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**Call to Order – Jenny Inker, PhD, ALFA, Board Chair**

- Welcome and Introductions
- Mission of the Board
- Emergency Egress Instructions

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**Approval of Minutes (pages 4-18)**

- Board Meeting – September 9, 2022
- Formal Administrative Hearing – September 9, 2022
- Legislative/Regulatory Committee Meeting – December 9, 2022
- Telephonic Conference – January 12, 2023

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**Ordering and Approval of Agenda**

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**Public Comment**

*The Board will receive public comment on agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.*

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**Agency Report – Arne Owens, Director**

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**Staff Reports (pages 20-42)**

- Executive Director’s and Discipline Reports - **Corie E. Tillman Wolf, JD, Executive Director**
- Licensing Report – **Sarah Georgen, Licensing and Operations Manager**

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**Board Counsel Report – Brent Saunders, Senior Assistant Attorney General**

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**Committee and Board Member Reports**

- Legislative/Regulatory Committee – **Jenny Inker, PhD, ALFA, Committee Chair**
  - Board of Health Professions – **Mitch Davis, NHA**
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**Legislative and Regulatory Report – Erin Barrett, JD, Senior Policy Analyst (page 44)**

- General Assembly 2023
- Report on Status of Regulations

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**Board Discussion and Actions (pages 46-74)**

- Board Action on Recommendations from Legislative/Regulatory Committee:
  - Initiation of Notice of Intended Regulatory Action (NOIRA) – Board Regulations Governing Nursing Home Administrators (18VAC95-20-10 et seq.) and Assisted Living Facility Administrators (18VAC 95-30-10 et. seq.)
- Licensee Question - “Routine Presence” of Preceptors during the COVID-19 pandemic

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**Next Meeting – June 13, 2023**

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**Business Meeting Adjournment**

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**Probable Cause Review**

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This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to the Code of Virginia.

# Approval of Minutes

The Virginia Board of Long-Term Care Administrators convened for a full board meeting on Friday, September 9, 2022, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room #2, Henrico, Virginia.

**BOARD MEMBERS PRESENT:**

Martha Hunt, ALFA, Chair  
Kimberly Brathwaite, ALFA  
Mitchell Davis, NHA  
Pamela Dukes, MBA, Citizen Member  
Ali Faruk, MPA, Citizen Member  
Jenny Inker, MBA, Ph.D., ALFA  
Lisa Kirby, NHA  
Ann Williams, Ed.D., Citizen Member

**BOARD MEMBERS NOT PRESENT:**

Ashley Jackson, MBA, NHA, Vice-Chair

**DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:**

Erin Barrett, Senior Policy Analyst  
Christina Buisset, HPMP Manager & Executive Services Manager  
Sarah Georgen, Licensing and Operations Manager  
Kelley Palmatier, Deputy Executive Director  
Amy Ressler, LCSW, Administrative Director, VCU HPMP Leadership  
Corie E. Tillman Wolf, Executive Director

**OTHER GUESTS PRESENT**

Judy Hackler, Virginia Assisted Living Association  
Dana Parsons, LeadingAge Virginia  
Ben Traynham, Hancock, Daniel, & Johnson, P.C.

**CALL TO ORDER**

Ms. Hunt called the meeting to order at 10:33 a.m. and asked the Board members and staff to introduce themselves.

With eight board members present at the meeting, a quorum was established.

Ms. Hunt read the mission of the Board, which is also the mission of the Department of Health Professions.

Ms. Hunt provided reminders to the Board members and audience regarding microphones, computer agenda materials, and breaks.

Ms. Tillman Wolf then read the emergency egress instructions.

## **APPROVAL OF MINUTES**

Ms. Hunt opened the floor to any edits or corrections regarding the draft minutes for the Board meeting held on June 30, 2022. With no edits or corrections, the minutes were approved as presented.

## **ORDERING OF THE AGENDA**

Ms. Tillman Wolf noted that Ms. Ressler, LCSW, would be present to provide the HPMP Presentation with Ms. Buisset. Upon a **MOTION** by Mr. Davis, properly seconded by Ms. Brathwaite, the Board voted to accept the agenda as presented. The motion passed unanimously (8-0).

## **PUBLIC COMMENT**

There was no public comment.

## **AGENCY REPORT – David E. Brown, DC, Director**

Dr. Brown provided updates regarding technology updates in the conference center.

Dr. Brown announced that all Executive Branch entities had been tasked with initiating the regulatory process to reduce by at least 25 percent the number of regulations not mandated by federal or state statutes.

Dr. Brown reported on the Health Practitioners' Monitoring Program (HPMP), which is an alternative to disciplinary action for qualified healthcare practitioners with a substance use diagnosis or mental health or physical diagnosis that may alter their ability to practice their profession safely. Dr. Brown stated that he was pleased to see that the HPMP presentation had been included in the Board's agenda.

With no questions, Dr. Brown concluded his report.

## **PRESENTATION**

*Health Practitioners Monitoring Program – Christina Buisset, HPMP Manager & Executive Services Manager, and Amy Ressler, LCSW, Administrative Director, VCU HPMP Leadership*

Ms. Buisset and Ms. Ressler provided an overview of the Health Practitioners' Monitoring Program.

## **STAFF REPORTS**

*Executive Director's Report – Corie E. Tillman Wolf, J.D., Executive Director*

*Board Updates*

Ms. Tillman Wolf provided updates regarding Board staff and that Heather Wright would be resuming her role as Licensing Manager for the Board. She reported on participation in workgroups on behalf of the Board, including the Chapter 559 Workgroup through the Secretary of Health and Human Resources (study of current oversight and regulation of nursing homes, assisted living facilities, and other congregate living settings), and the Chapter 112 Workgroup convened by the Virginia Department of Health regarding recommendations on regulations/protocols for connecting patients receiving rehabilitation services to necessary follow-up care. Ms. Tillman Wolf reported that she provided assistance and data to the Joint Commission on Health Care regarding a study on the affordability of Assisted Living Facilities.

*NAB Updates*

Ms. Tillman Wolf provided updates to the Board from the National Association of Long Term Care Administrator Boards (NAB) regarding the reorganization of the Domains of Practice and updates to resources available on their website.

Ms. Tillman Wolf stated that she plans to attend the NAB Mid-Year meeting from November 2-4, 2022, and would provide more information at the next Board meeting.

*2022 Board Meeting Dates*

Ms. Tillman Wolf announced the 2023 Board meeting dates.

- March 7, 2023
- June 13, 2023
- September 14, 2023
- December 14, 2023

Ms. Tillman Wolf thanked members for all they do in support of the Board.

With no questions, Ms. Tillman Wolf concluded her report.

***Discipline Report – Kelley Palmatier, JD, Deputy Executive Director***

As of August 26, 2022, Ms. Palmatier reported the following disciplinary statistics:

- 72 Patient Care Cases
  - 1 at Informal
  - 1 at Formal
  - 27 at Enforcement
  - 45 at Probable Cause
  - 1 at APD
- 17 Non-Patient Care Cases
  - 0 at Informal
  - 0 at Formal
  - 5 at Enforcement
  - 9 at Probable Cause

- 1 at APD
- 1 at Compliance

Ms. Palmatier reported the following Total Cases Received and Closed:

- Q4 2020 – 25/18
- Q1 2021 – 16/28
- Q2 2021 – 20/23
- Q3 2021 – 21/16
- Q4 2021 – 28/23
- Q1 2022 – 20/19
- Q2 2022 – 26/39
- Q3 2022 – 19/20
- Q4 2022 – 19/17

Percentage of all cases closed in 365 days

	Q3 - 2021	Q4 - 2021	Q1 - 2022	Q2 - 2022	Q3 - 2022	Q4 - 2022
LTCA	40.0%	39.5%	30.2%	29.0%	54.1%	46.9%
Agency	71.1%	68.8%	66.0%	70.7%	71.9%	65.8%

Ms. Palmatier reminded Board members about the importance of the timely review of probable cause cases and asked for support with case reviews. She reminded Board members to keep case information confidential.

With no further questions, Ms. Palmatier concluded her report.

***Licensure Report – Sarah Georgen, Licensing and Operations Manager***

Ms. Georgen presented licensure statistics that included the following information:

*Licensure Statistics – All Licenses*

Current License Count – ALFA and NHA

ALFA	Q4 – 2022	NHA	Q4 – 2022
ALFA	623	NHA	916
ALF AIT	108	NHA AIT	85
Preceptor	194	Preceptor	216
<b>Total ALFA</b>	<b>925</b>	<b>Total NHA</b>	<b>1,217</b>

*Customer Satisfaction*

Ms. Georgen reported on the customer satisfaction statistics for Quarters 1-4 FY2022.

Ms. Georgen provided a brief overview of the working draft document related to the NAB Domains of Practice changes. She encouraged Board members to contact her with any suggested edits or changes.

With no questions, Ms. Georgen concluded her report.

### **BOARD COUNSEL REPORT – Charis Mitchell, Assistant Attorney General, and Brent Saunders, Assistant Attorney General**

Charis Mitchell, Assistant Attorney General, introduced the Board’s new counsel, Assistant Attorney General Brent Saunders, recently hired by the Office of the Attorney General to fill the open position.

### **LEGISLATION AND REGULATORY ACTIONS**

#### ***Report on Status of Regulations – Erin Barrett, Senior Policy Analyst***

Ms. Barrett provided an update on the regulatory actions currently in process.

With no questions, Ms. Barrett concluded her report.

### **ELECTIONS**

Ms. Hunt stated that in accordance with the Bylaws, during the first meeting of the organizational year, the Board shall elect from its members a Chair and Vice-Chair.

Ms. Hunt provided remarks regarding the process for making additional floor nominations.

Ms. Hunt opened the floor for nominations for Chair of the Board of Long-Term Care Administrators. Dr. Inker and Ms. Jackson were nominated for Chair. The nominations were closed.

Ms. Hunt called for a voice vote for the election of the nominees for the position of Chair of the Board of Long-Term Care Administrators. By a vote of 5-3 (*Kirby, Dukes, Hunt, Brathwaite, Williams*), Dr. Inker was elected Chair of the Board of Long-Term Care Administrators.

Ms. Hunt opened the floor for nominations for Vice-Chair of the Board of Long-Term Care Administrators. Ms. Brathwaite and Ms. Kirby were nominated for Vice-Chair. The nominations were closed.

Ms. Hunt called for a voice vote for the election of the nominees for the position of Vice-Chair of the Board of Long-Term Care Administrators. By a vote of 5-3 (*Davis, Faruk, Hunt, Brathwaite, Williams*), Ms. Kirby was elected Vice-Chair of the Board of Long-Term Care Administrators.

### **NEXT MEETING**

The next scheduled meeting date is December 9, 2022.

### **ADJOURNMENT**



With all business concluded, the meeting adjourned at 12:03 p.m.

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Corie Tillman Wolf, J.D., Executive Director

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Date

**Unapproved**  
**VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS**  
**FORMAL ADMINISTRATIVE HEARING**  
**MINUTES**

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**September 9, 2022**

**Department of Health Professions**  
**Perimeter Center**  
**9960 Mayland Drive**  
**Henrico, Virginia 23233**

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**CALL TO ORDER:** The formal hearing of the Board was called to order at 1:15 p.m.

**MEMBERS PRESENT:** Martha H. Hunt, A.L.F.A., Chair  
Ali Faruk, MPA, Citizen Member  
Kimberly Brathwaite, A.L.F.A.  
Lisa Kirby, N.H.A.  
Ann L. Williams, Ed. D., Citizen Member  
Pamela Dukes, M.B.A., Citizen Member

**MEMBERS ABSENT:** Ashley Jackson, MBA, N.H.A.  
Jenny Inker, PhD, MBA, A.L.F.A.  
Mitchell P. Davis, N.H.A.

**BOARD COUNSEL:** James Rutkowski, Assistant Attorney General  
Brent Saunders, Senior Assistant Attorney General

**DHP STAFF PRESENT:** Corie Tillman Wolf, Executive Director  
Sarah Georgen, Licensing & Operations Manager

**COURT REPORTER:** Farnsworth Taylor Reporting

**PARTIES ON BEHALF OF COMMONWEALTH:** Anne Joseph, Adjudication Consultant

**COMMONWEALTH'S WITNESSES:** Christine Ludwig, DHP, Enforcement Division  
Penny Holbrook  
Melinda Sue Dillow Ledford  
Chris Bowers, H.P.M.P.

**MATTER:** Samuel Kermit Justus, N.H.A.  
License No.: 1701-001819  
Case No.: 218676

**ESTABLISHMENT OF A QUORUM:** With six (6) members present, a quorum was established.

**DISCUSSION:** Mr. Justus appeared before the Board in accordance with the Notice of Formal Hearing dated May 23, 2022. Mr. Justus was not represented by counsel.

The Board received evidence and sworn testimony on behalf of the Commonwealth and Mr. Justus regarding the allegations in the Notice.

**CLOSED SESSION:** Upon a motion by Ali Faruk and duly seconded by Ann Williams, the Board voted to convene a closed meeting, pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Samuel Kermit Justus, N.H.A. Additionally, he moved that Mr. Rutkowski, Mr. Saunders, Ms. Tillman Wolf and Ms. Georgen attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

**RECONVENE:** Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session.

**DECISION:** Upon a motion by Ali Faruk and duly seconded by Ann Williams, the Board moved to issue a reprimand and to continue Mr. Justus' right to renew his license on indefinite suspension. The suspension shall be stayed contingent upon compliance with the Health Practitioners' Monitoring Program (HPMP). The motion carried.

**VOTE:** The vote was unanimous, (6-0).

**ADJOURNMENT:** The Board adjourned at 6:32 p.m.

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Corie Tillman Wolf, JD, Executive Director

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Date

**December 9, 2022**

The Virginia Board of Long-Term Care Administrators' Legislative/Regulatory Committee convened on Friday, December 9, 2022, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room #2, Henrico, Virginia.

**BOARD MEMBERS PRESENT**

Jenny Inker, PhD, MBA, ALFA, Board and Committee Chair  
Pamela Dukes, MBA, Citizen Member  
Lisa Kirby, NHA  
Ann L. Williams, EdD, Citizen Member

**STAFF PRESENT FOR ALL OR PART OF THE MEETING**

Erin Barrett, Senior Policy Analyst  
Matt Novak, Policy Analyst  
Kelley Palmatier, Deputy Executive Director  
Brent Saunders, Senior Assistant Attorney General, Board Staff  
Corie Tillman Wolf, Executive Director

**OTHER GUESTS PRESENT**

Judy Hackler, Virginia Assisted Living Association

**CALL TO ORDER**

Dr. Inker called the meeting to order at 1:01 p.m. and asked the Board members and staff to introduce themselves.

With four Committee members present at the meeting, a quorum was established.

Dr. Inker read the mission of the Board, which is also the mission of the Department of Health Professions.

Ms. Tillman Wolf read the emergency egress instructions.

**ORDERING OF THE AGENDA**

Dr. Inker requested any changes to the ordering of the agenda. Upon a *MOTION* by Dr. Williams, properly seconded by Ms. Dukes, the agenda was approved as presented. The motion passed unanimously (4-0).

**PUBLIC COMMENT**

The Committee did not receive any public comment.

## DISCUSSION

Ms. Barrett provided an overview of the Governor’s recent directive regarding the reduction of regulations and the role of the Committee in making recommendations to the full Board for consideration. Ms. Barrett noted that there are final Board regulations related to the AIT program and an additional pathway to licensure for ALFAs that are set to become effective on December 21, 2022. Ms. Barrett stated that the Board is due for a periodic review in 2023, which will provide an additional opportunity to receive public comment and review regulations that may be outdated or unclear.

Dr. Inker and Committee members reviewed the Board’s Regulations Governing Nursing Home Administrators (18 VAC 95-20-10 et seq.) and Assisted Living Facility Administrators (18 VAC 95-30-10 et seq.) for possible areas of reduction.

### *Regulations Governing Nursing Home Administrators (18 VAC 95-20-10 et seq.)*

18VAC95-20-80, possible new 95-20-205: Ms. Tillman Wolf proposed that the Board consider the addition of an inactive licensure status for both NHA and ALFA licensees. Inactive licensees would pay a reduced yearly renewal fee; these licensees would not be required to complete yearly continuing education (CE) requirements but also would not be permitted to practice in Virginia while in an inactive status. The benefit to licensees would be the ease of reactivating the license by paying the difference in inactive and active renewal fees and completion of CE hours, rather than going through a license reinstatement process. This would be helpful to address certain workforce issues, as it would allow out-of-state or retired administrators to more easily reactivate licensure to practice in Virginia.

18VAC95-20-130 – Committee members discussed a clarification to the language regarding payment of exam fees to the service or entities providing the exam.

18VAC95-20-175 – Ms. Barrett stated that the Board could review the structure of CE hours, specifically the overall hour requirement where licensees may fulfill CE through “soft” hours with internet or self-study courses. Ms. Tillman Wolf noted that additional review and discussion may be warranted in this area to ensure that any change in CE requirements does not conflict with facility based regulatory requirements.

Committee members discussed the deletion of language in -175(C)(2)(d) which requires the signature of an authorized representative of an approved sponsor on CE documentation.

Committee members discussed the insertion of language in -175(C)(3) to allow administrators to use database information from the NAB CE Registry as an additional means to document compliance.

Committee members discussed that administrators may benefit from additional education regarding the availability of credit for non-NAB CE programs/courses, including CE courses from government agencies or accredited universities.

18VAC95-20-180 – Committee members discussed the change in (A) of “shall” to “may” as a possible reduction, or whether this may be more appropriate as a clarification during a periodic review.

18VAC95-20-220 – Committee members discussed the deletion of (3)(iii) as a separate requirement, as completion of the Domains of Practice form is already part of completion of an AIT program.

18VAC95-20-230 – Committee members discussed deletion of (B)(4) as a required submission in an application package.

18VAC95-20-300 – Committee members discussed deletion of the first sentence of (B), as an unnecessary requirement for the timing of documents for an application package.

18VAC95-20-340 (B) – Committee members discussed whether the Board should reconsider the number limit on AITs under one preceptor. Committee members agreed that this may be more appropriate for a periodic review, as the Board could receive public comment regarding the impact of such an amendment.

18VAC95-20-440 – Committee members discussed the deletion of the language in (A), “and shall obtain a new preceptor who is registered with the board within 60 days” as any resumption of an AIT program would already require approval of a new preceptor, and the time limit was unnecessarily burdensome.

*Regulations Governing Assisted Living Facility Administrators (18 VAC 95-30-10 et seq.)*

18VAC95-30-40, possible 95-30-91 – Committee members discussed the recommendation of adding an inactive license status for ALFAs.

18VAC95-30-70 – Committee members discussed recommendations similar to those discussed for the Chapter 20 regulations – consideration of overall CE hours, deletion of language in 95-20-70(C)(2)(d) which requires the signature of an authorized representative of an approved sponsor on CE documentation, and insertion of -70(C)(3) to allow administrators to use documentation from the NAB CE Registry.

18VAC95-30-80 – Committee members discussed the change in (A) of “shall” to “may.”

18VAC95-30-130 - Committee members discussed deletion of (B)(4) as a requirement for an application package and deletion of the first sentence of (C) for the same reasons as discussed under Ch. 20.

18VAC95-30-140 – Committee members identified the deletion of the first sentence of (B).

18VAC95-30-200 - Committee members discussed the deletion of the language in (A), “and shall obtain a new preceptor who is registered with the board within 60 days” for the same reasons as previously discussed.

Upon a **MOTION** by Dr. Williams, and properly seconded by Ms. Kirby, the Committee voted to recommend the proposed reductions to the Regulations for Nursing Home Administrators and Assisted Living Facility Administrators to the full Board for consideration as discussed by the Committee. The motion passed unanimously (4-0).

**FEEDBACK ON UPDATED ADMINISTRATOR-IN-TRAINING BOARD FORMS**

Ms. Tillman Wolf provided copies of draft updates to the Board’s forms for the AIT program. The forms reflected updates to the Board’s Regulations set to become effective on December 21, 2022, as well as recent

updates to the Domains of Practice from NAB. Committee members provided feedback on the forms, including the Proposed Training Plan, AIT Monthly Report, and AIT Report of Completion. Committee members recommended changes to the Report of Completion to remove the hours of training in each separate sub-category, to instead include simple checkboxes for the AIT to indicate receipt of training in each area. Board staff will make modifications to the forms as discussed. The forms will be available for AIT and Preceptor use when the new regulations become effective on December 21, 2022.

**NEXT MEETING**

Dr. Inker stated that the next full business meeting of the Board is scheduled for March 7, 2023. The recommendations of the Legislative/Regulatory Committee will be presented to the full Board for consideration.

**ADJOURNMENT**

With all business concluded, the meeting adjourned at 2:47 p.m.

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Corie Tillman Wolf, J.D., Executive Director

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Date



**Unapproved**  
**VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS**  
**SPECIAL SESSION - MINUTES**

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**January 12, 2023**

**Department of Health Professions**  
**Perimeter Center**  
**9960 Mayland Drive**  
**Henrico, Virginia 23233**

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**CALL TO ORDER:**

The Board of Long-Term Care Administrators convened by telephone conference call on January 12, 2023 at 11:03 a.m. to consider whether a practitioner's ability to practice as an Assisted Living Facility Administrator constituted a substantial danger to the public health and safety pursuant to Va. Code §54.1-2408.1. With seven (7) members of the Board present, a quorum was established, with Ms. Lisa Kirby, Vice-Chair, presiding.

**MEMBERS PRESENT:**

Lisa Kirby, N.H.A.  
Martha H. Hunt, A.L.F.A.  
Ali Faruk, MPA, Citizen Member  
Kimberly Brathwaite, A.L.F.A.  
Pamela Dukes, M.B.A., Citizen Member  
Ashley Jackson, MBA, N.H.A.  
Mitchell P. Davis, N.H.A.

**MEMBERS ABSENT:**

Jenny Inker, PhD, MBA, A.L.F.A.  
Ann L. Williams, Ed. D., Citizen Member

**DHP STAFF PRESENT:**

Corie Tillman Wolf, Executive Director  
Kelley Palmatier, Deputy Executive Director

**PARTIES ON BEHALF OF  
THE COMMONWEALTH:**

Sean J. Murphy, Assistant Attorney General  
Christine Corey, Adjudication Specialist

**BOARD COUNSEL:**

M. Brent Saunders, Senior Assistant Attorney General

**MATTER:**

**Brenda Seal, A.L.F.A.**  
**License #1706-000698**  
**Case Number 221758**

**DISCUSSION:**

The Board received information from Assistant Attorney General Sean Murphy in order to determine whether

Brenda Seal’s ability to practice as an Assisted Living Facility Administrator constituted a substantial danger to public health and safety. Sean Murphy provided details of the case to the Board for its consideration.

**CLOSED SESSION:**

Upon a motion by Martha Hunt, and duly seconded by Mitchell Davis, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Brenda Seal, A.L.F.A. Additionally, she moved that Mr. Brent Saunders, Ms. Corie Tillman Wolf and Ms. Kelley Palmatier attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

**RECONVENE:**

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

**DECISION:**

Upon a motion by Lisa Kirby and duly seconded by Martha Hunt, the Board determined that the continued practice of Brenda Seal constitutes a substantial danger to the public health and safety. The board voted to summarily suspend her license to practice as an assisted living facility administrator, simultaneous with the offering of a consent order for revocation and the institution of proceedings for a formal administrative hearing pursuant to §54.1-2408.1 of the Code of Virginia.

**VOTE:**

The vote was 6 “aye” with one abstention.

**ADJOURNMENT:**

The Board adjourned at 11:34 a.m.

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Corie Tillman Wolf, JD, Executive Director

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Date



# Staff Reports



## PROPOSED AIT PROGRAM TRAINING PLAN DOMAINS OF PRACTICE

The Preceptor and Administrator-In-Training (AIT) are encouraged to work together to develop a training plan that best suits the individual training needs of the AIT in their respective long-term care setting. The training plan form should include the proposed number of hours in each category, as applicable.

For more information and resources for completing this training form, please visit <https://www.nabweb.org/new-ait-program-manual>.

FULL NAME OF AIT	
EMAIL ADDRESS OF AIT	
NAME OF TRAINING SITE	PHONE NUMBER OF TRAINING SITE
TRAINING SITE ADDRESS	
FULL NAME OF PRECEPTOR	PHONE NUMBER OF PRECEPTOR
EMAIL ADDRESS OF PRECEPTOR	
NUMBER OF HOURS REQUIRED TO COMPLETE THE PROGRAM:	

Code	Subject Category	Hours Proposed
<b>Domain 1 - Care, Services, and Supports</b>		
1A1	Medical and Nursing Care Practices. Knowledge/Understanding of general medical terminology and standards of practice and guidance for nursing as relates to long-term care.	
1A2	Medication Management and Administration. Knowledge/Understanding of common LTC medications, requirements/limitations, interactions, record keeping, storage requirements, etc.	
1A3	Disease Management (e.g., acute vs. chronic conditions). Knowledge of care practices, interventions, complications, prevention efforts, etc.	
1A4	Nutrition and Hydration (e.g., specialized diets). Knowledge of the value of food and drink in maintaining health and well-being.	

<b>Code</b>	<b>Subject Category</b>	<b>Hours Proposed</b>
1A5	Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs). Knowledge of daily self-care activities including feeding ourselves, bathing, dressing, grooming, work, homemaking, hygiene, leisure, hobbies. Includes knowledge of adaptive equipment and devices used to enhance and increase independence in performing these activities. Refers to some of the most basic functions of living.	
1A6	Rehabilitation and Restorative Programs. Knowledge of the proper roles of therapists (occupational, physical, speech...) and nursing staff.	
1A7	Care Recipient Assessment and Interdisciplinary Care Planning. Knowledge of the process and participants in the care planning processes and required timelines.	
1A8	Clinical and Medical Records and Documentation Requirements (e.g., storage, retention, destruction). Knowledge of the process, participants and required timelines in care planning.	
1A9	Medical Director. Knowledge of the role of the medical director, requirements, policies, etc.	
1A10	Emergency Medical Services (e.g., CPR, first aid, Heimlich maneuver, AED). Knowledge of EMS policies/procedures, equipment, requirements.	
1A11	Transition of Care (e.g., admission, move-in, transfer, discharge, and move-out). Knowledge of the movement of a resident from one setting of care (hospital, ambulatory primary or specialty care practice, long-term care, home health, rehabilitation facility) to another. More specifically, to and from long-term care.	
1A12	Basic Healthcare Terminology. Knowledge of basic (common) healthcare terms, and more specifically, those more common in the long-term care setting.	
1B1	Psychosocial Needs (e.g., social, spiritual, community, cultural). Knowledge relevant to a patient as well as their family's mental, social, cultural, spiritual, and developmental needs arising from emotional response to their diagnosis, social and role limitations, loss of physical and/or mental abilities and other complexities.	
1B2	Person-Centered Care and Comprehensive Care Planning. Knowledge relevant to empowering people to take charge of their own health rather than being passive recipients of services based on the patient views, input and experience help improve outcomes; knowledge of a plan of care that outlines goals of care, planned medical, nursing and allied health activities for a resident.	
1B3	Care Recipient Bill of Rights and Responsibilities. Knowledge of the federal Nursing Home Reform Law enacted in 1987 in the Social Security Act and the requirements to promote and protect the rights of each resident with a strong emphasis on individual dignity and self-determination.	
1B4	Care Recipient Safety (e.g., fall prevention, elopement prevention, adverse events). Knowledge of interventions, equipment, reporting requirements, investigation requirements, etc.	
1B5	Care Recipient (and Representative) Grievance, Conflict, and Dispute Resolution. Knowledge of processes for grievances, conflict resolution, dispute resolution, investigation, reporting requirements.	
1B6	Care Recipient Advocacy (e.g., Ombudsman, resident and family council). Knowledge of your role as residents' liaison between staff and doctors.	
1B7	Care Recipient Decision-Making (e.g., capacity, power of attorney, guardianship, conservatorship, code status, advance directives, ethical decision-making). Knowledge of legal requirements, definitions, limitations, ethics.	
1B8	Care Recipient (and Representative) Satisfaction. Knowledge of methods to understand and predict satisfaction and methods to improve.	

Code	Subject Category	Hours Proposed
1B9	Recognition of Maltreatment (e.g., abuse, neglect, exploitation). Knowledge of legal definitions of abuse, neglect, exploitation; reporting requirements, investigation techniques, etc.	
1B10	Mental and Behavioral Health (e.g., cognitive impairment, depression, social support systems). Knowledge of the difference between the two; understanding issues related to depression, anxiety, diabetes management, weight loss, smoking cessation and drinking or drug problems; understanding the connection between behaviors and the health and well-being of the body, mind and spirit; relevance to preventing illness or promoting health.	
1B11	Trauma-Informed Care (e.g., PTSD). Knowledge of the principles of a trauma-informed care approach.	
1B12	Pain Management. Knowledge of interventional procedures, medication management, therapies, counseling and support, alternative therapies and how to refer to medical specialists.	
1B13	Death, Dying, and Grief. Knowledge of the processes and stages.	
1B14	Restraint Usage and Reduction. Knowledge of the proper use of restraints and what constitutes a restraint, knowledge of legal requirements if they are used and limitations and documentation requirements.	
1B15	Foodservice (e.g., choice and menu planning, dietary management, food storage and handling, dining services). Knowledge of culture change impacts on food service choices, requirements for staffing, requirements for storage, food handling requirements, illness prevention, risks of foodborne illnesses, etc.	
1B16	Social Services Program. Knowledge of culture change impacts on food service choices, requirements for staffing, requirements for storage, food handling requirements, illness prevention, risks of foodborne illnesses, etc.	
1B17	Therapeutic Recreation and Activity Programs. Knowledge of various therapy activities that offer benefits to support the health and well-being of residents; knowledge of similar activities specific to seniors with Alzheimer's and Dementia.	
1B18	Community Resources. Knowledge of existing community resources available and how programs come to exist through legislation, who uses the resources, and how they are delivered.	
1C1	Hospice and Palliative Care. Knowledge of the differences, knowledge of pain management and psychosocial and spiritual needs, family needs, etc. Knowledge of legal limitations/guidance.	
1C2	Specialized Medical Equipment (e.g., oxygen, durable medical equipment). Knowledge of equipment and supplies to include devices, controls or appliances, specified in the care plan to enable individuals to increase their abilities to perform ADLs or to perceive, control or communicate with their environment. Also includes life support, ancillary supplies and equipment. Knowledge of limitations and costs, etc.	
1C3	Transportation for Care Recipients. Knowledge of requirements to transport.	
1C4	Telemedicine (e.g., e-health.) Knowledge of CMS guidance - Telehealth and Telemedicine Tool Kit.	
1C5	Diagnostics Services (e.g., radiology, lab services). Knowledge of availability of various services within and near the facility; limitations and requirements, etc.	
1C6	Dental and Oral Care Services. Knowledge of availability of various services within and near the facility; limitations and requirements, etc.	

<b>Code</b>	<b>Subject Category</b>	<b>Hours Proposed</b>
1C7	Healthcare Partners and Clinical Providers (e.g., MD/DO, Nurse Practitioner, Psychiatrist, Podiatrist, Dentist). Knowledge of availability of various services within and near the facility; limitations and requirements, etc.	
1C8	Volunteer Programs. Knowledge of volunteer programs, to include Ombudsman programs and others; limitations and regulations.	
<b>Domain 2 – Operations</b>		
2A1	Budgeting and Forecasting. Knowledge of tools and purposes of budgeting, forecasting, generally accepted accounting principles.	
2A2	Financial Analysis (e.g., ratios, profitability, debt, revenue mix, depreciation, operating margin, cash flow). Knowledge of financial analysis tools and ability to calculate different indicators and understand what they mean.	
2A3	Revenue Cycle Management (e.g., billing, accounts receivable, accounts payable, collections). Comprehension of the revenue cycle and the administrator’s role along the way.	
2A4	Financial Statements (e.g., income/revenue statement, balance sheet, statement of cash flows, cost reporting). Understand financial statements and interpret what they mean to the facility.	
2A5	Revenue and Reimbursement (e.g., PDPM, PDGM, ACOs, HMOs, Medicaid, private payers). Comprehension of the various revenue sources, calculations, implications, etc.	
2A6	Financial Reporting Requirements (e.g., requirements for not for-profit, for-profit, and governmental providers). Knowledge of the financial reporting requirements for different facility types.	
2A7	Integration of Clinical and Financial Statements (e.g., EMR/ HER, MDS). Knowledge of policies, procedures, practices; compliance implications, viability implications; planning methods, implementation methods.	
2A8	Internal Financial Management Controls (e.g., segregation of duties, access). Knowledge of policies, procedures, practices; compliance implications, viability implications; planning methods, implementation methods.	
2A9	Supply-Chain Management (e.g., inventory control). Knowledge of cost/time/waste minimization techniques.	
2A10	Resident Trust Accounts for Personal Funds. Knowledge of policies and procedures and requirements for maintaining trust accounts and reporting/spending requirements.	
2B1	OSHA Rules and Regulations. Knowledge of rules, regulations, policies, procedures for a safe environment for employees; training, equipment requirements.	
2B2	Workers Compensation. Knowledge of how to maintain a safe work environment; implications of not doing so.	
2B3	Ethical Conduct and Standards of Practice. Understand ethical concerns and standards of practice for various professions working within the facility.	
2B4	Compliance Programs. Knowledge of the plethora of regulations relating to diversity, safety, risk management, professional development, ethics, etc.	
2B5	Risk Management Process and Programs. Knowledge/Understanding of how to identify risks, analyze risks, evaluate/rank risks, risk treatment techniques, cycles, etc.	
2B6	Quality Improvement Processes (e.g., root cause analysis, PDCA/PDSA). Working knowledge of QAPI processes from risk management paradigm.	

<b>Code</b>	<b>Subject Category</b>	<b>Hours Proposed</b>
2B7	Scope of Practice and legal Liability. Knowledge/Understanding of medical/professional liability issues (e.g., changes in the PPACA); relative to increased use of PAs, NPs, etc.	
2B8	Internal Investigation Protocols and Techniques (e.g., incidents, adverse events). Working knowledge of investigation procedures and techniques.	
2B9	Mandatory Reporting Requirements (e.g., incidents, adverse events, abuse, neglect, financial exploitation, fraud). Thorough understanding of definitions of abuse, neglect, exploitation; working knowledge of reporting requirements.	
2B10	Insurance Coverage (e.g., liability, property). Knowledge/Understanding of insurance requirements relative to risk management.	
2B11	Healthcare Record Requirements (e.g., confidentiality, disclosure, safeguarding, HIPAA, HITECH). Working knowledge of HIPAA; working knowledge of record keeping requirements.	
2B12	Security (e.g., cameras, monitoring systems, locks, staff location reporting). Knowledge of technology available, limitations by law, etc.	
2B13	Contracted Services (e.g., roles, responsibilities, oversight, background checks). Knowledge/Understanding of implications of managed care, case management, reimbursement, benefits, structuring, etc.	
2C1	Federal Human Resources Laws, Rules, and Regulations (e.g., ADA, FMLA, Wage and Hour, FLSA). Knowledge/Understanding of federal HR laws, rules, regulations.	
2C2	Selection and Hiring Practices (e.g., EEOC, interviewing, adverse impact, protected classes, occupational qualifications). Working knowledge of valid hiring practices and what you can and cannot do/ask/ say, etc.	
2C3	Compensation and Benefits Programs (e.g., time off, healthcare insurance, employee pay and payroll). Working knowledge of compensation and benefit programs.	
2C4	Organizational Staffing Requirement and Reporting (e.g., PBJ). Working knowledge of staffing/reporting requirements.	
2C5	Staff Certification and Licensure Requirements. Working knowledge of certification and licensure requirements of all professionals within the field of LTC.	
2C6	Professional Development (e.g., maintenance of credentials, continuing education). Knowledge of CE requirements for credential maintenance and professional development of staff (and self).	
2C7	Employee Training and Orientation. Knowledge of periodic training requirements to include orientation training.	
2C8	Performance Evaluation. Knowledge/Understanding of how to identify risks, analyze risks, evaluate/rank risks, risk treatment techniques, cycles, etc.	
2C9	Human Resources Policies (e.g., drug-free workplace, discipline, job classifications, photography and video, social media usage, mobile phone usage). Knowledge/Understanding of HR Policies (reasons for, options to change, etc.).	
2C10	Employee Record-Keeping Requirements. Knowledge/Understanding of the lifecycle of records/disposition, safeguards, regulatory requirements.	
2C11	Employee Grievance, Conflict, and Dispute Resolution. Knowledge/Understanding of resolution strategies, documentation requirements, what constitutes a grievance (act/omission, situation, decision, perceptions).	



Code	Subject Category	Hours Proposed
2C12	Employee Satisfaction, Engagement, and Retention. Knowledge/Understanding of best practices in the field, current trends, how to respond, tools available, etc.	
2C13	Cultural Competence and Diversity Awareness. Knowledge/Understanding of the ongoing evolution of cultural competence, awareness, knowledge, understanding, sensitivity and skill.	
2C14	Labor Relations (e.g., union, collective bargaining [CBA], contract/ pool staff). Knowledge/Understanding of various labor relation issues.	
<b>Domain 3 – Environment</b>		
3A1	Federal Codes and Regulations for Building Equipment, Maintenance and Grounds. Knowledge/Understanding/working knowledge of the Life Safety Code rules/ regulations and the survey process.	
3A2	Person-Centered Environment (e.g., home-like environment). Knowledge/Understanding of role/importance of the environment in providing a home-like environment; dignity, coordination of care; personalized care; development of strengths and abilities for improved independence, etc.	
3A3	Safety and Accessibility (e.g., ADA, safety data sheets). Knowledge/Understanding of documentation required for chemicals/substances in building (SDSes); familiarity with requirements of ADA for private vs. government buildings (Titles I, II, and III).	
3A4	Facility Management and Environmental Services. Knowledge/Understanding of available strategies/approaches commensurate with culture and other factors.	
3A5	Information Systems Infrastructure (e.g., configurations, data security, technical controls). Knowledge/Understanding of compliance issues (HIPAA, CMS, HITECH) and current best practices.	
3A6	Preventative and Routine Maintenance Programs (e.g., pest control, equipment, mechanical systems). Working knowledge of equipment, systems, maintenance requirements.	
3A7	Infection Control and Sanitation (e.g., linens, kitchen, hand washing, healthcare acquired infections, hazardous materials). Working knowledge of infection control issues relevant to environmental issues.	
3A8	Disaster and Emergency Planning, Preparedness, Response, and Recovery (e.g., Appendix Z). Working knowledge of the coordinated, cooperative process of preparing to match urgent needs with available resources; includes research, writing, disseminating, testing, updating. Emergency plans are living documents and adapt to changing circumstances - protocols, procedures, division of responsibilities...vary somewhat by geography and known risks in the area (tornadoes, hurricanes, earthquakes, etc.).	
3B1	Federal Healthcare Laws, Rules, and Regulations. Working knowledge of federal healthcare laws, rules and regulations as they pertain to facility and life safety code issues.	
3B2	Government Programs and Entities (e.g., Medicare, Medicaid, waivers). Working knowledge of QAPI for Medicare/Medicaid compliance relative to Requirements of Participation; F-Tag compliance.	
3B3	Certification and Licensure Requirements for the Organization. Working knowledge of licensure requirements; Requirements of Participation for re-certification standard surveys.	
3B4	Regulatory Survey and Inspection Process. Working knowledge of; ability to run a “mock” survey/inspection.	
3B5	Procedures for Informal Dispute Resolution (IDR). Working knowledge of the process.	

Code	Subject Category	Hours Proposed
3B6	Centers for Medicare and Medicaid Services (CMS) Quality Measures. Working knowledge of the tools used to measure or quantify healthcare processes, outcomes, patient perceptions and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care. Goals include: effective, safe, efficient, patient-centered, equitable and timely care.	
3B7	Quality Assurance and Performance Improvement (QAPI). Working knowledge of QAPI, principles, processes, tools, purpose, elements of QAPI, QAPI F-Tags and federal requirements, etc.	
3B8	Bed-Hold Requirements. Working knowledge of Medicaid bed hold policies and requirements (Medicare restrictions).	
3B9	Pre-Admission Screening Annual Review (PASSR). Working knowledge of federal pre-admission screening and annual review requirements (applicability and definitions).	
3B10	Facility Assessment. Working knowledge of the requirement and purpose of an annual facility assessment; familiarity with tools for conducting these assessments.	
<b>Domain 4 – Leadership and Strategy</b>		
4A1	Organizational Structures (e.g., roles, responsibilities, functions, systemic processes). Understanding of the purpose of different organizational structures and different types of structures.	
4A2	Organizational Change Management. Understand methods and manners to describe and implement change within its internal and external processes; understand how to develop a structured approach to change; understand how to beneficially transition while mitigating disruption.	
4A3	Organizational Behavior (e.g., organizational culture, team building, group dynamics). Understand the behavioral dynamics of individuals and groups in organizational settings; working knowledge of what motivates employees and how they interact with each other to be better able to meet short- and long-term goals.	
4A4	Leadership Principles (e.g., communications, styles, mentoring, coaching, personal professional development). Working knowledge of numerous leadership principles, leadership styles, tools, techniques.	
4A5	Governance (e.g., board of directors, governing bodies, corporate entities, advisory boards). Working knowledge of the role and responsibilities of governance entities in LTC; legal framework, oversight responsibilities, reporting indicators for governing bodies, strategic role; concepts such as collaborative governance.	
4A6	Professional Advocacy and Governmental Relations. Understand the relationships of different organizations and the processes for impactful advocacy for strengthening LTC policies/procedures/rules/laws (meaningful public policy change).	
4B1	Mission, Vision, and Value Statements. Working knowledge; understand what mission, vision and value statements are about and how to write good ones. Able to translate into foundation for strategic planning.	
4B2	Strategic Business Planning (e.g., new lines of service, succession management, staffing pipeline). Working knowledge of the processes of strategic planning and execution of the plan.	
4B3	Business Analytics (e.g., evidence-based practice, data analytics). Working knowledge of technological tools to effectively process important data for improved outcomes.	
4B4	Business Development (e.g., sales, marketing, partnerships, ACOs, contracts and agreements, negotiations). Understanding of ideas, initiatives, and activities that yields desired growth; includes building strategic partnerships and making strategic business decisions.	
4B5	Public Relations and External Stakeholders (e.g., hospitals, referrals sources, local community, donors). Working knowledge of techniques to attract referrals, partnerships and to satisfy and retain residents.	

<b>State-Specific Requirements/Other Training Areas</b>		
	Virginia Requirement: Training on the care of residents with cognitive or mental impairments, including Alzheimer’s disease and dementia. (All AITs)	
	State Laws and Regulations: Working knowledge of state laws and regulations as they pertain to nursing home licensure and oversight.	
	State Laws and Regulations: Working knowledge of state laws and regulations as they pertain to assisted living facility licensure and oversight.	
	<i>State-Specific Requirement or Other Training Area</i> (fill in as needed):	
	TOTAL	

By affixing our signatures below, as the above-named trainee (AIT) and preceptor, we agree to follow the standards and guidelines set forth by the Board and to submit such periodic and special reports as the Board may require during the training period. We have read and understand the Regulations Governing the Practice of Assisted Living Facility Administrators or the Regulations Governing the Practice of Nursing Home Administrators, as applicable, and agree that the hours of training will be conducted as required by the Regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date



## ADMINISTRATOR-IN-TRAINING MONTHLY REPORT

### INSTRUCTIONS

The Preceptor and Administrator-in-Training (AIT) are to record training **each month and complete the monthly report**. The Preceptor and the AIT may either submit the reports monthly to the Board office, or you may submit all of the monthly reports (1 report per month) with the Documentation of Completion form once the training has been completed. All monthly reports and forms are to be signed by the Preceptor and AIT.

FULL NAME OF NHA AIT

EMAIL ADDRESS OF NHA AIT

NAME OF TRAINING FACILITY

PHONE NUMBER OF TRAINING FACILITY

FULL NAME OF PRECEPTOR

PHONE NUMBER OF PRECEPTOR

EMAIL ADDRESS OF PRECEPTOR

**1. LIST ASSIGNMENTS AND DEPARTMENTS WITH TIME SPENT IN EACH:**

Use additional paper if needed. (Example: laundry service – 8 hours: participated in laundry sanitation and developed a process for clothing identification.)

Click or tap here to enter text.

**2. SUMMARY OF LEARNING EXPERIENCES:**

Click or tap here to enter text.

**3. STATEMENT OF PROBLEM(S) THAT AROSE DURING THE TRAINING, ANALYSIS, AND INSIGHTS GAINED:**

Describe a problem or problems that arose during the training, your role in resolving the problem(s), and what insights you gained during the process. (Examples include problems at the facility; issues with AIT training; difficulties encountered in the performance of AIT duties)

Click or tap here to enter text.

**4. VISITS OUTSIDE THE FACILITY, EDUCATIONAL CONFERENCES, IN-SERVICE EDUCATION ATTENDED, AND TIME:**

Click or tap here to enter text.



Date	Start Time	End Time		Shift Worked	Hours Worked
Date	Time AM/PM	Time AM/PM	Day Type	Shift	
Date	Time AM/PM	Time AM/PM	Day Type	Shift	
Date	Time AM/PM	Time AM/PM	Day Type	Shift	
				TOTAL HOURS	

Did the AIT serve weekday, evening, night, and weekend shifts this month?  Yes  No

Did the AIT complete no more than 40 hours of training per week?  Yes  No

Did the AIT complete training on the care of residents with cognitive or mental impairments, including Alzheimer’s disease and dementia, during this training period?  Yes  No

**AFFIDAVIT OF APPLICANT**

I hereby certify that this report is true and accurate, that I received the training indicated during this reporting period, and that the information is from the records of the above-named training facility, which are available for examination upon request by the Virginia State Board of Long-Term Care Administrators (“Board”) or any of its personnel. Further, I attest that I have complied with all applicable laws and regulations governing the practice of nursing home administrators or assisted living facility administrators. I understand that any false statements or misleading information provided herein shall be sufficient grounds for discipline of my AIT registration or subsequent licensure by the Board, even though it is not discovered until after the completion of my AIT program or issuance of licensure.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**AFFIDAVIT OF PRECEPTOR**

I hereby certify that this report is true and accurate and that the information, as indicated in the departments/areas listed, was under personal supervision in the practice of nursing home administration or assisted living facility administration. I hereby certify that I provided direct instruction, planning, and evaluation and continually evaluated the development and experience of the trainee to determine specific areas needed for concentration. I understand that any false statements or misleading information provided herein shall be sufficient grounds for discipline by the Board of my registration as a preceptor or of my license as an administrator.

I certify that I was routinely present with the trainee for on-site supervision in the training facility as appropriate to the experience and training of the AIT and the needs of the residents in the facility.

If applicable – for preceptors of Acting ALF Administrators-In-Training (AITs): I certify that I was present in the training facility and provided face-to-face instruction and review of the performance of the Acting ALF Administrator-In-Training (AIT) herein for a minimum of four (4) hours per week.

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date



## ADMINISTRATOR-IN-TRAINING DOCUMENTATION OF COMPLETION FORM

This form is to be completed by the Preceptor and Administrator-In-Training (AIT) based on the hours completed by the AIT in their respective long-term care setting. The form must include the number of hours spent in each category (as applicable), the Preceptor's evaluation of the AIT, and the Preceptor's recommendation of the AIT.

For more information and resources for completing this form, please visit <https://www.nabweb.org/new-ait-program-manual>.

FULL NAME OF AIT		
EMAIL ADDRESS OF AIT		
NAME OF TRAINING SITE	PHONE NUMBER OF TRAINING SITE	
TRAINING SITE ADDRESS		
FULL NAME OF PRECEPTOR	PHONE NUMBER OF PRECEPTOR	
EMAIL ADDRESS OF PRECEPTOR		
TOTAL NUMBER OF HOURS COMPLETED		
DATES OF AIT PROGRAM: From _____ (MM/DD/YYYY) To _____ (MM/DD/YYYY)		
<b>PRECEPTOR EVALUATION</b>		
1. Please evaluate the above-named Administrator-in-Training's abilities. Use a separate sheet if necessary.		
2. Do you recommend that the applicant's period as an Administrator-in-Training be approved by the Board as meeting the requirements for licensure? (If no, use additional paper to explain, identify areas of improvement, and attach any relevant documentation.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Code	Subject Category	Training completed in this category?	
<b>Domain 1 - Care, Services, and Supports</b>			
1A1	Medical and Nursing Care Practices. Knowledge/Understanding of general medical terminology and standards of practice and guidance for nursing as relates to long-term care.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A2	Medication Management and Administration. Knowledge/Understanding of common LTC medications, requirements/limitations, interactions, record keeping, storage requirements, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A3	Disease Management (e.g., acute vs. chronic conditions). Knowledge of care practices, interventions, complications, prevention efforts, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A4	Nutrition and Hydration (e.g., specialized diets). Knowledge of the value of food and drink in maintaining health and well-being.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A5	Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs). Knowledge of daily self-care activities including feeding ourselves, bathing, dressing, grooming, work, homemaking, hygiene, leisure, hobbies. Includes knowledge of adaptive equipment and devices used to enhance and increase independence in performing these activities. Refers to some of the most basic functions of living.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A6	Rehabilitation and Restorative Programs. Knowledge of the proper roles of therapists (occupational, physical, speech...) and nursing staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A7	Care Recipient Assessment and Interdisciplinary Care Planning. Knowledge of the process and participants in the care planning processes and required timelines.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A8	Clinical and Medical Records and Documentation Requirements (e.g., storage, retention, destruction). Knowledge of the process, participants and required timelines in care planning.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A9	Medical Director. Knowledge of the role of the medical director, requirements, policies, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A10	Emergency Medical Services (e.g., CPR, first aid, Heimlich maneuver, AED). Knowledge of EMS policies/procedures, equipment, requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A11	Transition of Care (e.g., admission, move-in, transfer, discharge, and move-out). Knowledge of the movement of a resident from one setting of care (hospital, ambulatory primary or specialty care practice, long-term care, home health, rehabilitation facility) to another. More specifically, to and from long-term care.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A12	Basic Healthcare Terminology. Knowledge of basic (common) healthcare terms, and more specifically, those more common in the long-term care setting.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B1	Psychosocial Needs (e.g., social, spiritual, community, cultural). Knowledge relevant to a patient as well as their family's mental, social, cultural, spiritual, and developmental needs arising from emotional response to their diagnosis, social and role limitations, loss of physical and/or mental abilities and other complexities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B2	Person-Centered Care and Comprehensive Care Planning. Knowledge relevant to empowering people to take charge of their own health rather than being passive recipients of services based on the patient views, input and experience help improve outcomes; knowledge of a plan of care that outlines goals of care, planned medical, nursing and allied health activities for a resident.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B3	Care Recipient Bill of Rights and Responsibilities. Knowledge of the federal Nursing Home Reform Law enacted in 1987 in the Social Security Act and the requirements to promote and protect the rights of each resident with a strong emphasis on individual dignity and self-determination.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B4	Care Recipient Safety (e.g., fall prevention, elopement prevention, adverse events). Knowledge of interventions, equipment, reporting requirements, investigation requirements, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Code	Subject Category	Training completed in this category?	
1B5	Care Recipient (and Representative) Grievance, Conflict, and Dispute Resolution. Knowledge of processes for grievances, conflict resolution, dispute resolution, investigation, reporting requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B6	Care Recipient Advocacy (e.g., Ombudsman, resident and family council). Knowledge of your role as residents' liaison between staff and doctors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B7	Care Recipient Decision-Making (e.g., capacity, power of attorney, guardianship, conservatorship, code status, advance directives, ethical decision-making). Knowledge of legal requirements, definitions, limitations, ethics.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B8	Care Recipient (and Representative) Satisfaction. Knowledge of methods to understand and predict satisfaction and methods to improve.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B9	Recognition of Maltreatment (e.g., abuse, neglect, exploitation). Knowledge of legal definitions of abuse, neglect, exploitation; reporting requirements, investigation techniques, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B10	Mental and Behavioral Health (e.g., cognitive impairment, depression, social support systems). Knowledge of the difference between the two; understanding issues related to depression, anxiety, diabetes management, weight loss, smoking cessation and drinking or drug problems; understanding the connection between behaviors and the health and well-being of the body, mind and spirit; relevance to preventing illness or promoting health.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B11	Trauma-Informed Care (e.g., PTSD). Knowledge of the principles of a trauma-informed care approach.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B12	Pain Management. Knowledge of interventional procedures, medication management, therapies, counseling and support, alternative therapies and how to refer to medical specialists.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B13	Death, Dying, and Grief. Knowledge of the processes and stages.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B14	Restraint Usage and Reduction. Knowledge of the proper use of restraints and what constitutes a restraint, knowledge of legal requirements if they are used and limitations and documentation requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B15	Foodservice (e.g., choice and menu planning, dietary management, food storage and handling, dining services). Knowledge of culture change impacts on food service choices, requirements for staffing, requirements for storage, food handling requirements, illness prevention, risks of foodborne illnesses, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B16	Social Services Program. Knowledge of culture change impacts on food service choices, requirements for staffing, requirements for storage, food handling requirements, illness prevention, risks of foodborne illnesses, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B17	Therapeutic Recreation and Activity Programs. Knowledge of various therapy activities that offer benefits to support the health and well-being of residents; knowledge of similar activities specific to seniors with Alzheimer's and Dementia.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B18	Community Resources. Knowledge of existing community resources available and how programs come to exist through legislation, who uses the resources, and how they are delivered.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1C1	Hospice and Palliative Care. Knowledge of the differences, knowledge of pain management and psychosocial and spiritual needs, family needs, etc. Knowledge of legal limitations/guidance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1C2	Specialized Medical Equipment (e.g., oxygen, durable medical equipment). Knowledge of equipment and supplies to include devices, controls or appliances, specified in the care plan to enable individuals to increase their abilities to perform ADLs or to perceive, control or communicate with their environment. Also includes life support, ancillary supplies and equipment. Knowledge of limitations and costs, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Code	Subject Category	Training completed in this category?	
1C3	Transportation for Care Recipients. Knowledge of requirements to transport.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1C4	Telemedicine (e.g., e-health.) Knowledge of CMS guidance - Telehealth and Telemedicine Tool Kit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1C5	Diagnostics Services (e.g., radiology, lab services). Knowledge of availability of various services within and near the facility; limitations and requirements, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1C6	Dental and Oral Care Services. Knowledge of availability of various services within and near the facility; limitations and requirements, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1C7	Healthcare Partners and Clinical Providers (e.g., MD/DO, Nurse Practitioner, Psychiatrist, Podiatrist, Dentist). Knowledge of availability of various services within and near the facility; limitations and requirements, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1C8	Volunteer Programs. Knowledge of volunteer programs, to include Ombudsman programs and others; limitations and regulations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Domain 2 – Operations</b>			
2A1	Budgeting and Forecasting. Knowledge of tools and purposes of budgeting, forecasting, generally accepted accounting principles.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A2	Financial Analysis (e.g., ratios, profitability, debt, revenue mix, depreciation, operating margin, cash flow). Knowledge of financial analysis tools and ability to calculate different indicators and understand what they mean.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A3	Revenue Cycle Management (e.g., billing, accounts receivable, accounts payable, collections). Comprehension of the revenue cycle and the administrator’s role along the way.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A4	Financial Statements (e.g., income/revenue statement, balance sheet, statement of cash flows, cost reporting). Understand financial statements and interpret what they mean to the facility.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A5	Revenue and Reimbursement (e.g., PDPM, PDGM, ACOs, HMOs, Medicaid, private payers). Comprehension of the various revenue sources, calculations, implications, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A6	Financial Reporting Requirements (e.g., requirements for not for-profit, for-profit, and governmental providers). Knowledge of the financial reporting requirements for different facility types.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A7	Integration of Clinical and Financial Statements (e.g., EMR/ HER, MDS). Knowledge of policies, procedures, practices; compliance implications, viability implications; planning methods, implementation methods.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A8	Internal Financial Management Controls (e.g., segregation of duties, access). Knowledge of policies, procedures, practices; compliance implications, viability implications; planning methods, implementation methods.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A9	Supply-Chain Management (e.g., inventory control). Knowledge of cost/time/waste minimization techniques.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A10	Resident Trust Accounts for Personal Funds. Knowledge of policies and procedures and requirements for maintaining trust accounts and reporting/spending requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B1	OSHA Rules and Regulations. Knowledge of rules, regulations, policies, procedures for a safe environment for employees; training, equipment requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B2	Workers Compensation. Knowledge of how to maintain a safe work environment; implications of not doing so.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B3	Ethical Conduct and Standards of Practice. Understand ethical concerns and standards of practice for various professions working within the facility.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B4	Compliance Programs. Knowledge of the plethora of regulations relating to diversity, safety, risk management, professional development, ethics, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B5	Risk Management Process and Programs. Knowledge/Understanding of how to identify risks, analyze risks, evaluate/rank risks, risk treatment techniques, cycles, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Code	Subject Category	Training completed in this category?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B6	Quality Improvement Processes (e.g., root cause analysis, PDCA/PDSA). Working knowledge of QAPI processes from risk management paradigm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B7	Scope of Practice and legal Liability. Knowledge/Understanding of medical/professional liability issues (e.g., changes in the PPACA); relative to increased use of PAs, NPs, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B8	Internal Investigation Protocols and Techniques (e.g., incidents, adverse events). Working knowledge of investigation procedures and techniques.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B9	Mandatory Reporting Requirements (e.g., incidents, adverse events, abuse, neglect, financial exploitation, fraud). Thorough understanding of definitions of abuse, neglect, exploitation; working knowledge of reporting requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B10	Insurance Coverage (e.g., liability, property). Knowledge/Understanding of insurance requirements relative to risk management.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B11	Healthcare Record Requirements (e.g., confidentiality, disclosure, safeguarding, HIPAA, HITECH). Working knowledge of HIPAA; working knowledge of record keeping requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B12	Security (e.g., cameras, monitoring systems, locks, staff location reporting). Knowledge of technology available, limitations by law, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B13	Contracted Services (e.g., roles, responsibilities, oversight, background checks). Knowledge/Understanding of implications of managed care, case management, reimbursement, benefits, structuring, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C1	Federal Human Resources Laws, Rules, and Regulations (e.g., ADA, FMLA, Wage and Hour, FLSA). Knowledge/Understanding of federal HR laws, rules, regulations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C2	Selection and Hiring Practices (e.g., EEOC, interviewing, adverse impact, protected classes, occupational qualifications). Working knowledge of valid hiring practices and what you can and cannot do/ask/ say, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C3	Compensation and Benefits Programs (e.g., time off, healthcare insurance, employee pay and payroll). Working knowledge of compensation and benefit programs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C4	Organizational Staffing Requirement and Reporting (e.g., PBJ). Working knowledge of staffing/reporting requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C5	Staff Certification and Licensure Requirements. Working knowledge of certification and licensure requirements of all professionals within the field of LTC.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C6	Professional Development (e.g., maintenance of credentials, continuing education). Knowledge of CE requirements for credential maintenance and professional development of staff (and self).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C7	Employee Training and Orientation. Knowledge of periodic training requirements to include orientation training.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C8	Performance Evaluation. Knowledge/Understanding of how to identify risks, analyze risks, evaluate/rank risks, risk treatment techniques, cycles, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C9	Human Resources Policies (e.g., drug-free workplace, discipline, job classifications, photography and video, social media usage, mobile phone usage). Knowledge/Understanding of HR Policies (reasons for, options to change, etc.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C10	Employee Record-Keeping Requirements. Knowledge/Understanding of the lifecycle of records/disposition, safeguards, regulatory requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C11	Employee Grievance, Conflict, and Dispute Resolution. Knowledge/Understanding of resolution strategies, documentation requirements, what constitutes a grievance (act/omission, situation, decision, perceptions).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C12	Employee Satisfaction, Engagement, and Retention. Knowledge/Understanding of best practices in the field, current trends, how to respond, tools available, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Code	Subject Category	Training completed in this category?	
2C13	Cultural Competence and Diversity Awareness. Knowledge/Understanding of the ongoing evolution of cultural competence, awareness, knowledge, understanding, sensitivity and skill.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C14	Labor Relations (e.g., union, collective bargaining [CBA], contract/ pool staff). Knowledge/Understanding of various labor relation issues.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Domain 3 – Environment</b>			
3A1	Federal Codes and Regulations for Building Equipment, Maintenance and Grounds. Knowledge/Understanding/working knowledge of the Life Safety Code rules/regulations and the survey process.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3A2	Person-Centered Environment (e.g., home-like environment). Knowledge/Understanding of role/importance of the environment in providing a home-like environment; dignity, coordination of care; personalized care; development of strengths and abilities for improved independence, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3A3	Safety and Accessibility (e.g., ADA, safety data sheets). Knowledge/Understanding of documentation required for chemicals/substances in building (SDSes); familiarity with requirements of ADA for private vs. government buildings (Titles I, II, and III).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3A4	Facility Management and Environmental Services. Knowledge/Understanding of available strategies/approaches commensurate with culture and other factors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3A5	Information Systems Infrastructure (e.g., configurations, data security, technical controls). Knowledge/Understanding of compliance issues (HIPAA, CMS, HITECH) and current best practices.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3A6	Preventative and Routine Maintenance Programs (e.g., pest control, equipment, mechanical systems). Working knowledge of equipment, systems, maintenance requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3A7	Infection Control and Sanitation (e.g., linens, kitchen, hand washing, healthcare acquired infections, hazardous materials). Working knowledge of infection control issues relevant to environmental issues.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3A8	Disaster and Emergency Planning, Preparedness, Response, and Recovery (e.g., Appendix Z). Working knowledge of the coordinated, cooperative process of preparing to match urgent needs with available resources; includes research, writing, disseminating, testing, updating. Emergency plans are living documents and adapt to changing circumstances - protocols, procedures, division of responsibilities...vary somewhat by geography and known risks in the area (tornadoes, hurricanes, earthquakes, etc.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B1	Federal Healthcare Laws, Rules, and Regulations. Working knowledge of federal healthcare laws, rules and regulations as they pertain to facility and life safety code issues.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B2	Government Programs and Entities (e.g., Medicare, Medicaid, waivers). Working knowledge of QAPI for Medicare/Medicaid compliance relative to Requirements of Participation; F-Tag compliance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B3	Certification and Licensure Requirements for the Organization. Working knowledge of licensure requirements; Requirements of Participation for re-certification standard surveys.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B4	Regulatory Survey and Inspection Process. Working knowledge of; ability to run a “mock” survey/inspection.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B5	Procedures for Informal Dispute Resolution (IDR). Working knowledge of the process.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Code	Subject Category	Training completed in this category?	
3B6	Centers for Medicare and Medicaid Services (CMS) Quality Measures. Working knowledge of the tools used to measure or quantify healthcare processes, outcomes, patient perceptions and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care. Goals include: effective, safe, efficient, patient-centered, equitable and timely care.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B7	Quality Assurance and Performance Improvement (QAPI). Working knowledge of QAPI, principles, processes, tools, purpose, elements of QAPI, QAPI F-Tags and federal requirements, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B8	Bed-Hold Requirements. Working knowledge of Medicaid bed hold policies and requirements (Medicare restrictions).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B9	Pre-Admission Screening Annual Review (PASSR). Working knowledge of federal pre-admission screening and annual review requirements (applicability and definitions).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3B10	Facility Assessment. Working knowledge of the requirement and purpose of an annual facility assessment; familiarity with tools for conducting these assessments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Domain 4 – Leadership and Strategy</b>			
4A1	Organizational Structures (e.g., roles, responsibilities, functions, systemic processes). Understanding of the purpose of different organizational structures and different types of structures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4A2	Organizational Change Management. Understand methods and manners to describe and implement change within its internal and external processes; understand how to develop a structured approach to change; understand how to beneficially transition while mitigating disruption.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4A3	Organizational Behavior (e.g., organizational culture, team building, group dynamics). Understand the behavioral dynamics of individuals and groups in organizational settings; working knowledge of what motivates employees and how they interact with each other to be better able to meet short- and long-term goals.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4A4	Leadership Principles (e.g., communications, styles, mentoring, coaching, personal professional development). Working knowledge of numerous leadership principles, leadership styles, tools, techniques.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4A5	Governance (e.g., board of directors, governing bodies, corporate entities, advisory boards). Working knowledge of the role and responsibilities of governance entities in LTC; legal framework, oversight responsibilities, reporting indicators for governing bodies, strategic role; concepts such as collaborative governance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4A6	Professional Advocacy and Governmental Relations. Understand the relationships of different organizations and the processes for impactful advocacy for strengthening LTC policies/procedures/rules/laws (meaningful public policy change).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4B1	Mission, Vision, and Value Statements. Working knowledge; understand what mission, vision and value statements are about and how to write good ones. Able to translate into foundation for strategic planning.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4B2	Strategic Business Planning (e.g., new lines of service, succession management, staffing pipeline). Working knowledge of the processes of strategic planning and execution of the plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4B3	Business Analytics (e.g., evidence-based practice, data analytics). Working knowledge of technological tools to effectively process important data for improved outcomes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4B4	Business Development (e.g., sales, marketing, partnerships, ACOs, contracts and agreements, negotiations). Understanding of ideas, initiatives, and activities that yields desired growth; includes building strategic partnerships and making strategic business decisions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Code	Subject Category	Training completed in this category?	
4B5	Public Relations and External Stakeholders (e.g., hospitals, referrals sources, local community, donors). Working knowledge of techniques to attract referrals, partnerships and to satisfy and retain residents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>State-Specific Requirements/Other Training Areas</b>			
	Virginia Requirement: Training on the care of residents with cognitive or mental impairments, including Alzheimer’s disease and dementia. (All AITs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	State Laws and Regulations: Working knowledge of state laws and regulations as they pertain to nursing home licensure and oversight.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	State Laws and Regulations. Working knowledge of state laws and regulations as they pertain to assisted living facility licensure and oversight.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>State-Specific or Other Training Area</i> (fill in as needed):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**AFFIDAVIT OF APPLICANT**

I hereby certify that this report is true and accurate, that I received the training indicated during this reporting period, and the information is from the records of the above-named training facility, which are available for examination upon request by the Virginia Board of Long-Term Care Administrators (“Board”) or any of its personnel. Further, I attest that I have complied with all applicable laws and regulations governing the practice of nursing home administrators or assisted living administrators. I understand that any false statements or misleading information provided herein shall be sufficient grounds for the discipline of my AIT registration or subsequent licensure by the Board, even though it is not discovered until after the completion of my AIT program or issuance of licensure.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**AFFIDAVIT OF PRECEPTOR**

I hereby certify that this report is true and accurate and that the information as indicated in the departments/areas listed was under personal supervision in the practice of nursing home administration or assisted living facility administration. I hereby certify that I provided direct instruction, planning, and evaluation, and I continually evaluated the development and experience of the trainee to determine specific areas needed for concentration. I understand that any false statements or misleading information provided herein shall be sufficient grounds for discipline by the Board of my registration as a preceptor or of my license as an administrator.

I certify that I was routinely present with the trainee for on-site supervision in the training facility as appropriate to the experience and training of the AIT and the needs of the residents in the facility.

If applicable – for preceptors of *Acting* ALF Administrators-In-Training (AITs): I certify that I was present in the training facility and provided face-to-face instruction and review of the performance of the Acting ALF Administrator-In-Training (AIT) herein for a minimum of four (4) hours per week.

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date

## ASSISTED LIVING FACILITY ADMINISTRATORS EDUCATION AND EXPERIENCE MATRIX

EDUCATION	EXPERIENCE	ALF AIT REQUIREMENTS
Complete at least 30 semester hours of postsecondary education in an accredited college or university with at least 15 of the 30 semester hours in business or human services or a combination thereof		640 hours in AIT program in 24 months
Complete at least 30 semester hours of postsecondary education in an accredited college or university with at least 15 of the 30 semester hours in business or human services or a combination thereof	Full-time employment for 1 out of the past 4 years as an assistant administrator in a licensed ALF or nursing home or full-time employment for 1 out of the past 4 years as a hospital administrator	480 hours in AIT program in 24 months
Baccalaureate or Masters degree in an unrelated field		480 hours in AIT program in 24 months
Baccalaureate or Masters degree in health care-related or comparable field that meets specific coursework requirements with no internship		320 hours in AIT program in 24 months
30 semester hours from college or university with courses in specific long-term care related content areas (See 18VAC95-30-100(B))		480 hours in AIT program in 24 months
Graduate of LPN program	Holds current unrestricted LPN license	640 hours in AIT program in 24 months
Graduate of LPN program	Holds current unrestricted LPN license with administrative level supervisory position in nursing for at least 1 out of the past 4 years in a licensed ALF or nursing home	480 hours in AIT program in 24 months
Graduate of RN program	Holds current unrestricted RN license	480 hours in AIT program in 24 months
Graduate of RN program	Holds current unrestricted RN license with administrative level supervisory position in nursing for at least 1 out of the past 4 years in licensed ALF or nursing home	320 hours in AIT program in 24 months

EDUCATION	EXPERIENCE	ALF AIT REQUIREMENTS
High school diploma or general education diploma (GED)	Have at least three years of health care experience, to include at least one consecutive year in a managerial or supervisory role, in a health care setting within the five years prior to application. For purposes of this qualification, these definitions shall apply: (i) "health care experience" means full-time equivalency experience in providing care to residents or patients in a health care setting; (ii) "health care setting" means a licensed home health organization, licensed hospice program, licensed hospital or nursing home, licensed assisted living facility, licensed adult day program, or licensed mental health or developmental services facility; and (iii) "managerial or supervisory role" means an employment role that includes management responsibility and supervision of two or more staff.	640 hours in AIT program in 24 months
CERTIFICATE PROGRAM: Hold a baccalaureate or higher degree in a field unrelated to health care <u>and</u> complete certificate program w/ 21 semester hours in health-care related field that meets specific coursework requirements (See regulation 18VAC95-30-100(B))	As part of the certificate program, completed not less than 320-hour internship/practicum in an assisted living facility under the supervision of a preceptor that addresses the Domains of Practice content areas	No additional AIT required
HEALTH CARE DEGREE: Hold a baccalaureate or higher in health care-related field that meets specific coursework requirements (See regulation 18VAC95-30-100(B))	As part of the degree program, completed not less than 320-hour internship/practicum in an assisted living facility under the supervision of a preceptor that addresses the Domains of Practice content areas	No additional AIT required





## CONTINUING EDUCATION AFFIDAVIT OF COMPLETION

The licensee shall retain in his personal files for a period of three years complete documentation of continuing education, including evidence of attendance or participation as provided by the approved sponsor for each course taken. Licensees may track attendance or participation through the NAB CE Registry. If contacted for an audit, licensees may attach documentation from the NAB CE Registry to this form.

Click the following links to review the Board’s continuing education requirements: [NHA](#) or [ALFA](#)

[Click here](#) to review the Board’s Frequently Asked Questions about continuing education requirements.

FIRST NAME	MIDDLE NAME	LAST NAME AND SUFFIX
LICENSE NUMBER:	CHOOSE ONE: <input type="checkbox"/> NHA <input type="checkbox"/> ALFA	MOBILE PHONE:
CONTACT EMAIL ADDRESS:		CONTACT TELEPHONE NUMBER:

CONTINUING EDUCATION TYPE/NAME	DATE OF COMPLETION	HOURS COMPLETED



# Legislative and Regulatory Report

**Board of Long-Term Care Administrators**  
**Current Regulatory Actions**  
**March 7, 2023**

VAC	Stage	Subject Matter	Date Published	Effective Date
18VAC95-20 18VAC95-30	Final	Changes to qualifications for licensure of nursing home administrators and assisted living facility administrators	November 21, 2022	December 21, 2022

# Board Discussions and Actions

## **Agenda Item: Notice of Intended Regulatory Action for Regulatory Reduction**

### **Included in your agenda package are:**

- 18VAC95-20;
- 18VAC95-30.

### **Action needed:**

- Accept the recommendation of the Regulatory Committee to issue a Notice of Intended Regulatory Action (NOIRA) for 18VAC95-20 and 18VAC95-30 to take the following actions:
  - Create a pathway for inactive licensure for NHA and ALFA;
  - Update continuing education requirements to reduce unnecessary requirements, including a consideration of potential reduction of hours;
  - Eliminate requirements for attestations of compliance with existing laws from application and renewal requirements;
  - Remove requirements for all documents in an application for licensure to be submitted at the same time; and
  - Remove requirements to obtain new preceptors within 60 days upon interruption of a preceptor program.

*Commonwealth of Virginia*



# **REGULATIONS**

## **GOVERNING THE PRACTICE OF NURSING HOME ADMINISTRATORS**

**Virginia Board of Long-Term Care  
Administrators**

**Title of Regulations: 18VAC95-20-10 et seq.**

**Statutory Authority: § 54.1-2400 and Chapter 31 of Title 54.1  
of the *Code of Virginia***

**Effective Date: December 21, 2022**

9960 Mayland Drive, Suite 300  
Henrico, VA 23233

Phone: (804) 367-4595  
e-FAX: (804) 939-5973  
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## **Part I. General Provisions.**

### **18VAC95-20-10. Definitions.**

A. The following words and terms when used in this chapter shall have the definitions ascribed to them in §54.1-3100 of the Code of Virginia:

“Board”

“Nursing home”

“Nursing home administrator”

B. The following words and terms when used in this chapter shall have the following meanings unless the context indicates otherwise:

"Accredited institution" means any degree-granting college or university accredited by an accrediting body approved by the U. S. Department of Education.

"Active practice" means a minimum of 1,000 hours of practice as a licensed nursing home administrator within the preceding 24 months.

"AIT" means a person enrolled in the administrator-in-training program in nursing home administration in a licensed nursing home.

"Administrator-of-record" means the licensed nursing home administrator designated in charge of the general administration of the facility and identified as such to the facility's licensing agency.

"Approved sponsor" means an individual, business or organization approved by NAB or by an accredited institution to offer continuing education programs in accordance with this chapter.

"Continuing education" means the educational activities that serve to maintain, develop, or increase the knowledge, skills, performance and competence recognized as relevant to the nursing home administrator's professional responsibilities.

"Domains of Practice" means the content areas of tasks, knowledge, and skills necessary for administration of a nursing home as approved by NAB.

"Full time" means employment of at least 35 hours per week.

"Hour" means 50 minutes of participation in a program for obtaining continuing education.

"Internship" means a practicum or course of study as part of a degree or post-degree program designed especially for the preparation of candidates for licensure as nursing home administrators that involves supervision by an accredited college or university of the practical application of previously studied theory.

"National examination" means a test used by the board to determine the competence of candidates for licensure as administered by the NAB or any other examination approved by the board.

"Preceptor" means a nursing home administrator currently licensed and registered or recognized by a nursing home administrator licensing board to conduct an administrator-in-training (AIT) program.

**18VAC95-20-20 to 18VAC95-20-50. (Repealed.)**

**18VAC95-20-60. Posting of license.**

Each licensee shall post his license in a main entrance or place conspicuous to the public in the facility in which the licensee is administrator-of-record.

**18VAC95-20-70. Accuracy of information.**

A. All changes in the address of record or the public address, if different from the address of record, or the name of a licensee, trainee, or preceptor shall be furnished to the board within 30 days after the change occurs.

B. All notices required by law and by this chapter to be mailed by the board to any registrant or licensee shall be validly given when mailed to the latest address of record on file with the board and shall not relieve the licensee, trainee, or preceptor of the obligation to comply

**18VAC95-20-80. Required fees.**

The applicant or licensee shall submit all fees in this section that apply:

1. AIT program application	\$215
2. Preceptor application	\$65
3. Licensure application	\$315
4. Verification of licensure requests from other states	\$35
5. Nursing home administrator license renewal	\$315
6. Preceptor renewal	\$65
7. Penalty for nursing home administrator late renewal	\$110
8. Penalty for preceptor late renewal	\$25
9. Nursing home administrator reinstatement	\$435
10. Preceptor reinstatement	\$105
11. Duplicate license	\$25
12. Duplicate wall certificates	\$40
13. Reinstatement after disciplinary action	\$1,000

**18VAC95-20-90 to 18VAC95-20-120. (Repealed.)**

**18VAC95-20-130. Additional fee information.**

- A. There shall be a fee of \$50 for a returned check or a dishonored credit card or debit card.
- B. Fees shall not be refunded once submitted.
- C. Examination fees are to be paid directly to the service or services contracted by the board to administer the examinations.

**Part II. Renewals and Reinstatements.**

**18VAC95-20-140 to 18VAC95-20-160. (Repealed.)**

**18VAC95-20-170. Renewal requirements.**

- A. A person who desires to renew his license or preceptor registration for the next year shall, not later than the expiration date of March 31 of each year, submit a completed renewal form and fee.
- B. The renewal form and fee shall be received no later than the expiration date. Postmarks shall not be considered.
- C. A nursing home administrator license or preceptor registration not renewed by the expiration date shall be invalid.

**18VAC95-20-175. Continuing education requirements.**

- A. In order to renew a nursing home administrator license, an applicant shall attest on his renewal application to completion of 20 hours of approved continuing education for each renewal year.
  - 1. Up to 10 of the 20 hours may be obtained through Internet or self-study courses and up to 10 continuing education hours in excess of the number required may be transferred or credited to the next renewal year.
  - 2. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for one hour of providing such volunteer services, as documented by the health department or free clinic.
  - 3. At least two hours of continuing education for each renewal year shall relate to the care of residents with mental or cognitive impairments, including Alzheimer's disease and dementia.
  - 4. A licensee who serves as the registered preceptor in an approved AIT or Assisted Living Facility AIT program may receive one hour of continuing education credit for each week of training up to a maximum of 10 hours of self-study course credit for each renewal year.
  - 5. A licensee is exempt from completing continuing education requirements and considered in compliance on the first renewal date following initial licensure.

B. In order for continuing education to be approved by the board, it shall (i) be related to health care administration and shall be approved or offered by NAB, an accredited institution, or a government agency or (ii) as provided in subdivision A 2 of this section.

C. Documentation of continuing education.

1. The licensee shall retain in the licensee's personal files for a period of three renewal years complete documentation of continuing education including evidence of attendance or participation as provided by the approved sponsor for each course taken.

2. Evidence of attendance shall be an original document provided by the approved sponsor and shall include:

a. Date the course was taken;

b. Hours of attendance or participation;

c. Participant's name; and

d. Signature of an authorized representative of the approved sponsor.

3. If contacted for an audit, the licensee shall forward to the board by the date requested a signed affidavit of completion on forms provided by the board and evidence of attendance or participation as provided by the approved sponsor.

D. The board may grant an extension of up to one year or an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the administrator, such as a certified illness, a temporary disability, mandatory military service, or officially declared disasters. The request for an extension shall be received in writing and granted by the board prior to the renewal date.

**18VAC95-20-180. Late renewal.**

A. A person who fails to renew his license or preceptor registration by the expiration date shall, within one year of the initial expiration date:

1. Return the renewal notice or request renewal in writing to the board; and

2. Submit the applicable renewal fee and late fee.

B. The documents required in subsection A of this section shall be received in the board office within one year of the initial expiration date. Postmarks shall not be considered.

**18VAC95-20-190. (Repealed.)**

**18VAC95-20-200. Reinstatement for nursing home administrator license or preceptor registration.**

A. The board may reinstate a nursing home administrator license or preceptor registration that was not renewed within one year of the initial expiration date.

B. An applicant for nursing home administrator license reinstatement shall apply on a reinstatement form provided by the board, submit the reinstatement fee, and provide one of the following:

1. Evidence of the equivalent of 20 hours of continuing education for each year since the last renewal, not to exceed a total of 60 hours.
2. Evidence of active practice in another state or U.S. jurisdiction or in the U.S. armed services during the period licensure in Virginia was lapsed.
3. Evidence of requalifying for licensure by meeting the requirements prescribed in 18VAC95-20-220 or 18VAC95-20-225.

C. An applicant for preceptor reinstatement shall apply on a reinstatement form provided by the board, submit the reinstatement fee, and meet the current requirements for a preceptor in effect at the time of application for reinstatement.

D. Any person whose license or registration has been suspended, revoked, or denied renewal by the board under the provisions of 18VAC95-20-470 shall, in order to be eligible for reinstatement, (i) submit a reinstatement application to the board for a license, (ii) pay the appropriate reinstatement fee, and (iii) submit any other credentials as prescribed by the board. After a hearing, the board may, at its discretion, grant the reinstatement.

**18VAC95-20-210. (Repealed.)**

### **Part III. Requirements for Licensure.**

**18VAC95-20-220. Qualifications for initial licensure.**

One of the following sets of qualifications is required for licensure as a nursing home administrator:

1. Degree and practical experience. The applicant shall (i) hold a baccalaureate or higher degree in a health care -related field that meets the requirements of 18VAC95-20-221 from an accredited institution; (ii) have completed not less than a 320-hour internship that addresses the Domains of Practice as specified in 18VAC95-20-390 in a licensed nursing home as part of the degree program under the supervision of a preceptor; and (iii) have received a passing grade on the national examination;
2. Certificate program. The applicant shall (i) hold a baccalaureate or higher degree from an accredited institution; (ii) successfully complete a program with a minimum of 21 semester hours study in a health care-related field that meets the requirements of 18VAC95-20-221 from an accredited college or university; (iii) successfully complete not less than a 400-hour internship that addresses the Domains of Practice as specified in 18VAC95-20-390 in a licensed nursing home as part of the certificate program under the supervision of a preceptor; and (iv) have received a passing grade on the national examination;
3. Administrator-in-training program. The applicant shall have (i) successfully completed an AIT program that meets the requirements of Part IV (18VAC95-20-300 et seq.) of this chapter and (ii)

received a passing grade on the national examination, and (iii) completed the Domains of Practice form required by the board; or

4. Health Services Executive (HSE) credential. The applicant shall provide evidence that he has met the minimum education, experience, and examination standards established by NAB for qualification as a Health Services Executive.

**18VAC95-20-221. Required content for coursework.**

To meet the educational requirements for a degree in a health care-related field, an applicant must provide an official 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 to include a minimum of three semester hours in each of the content areas in subdivisions 1 through 4 of this section, six semester hours in the content area set out in subdivision 5 of this section, and three semester hours for an internship.

1. Customer care, supports, services: Course content shall address program and service planning, supervision and evaluation to meet the needs of patients, such as (i) nursing, medical and pharmaceutical care; (ii) rehabilitative, social, psycho-social and recreational services; (iii) nutritional services; (iv) safety and rights protections; (v) quality assurance; and (vi) infection control.

2. Human resources: Course content shall focus on personnel leadership in a health care management role and must address organizational behavior and personnel management skills such as (i) staff organization, supervision, communication and evaluation; (ii) staff recruitment, retention, and training; (iii) personnel policy development and implementation; and (iv) employee health and safety.

3. Finance: Course content shall address financial management of health care programs and facilities such as (i) an overview of financial practices and problems in the delivery of health care services; (ii) financial planning, accounting, analysis and auditing; (iii) budgeting; (iv) health care cost issues; and (v) reimbursement systems and structures.

4. Environment: Course content shall address facility and equipment management such as (i) maintenance; (ii) housekeeping; (iii) safety; (iv) inspections and compliance with laws and regulations; and (v) emergency preparedness.

5. Leadership and management: Course content shall address the leadership roles in health delivery systems such as (i) government oversight and interaction; (ii) organizational policies and procedures; (iii) principles of ethics and law; (iv) community coordination and cooperation; (v) risk management; and (vi) governance and decision making.

**18VAC95-20-225. Qualifications for licensure by endorsement.**

The board may issue a license to any person who:

1. Holds a current, unrestricted license from any state or the District of Columbia; and

2. Meets one of the following conditions:

- a. Has been engaged in active practice as a licensed nursing home administrator; or
- b. Has education and experience equivalent to qualifications required by this chapter and has provided written evidence of those qualifications at the time of application for licensure.

**18VAC95-20-230. Application package.**

A. An application for licensure shall be submitted after the applicant completes the qualifications for licensure.

B. An individual seeking licensure as a nursing home administrator or registration as a preceptor shall submit:

1. A completed application as provided by the board;
2. Additional documentation as may be required by the board to determine eligibility of the applicant;
3. The applicable fee;
4. An attestation that he has read and understands and will remain current with the applicable Virginia laws and regulations relating to the administration of nursing homes; and
5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

C. With the exception of school transcripts, examination scores, the NPDB report, employer verifications, and verifications from other state boards, all parts of the application package shall be submitted at the same time. An incomplete package shall be retained by the board for one year, after which time the application shall be destroyed and a new application and fee shall be required.

18VAC95-20-240 to 18VAC95-20-290. (Repealed.)

**Part IV. Administrator-In-Training Program.**

**18VAC95-20-300. Administrator-in-training qualifications.**

A. To be approved as an administrator-in-training, a person shall:

1. Have received a passing grade on a total of 60 semester hours of education from an accredited college or university;
2. Obtain a registered preceptor to provide training;
3. Submit the fee prescribed in 18VAC95-20-80;
4. Submit the application and Domains of Practice form provided by the board; and



5. Submit additional documentation as may be necessary to determine eligibility of the applicant and the number of hours required for the AIT program.

B. With the exception of school transcripts, all required parts of the application package shall be submitted at the same time. An incomplete package shall be retained by the board for one year after which time the application shall be destroyed and a new application and fee shall be required.

**18VAC95-20-310. Required hours of training.**

A. The AIT program shall consist of 2,000 hours of continuous training in a facility as prescribed in 18VAC95-20-330 to be completed within 24 months. An extension may be granted by the board on an individual case basis. The board may reduce the required hours for applicants with certain qualifications as prescribed in subsections B and C of this section.

B. An AIT applicant with prior health care work experience may request approval to receive a maximum 1,000 hours of credit toward the total 2,000 hours as follows:

1. The applicant shall have been employed full time for four of the past five consecutive years immediately prior to application as an assistant administrator or director of nursing in a training facility as prescribed in 18VAC95-20-330, or as the licensed administrator of an assisted living facility;

2. The applicant with experience as a hospital administrator shall have been employed full time for three of the past five years immediately prior to application as a hospital administrator-of-record or an assistant hospital administrator in a hospital setting having responsibilities in all of the following areas:

a. Regulatory;

b. Fiscal;

c. Supervisory;

d. Personnel; and

e. Management; or

3. The applicant who holds a license as a registered nurse shall have held an administrative level supervisory position for at least four of the past five consecutive years, in a training facility as prescribed in 18VAC95-20-330.

C. An AIT applicant with the following educational qualifications shall meet these requirements:

1. An applicant with a master's or a baccalaureate degree in a health care-related field that meets the requirements of 18VAC95-20-221 with no internship shall complete 320 hours in an AIT program;

2. An applicant with a master's degree in a field other than health care shall complete 1,000 hours in an AIT program;

3. An applicant with a baccalaureate degree in a field other than health care shall complete 1,500 hours in an AIT program; or

4. An applicant with 60 semester hours of education in an accredited college or university shall complete 2,000 hours in an AIT program.

D. An AIT shall be required to serve weekday, evening, night and weekend shifts and to receive training in all areas of nursing home operation. An AIT shall receive credit for no more than 40 hours of training per week.

E. An AIT shall complete training on the care of residents with cognitive or mental impairments, including Alzheimer's disease and dementia.

**18VAC95-20-320. (Repealed.)**

**18VAC95-20-330. Training facilities.**

Training in an AIT program shall be conducted only in:

1. A nursing home licensed by the Virginia Board of Health or by a similar licensing body in another jurisdiction;

2. An institution operated by the Virginia Department of Behavioral Health and Developmental Services in which long-term care is provided;

3. A certified nursing home owned or operated by an agency of any city, county, or the Commonwealth or of the United States government; or

4. A certified nursing home unit that is located in and operated by a licensed hospital as defined in § [32.1-123](#) of the Code of Virginia, a state-operated hospital, or a hospital licensed in another jurisdiction.

**18VAC95-20-340. Supervision of trainees.**

A. Training shall be under the supervision of a preceptor who is registered or recognized by a licensing board.

B. A preceptor may supervise no more than two AIT's at any one time.

C. A preceptor shall:

1. Provide direct instruction, planning, and evaluation in the training facility;

2. Shall be routinely present with the trainee for on-site supervision in the training facility as appropriate to the experience and training of the AIT and the needs of the residents in the facility; and

3. Shall continually evaluate the development and experience of the AIT to determine specific areas in the Domains of Practice that need to be addressed.

**18VAC95-20-350 to 18VAC95-20-370. (Repealed.)**

**18VAC95-20-380. Qualifications of preceptors.**

A. To be registered by the board as a preceptor, a person shall:

1. Hold a current, unrestricted Virginia nursing home administrator license and be employed full time as an administrator of record in a training facility for a minimum of two of the past three years immediately prior to registration; and
2. Provide evidence that he has completed the online preceptor training course offered by NAB; and
3. Meet the application requirements in 18VAC95-20-230.

B. To renew registration as a preceptor, a person shall:

1. Hold a current, unrestricted Virginia nursing home administrator license and be employed by or have an agreement with a training facility for a preceptorship; and
2. Meet the renewal requirements of 18VAC95-20-170.

**18VAC95-20-390. Training plan.**

Prior to the beginning of the AIT program, the preceptor shall develop and submit for board approval a training plan that shall include and be designed around the specific training needs of the administrator-in-training. The training plan shall address the Domains of Practice approved by NAB that is in effect at the time the training program is submitted for approval. An AIT program shall include training in each of the learning areas as outlined in the NAB AIT Manual.

**18VAC95-20-400. Reporting requirements.**

A. The preceptor shall maintain progress reports on forms prescribed by the board for each month of training. The preceptor shall document in the progress report evidence of on-site supervision of the AIT training.

B. The AIT's final report of completion with the accumulated original monthly reports shall be submitted by the preceptor to the board within 30 days following the completion of the AIT program.

**18VAC95-20-410 to 18VAC95-20-420. (Repealed.)**

**18VAC95-20-430. Termination of program.**

A. If the AIT program is terminated prior to completion, the trainee and the preceptor shall each submit a written explanation of the causes of program termination to the board within 10 business days.

B. The preceptor shall also submit all required monthly progress reports completed prior to termination.

**18VAC95-20-440. Interruption of program.**

A. If the program is interrupted because the registered preceptor is unable to serve, the AIT shall notify the board within five working days and shall obtain a new preceptor who is registered with the board within 60 days.

B. Credit for training shall resume when a new preceptor is obtained and approved by the board.

C. If an alternate training plan is developed, it shall be submitted to the board for approval before the AIT resumes training.

**18VAC95-20-450 to 18VAC95-20-460. (Repealed.)**

**Part V. Refusal, Suspension, Revocation, and Disciplinary Action.**

**18VAC95-20-470. Unprofessional conduct.**

The board may refuse to admit a candidate to an examination, refuse to issue or renew a license or registration or approval to any applicant, suspend a license for a stated period of time or indefinitely, reprimand a licensee or registrant, place his license or registration on probation with such terms and conditions and for such time as it may designate, impose a monetary penalty, or revoke a license or registration for any of the following causes:

1. Conducting the practice of nursing home administration in such a manner as to constitute a danger to the health, safety, and well-being of the residents, staff, or public;
2. Failure to comply with federal, state, or local laws and regulations governing the operation of a nursing home;
3. Conviction of a felony or any misdemeanor involving abuse, neglect or moral turpitude;
4. Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ 54.1-100 et seq.), 24 (§ 54.1-2400 et seq.) and 31 (§ 54.1-3100 et seq.) of the Code of Virginia or regulations of the board;
5. Inability to practice with reasonable skill or safety by reason of illness or substance abuse or as a result of any mental or physical condition;
6. Abuse, negligent practice, or misappropriation of a resident's property;
7. Entering into a relationship with a resident that constitutes a professional boundary violation in which the administrator uses his professional position to take advantage of the vulnerability of a resident or his family, to include actions that result in personal gain at the expense of the resident, an inappropriate personal involvement with a resident, or sexual conduct with a resident;
8. The denial, revocation, suspension, or restriction of a license to practice in another state, the District of Columbia, or a United States possession or territory;
9. Assuming duties and responsibilities within the practice of nursing home administration without adequate training or when competency has not been maintained;
10. Obtaining supplies, equipment, or drugs for personal or other unauthorized use;

11. Falsifying or otherwise altering resident or employer records, including falsely representing facts on a job application or other employment-related documents;
12. Fraud or deceit in procuring or attempting to procure a license or registration or seeking reinstatement of a license or registration; or
13. Employing or assigning unqualified persons to perform functions that require a license, certificate, or registration.

**18VAC95-20-480 to 18VAC95-20-740. (Repealed.)**

*Commonwealth of Virginia*



# REGULATIONS

## GOVERNING THE PRACTICE OF ASSISTED LIVING FACILITY ADMINISTRATORS

### Virginia Board of Long-Term Care Administrators

**Title of Regulations: 18VAC95-30-10 et seq.**

**Statutory Authority: § 54.1-2400 and Chapter 31 of Title 54.1  
of the *Code of Virginia***

**Effective Date: December 21, 2022**

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## **Part I. General Provisions.**

### **18VAC95-30-10. Definitions.**

A. The following words and terms when used in this chapter shall have the definitions ascribed to them in §54.1-3100 of the Code of Virginia:

“Assisted living facility”

“Assisted living facility administrator”

“Board”

B. The following words and terms when used in this chapter shall have the following meanings unless the context indicates otherwise:

"Accredited institution" means any degree-granting college or university accredited by an accrediting body approved by the U.S. Department of Education.

"Active practice" means a minimum of 1,000 hours of practice as an assisted living facility administrator within the preceding 24 months.

"Administrator-of-record" means the licensed assisted living facility administrator designated in charge of the general administration and management of an assisted living facility, including compliance with applicable regulations, and identified as such to the facility's licensing agency.

"ALF AIT" means a person enrolled in an administrator-in-training program in a licensed assisted living facility.

"Approved sponsor" means an individual, business, or organization approved by NAB or by an accredited institution to offer continuing education programs in accordance with this chapter.

"Continuing education" means the educational activities that serve to maintain, develop, or increase the knowledge, skills, performance, and competence recognized as relevant to the assisted living facility administrator's professional responsibilities.

"Domains of Practice" means the content areas of tasks, knowledge and skills necessary for administration of a residential care or assisted living facility as approved by NAB.

"Full time" means employment of at least 35 hours per week.

"Hour" means 50 minutes of participation in a program for obtaining continuing education.

"Internship" means a practicum or course of study as part of a degree or post-degree program designed especially for the preparation of candidates for licensure as assisted living facility administrators that involves supervision by an accredited college or university of the practical application of previously studied theory.

"NAB" means the National Association of Long Term Care Administrator Boards.

"National examination" means a test used by the board to determine the competence of candidates for licensure as administered by NAB or any other examination approved by the board.

"Preceptor" means an assisted living facility administrator or nursing home administrator currently licensed and registered to conduct an ALF AIT program.



**18VAC95-30-20. Posting of license.**

Each licensee shall post his license in a main entrance or place conspicuous to the public in each facility in which the licensee is administrator-of-record.

**18VAC95-30-30. Accuracy of information.**

A. All changes in the address of record or the public address, if different from the address of record, or the name of a licensee, trainee, or preceptor shall be furnished to the board within 30 days after the change occurs.

B. All notices required by law and by this chapter to be mailed by the board to any licensee shall be validly given when mailed to the latest address of record on file with the board and shall not relieve the licensee, trainee, or preceptor of the obligation to comply.

**18VAC95-30-40. Required fees.**

A. The applicant or licensee shall submit all fees in this subsection that apply:

1. ALF AIT program application	\$215
2. Preceptor application	\$65
3. Licensure application	\$315
4. Verification of licensure requests from other states	\$35
5. Assisted living facility administrator license renewal	\$315
6. Preceptor renewal	\$65
7. Penalty for assisted living facility administrator late renewal	\$110
8. Penalty for preceptor late renewal	\$25
9. Assisted living facility administrator reinstatement	\$435
10. Preceptor reinstatement	\$105
11. Duplicate license	\$25
12. Duplicate wall certificates	\$40
13. Returned check or dishonored credit card or debit card	\$50
14. Reinstatement after disciplinary action	\$1,000

B. Fees shall not be refunded once submitted.

C. Examination fees are to be paid directly to the service contracted by the board to administer the examination.

**18VAC95-30-50. Practice by a licensed nursing home administrator.**

Pursuant to §54.1-3102 B of the Code of Virginia, a person who holds a license as a nursing home administrator issued by the board may engage in the general administration of an assisted living facility.

## **Part II. Renewals and Reinstatements.**

### **18VAC95-30-60. Renewal requirements.**

A. A person who desires to renew his license or preceptor registration for the next year shall, not later than the expiration date of March 31 of each year, submit a completed renewal form and fee.

B. The renewal form and fee shall be received no later than the expiration date. Postmarks shall not be considered.

C. An assisted living facility administrator license or preceptor registration not renewed by the expiration date shall be invalid, and continued practice may constitute grounds for disciplinary action.

### **18VAC95-30-70. Continuing education requirements.**

A. In order to renew an assisted living administrator license, an applicant shall attest on the applicant's renewal application to completion of 20 hours of approved continuing education for each renewal year.

1. Up to 10 of the 20 hours may be obtained through Internet or self-study courses and up to 10 continuing education hours in excess of the number required may be transferred or credited to the next renewal year.

2. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for one hour of providing such volunteer services, as documented by the health department or free clinic.

3. At least two hours of continuing education for each renewal year shall relate to the care of residents with mental or cognitive impairments, including Alzheimer's disease and dementia.

4. A licensee who serves as the registered preceptor in an approved ALF AIT program may receive one hour of continuing education credit for each week of training up to a maximum of 10 hours of self-study course credit for each renewal year.

5. A licensee is exempt from completing continuing education requirements for the first renewal following initial licensure in Virginia.

B. In order for continuing education to be approved by the board, it shall (i) be related to the Domains of Practice for residential care/assisted living and approved or offered by NAB, an accredited educational institution, or a governmental agency or (ii) be as provided in subdivision A 2 of this section.

C. Documentation of continuing education.

1. The licensee shall retain in his personal files for a period of three renewal years complete documentation of continuing education including evidence of attendance or participation as provided by the approved sponsor for each course taken.

2. Evidence of attendance shall be an original document provided by the approved sponsor and shall include:

- a. Date the course was taken;
- b. Hours of attendance or participation;
- c. Participant's name; and
- d. Signature of an authorized representative of the approved sponsor.

3. If contacted for an audit, the licensee shall forward to the board by the date requested a signed affidavit of completion on forms provided by the board and evidence of attendance or participation as provided by the approved sponsor.

D. The board may grant an extension of up to one year or an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the administrator, such as a certified illness, a temporary disability, mandatory military service, or officially declared disasters. The request for an extension shall be submitted in writing and granted by the board prior to the renewal date.

#### **18VAC95-30-80. Late renewal.**

A. A person who fails to renew his license or preceptor registration by the expiration date shall, within one year of the initial expiration date:

1. Submit the renewal notice or request renewal by mail to the board;
2. Submit the applicable renewal fee and penalty fee;
3. Provide evidence as may be necessary to establish eligibility for renewal.

B. The documents required in subsection A of this section shall be received in the board office within one year of the initial expiration date. Postmarks shall not be considered.

#### **18VAC95-30-90. Reinstatement for an assisted living facility administrator license or preceptor registration.**

A. The board may reinstate an assisted living facility administrator license or preceptor registration that was not renewed within one year of the initial expiration date.

B. An applicant for assisted living facility administrator license reinstatement shall apply on a reinstatement form provided by the board, submit the reinstatement fee, and provide one of the following:

1. Evidence of the equivalent of 20 hours of continuing education for each year since the last renewal, not to exceed a total of 60 hours.
2. Evidence of active practice in another state or United States jurisdiction or in the United States armed services during the period licensure in Virginia was lapsed.
3. Evidence of requalifying for licensure by meeting the requirements prescribed in 18VAC95-30-100 and 18VAC95-30-110.

C. An applicant for preceptor reinstatement shall apply on a reinstatement form provided by the board, submit the reinstatement fee, and meet the current requirements for a preceptor in effect at the time of application for reinstatement.

D. Any person whose license or registration has been suspended, revoked, or denied renewal by the board under the provisions of 18VAC95-30-210 shall, in order to be eligible for reinstatement, (i)

submit a reinstatement application to the board for a license, (ii) pay the appropriate reinstatement fee, and (iii) submit any other credentials as prescribed by the board. After a hearing, the board may, at its discretion, grant the reinstatement.

### **Part III. Requirements for Licensure.**

#### **18VAC95-30-95. (Repealed).**

#### **18VAC95-30-100. Educational and training requirements for initial licensure.**

A. To be qualified for initial licensure as an assisted living facility administrator, an applicant shall hold a high school diploma or general education diploma (GED) and hold one of the following qualifications:

1. Administrator-in-training program.

a. Complete at least 30 semester hours of postsecondary education in an accredited college or university with at least 15 of the 30 semester hours in business or human services or a combination thereof and 640 hours in an ALF AIT program as specified in 18VAC95-30-150;

b. Complete an educational program as a licensed practical nurse and hold a current, unrestricted license or multistate licensure privilege and 640 hours in an ALF AIT program;

c. Complete an educational program as a registered nurse and hold a current, unrestricted license or multistate licensure privilege and 480 hours in an ALF AIT program;

d. Complete at least 30 semester hours in an accredited college or university with courses in the content areas of (i) client or resident care, (ii) human resources management, (iii) financial management, (iv) physical environment, and (v) leadership and governance, and 480 hours in an ALF AIT program;

e. Hold a master's or a baccalaureate degree in health care-related field or a comparable field that meets the requirements of subsection B of this section with no internship or practicum and 320 hours in an ALF AIT program;

f. Hold a master's or baccalaureate degree in an unrelated field and 480 hours in an ALF AIT program; or

g. Have at least three years of health care experience, to include at least one consecutive year in a managerial or supervisory role, in a health care setting within the five years prior to application and 640 hours in an ALF AIT program. For purposes of this qualification, these definitions shall apply: (i) "health care experience" means full-time equivalency experience in providing care to residents or patients in a health care setting; (ii) "health care setting" means a licensed home health organization, licensed hospice program, licensed hospital or nursing home, licensed assisted living facility, licensed adult day program, or licensed mental health or developmental services facility; and (iii) "managerial or supervisory role" means an employment role that includes management responsibility and supervision of two or more staff.

2. Certificate program.

Hold a baccalaureate or higher degree in a field unrelated to health care from an accredited college or university and successfully complete a certificate program with a minimum of 21 semester hours study in a health care-related field that meets course content requirements of subsection B of this section from an accredited college or university and successfully complete not less than a 320-hour internship or practicum that addresses the Domains of Practice as specified in 18VAC95-30-160 in a licensed assisted living facility as part of the certificate program under the supervision of a preceptor; or

3. Degree and practical experience.

Hold a baccalaureate or higher degree in a health care-related field that meets the course content requirements of subsection B of this section from an accredited college or university and have completed not less than a 320-hour internship or practicum that addresses the Domains of Practice as specified in 18VAC95-30-160 in a licensed assisted living facility as part of the degree program under the supervision of a preceptor.

B. To meet the educational requirements for a degree in a health care-related field, an applicant must provide an official 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 to include a minimum of six semester hours in the content area set out in subdivision 1 of this subsection, three semester hours in each of the content areas in subdivisions 2 through 5 of this subsection, and three semester hours for an internship or practicum.

1. Customer care, supports, and services;
2. Human resources;
3. Finance;
4. Environment;
5. Leadership and management.

**18VAC95-30-110. Examination requirement for initial licensure.**

To be licensed under 18VAC95-30-95 or 18VAC95-30-100, an applicant shall provide evidence of a passing grade on the national credentialing examination for administrators of assisted living facilities approved by the board.

**18VAC95-30-120. Qualifications for licensure by endorsement or credentials.**

A. If applying from any state or the District of Columbia in which a license, certificate or registration is required to be the administrator of an assisted living facility, an applicant for licensure by endorsement shall hold a current, unrestricted license, certificate or registration from that state or the District of Columbia. If applying from a jurisdiction that does not have such a requirement, an

applicant may apply for licensure by credentials, and no evidence of licensure, certification or registration is required.

B. The board may issue a license to any person who:

1. Meets the provisions of subsection A;
2. Has not been the subject of a disciplinary action taken by any jurisdiction in which he was found to be in violation of law or regulation governing practice and which, in the judgment of the board, has not remediated;
3. Meets one of the following conditions:
  - a. Has been engaged in active practice as an assisted living facility administrator in an assisted living facility that provides assisted living care as defined in § 63.2-100 of the Code of Virginia; or
  - b. Has education and experience substantially equivalent to qualifications required by this chapter and has provided written evidence of those qualifications at the time of application for licensure; and
4. Has successfully passed a national credentialing examination for administrators of assisted living facilities approved by the board.

#### **18VAC95-30-130. Application package.**

A. An application for licensure shall be submitted after the applicant completes the qualifications for licensure.

B. An individual seeking licensure as an assisted living facility administrator or registration as a preceptor shall submit:

1. A completed application as provided by the board;
2. Additional documentation as may be required by the board to determine eligibility of the applicant, to include the most recent survey report if the applicant has been serving as an acting administrator of a facility;
3. The applicable fee;
4. An attestation that he has read and understands and will remain current with the applicable Virginia laws and the regulations relating to assisted living facilities; and
5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

C. With the exception of school transcripts, examination scores, the NPDB report, employer verifications, and verifications from other state boards, all parts of the application package shall be submitted at the same time. An incomplete package shall be retained by the board for one year, after which time the application shall be destroyed and a new application and fee shall be required.

### **Part IV. Administrator-in-Training Program.**

#### **18VAC95-30-140. Training qualifications.**

A. To be approved as an ALF administrator-in-training, a person shall:

1. Meet the requirements of 18VAC95-30-100 A 1;
2. Obtain a registered preceptor to provide training;

3. Submit the application and Domains of Practice form provided by the board and the fee prescribed in 18VAC95-30-40; and
4. Submit additional documentation as may be necessary to determine eligibility of the applicant and the number of hours required for the ALF AIT program.

B. With the exception of school transcripts, all required parts of the application package shall be submitted at the same time. An incomplete package shall be retained by the board for one year after which time the application shall be destroyed and a new application and fee shall be required.

**18VAC95-30-150. Required hours of training.**

A. The ALF AIT program shall consist of hours of continuous training as specified in 18VAC95-30-100 A 1 in a facility as prescribed in 18VAC95-30-170 to be completed within 24 months, except a person in an ALF AIT program who has been approved by the board and is serving as an acting administrator shall complete the program within 150 days. An extension may be granted by the board on an individual case basis. The board may reduce the required hours for applicants with certain qualifications as prescribed in subsection B of this section.

B. An ALF AIT applicant with prior health care work experience may request approval to receive hours of credit toward the total hours as follows:

1. An applicant who has been employed full time for one of the past four years immediately prior to application as an assistant administrator in a licensed assisted living facility or nursing home or as a hospital administrator shall complete 320 hours in an ALF AIT program;
2. An applicant who holds a license or a multistate licensure privilege as a registered nurse and who has held an administrative level supervisory position in nursing for at least one of the past four consecutive years, in a licensed assisted living facility or nursing home shall complete 320 hours in an ALF AIT program; or
3. An applicant who holds a license or a multistate licensure privilege as a licensed practical nurse and who has held an administrative level supervisory position in nursing for at least one of the past four consecutive years, in a licensed assisted living facility or nursing home shall complete 480 hours in an ALF AIT program.

**18VAC95-30-160. Required content of an ALF administrator-in-training program.**

A. Prior to the beginning of the training program, the preceptor shall develop and submit for board approval a training plan that shall include and be designed around the specific training needs of the administrator-in-training. The training plan shall include the tasks and the knowledge and skills required to complete those tasks as approved by NAB as the domains of practice for residential care/assisted living in effect at the time the training is being provided. An ALF AIT program shall include training in each of the learning areas as outlined in the NAB AIT Manual.

B. An ALF AIT shall be required to serve weekday, evening, night, and weekend shifts and to receive training in all areas of an assisted living facility operation.

C. An AIT shall receive credit for no more than 40 hours of training per week.

D. An ALF AIT shall complete training on the care of residents with cognitive or mental impairments, including Alzheimer's disease and dementia.

**18VAC95-30-170. Training facilities.**

A. Training in an ALF AIT program or for an internship shall be conducted only in:

1. An assisted living facility or unit licensed by the Virginia Board of Social Services or by a similar licensing body in another jurisdiction;
2. An assisted living facility owned or operated by an agency of any city, county, or the Commonwealth or of the United States government; or
3. An assisted living unit located in and operated by a licensed hospital as defined in § 32.1-123 of the Code of Virginia, a state-operated hospital, or a hospital licensed in another jurisdiction.

B. Training in an ALF AIT program or for an internship shall not be conducted in:

1. An assisted living facility with a provisional license as determined by the Department of Social Services in which the AIT program is a new ALF AIT program;
2. An assisted living facility with a conditional license as determined by the Department of Social Services in which the AIT applicant is the owner of the facility;
3. A facility that is licensed as residential only and does not require an administrator licensed by the Board of Long-Term Care Administrators; or
4. An assisted living facility with a licensed resident capacity of fewer than 20 residents.

**18VAC95-30-180. Preceptors.**

A. Training in an ALF AIT program shall be under the supervision of a preceptor who is registered or recognized by Virginia or a similar licensing board in another jurisdiction.

B. To be registered by the board as a preceptor, a person shall:

1. Hold a current, unrestricted Virginia assisted living facility administrator or nursing home administrator license;
2. Be employed full time as an administrator in a training facility for a minimum of two of the past four years immediately prior to registration or be a regional administrator with on-site supervisory responsibilities for a training facility;
3. Provide evidence that he has completed the online preceptor training course offered by NAB; and
4. Submit an application and fee as prescribed in 18VAC95-30-40. The board may waive such application and fee for a person who is already approved as a preceptor for nursing home licensure.

C. A preceptor shall:

1. Provide direct instruction, planning, and evaluation;



2. Be routinely present for on-site supervision of the trainee in the training facility as appropriate to the experience and training of the ALF AIT and the needs of the residents in the facility; and

3. Continually evaluate the development and experience of the trainee to determine specific areas needed for concentration.

D. A preceptor may supervise no more than two trainees at any one time.

E. A preceptor for a person who is serving as an acting administrator while in an ALF AIT program shall be present in the training facility for face-to-face instruction and review of the trainee's performance for a minimum of four hours per week.

F. To renew registration as a preceptor, a person shall:

1. Hold a current, unrestricted Virginia assisted living facility or nursing home license and be employed by or have a written agreement with a training facility for a preceptorship; and

2. Meet the renewal requirements of 18VAC95-30-60.

**18VAC95-30-190. Reporting requirements.**

A. The preceptor shall maintain progress reports on forms prescribed by the board for each month of training. The preceptor shall document in the progress report evidence of on-site supervision of the AIT training. For a person who is serving as an acting administrator while in an ALF AIT program, the preceptor shall include in the progress report evidence of face-to-face instruction and review for a minimum of four hours per week.

B. The trainee's final report of completion with the accumulated original monthly reports shall be submitted by the preceptor to the board within 30 days following the completion of the program.

**18VAC95-30-200. Interruption or termination of program.**

A. If the program is interrupted because the registered preceptor is unable to serve, the trainee shall notify the board within 10 working days and shall obtain a new preceptor who is registered with the board within 60 days.

1. Credit for training shall resume when a new preceptor is obtained and approved by the board.

2. If an alternate training plan is developed, it shall be submitted to the board for approval before the trainee resumes training.

B. If the training program is terminated prior to completion, the trainee and the preceptor shall each submit a written explanation of the causes of program termination to the board within 10 business days. The preceptor shall also submit all required monthly progress reports completed prior to termination within 10 business days.

**18VAC95-30-201. Administrator-in-training program for acting administrators.**

A. A person who is in an ALF AIT program while serving as an acting administrator, pursuant to

§ 54.1-3103.1 of the Code of Virginia, shall be identified on his nametag as an acting administrator-in-training.

B. The facility shall post the certificate issued by the board for the acting administrator and a copy of the license of the preceptor in a place conspicuous to the public.

## **Part V. Refusal, Suspension, Revocation and Disciplinary Action.**

### **18VAC95-30-210. Unprofessional conduct.**

The board may refuse to admit a candidate to an examination, refuse to issue or renew a license or registration or grant approval to any applicant, suspend a license or registration for a stated period of time or indefinitely, reprimand a licensee or registrant, place his license or registration on probation with such terms and conditions and for such time as it may designate, impose a monetary penalty, or revoke a license or registration for any of the following causes:

1. Conducting the practice of assisted living administration in such a manner as to constitute a danger to the health, safety, and well-being of the residents, staff, or public;
2. Failure to comply with federal, state, or local laws and regulations governing the operation of an assisted living facility;
3. Conviction of a felony or any misdemeanor involving abuse, neglect, or moral turpitude;
4. Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ 54.1-100 et seq.), 24 (§ 54.1-2400 et seq.), and 31 (§ 54.1-3100 et seq.) of the Code of Virginia or regulations of the board;
5. Inability to practice with reasonable skill or safety by reason of illness or substance abuse or as a result of any mental or physical condition;
6. Abuse, negligent practice, or misappropriation of a resident's property;
7. Entering into a relationship with a resident that constitutes a professional boundary violation in which the administrator uses his professional position to take advantage of the vulnerability of a resident or his family, to include actions that result in personal gain at the expense of the resident, an inappropriate personal involvement with a resident, or sexual conduct with a resident;
8. The denial, revocation, suspension, or restriction of a license to practice in another state, the District of Columbia or a United States possession or territory;
9. Assuming duties and responsibilities within the practice of assisted living facility administration without adequate training or when competency has not been maintained;
10. Obtaining supplies, equipment, or drugs for personal or other unauthorized use;
11. Falsifying or otherwise altering resident or employer records, including falsely representing facts on a job application or other employment-related documents;
12. Fraud or deceit in procuring or attempting to procure a license or registration or seeking reinstatement of a license or registration; or
13. Employing or assigning unqualified persons to perform functions that require a license, certificate, or registration.