Board of Long-Term Care Administrators

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 200
Henrico, Virginia 23233-1463
Board Room #1

June 13, 2011
1:00 p.m. – 3:30 p.m.

REGULATORY/LEGISLATIVE COMMITTEE

AGENDA

CALL TO ORDER

PUBLIC COMMENT PERIOD

BUSINESS

SB1093 – Acting administrator for assisted living facilities

- **Implementation of new law – July 1, 2011**
- **Development of draft regulatory requirements for oversight of acting administrators**

Initiation of periodic review – Chapter 20, Regulations for Nursing Home Administrators

Review of guidance documents

ADJOURNMENT

VIRGINIA ACTS OF ASSEMBLY -- 2011 SESSION

CHAPTER 609

An Act to amend and reenact §§ 54.1-3103.1 and 63.2-1803 of the Code of Virginia, relating to administration of assisted living facilities.

[S 1093]

Approved March 25, 2011

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3103.1 and 63.2-1803 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-3103.1. Administrator required for operation of assisted living facility; operation after death, illness, etc., of administrator; notification of Board; administrators operating more than one facility.

A. All licensed assisted living facilities within the Commonwealth shall be under the supervision of an administrator licensed by the Board, except as provided in subsection B of § 54.1-3102. If a licensed assisted living facility administrator dies, ~~becomes ill,~~ resigns, ~~or~~ is discharged, *or becomes unable to perform his duties,* the assisted living facility ~~that was administered by him at the time of his death, illness, resignation, or discharge~~ may continue to operate ~~until his successor qualifies, but in no case for longer than is permitted by the licensing authority for the facility~~ *with an acting administrator in accordance with the provisions of § 63.2-1803.* The ~~temporary supervisor or administrator~~ *facility* shall immediately notify the Board of Long-Term Care Administrators and the ~~Commissioner~~ *regional licensing office* of the Department of Social Services that the assisted living facility is operating without the supervision of a licensed assisted living facility administrator *and shall provide the last date of employment of the licensed administrator. When an acting administrator is named, he shall notify the Department of Social Services of his employment and, if he is intending to assume the position permanently, submit a completed application for an approved administrator-in-training program to the Board within 10 days of employment.*

B. Nothing in this chapter shall prohibit an assisted living administrator from serving as the administrator of record for more than one assisted living facility as permitted by regulations of the licensing authority for the facility.

§ 63.2-1803. Staffing of assisted living facilities.

A. An administrator of an assisted living facility shall be licensed as an assisted living facility administrator by the Virginia Board of Long-Term Care Administrators pursuant to Chapter 31 (§ 54.1-3100 et seq.) of Title 54.1. However, an administrator of an assisted living facility licensed for residential living care only shall not be required to be licensed. Any person meeting the qualifications for a licensed nursing home administrator under § 54.1-3103 shall be deemed qualified to (i) serve as an administrator of an assisted living facility or (ii) serve as the administrator of both an assisted living facility and a licensed nursing home, provided the assisted living facility and licensed nursing home are part of the same building.

B. *If a licensed assisted living facility administrator dies, resigns, is discharged, or becomes unable to perform his duties, the assisted living facility shall immediately employ a licensed administrator or appoint an acting administrator who is qualified by education for an approved administrator-in-training program and has a minimum of one year of administrative or supervisory experience in a health care or long-term care facility, or has completed such a program and is awaiting licensure. The facility shall give immediate notice to the regional licensing office of the Department of Social Services and to the Board of Long-Term Care Administrators and shall provide the last date of employment of the licensed administrator. When an acting administrator is named, he shall notify the Department of his employment and, if intending to assume the position permanently, submit a completed application for an approved administrator-in-training program to the Board of Long-Term Care Administrators within 10 days of employment. An assisted living facility may be operated by an acting administrator for no more than 150 days, or not more than 90 days if the acting administrator has not applied for licensure, from the last date of employment of the licensed administrator.*

C. The Department may grant an extension of up to 30 days in addition to the 150 days from the last date of employment of a licensed administrator if the acting administrator has applied for licensure as a long-term care administrator pursuant to Chapter 31 (§ 54.1-3100 et seq.) of Title 54.1, has completed the administrator-in-training program, and is awaiting the results of the national examination. If a 30-day extension is granted, the acting administrator shall immediately submit written notice to the Board of Long-Term Care Administrators. In no case shall an assisted living facility be operated with an acting administrator for more than 180 days, including the 30-day extension, from the last date of employment of a licensed administrator.

D. No assisted living facility shall operate under the supervision of an acting administrator pursuant

to § 54.1-3103.1 and this section more than one time during any two-year period unless authorized to do so by the Department. Determinations regarding authorization to operate under the supervision of an acting administrator for more than one time in any two-year period shall be made by the Department on a case-by-case basis.

E. The assisted living facility shall have adequate, appropriate, and sufficient staff to provide services to attain and maintain (i) the physical, mental and psychosocial well-being of each resident as determined by resident assessments and individual plans of care and (ii) the physical safety of the residents on the premises. Upon admission and upon request, the assisted living facility shall provide in writing a description of the types of staff working in the facility and the services provided, including the hours such services are available.

2. That the Board of Long-Term Care Administrators shall promulgate regulations for the oversight of acting administrators of assisted living facilities who have sought licensure but who are not yet licensed as long-term care administrators by a preceptor registered or recognized by the Board.

Notice of Periodic Review of Regulations
Request for Comment

Review Announcement: The Board of Long-Term Care Administrators within the Department of Health Professions is preparing to conduct a periodic review of its general regulations governing the practice of nursing home administrators:
18VAC95-20-10 et seq., Regulations Governing the Practice of Nursing Home Administrators

The Board is receiving comment on whether there is a need for amendments for clarification or for consistency with changes in practice.

Comment Begins: August 1, 2011 **Comment Ends:** September 1, 2011

If any member of the public would like to comment on these regulations, please send comments by the close of the comment period to:

Elaine J. Yeatts
Agency Regulatory Coordinator
Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Comments may also be e-mailed to: elaine.yeatts@dhp.virginia.gov or faxed to: (804) 527-4434

Regulations for the practice of nursing home administrators may be viewed on-line at www.townhall.virginia.gov or www.dhp.virginia.gov or copies will be sent upon request.

MEMORANDUM OF UNDERSTANDING

between

The Virginia Department of Health
Division of Licensure and Certification

and

The Virginia Department of Health Professions
The Board of Nursing Home Administrators

This is a general memorandum of understanding between the Virginia Department of Health, Division of Licensure and Certification and the Virginia Department of Health Professions, Board of Nursing Home Administrators.

PURPOSE

The purpose of the memorandum is to establish methods for exchange of information that will maximize cooperation between the two regulatory authorities in promoting the delivery of quality care and effectively ensuring protection of the health, safety and welfare of residents of nursing homes and other long term care facilities.

AUTHORITY

The statutory authority for the Virginia Department of Health, Division of Licensure and Certification is found in Articles 1 and 2, Chapter 5, Title 32.1, Code of Virginia.

The statutory authority for the Department of Health Professions is found in Chapters 1, 24 and 25 of Title 54.1 of the Code of Virginia.

The statutory authority for the Board of Nursing Home Administrators is found in Chapter 31 of Title 54.1 of the Code of Virginia.

UNDERSTANDING

The Director, Division of Licensure and Certification agrees to provide the Executive Director, Board of Nursing Home Administrators with the following information:

1. A copy of any written notification from the State Health Commissioner to any licensed nursing home of the Department's intent to take adverse action that will limit, restrict or prohibit nursing home operations, including but not limited to, actions to restrict new admissions or to suspend or revoke a license. The information transmitted will include documentation that caused action by the Commissioner.

2. A copy of any written notification from the director of the Division of Licensure and Certification to any licensed nursing home of the Division's intent to take adverse action that will limit or prohibit certification under the Medicare and/or Medicaid program, including but not limited to, involuntary termination as a provider or to restrict new admissions. The information transmitted will include documentation that caused action by the Director.

3. Upon receipt of a complaint or upon initiation of an investigation by the Department of Health Professions, the Division of Licensure and Certification shall provide, promptly upon request, all available information as to the history of the long term care facility where the administrator is employed.

4. The Director reserves the right to refer information and documentation to the Board of Nursing Home Administrators for review on any specific licensed nursing home or Medicare/Medicaid certified long term care facility that has a history of recurring violations or confirmed complaints.

5. In addition to the above, the Director agrees to provide technical assistance and consultation, when requested, for meetings, workshops, training sessions or regulation reviews that are on matters of mutual interest and concern to both agencies.

The Board of Nursing Home Administrators (Department of Health Professions) will provide the Division of Licensure and Certification (Department of Health) with the following:

1. Written notification of revocation of an individual's Nursing Home Administrator's license;

2. Report all actions taken by the Board of Nursing Home Administrators involving disciplinary actions to the Division of Licensure and Certification.

3. Listing of non-renewal of an individual's Nursing Home Administrator's license (usually every two years);

4. Written notification of licenses issued to new nursing home administrators and telephone response to information requests regarding renewals or reinstatements;

5. Documentation of findings of any complaint or other investigations conducted by the Department of Health Professions that affects the delivery of patient care in a specific nursing home at the discretion of the Board; and

6. An expressed willingness to participate, upon request, in meetings, training sessions or regulation reviews to provide technical assistance and consultation.

Both agencies further agree to periodically review the content of this memorandum. Both agencies reserve the right to request revisions to the memorandum. The memorandum shall take effect on the latest date it is signed by designated representatives of both agencies. Both agencies reserve the right to cancel the memorandum after giving 60 days written notice to the other agency.

C. M. G. Buttery, M.D., M.P.H.
State Health Commissioner

5-30-89
Date

Bernard L. Henderson, Jr.
Director
Virginia Department of Health Professions

May 1, 1989
Date

Mary V. Francis, Director
Division of Licensure and Certification
Virginia Department of Health

May 19, 1989
Date

Anthony L. Fludd
Chairman
Board of Nursing Home Administrators

April 17, 1989
Date

Mark L. Forberg
Executive Director
Board of Nursing Home Administrators

April 28, 1989
Date

Virginia Board of Nursing Home Administrators
Adopted July 10, 2002

Procedures for Auditing Continuing Education

1. The Enforcement Division of the Department of Health Professions audits a random sample of licensees to investigate compliance with the Board's continuing education requirements and reports the results of the audits to the Board.
2. Board staff reviews each audit report and either:
    a. Sends a letter of appreciation for cooperation with the audit and for compliance with the Board's requirements to the licensee and files the audit record; or,
    b. Opens a case for probable cause, and
    c. Includes renewal applications to show if the assurance of compliance is checked.
2. The Board's Informal Conference Committee reviews each opened case for probable cause and decides to either:
    a. Close the case for substantial compliance or in response to explanatory information provided by the licensee;
    b. Issue a pre-hearing consent order specifying the sanctions:
        1. Fine $100 per missing credit hour,
        2. Fine $300 for a fraudulent renewal certification, and
        3. Require submission of proof of completion of the missing credit hours within 90 days of entry of the order. This CE is to be in addition to the annual requirement for renewal; or,
    c. Refer for an informal conference.

Guidance Document: 95-4

Virginia Board of Nursing Home Administrators

Policy on
CCAs/CONFIDENTIAL CONSENT AGREEMENTS
Adopted July 23, 2003

1. Intake Investigations/offline cases to be reviewed by the chairman for a decision regarding:
   - closure
   - further investigation or
   - assignment to a Special Conference Committee (SCC) for probable cause review.

2. Consideration of CCAs will be addressed in the probable cause reviews conducted by Special Conference Committees.

3. Staff will implement the SCC decisions when 2 members agree or will discuss with the committee chair the action to be taken when there are 2 different responses.

4. SCCs may use CCAs to address minor or technical violations to include:
   - Missing five (5) or fewer continuing education credits
   - Recordkeeping
   - Technical probation violation
   - Failing to follow policy where there is no negative patient outcome
   - A single misdemeanor conviction involving moral turpitude, without any other issues
   - HPIP participant not eligible for a stay but with minimal practice issues

5. A proposal from a respondent for a CCA will only be considered during probable cause review and shall not be considered once a notice is executed.

   - _____
   - _____
   - _____

95-5

COMMONWEALTH of VIRGINIA

Department of Health

E. Anne Peterson, M.D., M.P.H.
State Health Commissioner

Center for
Quality Health Care Services and
Consumer Protection

For The Hearing Impaired
TDD 1-800-828-1120

Suite 216, 3600 W. Broad St.
Richmond, Virginia 23230-4920
FAX 1-804-367-2149

April 17, 2000

MEMORANDUM

Dear Colleague:

Not long ago, we had occasion to remind our federally certified licensed nursing facilities of their obligation to report, to this office, incidences of resident mistreatment, neglect, abuse, and/or misappropriation of personal property occurring on their premises. This is one of the requirements for receiving federal reimbursement. Along with the requirements for reporting these incidences, the mailing also contained attachments describing other reportable categories and definitions.

During a recent meeting with a constituent group, we were requested to also provide this information to our sister agencies so there would be common understanding of definitions and terms used to identify resident mistreatment episodes in long-term care facilities. A copy of the memorandum has been enclosed. I am requesting its distribution to your staff.

If there are questions or concerns related to the memorandum or a facility's responsibility to report resident mistreatment, please feel free to contact the Center's Complaint Unit at (804) 367-2122.

Thank you.

Nancy R. Hofheimer
Director

NRH/CCE

xc: Connie Kane, Director – Long Term Care
Long-term Care and Complaint Supervisors

BASIC DEFINITIONS

ABUSE includes, but is not limited to, the following:

A. **Physical Abuse**

1) Striking the resident with a part of the body or with an object; nontherapeutic shoving, pushing, pulling, or twisting any part of the resident's body; burning; or sticking a resident with an object.

2) Physical contact intentionally or through carelessness that results in or is likely to result in death, physical injury, pain or psychological harm to the resident. Indications of psychological harm include a noticeable level of fear, anxiety, agitation or emotional distress in the resident.

3) Use of any restraints, involuntary seclusion, or isolation of a resident as a method of punishing a resident.

4) Use of any restraints in an unreasonable manner, such as tying the hands or legs together.

5) Use of physical restraints for prolonged periods of time.

6) Acts of physical retaliation, even in response to a physical attack.

NOTE: Accidental injury due to self-defense or to prevent injury to another resident would not normally be considered abuse. An example would be a skin tear occurring when a staff member grabbed a resident's wrist to prevent the resident from striking the staff member or another resident.

B. **Verbal Abuse**

1) Statements made to a resident which result in ridicule or humiliation of the resident. Inappropriate verbal reaction to a resident's attack would not necessarily be considered abuse unless the staff member had a pattern of responding this way. Non-malicious teasing does not constitute verbal abuse unless it causes the resident to feel degraded.

2) Any use of oral, written or gestured language that includes cursing, disparaging and derogatory terms to other residents or visitors within hearing range, to describe residents, regardless of their age, ability to comprehend, or disability.

Basic Definitions, con't.

C. **Sexual Abuse**

1) Sexual harassment.
2) Sexual coercion.
3) Sexual assault or allowing a resident to be sexually abused by another.
4) Inciting any of the above.

D. **Psychological/Emotional Abuse**

1) Humiliation, harassment, malicious teasing, threats of punishment or deprivation.

2) Not giving reasonable consideration to a resident's wishes; unreasonably restricting contact with family, friends or other residents; or ignoring resident needs for verbal and emotional contact.

3) Violation of a resident's right to confidentiality by discussing a resident's condition, treatment or personal affairs with anyone who does not have a right to such information.

E. **Neglect**

1) Failure to provide adequate nutrition and fluids.

2) Failure to take precautionary measures to protect the health and safety of the resident.

3) Intentional lack of attention to physical needs including, but not limited to, toileting and bathing.

4) Failure to provide services that result in harm to the resident, such as not turning a bedfast resident or leaving a resident in a soiled bed.

5) Failure or refusal to provide a service for the purpose of punishing or disciplining a resident, unless withholding of a service is being used as part of a documented integrated behavioral management program.

6) Failure to notify a resident's legal representative in the event of a significant change in the resident's physical, mental or emotional condition that a prudent person would recognize.

7) Failure to notify a resident's legal representative in the event of an incident involving the resident, such as failure to report a fall or a conflict between residents that result in injury or possible injury.

8) Failure to report observed or suspected abuse, neglect or misappropriation of resident property to the proper authorities.

9) Failure to adequately supervise a resident known to wander from the facility without staff knowledge.

NOTE: Such things as failure to comb a resident's hair on occasion would not necessarily constitute a **reportable** incidence of neglect. However, continued omission in providing daily care and/or failure to address and resolve the omission could constitute neglect.

F. **Misappropriation of Personal Property**

1) Theft or attempted theft of a resident's money or personal property.

2) Theft of a resident's medication.

3) Inappropriate use of resident funds or property.

4) Use of a resident's telephone without their expressed permission.

COMMONWEALTH of VIRGINIA

Department of Health

E. Anne Peterson, M.D., M.P.H.
State Health Commissioner

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For The Hearing Impaired
TDD 1-800-828-1120

Suite 216, 3600 W. Broad St.
Richmond, Virginia 23230-4920
FAX 1-804-367-2149

April 5, 2000

MEMORANDUM

TO: Federally Certified Nursing Facilities

FROM: Nancy R. Hofheimer
Director

SUBJECT: Facility Reported Incidences

As you know, in order for a facility to receive federal reimbursement from Medicare and/or Medicaid, the facility is expected to follow certain criteria established by the Health Care Financing Administration (HCFA). One of those criteria is known as the Facility Reported Incident or FRI (42 CFR 483.13(c) and Tag 226 of Appendix P). It is apparent, however, that facilities are not fully complying with HCFA's criteria.

We recommend that each facility review and revise, where appropriate, their policies, protocols and practices to ensure compliance with federal requirements. In addition, survey staff have been instructed to carefully adhere to Survey Protocol 5G, "Abuse Prohibition Review," of Appendix P to assure that facilities are in compliance with the requirements.

A facility is expected to implement written policies and procedures that prohibit resident mistreatment, neglect, abuse, and/or misappropriation of personal property. When alleged violations involving resident mistreatment, neglect, abuse, and/or misappropriation of personal property occur, a facility is required to self report those incidences immediately to the Center and to any other state officials as required by state law[1]. Reports are to be faxed (804/367-2804) to the Complaint Unit of the Center.

[1] In addition to the Center, facilities are required to file reports with: i) the Department of Health Professions (DHP) for incidences involving nurse aides, RNs, LPNs, physicians, or other persons licensed or certified by DHP, ii) Adult Protective Services of the Department of Social Services for any suspicions of resident abuse, mistreatment or neglect; and iii) the appropriate local law enforcement authorities (i.e., police or sheriff's office) for any incident of resident abuse, mistreatment, neglect or misappropriation of personal property. For questions regarding reporting criteria of other state agencies or local jurisdictions, the facility should contact that particular agency or jurisdiction.

After an initial report of the incident, the facility must investigate the incident, implement corrective action, and file a written report of the completed investigation to the *Center within 5 working days of the incident*. These reports are reviewed by Center staff to verify that appropriate corrective action was taken to guard against the incident happening again. Decisions about further investigation by the Center, either administrative review or onsite survey, vary according to several factors, including, but not limited to: i) the nature and severity of the incident, ii) the facility's response, and iii) the frequency of such reports from a facility.

Included in this mailing are "Other Reportable Categories;" definitions for abuse, neglect and misappropriation of property; and "Reporting of Abuse and Injuries of Unknown Origin," a chart that summarizes the reporting criteria. This information is intended as additional reference that may be helpful in determining whether a *reportable event* has occurred. This material is not all-inclusive. We expect facilities to follow best practices and good clinical protocols in determining whether to report an incident.

For questions regarding material contained herein, the facility should contact the Complaint Unit at (804) 367-2122.

Thank you.

NRH/CCE

xc: M. Melton, Vice President, Virginia Association of Nonprofit Homes for the Aging
B. Soble, Vice President, Virginia Health Care Association
S. Ward, Vice President, Virginia Hospital & Healthcare Association
C. Kane, Director – Long-Term Care
C. Eddy, Policy Analyst
C. McLennan, Training Coordinator
LTC and Complaint Supervisors
LTC and Complaint Inspectors

Other Reportable Categories

Allegations of Resident Neglect, Abuse, or Misappropriation of Property by Staff Providing Services to a Resident.

Facilities must report all alleged or suspected instances of mistreatment when facility staff is suspected of mistreatment, neglect, abuse (including injuries of unknown origin), or misappropriation of resident property. Facility staff includes any employee, volunteer, or contractor of the facility such as facility administrators, administrative staff, physicians, RNs, LPNs, nurse aides, podiatrists, dentists, beauticians, housekeepers, dietary, laundry, maintenance staff, and laboratory personnel.

Injuries of Unknown Origin

Injuries of unknown origin should be handled the same as an allegation of mistreatment, neglect or abuse and must be reported to the Center if there is reasonable cause to believe or suspect that an injury has been inflicted upon a resident by a nurse aide or other facility staff. If there is no reasonable cause to believe or suspect that an injury has been inflicted upon a resident or that the resident has been neglected, then the facility does not have to report the incident. The facility must establish a protocol or procedure for determining whether injuries such as skin tears, bruises, abrasions and other events occurring in the facility are abusive or neglectful or whether these occurrences are unavoidable.

NOTE: The facility is not relieved of its responsibility to investigate the incident, regardless of the circumstances, and complete a report. Facility documentation should support the decision not to report a specific incident or accident to the Center. If, in the course of an investigation, the facility determines that the incident is reportable, the facility is expected to file a report with the Center.

Resident to Resident

Resident to resident altercations do not have to be reported *if the facility takes immediate and appropriate actions* to intervene in the situation and provides sufficient supervision and monitoring to limit the probability of recurrence. Residents who are abusive to other residents must be monitored and must have a care plan that addresses the abusive behavior. Those who are victims of abuse must be protected from further injury or mental anguish.

NOTE: Resident to resident altercations in which a resident is injured and requires physician intervention and/or transfer or discharge to a hospital must be reported to the Center.

Facility Visitor to Resident Abuse

Individuals visiting the facility and who are abusive to, or mistreat, residents must be monitored and the resident or residents must be protected to assure that further abuse or mistreatment does not occur. In all cases of visitor to resident abuse, mistreatment, or misappropriation of property, the appropriate law enforcement agency must be notified.

Other Reportable Categories, con't.

Unusual Occurrences

CQHCCP recommends facilities add unusual incidents or occurrences to their reporting criteria and report any such occurrences *immediately*. Examples of unusual occurrences include:

- Any event involving a resident that is likely to result in legal action;
- Medication errors that result in the resident being hospitalized or dying;
- Suicides - attempted or successful;
- Death or serious injury associated with the use of restraints;
- Ingestion of toxic substances requiring medical intervention;
- Accidents or injuries of known origin that are unusual, such as a resident falling out of a window, a resident exiting the nursing home and sustaining an injury on facility property, or a resident being burned;
- A resident procuring and ingesting enough medication to result in an overdose; and
- Any unusual event involving a resident or residents that may result in media coverage.

REPORTING OF ABUSE AND INJURIES OF UNKNOWN ORIGIN

INCIDENT:	**REPORT TO CQHCCP:**
INJURY OF UNKNOWN SOURCE	Yes
MISAPPROPRIATION OF RESIDENT PROPERTY	Yes
NEGLECT	Yes
MISTREATMENT	Yes
ABUSE:	
Resident-Resident (no physician contact/intervention)	Varies by situation
Resident-Resident (physician contact/intervention)	Yes
Nurse Aide-Resident	Yes
Other persons on the facility's staff	Yes
Family/Visitor to Resident (no physician contact/intervention)	Varies by situation
Family/Visitor to Resident (physician contact/intervention)	Yes
UNUSUAL EVENTS	Yes

REPORTING TO CQHCCP/VDH:	**HOW:**	**WHEN:**
Initial Report of Incident	Faxed to 804/367-2804	Immediately
Results of Investigation	Written	5 Working Days

Reports to VDH/CQHCCP
Fax: 804/367-2804
Virginia Department of Health
Center for Quality Health Care Services and Consumer Protection
3600 Centre - Suite 216, 3600 West Broad Street
Richmond, Virginia 23230

Guidance document: 95-7
Adopted: April 25, 2005

Virginia Board of Nursing Home Administrators

Qualifying for Licensure: Required Content for College Coursework

The requirements for licensure as a nursing home administrator are addressed in the Regulations of the Virginia Board of Nursing Home Administrators at 18 VAC 95-20-220. The educational requirement for licensure by degree and practical experience or by certificate program is for college coursework in nursing home administration or a health care administration field. To meet the educational requirements for licensure an applicant must provide a transcript from an accredited college or university that documents successful completion of a minimum of 21 semester hours of coursework concentrated on the administration and management of health care services. This coursework must include a minimum of 3 semester hours in each of the Content Areas 1, 2, 3, and 4 as described below. A minimum of 6 semester hours is required in Content Area 5 as described below.

5 Required Content Areas:

1. Resident Care and Quality of Life: Course content must address program and service planning, supervision and evaluation to meet the needs of patients such as (a) nursing, medical and pharmaceutical care, (b) rehabilitative, social, psycho-social and recreational services, (c) nutritional services, (d) safety and rights protections, (e) quality assurance, and (f) infection control.

2. Human Resources: Course content must focus on personnel leadership in a health care management role and must address organizational behavior and personnel management skills such as (a) staff organization, supervision, communication and evaluation, (b) staff recruitment, retention, and training, (c) personnel policy development and implementation, and (d) employee health and safety.

3. Finance: Course content must address financial management of health care programs and facilities such as (a) an overview of financial practices and problems in the delivery of health care services, (b) financial planning, accounting, analysis and auditing, (c) budgeting, (d) health care cost issues, and (e) reimbursement systems and structures.

4. Physical Environment and Atmosphere: Course content must address facility and equipment management such as (a) maintenance, (b) housekeeping, (c) safety, (d) inspections and compliance with laws and regulations, and (e) emergency preparedness.

5. Leadership and Management: Course content must address the leadership roles in health delivery systems such as (a) government oversight and interaction, (b) organizational policies and procedures, (c) principles of ethics and law, (d) community coordination and cooperation, (e) risk management, and (f) governance and decision making.