]  Bath thermometer [ ]  Meal tray with utensils, napkin, variety of foods

[ ]  Bedside commode available, clothing protectors

[ ]  Calibrated scale (dial or bar with weights) [ ]  Measuring containers (at least six)

[ ]  Catheter for mannequin–internal, external (M) [ ]  Mechanical lift(s).

 with drainage bag [ ]  Orange sticks

[ ]  Clothing (tops, bottoms, socks, non-skid footwear, [ ]  Patient gowns (at least six)

 male and female) at least two sets [ ]  Pillows for beds and positioning (minimum of five per bed)

[ ]  Colostomy bag [ ]  PPE (isolation gowns, masks)

[ ]  Condom catheter (with drainage bag) [ ]  Restorative devices

[ ]  Denture cups (at least two sets) [ ]  Sample charting sheets

[ ]  Dentures [ ]  Shampoo (according to facility policy)

[ ]  Denture solution [ ]  Soiled linen container

[ ]  Disposable briefs [ ]  Thermometer sheaths or similar

[ ]  Emery boards [ ]  Toothpaste (1 tube labeled mouth care, 1 dentures)

[ ]  Gloves (disposable) [ ]  Wall clock with second hand

[ ]  Incontinent pads [ ]  Wheelchair with footrests

[ ]  Linen (minimum of six sets per bed)

[ ]  Mannequin(s) in good condition (male and female)

**Equipment/Training Supplies per student requirements:**

***At least 1 per student: At least 1 per 2 students:***

[ ]  Bath blanket, towel & washcloth [ ]  Blood pressure cuffs (regular / large)

[ ]  Basin, wash and emesis [ ]  Dual earpiece stethoscopes

[ ]  Clothing protectors [ ]  Knee-high elastic stockings (several sizes)

[ ]  Thermometers–mercury free (oral and rectal) [ ]  Transfer belt

[ ]  Toothbrushes or toothettes

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

Name of individual confirming the availability of basic equipment Date

## Procedure Evaluation Checklists for Skills Laboratory

69. Check the box to indicate a *Procedure Evaluation Checklist* was developed for each skill below.

[ ]  Abdominal thrust [ ]  Applies knee-high elastic stockings

[ ]  Assists client to bathroom [ ]  Assists client to dangle, stand and ambulate

[ ]  Assists client to use bedpan [ ]  Assists client to use urinal

[ ]  Assists client with shaving [ ]  Gives a back rub

[ ]  Assists client with a bed bath [ ]  Counts and records radial pulse

[ ]  Counts and records respirations [ ]  Demonstrates perineal care (female and male)

[ ]  Demonstrates reality therapy [ ]  Demonstrates validation therapy

[ ]  Denture care (clean and store) [ ]  Demonstrates hand washing

[ ]  Feeding client that cannot feed self [ ]  Feeding client that cannot feed self

[ ]  Measures and records rectal temperature [ ]  Make an occupied bed

[ ]  Measures and records axillary temperature [ ]  Make an unoccupied bed

[ ]  Measures and records oral temperature [ ]  Assists client with mouth care

[ ]  Measures and records weight and height [ ]  Assist client to move to side of bed

[ ]  Measures and records blood pressure [ ]  Positions client (supine, lateral and fowler’s)

[ ]  Mouth care to unconscious client [ ]  Prepares soiled linen for laundry

[ ]  Performs range of motion (head to toe) [ ]  Demonstrates proper use of restraints

[ ]  Prepare & serve tray to client who can feed self [ ]  Provide fresh drinking water

[ ]  Demonstrates proper use of safety devices [ ]  Provides a safe client environment

[ ]  Provides postmortem care [ ]  Provides foot and toenail care

[ ]  Provides catheter care [ ]  Reporting pain

[ ]  Provides hand and fingernail care [ ]  Transfer client with mechanic lift

[ ]  Assist client with a shower/whirlpool [ ]  Turn and position client on side

[ ]  Assist client to transfer from bed to wheelchair [ ]  Assists client to shampoo and groom hair

[ ]  Applies an incontinent brief [ ]  Isolation procedures (gown, glove, mask)

[ ]  Empties colostomy bag [ ]  Measures and records urinary output

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

Name of individual confirming the availability and Date

utilization of the *Procedure Evaluation Checklists*

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

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

Name of Program Coordinator (print)

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

Signature of Program Coordinator



## NATCEP— Regulation and Program Delivery Assurance

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

Facility/School Name and Address Telephone Number

The representatives of the facility/school, by submitting this signed document, hereby agree and assure that the requirements for the approval of a NATCEP have been read, reviewed, and understood prior to completion and submission of the NATCEP application and Self-Study Booklet.

1. The NATCEP shall consist of the prescribed theory, laboratory, and clinical education components as required by federal and state regulations and approved by PDE for a period of two (2) years. The NATCEP is designed to impart the knowledge, skills and behaviors of a nurse aide in a concise and systematic manner.
2. The facility/school shall ensure that the following federal and state regulatory requirements for the administration, instruction and recordkeeping of the NATCEP are being met as outlined in the NATCEP application, PDE-developed model curriculum, Teaching the Educator manual, and Self-Study Booklet.
3. Federal Omnibus Reconciliation Act of 1987 (42 CFR Part 483 Subpart D), specifically:
* 42 CFR 483.151
* 42 CFR 483.152
* 42 CFR 483.154
* 42 CFR 483.75

B. Pennsylvania Nurse Aide Resident Abuse Prevention Training Act of 1997, P.L. 169, No. 14

C. Pennsylvania Title 22: Chapter 701 Nurse Aide Training Program Applicant Criminal History Record Information

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NATCEP Administrator or Coordinator Print Name Date

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

Chief Administrator of Facility or School Print Name Date

SECTION VIClinical Site Status

  **Compliance Review of NATCEP (42 CFR §§483.151 (B), (E))**

Instructions: Duplicate pages 23 and 24 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 a current clinical affiliation agreement for each clinical site.

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 approved. During the past two years, did any of the following conditions exist?

**YES NO**

1. \*Substandard quality of care in:

[ ] [ ] Freedom fromAbuse, Neglect, Exploitation[42 CFR §483.12]

[ ] [ ] 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 $11,292 (adjusted annually)

[ ] [ ] 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 §§ 483.12, 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 on the back of this page.

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Nursing Home Administrator(print)Signature of Administrator

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

Facility Name Date

## 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. Indicate 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 federal Omnibus Budget Reconciliation Act of 1987?

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

Tag Number Area

 \_\_\_\_\_\_   \_\_\_\_\_\_\_\_

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