

ADDENDUM-A

DELAWARE BOARD OF NURSING HOME ADMINISTRATORS
A-I-T PROGRAM

	<u>PAGE</u>
I. Introduction.....	1
II. Admission Procedures.....	1
III. Medical Records Requirements.....	2
IV. Resident Rights.....	2
V. Administration.....	2
VI. Food Service.....	5
VII. Nursing.....	5
VIII. Housekeeping/Maintenance/Janitorial:.....	7
IX. Medical and Allied Health.....	8
X. Recreation.....	8
XI. Rehabilitation Services.....	9
XII. Social Services.....	9
XIII. Disaster/Emergency Services.....	10
XIV. Medicare/Medicaid.....	10

ADMINISTRATOR-IN-TRAINING PROGRAM

	<u>SPONS. FACIL.</u>	<u>SNF ONLY</u>	<u>AL ONLY</u>
I. <u>Introduction</u>			
Orientation	<u>X</u>	_____	_____
Tour of facility and introduction to staff	<u>X</u>	_____	_____
Review Organizational chart and description of various departments	<u>X</u>	_____	_____
Governing body, Board of Directors, facility management, facility ownership	<u>X</u>	_____	_____
Overview of expectations and general duties of A-I-T during training period.	<u>X</u>	_____	_____
II. <u>Admission Procedures</u>			
Admission policies in an assisted living facility	_____	_____	<u>X</u>
Admission policies in a skilled facility	_____	<u>X</u>	_____
Admission papers, forms, applications and processing procedures	<u>X</u>	_____	_____
Hospital relationship and referrals	<u>X</u>	_____	_____
Transfer agreements with hospitals	<u>X</u>	_____	_____
Federal and state regulations and policies governing placement in an assisted living facility.	_____	_____	<u>X</u>
Federal and state regulations and policies governing placement in a skilled facility.	_____	<u>X</u>	_____
Resident payor sources and issues to be considered at time of admission, i.e.; medicare, medicaid, Veterans's Administration, managed care, etc.	<u>X</u>	_____	_____
Review residents' contracts	<u>X</u>	_____	_____
Financial arrangements	<u>X</u>	_____	_____
Facility policies governing resident placement in an assisted living facility.	_____	_____	<u>X</u>
Facility policies governing resident placement in an intermediate or skilled facility.	_____	<u>X</u>	_____
Advance directives	<u>X</u>	_____	_____

	<u>SPONS. FACIL.</u>	<u>SNF ONLY</u>	<u>AL ONLY</u>
II. <u>Admission Procedures (Continued)</u>			
Review Medicare/Medicaid (M/M) for Long Term Care Facilities (L.T.C.F.) September 26, 1991, Section 482.12, Admission, Transfer, and Discharge Rights	_____	_____X_____	_____
Review (M/M) for L.T.C.F., Section 483.20, Resident Assessment	_____	_____X_____	_____
III. <u>Medical Records Requirements</u>			
Development of resident medical record	_____X_____	_____	_____
Business Office Information	_____X_____	_____	_____
Charting Requirements and Procedures for an assisted living facility	_____	_____	_____X_____
Charting Requirements and Procedures for a skilled facility	_____	_____X_____	_____
Emergency Resident Information	_____X_____	_____	_____
Federal and state requirements for storing records	_____X_____	_____	_____
Course available in Medical Terminology, if needed.	_____X_____	_____	_____
IV. <u>Resident Rights</u>			
Review residents' rights	_____X_____	_____	_____
Review M/M Requirements for L.T.C.F., Section 483.10 Resident Rights	_____	_____X_____	_____
Function and responsibilities of the state Ombudsman's office	_____X_____	_____	_____
Resident Council meetings	_____X_____	_____	_____
V. <u>Administration</u>			
<u>Financial/Business</u>			
Roles of financial officers	_____X_____	_____	_____
Facility expense control measures	_____X_____	_____	_____
Facility bookkeeping, checks and balance system	_____X_____	_____	_____

	<u>SPONS. FACIL.</u>	<u>SNF ONLY</u>	<u>AL ONLY</u>
<u>Financial/Business (Continued)</u>			
Third party payors/responsible parties in assisted living nursing facility.	_____	_____	<u>X</u>
Third party payors/responsible parties in a skilled living facility.	_____	<u>X</u>	_____
Budgeting	<u>X</u>	_____	_____
Financial statements	<u>X</u>	_____	_____
Required authorization for capital expenditures	<u>X</u>	_____	_____
Cash management	<u>X</u>	_____	_____
Payroll	<u>X</u>	_____	_____
Inventory	<u>X</u>	_____	_____
Accounts receivable/accounts payable	<u>X</u>	_____	_____
Review M/M for L.T.C.F. Section 483.75, Administration	_____	<u>X</u>	_____
Regulatory Compliance in an assisted living facility	_____	_____	<u>X</u>
Regulatory Compliance in a skilled facility	_____	<u>X</u>	_____
Comprehensive health planning functions (including federal and state)	_____	<u>X</u>	_____
<u>Risk Management</u>			
Policies and procedures	<u>X</u>	_____	_____
Insurance - property, casualty, automobile liability, Worker's Compensation, Directors and Officers Liability Insurance	<u>X</u>	_____	_____
Incident Reports - policy and procedures	<u>X</u>	_____	_____
<u>Personnel</u>			
Personnel policies and procedures	<u>X</u>	_____	_____
Personnel files	<u>X</u>	_____	_____
Employee licensure requirements	<u>X</u>	_____	_____
Employee training program and staff development	<u>X</u>	_____	_____
Forecasting staff needs in an assisted living facility	_____	_____	<u>X</u>
Forecasting staff needs in a skilled facility	_____	<u>X</u>	_____
Retention of work force	<u>X</u>	_____	_____

	<u>SPONS. FACIL.</u>	<u>SNF ONLY</u>	<u>AL ONLY</u>
<u>Personnel (Continued)</u>			
Americans with Disabilities Act	<u>X</u>	<u> </u>	<u> </u>
EEOC regulations	<u>X</u>	<u> </u>	<u> </u>
Labor laws	<u>X</u>	<u> </u>	<u> </u>
Staff Continuing Education Requirements	<u>X</u>	<u> </u>	<u> </u>
Job descriptions and job classifications in an assisted living facility	<u> </u>	<u> </u>	<u>X</u>
Job description and job classification in a skilled facility	<u> </u>	<u>X</u>	<u> </u>
Wages	<u>X</u>	<u> </u>	<u> </u>
Pre-employment testing	<u>X</u>	<u> </u>	<u> </u>
Background/reference evaluations	<u>X</u>	<u> </u>	<u> </u>
Drug Free Work Place	<u>X</u>	<u> </u>	<u> </u>
Worker's Compensation	<u>X</u>	<u> </u>	<u> </u>
Employee Benefits	<u>X</u>	<u> </u>	<u> </u>
Federal, state, local personnel regulations	<u>X</u>	<u> </u>	<u> </u>
Employee payroll tax information	<u>X</u>	<u> </u>	<u> </u>
Monthly Inservices	<u>X</u>	<u> </u>	<u> </u>
Evaluations	<u>X</u>	<u> </u>	<u> </u>
Progressive discipline and termination	<u>X</u>	<u> </u>	<u> </u>
<u>Marketing and Public Relations</u>			
Facility Case Mix in an assisted living facility	<u> </u>	<u> </u>	<u>X</u>
Facility Case Mix in a skilled facility	<u> </u>	<u>X</u>	<u> </u>
Patient origin data	<u>X</u>	<u> </u>	<u> </u>
Tours	<u>X</u>	<u> </u>	<u> </u>
Marketing in a skilled facility	<u> </u>	<u>X</u>	<u> </u>
Marketing in an assisted living facility	<u> </u>	<u> </u>	<u>X</u>
Facility publications	<u>X</u>	<u> </u>	<u> </u>
Census	<u>X</u>	<u> </u>	<u> </u>

	<u>SPONS. FACIL.</u>	<u>SNF ONLY</u>	<u>AL ONLY</u>
<u>Marketing and Public Relations (Continued)</u>			
Developing a marketing strategy and plan for an assisted living facility	_____	_____	_____X
Developing a marketing strategy and plan for a skilled facility	_____	_____X	_____
Facility Public Relations	_____X	_____	_____
Facility Community Involvement	_____X	_____	_____
 VI. <u>Food Service</u>			
Dietician/consultant services	_____X	_____	_____
Proper food ordering	_____X	_____	_____
Proper temperatures	_____X	_____	_____
Menu cycle review and planning	_____X	_____	_____
Food preparation	_____X	_____	_____
Food storage	_____X	_____	_____
Mechanically altered diet	_____	_____X	_____
Sanitation and Safety	_____X	_____	_____
Federal, state and local guidelines and regulations regarding food handling and service	_____X	_____	_____
Resident satisfaction	_____X	_____	_____
Therapeutic diets	_____X	_____	_____
M/M Requirements for ITC Facilities, 483.35, Dietary Services	_____	_____X	_____
 VII. <u>Nursing</u>			
General Nursing Services	_____X	_____	_____
Staffing needs in an assisted living facility	_____	_____	_____X
Patient Assessment and care planning for an assisted living facility	_____	_____	_____X
Staffing needs in a skilled facility	_____	_____X	_____

	<u>SPONS.</u> <u>FACIL.</u>	<u>SNF</u> <u>ONLY</u>	<u>AL</u> <u>ONLY</u>
VII. <u>Nursing</u> (Continued)			
Patient Assessment and care planning for a skilled facility	_____	<u> X </u>	_____
Supervision of resident nutrition	<u> X </u>	_____	_____
Utilization Review Committee	_____	<u> X </u>	_____
Administration and supervision of medications	<u> X </u>	_____	_____
Storage of medications (controlled substances)	<u> X </u>	_____	_____
Review M/M requirements for L.T.C.F.:			
483.25 Quality of Care - Nursing	_____	<u> X </u>	_____
483.30 Nursing Services	_____	<u> X </u>	_____
483.40 Physician Services	_____	<u> X </u>	_____
483.65 Infection Control	_____	<u> X </u>	_____
Review infection control policy and procedures/ Universal Precautions	<u> X </u>	_____	_____
Laboratory and X-Ray procedures and reports	<u> X </u>	_____	_____
State of Delaware resident care rules and regulations concerning assisted living residents	_____	_____	<u> X </u>
State of Delaware resident care rules and regulations for skilled facility residents	_____	<u> X </u>	_____
Quality assurance	<u> X </u>	_____	_____
Mock surveys	<u> X </u>	_____	_____
Nursing rounds	<u> X </u>	_____	_____
Use of restraints	<u> X </u>	_____	_____
Resident abuse	<u> X </u>	_____	_____
Employee First Aid and CPR Training	<u> X </u>	_____	_____
Review special care services provided to residents in skilled facility for:			
Intravenous therapy, IV nutritional feedings and or blood transfusions	_____	<u> X </u>	_____
Respiratory treatment including use of respirators, ventilators, oxygen, IPPB or other inhalation therapy	_____	<u> X </u>	_____
Tracheotomy care including colostomy, ileostomy or uretrostomy	_____	<u> X </u>	_____

	<u>SPONS. FACIL.</u>	<u>SNF ONLY</u>	<u>AL ONLY</u>
VII. <u>Nursing (Continued)</u>			
Suctioning treatment	_____	<u>X</u>	_____
Assisted devices with eating	_____	<u>X</u>	_____
Pressure sores stage 2 or higher	_____	<u>X</u>	_____
Use of indwelling or external catheter	_____	<u>X</u>	_____
Management of resident's urinary or bowel incontinence	<u>X</u>	_____	_____
Exposure Control Plan	<u>X</u>	_____	_____
Reporting of medication errors	<u>X</u>	_____	_____
VIII. <u>Housekeeping/Maintenance/Janitorial Housekeeping and Laundry</u>			
Department responsibilities	<u>X</u>	_____	_____
Resident laundry	<u>X</u>	_____	_____
Facility linens	<u>X</u>	_____	_____
Sanitation regulations and concerns	<u>X</u>	_____	_____
OSHA requirements	<u>X</u>	_____	_____
Infectious waste and materials handling and disposal	<u>X</u>	_____	_____
Federal, state, local regulations regarding department matters	<u>X</u>	_____	_____
<u>Maintenance</u>			
Department responsibilities	<u>X</u>	_____	_____
Pest Control	<u>X</u>	_____	_____
ANSI/Fire Safety	<u>X</u>	_____	_____
OSHA requirements	<u>X</u>	_____	_____
Hazardous materials management and storage	<u>X</u>	_____	_____
HVAC/boiler	<u>X</u>	_____	_____
Hot Water	<u>X</u>	_____	_____

SPONS.
FACIL. SNF
ONLY AL
ONLY

Maintenance (Continued)

Emergency and Security System:

Fire Pump	<u>X</u>	<u> </u>	<u> </u>
Sprinkler System	<u>X</u>	<u> </u>	<u> </u>
Fire Alarm System	<u>X</u>	<u> </u>	<u> </u>
Emergency Generator	<u>X</u>	<u> </u>	<u> </u>
Elevators	<u>X</u>	<u> </u>	<u> </u>
Electrical	<u>X</u>	<u> </u>	<u> </u>
Trash Removal	<u>X</u>	<u> </u>	<u> </u>
Maintenance Contractors (Electricians, Plumbers, Roofers)	<u>X</u>	<u> </u>	<u> </u>
Review M/M for L.T.C.F. Section 483.15h, Environment	<u> </u>	<u>X</u>	<u> </u>
Federal, state, and local regulations	<u>X</u>	<u> </u>	<u> </u>

IX. Medical and Allied Health

Medical Director's responsibilities in an assisted living facility	<u> </u>	<u> </u>	<u>X</u>
Medical Director's responsibilities in a skilled facility	<u> </u>	<u>X</u>	<u> </u>
Attending Physicians in an assisted living facility	<u> </u>	<u> </u>	<u>X</u>
Attending Physicians in a skilled facility	<u> </u>	<u>X</u>	<u> </u>
Dental services	<u> </u>	<u>X</u>	<u> </u>
Contract/in house pharmacy services	<u>X</u>	<u> </u>	<u> </u>
Review M/M for L.T.C.F. Section:			
483.40 Physician Services	<u> </u>	<u>X</u>	<u> </u>
483.55 Dental Services	<u> </u>	<u>X</u>	<u> </u>
483.60 Pharmacy Services	<u> </u>	<u>X</u>	<u> </u>
Vision and hearing services	<u> </u>	<u>X</u>	<u> </u>
Allied Health providers	<u>X</u>	<u> </u>	<u> </u>

X. Recreation

Recreation Therapist/Activity Director responsibilities	<u>X</u>	<u> </u>	<u> </u>
Resident Care activity department responsibilities	<u>X</u>	<u> </u>	<u> </u>
Activity programing as a function of a specific disease process	<u>X</u>	<u> </u>	<u> </u>

	<u>SPONS. FACIL.</u>	<u>SNF ONLY</u>	<u>AL ONLY</u>
<u>Recreation (Continued)</u>			
Volunteers	<u>X</u>	<u> </u>	<u> </u>
Resident transportation	<u>X</u>	<u> </u>	<u> </u>
Resident/community interaction	<u>X</u>	<u> </u>	<u> </u>
Review M/M for L.T.C.F. Section 483.15f, Quality of Life	<u> </u>	<u>X</u>	<u> </u>
XI. <u>Rehabilitation Services</u>			
Knowledge of Physical Therapy Services available such as:			
Range of motion, strength, balance activities of daily living	<u> </u>	<u>X</u>	<u> </u>
Therapeutic exercises	<u> </u>	<u>X</u>	<u> </u>
Gait evaluation	<u> </u>	<u>X</u>	<u> </u>
Ultrasound	<u> </u>	<u>X</u>	<u> </u>
Occupational therapy	<u> </u>	<u>X</u>	<u> </u>
Speech therapy	<u> </u>	<u>X</u>	<u> </u>
Outside resources and contacts	<u> </u>	<u>X</u>	<u> </u>
Authorization of services	<u> </u>	<u>X</u>	<u> </u>
Rehabilitation services delivery	<u> </u>	<u>X</u>	<u> </u>
Services covered by third party payors including Medicare Part B	<u> </u>	<u>X</u>	<u> </u>
Review M/M for L.T.C.F. Section 483.45, Specialized Rehabilitative Services	<u> </u>	<u>X</u>	<u> </u>
XII. <u>Social Services</u>			
Social Service Department responsibilities	<u> </u>	<u>X</u>	<u> </u>
Medicare/Medicaid qualifications for social worker position	<u> </u>	<u>X</u>	<u> </u>
Discharge planning in an assisted living facility	<u> </u>	<u> </u>	<u>X</u>
Discharge planning in a skilled facility	<u> </u>	<u>X</u>	<u> </u>
Documentation	<u>X</u>	<u> </u>	<u> </u>
Resident care responsibilities	<u>X</u>	<u> </u>	<u> </u>
Interaction with residents' family members	<u>X</u>	<u> </u>	<u> </u>
Support groups	<u>X</u>	<u> </u>	<u> </u>
Review M/M for L.T.C.F. Section 483.15g, Quality of Life, Social Services	<u> </u>	<u>X</u>	<u> </u>

	<u>SPONS. FACIL.</u>	<u>SNF ONLY</u>	<u>AL ONLY</u>
XIII. <u>Disaster/Emergency Management</u>			
Emergency Evacuation Plan and Procedures	<u> X </u>	<u> </u>	<u> </u>
Emergency policies and procedures	<u> X </u>	<u> </u>	<u> </u>
Fire Drills, (audible/silent)	<u> X </u>	<u> </u>	<u> </u>
XIV. <u>Medicare/Medicaid</u>			
Rules and Regulations			
Reimbursement system	<u> </u>	<u> X </u>	<u> </u>
Primary Care (8 level system)	<u> </u>	<u> X </u>	<u> </u>
Support Cost	<u> </u>	<u> X </u>	<u> </u>
Administration Cost	<u> </u>	<u> X </u>	<u> </u>
Secondary Cost	<u> </u>	<u> X </u>	<u> </u>
Capital Cost	<u> </u>	<u> X </u>	<u> </u>
Eligibility Processing	<u> </u>	<u> X </u>	<u> </u>
TADS/collection	<u> </u>	<u> X </u>	<u> </u>
Forms, reports, paperwork	<u> </u>	<u> X </u>	<u> </u>
Audits	<u> </u>	<u> X </u>	<u> </u>
MDS forms	<u> </u>	<u> X </u>	<u> </u>