



CANNON BUILDING
 861 SILVER LAKE BLVD., SUITE 203
 DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
**BOARD OF EXAMINERS OF NURSING HOME
 ADMINISTRATORS**

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ADMINISTRATOR IN-TRAINING PROGRESS REPORT

The Administrator In-Training (AIT) Progress Report serves as a guide for the *minimum* areas of experience/review by AITs under an approved Preceptor's supervision. The Preceptor and/or another experienced staff member familiar with the area are expected to provide sufficient detail and actual experience to reinforce requirements and concepts related to governing regulations. Where AIT candidates have a particular area of expertise (such as, Nursing), the area would be reviewed but in less detail than others. Preceptors and AITs are expected to comment on the AIT's experiences, learning and synthesis specific to each category. The comments section is also to be used to capture additional information and to list experiences that the AIT has completed outside of the specifics of the outline but that pertain to the practice of Nursing Home Administration. **UPLOAD THIS DOCUMENT WITH YOUR APPLICATION IN DELPROS.**

		Date Completed / Preceptor Initials:	
		SNF	ALF
INTRODUCTION			
1.	Overview of Expectations & General Duties of AIT	_____	_____
2.	Tour of Facility & Introduction to Staff	_____	_____
ADMINISTRATION COMPONENT			
3.	Federal, State & Local Health & Safety Regulations:		
	• Medicare/Medicaid Licensing Regulations & Requirements	_____	_____
	• Occupational Safety & Health	_____	_____
	• Facility Policies & Procedures	_____	_____
	• Licensing & Certification Process	_____	_____
	• Plan of Correction Process	_____	_____
4.	Organizational Structure:		
	• Organizational Chart	_____	_____
	• Review of Roles of All Departments	_____	_____
	• Staffing Patterns & State/Federal Requirements	_____	_____
	• Contracted Services	_____	_____
	• Roles & Functions of Management and Staff	_____	_____
	• Review of Job Descriptions	_____	_____
5.	Governing Body	_____	_____
6.	Corporate By-Laws	_____	_____
7.	State-Reporting of Alleged Abuse, Neglect & Mistreatment	_____	_____
8.	Legal Issues	_____	_____

- 9. Organizational Code of Ethics _____
- 10. Marketing/Facility Publications _____
- 11. Insurance Overview (Property, Liability, W/C, Auto, D&O) _____
- 12. Facility Policy & Procedure Manual _____

13. Preceptor Comments: _____

14. Administrator In-Training Comments: _____

Signature of Preceptor: _____ **Date:** _____

Signature of Administrator In-Training: _____ **Date:** _____

Date Completed / Preceptor Initials:

SNF

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NURSING/MEDICAL SERVICES COMPONENT

1.	Departmental Policy & Procedure Review	_____	_____
2.	Pharmaceutical Services:		
	• Pharmacy Consultant	_____	_____
	• Drug Handling/Storage	_____	_____
	• Medication Errors	_____	_____
	• MAR/TAR	_____	_____
	• Medication Administration Practices	_____	_____
3.	Diagnostic Services	_____	_____
4.	Role of Medical Director	_____	_____
5.	Physician Services:		
	• Physician Orders	_____	_____
	• Frequency of Visits	_____	_____
	• Progress Notes	_____	_____
6.	Staffing Patterns: PPD Calculations	_____	_____
7.	Organizational Structure of Nursing Department	_____	_____
8.	Departmental Budget	_____	_____
9.	Supplies/Equipment	_____	_____
10.	Staff Training Requirements	_____	_____
11.	Quality Assurance Committee & Assessment Process	_____	_____
12.	Professional Services:		
	• Vision	_____	_____
	• Dental	_____	_____
	• Audiological	_____	_____
	• Rehabilitative	_____	_____
13.	Fall Prevention	_____	_____
14.	Side Rail Reduction/Alternatives to Restraints	_____	_____
15.	Quality of Care	_____	_____
16.	Incontinence – Interventions	_____	_____
17.	Wound Care – Assessment & Treatment	_____	_____
18.	Restorative Nursing Programs	_____	_____
19.	Range of Motion	_____	_____

Date Completed / Preceptor Initials:

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FOOD SERVICES COMPONENT

- 1. Departmental Policy & Procedure Review _____
- 2. Dietitian Services _____
- 3. Menu Development _____
- 4. Staffing Patterns _____
- 5. Sanitation _____
- 6. Food Preparation _____
- 7. Temperature Requirements _____
- 8. Therapeutic Diets _____
- 9. Assistive Devices _____
- 10. Meal Schedules _____
- 11. Departmental Budget _____
- 12. Food Handling/Storage _____
- 13. Supplies/Equipment _____
- 14. Preceptor Comments: _____

- 15. Administrator In-Training Comments: _____

Signature of Departmental Manager (if applicable): _____ Date: _____

Signature of Preceptor: _____ Date: _____

Signature of Administrator In-Training: _____ Date: _____

Date Completed / Preceptor Initials:

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ENVIRONMENTAL SERVICES COMPONENT

- 1. Departmental Policy & Procedure Review _____
- 2. Plant Operations _____
- 3. Preventative Maintenance Contracts _____
- 4. Pest Control _____
- 5. Housekeeping Services _____
- 6. Laundry Services/Staffing _____
- 7. Sanitation Requirements _____
- 8. Needed Supplies _____
- 9. Knowledge of MSDS & Environmental Care _____
- 10. Contractual Services _____
- 11. Infectious Waste _____
- 12. Preceptor Comments: _____

- 13. Administrator In-Training Comments: _____

Signature of Departmental Manager (if applicable): _____ **Date:** _____

Signature of Preceptor: _____ **Date:** _____

Signature of Administrator In-Training: _____ **Date:** _____

Date Completed / Preceptor Initials:

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HUMAN RESOURCES COMPONENT

- | | | | |
|-----|---|-------|-------|
| 1. | Departmental Policy & Procedure Review | _____ | _____ |
| 2. | Review of Employee Related Laws & Regulation: | | |
| | • Federal & State Unemployment | _____ | _____ |
| | • Workers Compensation | _____ | _____ |
| | • OSHA | _____ | _____ |
| | • Civil Rights | _____ | _____ |
| | • Criminal Background Check | _____ | _____ |
| | • Equal Employment Opportunities | _____ | _____ |
| 3. | Recruitment & Retention | _____ | _____ |
| 4. | Salaries & Wages | _____ | _____ |
| 5. | Employee Screenings | _____ | _____ |
| 6. | Job Descriptions | _____ | _____ |
| 7. | Benefit Packages | _____ | _____ |
| 8. | Performance Appraisals | _____ | _____ |
| 9. | Disciplinary Process/Terminations | _____ | _____ |
| 10. | Occupational Health Services | _____ | _____ |
| 11. | Preceptor Comments: _____ | | |
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| 12. | Administrator In-Training Comments: _____ | | |
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Signature of Departmental Manager (if applicable): _____ **Date:** _____

Signature of Preceptor: _____ **Date:** _____

Signature of Administrator In-Training: _____ **Date:** _____

Date Completed / Preceptor Initials:
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SOCIAL SERVICES COMPONENT

- 1. Departmental Policy & Procedure Review _____
- 2. Advanced Directives/DNR Orders _____
- 3. Resident Rights/Notification _____
- 4. Grievances _____
- 5. Discharge Planning – Coordinating Services _____
- 6. Ombudsman Services _____
- 7. HIPAA/Confidentiality _____
- 8. Informed Consent _____
- 9. Resident Council _____
- 10. Resident Advocacy/Free Choice _____
- 11. Family Involvement/Conference Meetings _____
- 12. Room Transfer Process _____
- 13. Assessment & Meeting the Emotional & Social Needs of Residents -
Interdisciplinary Approach to Meeting the Needs of Residents _____
- 14. Mental Health Services _____
- 15. Medication Management/Monitoring Process _____
- 16. Counseling Services _____
- 17. Psychological/Psychiatry Services _____
- 18. Preceptor Comments: _____

- 19. Administrator In-Training Comments: _____

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Signature of Preceptor: _____ **Date:** _____

Signature of Administrator In-Training: _____ **Date:** _____

Date Completed / Preceptor Initials:

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ACTIVITIES COMPONENT

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|----|--|-------|-------|
| 1. | Departmental Policy & Procedure Review | _____ | _____ |
| 2. | Staff Certifications | _____ | _____ |
| 3. | Volunteer Services – Enhancing Community Involvement | _____ | _____ |
| 4. | Assessment & Documentation | _____ | _____ |
| 5. | Spiritual Services | _____ | _____ |
| 6. | Preceptor Comments: _____ | | |
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| 7. | Administrator In-Training Comments: _____ | | |
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Signature of Administrator In-Training: _____ Date: _____

Date Completed / Preceptor Initials:

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SAFETY COMPONENT

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|-----|---|-------|-------|
| 1. | Emergency & Security Systems | _____ | _____ |
| 2. | Life Safety Code | _____ | _____ |
| 3. | Emergency Power | _____ | _____ |
| 4. | Safety Checks/QA | _____ | _____ |
| 5. | OSHA Requirements/Programs | _____ | _____ |
| 6. | Safety Committee Meeting | _____ | _____ |
| 7. | Disaster Plan & Emergency Procedures (preparedness, training, drills) | _____ | _____ |
| 8. | Record Keeping | _____ | _____ |
| 9. | Preceptor Comments: _____ | | |
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| 10. | Administrator In-Training Comments: _____ | | |
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Signature of Administrator In-Training: _____ **Date:** _____

Date Completed / Preceptor Initials:

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ADMISSIONS COMPONENT

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| 1. | Departmental Policy & Procedure Review | _____ | _____ |
| 2. | Admission Assessments | _____ | _____ |
| 3. | Admission Process | _____ | _____ |
| 4. | Admission Documents & Contract | _____ | _____ |
| 5. | Referrals | _____ | _____ |
| 6. | Regulations Governing Placement | _____ | _____ |
| 7. | Preceptor Comments: _____ | | |
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| 8. | Administrator In-Training Comments: _____ | | |
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Signature of Administrator In-Training: _____ **Date:** _____

