
Call to Order – Derrick Kendall, NHA, Board Chairman

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

Approval of Minutes

- Board Meeting – December 19, 2017
- Telephone Conference Call – April 24, 2018

Ordering of Agenda

Public Comment

The Board will receive public comment related to 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.

Agency Report – David E. Brown, DC, Director

Old Business

- Sanctioning Reference Points Update – Neal Kauder, Kim Small

Staff Reports

- Executive Director's Report – Corie E. Tillman Wolf
- Discipline Report – Lynne Helmick

Committee and Board Member Reports

- None

Legislation and Regulatory Actions – Elaine Yeatts

- Regulatory Report
- Report of 2018 General Assembly

Board Consideration of Revision, Repeal, or Readoption of Guidance Documents – Elaine Yeatts

- Guidance Document 95-6, Process for delegation of informal fact-finding to an agency subordinate
- Guidance Document 95-7, Qualifying for Licensure: Required Content for College Coursework

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- Guidance Document 95-9, Continuing Competency Hours for Dually-Licensed Administrators
 - Guidance Document 95-11, Disposition of Cases Involving Practicing on an Expired License
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Board Discussion – Corie Tillman Wolf

- Updates from NAB Annual Meeting – AIT and Preceptor Resources, CE Registry, HSE Credential
-
-

Old Business

- AIT Reporting Forms Update – **Corie Tillman Wolf**
-
-

Next Meeting – September 12, 2018

Meeting Adjournment

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 Virginia Code Section 2.2-3708(D).

DRAFT

Approval of Minutes

UNAPPROVED MINUTES
VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS
MEETING MINUTES

The Virginia Board of Long-Term Care Administrators convened for a Board meeting on Tuesday, December 19, 2017, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #1, Henrico, Virginia 23233.

BOARD MEMBERS PRESENT

Derrick Kendall, NHA, Chair
Karen Hopkins Stanfield, NHA
Marj Pantone, ALFA
Basil Acey, Citizen Member
Mitchell P. Davis, NHA
Mary B. Brydon, Citizen Member

BOARD MEMBERS ABSENT

Martha H. Hunt, ALFA, Vice-Chair
Doug Nevitt, ALFA
Shervonne Banks, Citizen Member

STAFF PRESENT FOR ALL OR PART OF MEETING

Corie Tillman Wolf, Executive Director
Lisa Hahn, Agency Deputy Director
Elaine Yeatts, Senior Policy Analyst
Heather Wright, Program Manager
Erin Barrett, Assistant Attorney General, Board Counsel
Elizabeth Carter, Executive Director, Healthcare Workforce Data Center

GUESTS PRESENT

April Payne, VHCA-VCAL
Judy Hackler, VALA

CALLED TO ORDER

Derrick Kendall, NHA, Chair, called the Board meeting to order at 10:04 a.m.

Board members and staff introduced themselves. With 6 Board members present, a quorum was established.

Mr. Kendall provided reminders to Board members and the audience before the first order of business. Ms. Tillman Wolf then read the emergency egress instructions.

ACCEPTANCE OF MINUTES

Upon a **MOTION** by Karen Stanfield and properly seconded by Mary Brydon, the Board voted to accept the following meeting minutes as written:

- Board Meeting – October 5, 2017
- Formal Hearings – October 5, 2017

The vote was unanimous.

ORDERING OF AGENDA

Upon a **MOTION** by Karen Stanfield, and properly seconded by Mitchell Davis, the Board voted to accept the Agenda with the following change: Lisa Hahn will give the Agency Report. The vote was unanimous.

PUBLIC COMMENT PERIOD

There was no public comment provided.

AGENCY DIRECTOR'S REPORT – Lisa Hahn, Chief Operating Officer

Ms. Hahn began her report by announcing that she has accepted a position as the Agency's Chief Operating Officer, which is a classified position, and which was created with the intent and advantage of providing continuity of operations to the agency. Mr. Kendall congratulated Ms. Hahn on her new position and lauded the agency's selection.

Ms. Hahn reported that the Chief Deputy Director position is currently vacant pending appointment by the new Governor. Announcements related to Governor-elect Northam's appointments for the Director of DHP and Secretary of Health and Human Resources are anticipated in the coming days.

Ms. Hahn provided an update regarding the status of the agency's build-out of new space on the first floor of the Perimeter Center building. The space should be completed in the spring.

Ms. Hahn unveiled the new agency logo for DHP and explained the development process. The new logo will launch officially on January 3, 2018.

Ms. Hahn thanked Board members and staff for their hard work and efforts throughout the year.

EXECUTIVE DIRECTOR'S REPORT- Corie Tillman Wolf, Executive Director

Corie Tillman Wolf, Executive Director, began her report with congratulations to Derrick Kendall, Marj Pantone, and Shervonne Banks on their reappointments to second terms on the Board.

The Expenditure and Revenue report is as follows:

- Cash Balance as of June 30, 2017 (\$ 30,609)
- YTD FY 18 Revenue \$ 58,055

- Less direct and In-Direct Expenses \$ 228,517
- Cash Balance as of November 30, 2017 (\$ 201,071)

Ms. Tillman Wolf reported that the renewal cycle will begin in the third quarter of FY 18 (January-March 2018), so the Board will begin seeing a more significant revenue stream during that quarter.

Ms. Tillman Wolf provided the following updates from the National Association of Long-Term Care Administrator Boards (NAB) Mid-Year Meeting held November 8-10, 2017 in Savannah, GA:

- New Exam Structure - NAB provided information related to the new examination structure and limited data on passage rates as compared to the previous structure. For Virginia's rates, there is still insufficient information at this point to provide a meaningful comparison of exam passage rates, however there should be more information available for the next Board meeting.
- Health Services Executive (HSE) - One Virginia-licensed administrator has been announced as an HSE so far; as of the November NAB meeting, there were a total of 5 across the country. There was continued discussion at the meeting regarding how states could implement or adopt the HSE at the state level. The Board currently has the HSE included in the language of the Board's proposed NHA regulations from the periodic review process. "Grandparenting" provisions for current administrators exist through January 31, 2018.
- AIT/Preceptor Resources – There was additional discussion regarding how to implement these resources at the state level. The Board has currently built in the preceptor training in the proposed regulations arising out of the periodic review process. As of early November, it appeared that approximately 92 Virginia licensees had accessed or completed preceptor modules. Board staff is encouraging the use of the AIT manual and continuing to disseminate the information.
- CE Registry – Ms. Tillman Wolf provided a NAB flyer to Board members about the CE Registry registration process. As of April 1st, the NAB approved CE sponsors will be required to report attendance records and certificates through the registry. States will have access to CE records from licensees who report to the registry and who choose to share the information with Virginia.

Ms. Tillman Wolf shared staff and agency updates, including staffing changes, dissemination of information to licensees, and attendance by Board staff of DSS-sponsored training on the new regulations for assisted living facilities.

Ms. Tillman Wolf then provided the Licensure Report:

- Ms. Tillman Wolf reported the numbers of current licensees are as follows:

ALFA's	624
AIT's	118
Acting AIT	4
Total ALFA	746
Preceptors	211

NHA's	918
AIT's	87
Total NHA	1,006
Preceptors	234

NHA & ALFA combined 1,752

- Customer Satisfaction Survey Results - Ms. Tillman Wolf provided the following information on Customer Satisfaction surveys:
 - 100% satisfaction rating for Q1 2018; the agency average for Q1 2018 was 89.3%
 - Ms. Tillman Wolf thanked Heather Wright for her work on behalf of the Board, and Laura Mueller, who is also cross-trained.

Ms. Tillman Wolf then provided the Discipline Report. Ms. Tillman Wolf reported on the current number of open cases, discipline statistics, and Key Performance Measures.

- 88 open cases
 - 6 at APD
 - 2 Formal Hearings
 - 2 Informal Conferences
 - 28 in Investigation
 - 48 in Probable Cause
 - 7 Compliance cases
- Virginia Performs – Key Performance Measures Q1 2018:
 - For patient care cases:
 - The Clearance Rate was 9%. We received 11 cases and closed 1 case.
 - The Pending Caseload over 250 days was at 20%.
 - The Cases closed within 250 days was 100%.
 - For all case types (patient and non-patient care)
 - 80% of cases were closed within 365 calendar days (250 business days); the agency average was 82.2%.

Ms. Tillman Wolf provided reminders to Board members about updating contact information and the upcoming meeting calendar.

Ms. Tillman Wolf thanked the Board for all their hard work and concluded her report.

LEGISLATIVE AND REGULATORY REPORT – Elaine Yeatts

Review of Legislation

Ms. Yeatts provided an overview of legislation that has been pre-filed for the 2018 General Assembly Session, including bills related to a Red Tape Reduction Commission for the review of regulations (HB23/SB20) and legislation related to facilitating the ability of patients to obtain limited supplies of prescription medications when dispensed drugs are otherwise lost due to a natural or man-made disaster (SB23, SB25). Ms. Yeatts further provided an overview of seven bills originating from DHP, including a bill to create a mid-level licensure status for social workers.

Adoption of Final Regulations – Periodic Review of Regulations Governing the Practice of Nursing Home Administrators (18VAC95-20-10 et seq.) and the Practice of Assisted Living Facility Administrators (18VAC95-30-10 et seq.) (Attachment A)

Ms. Yeatts reviewed the public comments received from the Virginia Assisted Living Association (VALA) related to the Board’s pending regulations for assisted living facility administrators. Ms. Yeatts explained the process if the Board decides to make changes to the current language in the proposed regulations.

In response to VALA’s first two comments, Board staff will communicate with licensees about the regulation changes regarding AIT hours and when they become effective, and will update the Domains of Practice form.

Board members discussed VALA’s third comment related to language that would prohibit AITs from receiving training in a facility that is defined as provisional by DSS in the proposed language of 18VAC95-30-170. Board members discussed a revision to the language such that a new AIT program could not be started in a provisional facility, however if a facility becomes provisional during the course of an AIT program, the AIT would not be required to leave the facility or find an alternate training site.

Upon a **MOTION** by Marj Pantone, properly seconded by Mitch Davis, the Board voted to delete the word “Training” in the proposed language of 18VAC95-30-170(B), and to insert “A new ALF AIT program or internship” such that the sentence reads, “A new ALF AIT program or internship shall not be conducted in a facility with a provisional license as determined by the Department of Social Services.” The vote was unanimous.

Ms. Yeatts explained VALA’s remaining comments related to preceptors and the Health Services Executive credential. No motions were made with regard to the comments.

Ms. Yeatts explained one additional issue that was raised by the Registrar related to the wording of the language related to unprofessional conduct provisions in 18VAC95-20-470(7) and 18VAC95-30-210(7). Board members discussed possible wording choices and comma placement. Board counsel stated that language to clarify the wording to “an inappropriate personal involvement with a resident, or sexual conduct with a resident” would address the registrar’s concerns.

Upon a **MOTION** by Karen Stanfield, properly seconded by Marj Pantone, the Board voted to approve final regulations with the amendments proposed to 18VAC95-30-170(B) and to the unprofessional conduct provisions as discussed. The vote was unanimous.

Mr. Kendall called for a break at 11:18 a.m. The Board reconvened at 11:33 a.m.

OLD BUSINESS

Survey Questions for the Workforce Data Center Report – Dr. Elizabeth Carter

Dr. Carter reported that, per the Board’s request at the last meeting, a question related to educational debt has been added to the workforce survey – “What is your estimated current educational debt?”

Dr. Carter reminded Board members that, at the last meeting, the Board had questions regarding how primary and secondary work locations are defined for purposes of the survey. Board members discussed the current categories and classifications of work locations in the survey and whether they adequately reflect practice locations. Board members agreed that the addition of “Acute Care/Rehabilitative Facility” rather than “Rehabilitation Facility” may be more encompassing of certain practice locations for NHAs that are not otherwise reflected. Dr. Carter will ask for that change to be made to the drop-down menu in the survey.

NEW BUSINESS

Administrators-In-Training and Preceptors – Corie Tillman Wolf

Ms. Tillman Wolf provided an overview of certain issues identified by Board staff regarding AITs and preceptors and the proposed steps to be taken by staff to address some of these issues. Ms. Tillman Wolf discussed steps for ensuring the quality of reports received from AITs; for increased communication to AITs and preceptors regarding training requirements, pending regulatory changes, and NAB resources available; for development and dissemination of AIT and Preceptor FAQ’s; and for work with stakeholders and associations to promote training and use of the voluntary preceptor directory as a resource. Ms. Tillman Wolf also discussed the possibility of an ad hoc committee to discuss AIT reporting requirements and the AIT report forms, and other AIT and preceptor-related issues, as necessary. Ms. Tillman Wolf will gauge interest for a committee and otherwise e-mail out the current reporting forms for Board member input and comments, and have that information ready for the next meeting.

Board Member Training – Conflict of Interest – Erin Barrett

Board counsel, Erin Barrett, provided an overview of Conflict of Interest and considerations for Board members at Board meetings and disciplinary hearings.

NEXT MEETING

The next Board meeting is scheduled for March 15, 2018.

ADJOURNMENT

With all business concluded, the meeting was adjourned at 12:15 p.m.

Derrick Kendall, NHA, Chair

Corie Tillman Wolf, Executive Director

Date

Date

Project 4984 - Final

BOARD OF LONG-TERM CARE ADMINISTRATORS

Periodic review

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 ~~United States~~ 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 ~~the National Association of Long Term Care Administrator Boards~~ NAB or by an accredited institution to offer continuing education programs in accordance with this chapter.

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

"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.

"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 ~~the National Association of Long Term Care Administrator Boards~~ 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.

18VAC95-20-80. Required fees.

~~A.~~ The applicant or licensee shall submit all fees below 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

~~B. For the first renewal after the effective date of this regulation, the following one-time shortfall assessment shall apply:~~

1. Nursing home license renewal	\$100
2. Preceptor renewal	\$20

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. 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 ~~the National Association of Long Term Care Administrator Boards (NAB)~~ 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 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 or dates 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 ~~penalty~~ 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.

18VAC95-20-200. 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.~~ United States jurisdiction or in the ~~U.S.~~ United States armed services during the period licensure in Virginia was lapsed.
3. Evidence of requalifying for licensure by meeting the requirements prescribed in 18VAC95-20-220 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.

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 college or university; (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 institution; (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; or

3. Administrator-in-training program. The applicant shall have (i) successfully completed an AIT program ~~which~~ 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 a 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. ~~Resident care and quality of life~~ 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, psychosocial, 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. ~~Physical environment and atmosphere~~ 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 ~~practiced nursing home administration for one year~~ 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.

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 institution;
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.

18VAC95-20-340. 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 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.

18VAC95-20-380. 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 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 ~~the National Association of Long Term Care Administrator Boards~~ 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 in the Domains of Practice.

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 ~~five~~ working 10 business days.

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

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 ~~this chapter~~ 31 (§ 54.1-3100 et seq.) of the Code of Virginia or regulations of the board; or

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.

18VAC95-20-471. ~~Criteria for delegation of informal fact-finding proceedings to an agency subordinate. (Repealed.)~~

~~A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.~~

~~B. Criteria for delegation. Cases that may not be delegated to an agency subordinate include violations of standards of practice as set forth in subdivisions 1, 3 and 5 of 18VAC95-20-470, except as may otherwise be determined by a special conference committee of the board.~~

~~C. Criteria for an agency subordinate.~~

~~1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.~~

~~2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.~~

~~3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.~~

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 an a person enrolled in an administrator-in-training program in a licensed assisted living facility administrator-in-training.

"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/assisted~~ care or assisted living facility as approved by ~~the National Association of Long Term Care Administrator Boards~~ 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.

18VAC95-30-40. Required fees.

A. The applicant or licensee shall submit all fees ~~below~~ 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	\$35
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.

~~D. For the first renewal after the effective date of this regulation, the following one-time shortfall assessment shall apply:~~

1. Assisted living facility administrator license renewal	\$100
2. Preceptor renewal	\$20

18VAC95-30-70. Continuing education requirements.

A. In order to renew an assisted living 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. 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 or dates 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.

18VAC95-30-90. 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 ~~U.S.~~ United States jurisdiction or in the ~~U.S.~~ 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.

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 in an accredited college or university in any subject 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/resident care; (ii) human resources management; (iii) financial management; (iv) physical environment; and (v) leadership and governance; and ~~320~~ 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; or

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

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 a 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. ~~Resident/client services management~~ Customer care, supports, and services;
2. ~~Human resource management~~ resources;

3. ~~Financial management~~ Finance;
4. ~~Physical environment management~~ Environment;
5. Leadership and ~~governance~~ management.

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 of this section;
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 ~~practiced as the administrator of record~~ 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 ~~for at least two of the four years immediately preceding application to the board~~; 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 program 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.

18VAC95-30-170. Training facilities.

A. Training in an ALF AIT program or for an internship ~~or practicum~~ 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 A new ALF AIT program or internship] shall not be conducted in a facility with a provisional license as determined by the Department of Social Services.

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 or facilities for a minimum of ~~one~~ two of the past four years immediately prior to registration or be a regional administrator with on-site supervisory responsibilities for a training facility or facilities; and
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 with 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 ~~two~~ 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 an agreement with a training facility for a preceptorship; and

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

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 ~~five~~ working 10 business days. The preceptor shall also submit all required monthly progress reports completed prior to termination within 10 business days.

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. ~~Failure to comply with any regulations of the board; or~~ 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.

**VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS
MINUTES**

**Monday, April 24, 2018
10:00 A.M.**

**Department of Health Professions
9960 Mayland Drive, Suite #300
Henrico, Virginia 23233**

DATE, TIME & PLACE: On April 24, 2018, at 10:02 a.m., the Board of Long-Term Care Administrators convened by telephone conference call to consider whether a practitioner’s ability to practice as an assisted living facility administrator constituted a substantial danger to public health and safety pursuant to Va. Code §54.1-2408.1. A quorum of the Board was present, with Derrick Kendall, Board Chair, presiding.

MEMBERS PRESENT: Derrick Kendall, NHA, Chair
Martha Hunt, ALFA
Karen Stanfield, NHA
Marj Pantone, ALFA
Doug Nevitt, ALFA
Mitchell Davis, NHA
Shervonne Banks

MEMBERS ABSENT: Basil Acey
Mary Brydon

BOARD COUNSEL: Erin Barrett, Assistant Attorney General

DHP STAFF PRESENT: Corie Tillman Wolf, Executive Director
Kathy Petersen, Senior Discipline Operations Manager
Candace Carey, Discipline Operations Assistant

PARTIES ON BEHALF OF COMMONWEALTH: Julia Bennett, Assistant Attorney General
David Kazzie, Adjudication Specialist

MATTER CONSIDERED: **Mable B. Leona Jones, ALFA**
License No.: 1706-000478
Case No.: 182338, 182409, 184328 & 186105

The Board received information from Assistant Attorney General, Julia Bennett in order to determine whether Ms. Jones’ ability to practice as an assisted living facility

administrator constituted a substantial danger to public health and safety. Ms. Bennett provided details of the case to the Board for its consideration.

CLOSED SESSION:

Upon a motion by Martha Hunt, and duly seconded by Marj Pantone, the Board voted to convene a closed meeting at 10:34 a.m., 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 Mable B. Leona Jones, ALFA. Additionally, she moved that Ms. Tillman Wolf, Ms. Petersen, Ms. Carey and Ms. Barrett attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Upon a motion by Ms. Stanfield, and duly seconded by Ms. Hunt, the Board voted to reconvene at 10:41 a.m.

CERTIFICATION:

Ms. Hunt certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia and the Board reconvened in open session.

DECISION:

Upon a motion by Karen Stanfield, and duly seconded by Martha Hunt, the Board determined that Ms. Jones' ability to practice constituted 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 institution of proceedings for a formal administrative hearing pursuant to §54.1-2408.1 of the Code of Virginia.

VOTE:

The vote was unanimous.

DECISION:

Upon a motion by Karen Stanfield, and duly seconded by Shervonne Banks, the Board voted to offer Ms. Jones a consent order for revocation of her license to practice as an assisted living facility administrator, in lieu of a formal administrative hearing.

VOTE:

The vote was unanimous.

ADJOURNMENT:

The Board adjourned at 10:51 a.m.

Derrick Kendall, NHA, Chair

Corie Tillman Wolf, Executive Director

Date

Date

Executive Director's Report

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2017 and Ending April 30, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	89,850.00	71,400.00	(18,450.00)	125.84%
4002406	License & Renewal Fee	467,145.00	456,310.00	(10,835.00)	102.37%
4002407	Dup. License Certificate Fee	345.00	175.00	(170.00)	197.14%
4002409	Board Endorsement - Out	1,645.00	875.00	(770.00)	188.00%
4002421	Monetary Penalty & Late Fees	6,695.00	7,330.00	635.00	91.34%
	Total Fee Revenue	<u>565,680.00</u>	<u>536,090.00</u>	<u>(29,590.00)</u>	<u>105.52%</u>
	Total Revenue	565,680.00	536,090.00	(29,590.00)	105.52%
5011110	Employer Retirement Contrib.	7,700.55	11,489.00	3,788.45	67.03%
5011120	Fed Old-Age Ins- Sal St Emp	4,085.04	6,515.00	2,429.96	62.70%
5011130	Fed Old-Age Ins- Wage Earners	-	513.00	513.00	0.00%
5011140	Group Insurance	747.87	1,116.00	368.13	67.01%
5011150	Medical/Hospitalization Ins.	16,257.00	28,742.00	12,485.00	56.56%
5011160	Retiree Medical/Hospitalizatn	673.54	1,005.00	331.46	67.02%
5011170	Long term Disability Ins	376.86	563.00	186.14	66.94%
	Total Employee Benefits	<u>29,840.86</u>	<u>49,943.00</u>	<u>20,102.14</u>	<u>59.75%</u>
5011200	Salaries				
5011230	Salaries, Classified	55,896.08	85,161.00	29,264.92	65.64%
5011250	Salaries, Overtime	1,490.02	-	(1,490.02)	0.00%
	Total Salaries	<u>57,386.10</u>	<u>85,161.00</u>	<u>27,774.90</u>	<u>67.39%</u>
5011300	Special Payments				
5011310	Bonuses and Incentives	225.00	450.00	225.00	50.00%
5011340	Specified Per Diem Payment	800.00	4,150.00	3,350.00	19.28%
5011380	Deferred Compnstn Match Pmts	282.50	816.00	533.50	34.62%
	Total Special Payments	<u>1,307.50</u>	<u>5,416.00</u>	<u>4,108.50</u>	<u>24.14%</u>
5011400	Wages				
5011410	Wages, General	-	6,699.00	6,699.00	0.00%
	Total Wages	<u>-</u>	<u>6,699.00</u>	<u>6,699.00</u>	<u>0.00%</u>
5011530	Short-trm Disability Benefits	1,895.84	-	(1,895.84)	0.00%
	Total Disability Benefits	<u>1,895.84</u>	<u>-</u>	<u>(1,895.84)</u>	<u>0.00%</u>
5011930	Turnover/Vacancy Benefits	-	-	-	0.00%
	Total Personal Services	<u>90,430.30</u>	<u>147,219.00</u>	<u>56,788.70</u>	<u>61.43%</u>
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	102.05	142.00	39.95	71.87%
5012130	Messenger Services	16.80	-	(16.80)	0.00%
5012140	Postal Services	1,172.58	1,500.00	327.42	78.17%
5012150	Printing Services	170.05	500.00	329.95	34.01%
5012160	Telecommunications Svcs (VITA)	173.81	1,320.00	1,146.19	13.17%
5012170	Telecomm. Svcs (Non-State)	165.48	-	(165.48)	0.00%
5012190	Inbound Freight Services	1.43	-	(1.43)	0.00%
	Total Communication Services	<u>1,802.20</u>	<u>3,462.00</u>	<u>1,659.80</u>	<u>52.06%</u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2017 and Ending April 30, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012200	Employee Development Services				
5012210	Organization Memberships	1,500.00	1,200.00	(300.00)	125.00%
5012240	Employee Training/Workshop/Conf	-	200.00	200.00	0.00%
5012250	Employee Tuition Reimbursement	-	802.00	802.00	0.00%
	Total Employee Development Services	1,500.00	2,202.00	702.00	68.12%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	110.00	110.00	0.00%
	Total Health Services	-	110.00	110.00	0.00%
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	9,372.37	7,990.00	(1,382.37)	117.30%
5012440	Management Services	90.90	6.00	(84.90)	1515.00%
5012470	Legal Services	1,162.00	150.00	(1,012.00)	774.67%
	Total Mgmnt and Informational Svcs	10,625.27	8,146.00	(2,479.27)	130.44%
5012500	Repair and Maintenance Svcs				
5012520	Electrical Repair & Maint Srvc	-	17.00	17.00	0.00%
5012530	Equipment Repair & Maint Srvc	586.60	-	(586.60)	0.00%
	Total Repair and Maintenance Svcs	586.60	17.00	(569.60)	3450.59%
5012600	Support Services				
5012630	Clerical Services	-	27.00	27.00	0.00%
5012640	Food & Dietary Services	209.56	683.00	473.44	30.68%
5012650	Laundry and Linen Services	24.79	-	(24.79)	0.00%
5012660	Manual Labor Services	588.57	1,182.00	593.43	49.79%
5012670	Production Services	3,008.32	2,960.00	(48.32)	101.63%
5012680	Skilled Services	-	1,408.00	1,408.00	0.00%
	Total Support Services	3,831.24	6,260.00	2,428.76	61.20%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,510.87	2,680.00	1,169.13	56.38%
5012830	Travel, Public Carriers	-	300.00	300.00	0.00%
5012850	Travel, Subsistence & Lodging	-	800.00	800.00	0.00%
5012880	Trvl, Meal Reimb- Not Rprtble	-	400.00	400.00	0.00%
	Total Transportation Services	1,510.87	4,180.00	2,669.13	36.15%
	Total Contractual Svcs	19,856.18	24,377.00	4,520.82	81.45%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	623.20	400.00	(223.20)	155.80%
5013130	Stationery and Forms	-	100.00	100.00	0.00%
	Total Administrative Supplies	623.20	500.00	(123.20)	124.64%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matr	0.32	-	(0.32)	0.00%
5013530	Electrcal Repair & Maint Matr	-	2.00	2.00	0.00%
	Total Repair and Maint. Supplies	0.32	2.00	1.68	16.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	81.00	81.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2017 and Ending April 30, 2018

Account Number	Account Description			Amount	
		Amount	Budget	Under/(Over) Budget	% of Budget
	Total Residential Supplies	-	81.00	81.00	0.00%
	Total Supplies And Materials	623.52	583.00	(40.52)	106.95%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	-	300.00	300.00	0.00%
5014150	Unemployment Comp Reimbursemt	-	100.00	100.00	0.00%
	Total Awards, Contrib., and Claims	-	400.00	400.00	0.00%
	Total Transfer Payments	-	400.00	400.00	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	25.00	25.00	0.00%
	Total Insurance-Fixed Assets	-	25.00	25.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	5.67	-	(5.67)	0.00%
5015350	Building Rentals	1.20	-	(1.20)	0.00%
5015390	Building Rentals - Non State	5,414.72	8,330.00	2,915.28	65.00%
	Total Operating Lease Payments	5,421.59	8,330.00	2,908.41	65.09%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	91.00	91.00	0.00%
5015540	Surety Bonds	-	6.00	6.00	0.00%
	Total Insurance-Operations	-	97.00	97.00	0.00%
	Total Continuous Charges	5,421.59	8,452.00	3,030.41	64.15%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	178.12	-	(178.12)	0.00%
5022180	Computer Software Purchases	193.52	-	(193.52)	0.00%
	Total Computer Hrdware & Sftware	371.64	-	(371.64)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	16.00	36.00	20.00	44.44%
	Total Educational & Cultural Equip	16.00	36.00	20.00	44.44%
5022600	Office Equipment				
5022610	Office Appurtenances	-	17.00	17.00	0.00%
5022620	Office Furniture	107.25	-	(107.25)	0.00%
5022640	Office Machines	-	100.00	100.00	0.00%
	Total Office Equipment	107.25	117.00	9.75	91.67%
5022700	Specific Use Equipment				
5022710	Household Equipment	9.01	-	(9.01)	0.00%
	Total Specific Use Equipment	9.01	-	(9.01)	0.00%
	Total Equipment	503.90	153.00	(350.90)	329.35%
	Total Expenditures	116,835.49	181,184.00	64,348.51	64.48%
	Net Revenue in Excess (Shortfall) of				
	Expenditures Before Allocated Expenditures	\$ 448,844.51	\$ 354,906.00	\$ (93,938.51)	126.47%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2017 and Ending April 30, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
Allocated Expenditures					
20600	Funeral\LTCA\PT	77,707.82	90,791.40	13,083.58	85.59%
30100	Data Center	66,379.47	85,477.72	19,098.26	77.66%
30200	Human Resources	6,271.58	17,338.23	11,066.65	36.17%
30300	Finance	17,366.78	23,074.64	5,707.86	75.26%
30400	Director's Office	9,503.36	12,205.04	2,701.68	77.86%
30500	Enforcement	117,110.43	105,083.63	(12,026.80)	111.44%
30600	Administrative Proceedings	25,136.69	30,743.13	5,606.44	81.76%
30700	Impaired Practitioners	-	14.27	14.27	0.00%
30800	Attorney General	37,485.07	37,486.74	1.67	100.00%
30900	Board of Health Professions	4,927.85	6,933.39	2,005.55	71.07%
31100	Maintenance and Repairs	-	400.50	400.50	0.00%
31300	Emp. Recognition Program	106.77	278.78	172.01	38.30%
31400	Conference Center	5,499.03	5,584.26	85.23	98.47%
31500	Pgm Devlpmnt & Implmentn	5,043.35	6,872.07	1,828.72	73.39%
Total Allocated Expenditures		<u>372,538.18</u>	<u>422,283.80</u>	<u>49,745.62</u>	<u>88.22%</u>
Net Revenue in Excess (Shortfall) of Expenditures		<u>\$ 76,306.33</u>	<u>\$ (67,377.80)</u>	<u>\$ (143,684.13)</u>	<u>113.25%</u>

Legislation and Regulatory Actions

**Report on Regulatory Actions
Board of Long-Term Care Administrators
(as of June 8, 2018)**

Chapter		Action / Stage Information
[18 VAC 95 - 20]	Regulations Governing the Practice of Nursing Home Administrators	<u>Periodic review</u> [Action 4723] Final - <i>At Secretary's Office for 142 days</i>

Report of the 2018 General Assembly

HB 226 Patients; medically or ethically inappropriate care not required.

Chief patron: Stolle

Medically or ethically inappropriate care not required. Establishes a process whereby a physician may cease to provide health care that has been determined to be medically or ethically inappropriate for a patient. This bill is identical to SB 222.

HB 501 Home hospice programs; disposal of drugs.

Chief patron: Hodges

Home hospice programs; disposal of drugs. Requires every hospice to develop policies and procedures for the disposal of drugs dispensed as part of the hospice plan of care for a patient, which shall include requirements that such disposal be (i) performed in a manner that complies with all state and federal requirements for the safe disposal of drugs by a licensed nurse, physician assistant, or physician who is employed by or has entered into a contract with the hospice program; (ii) witnessed by a member of the patient's family or a second employee of the hospice program who is licensed by a health regulatory board within the Department of Health Professions; and (iii) documented in the patient's medical record.

HB 614 Social work; practice.

Chief patron: Price

Practice of social work. Provides that the Board of Social Work may license baccalaureate social workers, master's social workers, and clinical social workers, as those terms are defined, and may register persons proposing to obtain supervised post-degree experience in the practice of social work.

HB 793 Nurse practitioners; practice agreements.

Chief patron: Robinson

Nurse practitioners; practice agreements. Eliminates the requirement for a practice agreement with a patient care team physician for a licensed nurse practitioner who has completed the equivalent of at least five years of full-time clinical experience and submitted an

attestation from his patient care team physician stating (i) that the patient care team physician has served as a patient care team physician on a patient care team with the nurse practitioner pursuant to a practice agreement; (ii) that while a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category for which the nurse practitioner was certified and licensed; and (iii) the period of time for which the patient care team physician practiced with the nurse practitioner under such a practice agreement. The bill requires that a nurse practitioner authorized to practice without a practice agreement (a) only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care, (b) consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided, and (c) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers. The bill requires (1) the Boards of Medicine and Nursing to jointly promulgate regulations governing the practice of nurse practitioners without a practice agreement; (2) the Department of Health Professions, by November 1, 2020, to report to the General Assembly a process by which nurse practitioners who practice without a practice agreement may be included in the online Practitioner Profile maintained by the Department of Health Professions; and (3) the Boards of Medicine and Nursing to report information related to the practice of nurse practitioners without a practice agreement that includes certain data, complaints and disciplinary actions, and recommended modifications to the provisions of this bill to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by November 1, 2021.

HB 878 Schedule VI; delivery of prescription devices on behalf of medical equipment supplier.

Chief patron: Orrock

Delivery of Schedule VI prescription devices. Provides that a permitted manufacturer, wholesale distributor, warehouser, nonresident warehouser, third-party logistics provider, or nonresident third-party logistics provider or registered nonresident manufacturer or nonresident wholesale distributor (the provider) may deliver a Schedule VI prescription device directly to an ultimate user or consumer, provided that the provider is delivering on behalf of and has entered into an agreement with (i) a medical equipment supplier that has received a valid order from a prescriber authorizing the dispensing of the Schedule VI prescription device or (ii) a medical director of a home health agency, nursing home, assisted living facility, or hospice who has requested the distribution of the Schedule VI prescription device to be administered by persons

authorized to administer such devices. The bill directs the Board of Pharmacy to promulgate regulations to implement the provisions of the measure within 280 days. This bill is identical to SB 413.

HB 1173 Controlled substances; limits on prescriptions containing opioids.

Chief patron: Pillion

Limits on prescription of controlled substances containing opioids. Eliminates the surgical or invasive procedure treatment exception to the requirement that a prescriber request certain information from the Prescription Monitoring Program (PMP) when initiating a new course of treatment that includes prescribing opioids for a human patient to last more than seven days. Under current law, a prescriber is not required to request certain information from the PMP for opioid prescriptions of up to 14 days to a patient as part of treatment for a surgical or invasive procedure. The bill has an expiration date of July 1, 2022. This bill is identical to SB 632.

HB 1251 CBD oil and THC-A oil; certification for use, dispensing.

Chief patron: Cline

CBD oil and THC-A oil; certification for use; dispensing. Provides that a practitioner may issue a written certification for the use of cannabidiol (CBD) oil or THC-A oil for the treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use. Under current law, a practitioner may only issue such certification for the treatment or to alleviate the symptoms of intractable epilepsy. The bill increases the supply of CBD oil or THC-A oil a pharmaceutical processor may dispense from a 30-day supply to a 90-day supply. The bill reduces the minimum amount of cannabidiol or tetrahydrocannabinol acid per milliliter for a dilution of the Cannabis plant to fall under the definition of CBD oil or THC-A oil, respectively. As introduced, this bill was a recommendation of the Joint Commission on Health Care. The bill contains an emergency clause. This bill is identical to SB 726.

EMERGENCY

HB 1524 Health record retention; practitioners to maintain records for a minimum of six years.

Chief patron: Ingram

Board of Medicine; regulations related to retention of patient records; time. Requires health care practitioners licensed by the Board of Medicine to maintain health records for a minimum of six years following the last patient encounter. The bill also provides that practitioners are not required to maintain health records for longer than 12 years from the date of creation except for (i) health records of a minor child, which shall be maintained until the patient reaches the age of 18 or becomes emancipated, with a minimum of six years following the last patient encounter, and (ii) health records that are required by contractual obligation or federal law to be maintained longer.

HB 1556 Prescription Monitoring Program; adds controlled substances included in Schedule V and naloxone.

Chief patron: Pillion

Prescription Monitoring Program; covered substances. Adds controlled substances included in Schedule V for which a prescription is required and naloxone to the list of covered substances the dispensing of which must be reported to the Prescription Monitoring Program. This bill is identical to SB 832.

SB 330 THC-A oil; dispensing, tetrahydrocannabinol levels.

Chief patron: Dunnavant

CBD and THC-A oil. Adds cannabidiol oil (CBD oil) or THC-A oil to the list of covered substances the dispensing of which must be reported to the Prescription Monitoring Program. The bill requires a practitioner, prior to issuing a written certification for CBD oil or THC-A oil to a patient, to request information from the Director of the Department of Health Professions for the purpose of determining what other covered substances have been dispensed to the patient.

The bill requires the Board of Pharmacy to (i) promulgate regulations that include a process for registering CBD oil and THC-A oil products and (ii) require an applicant for a pharmaceutical processor permit to submit to fingerprinting and provide personal descriptive information to be forwarded through the Central Criminal Records Exchange to the Federal Bureau of Investigation for a criminal history record search. The bill requires a pharmacist or pharmacy technician, prior to the initial dispensing of each written certification, to (a) make and maintain for two years a paper or electronic copy of the written certification that provides an exact image of the document that is clearly legible; (b) view a current photo identification of the patient, parent, or legal guardian; and (c) verify current board registration of the practitioner and the

corresponding patient, parent, or legal guardian. The bill requires that, prior to any subsequent dispensing of each written certification, the pharmacist, pharmacy technician, or delivery agent view the current written certification; a current photo identification of the patient, parent, or legal guardian; and the current board registration issued to the patient, parent, or legal guardian.

Finally, the bill requires a pharmaceutical processor to ensure that the percentage of tetrahydrocannabinol in any THC-A oil on site is within 10 percent of the level of tetrahydrocannabinol measured for labeling and to establish a stability testing schedule of THC-A oil.

EMERGENCY

SB 511 Optometry; scope of practice.

Chief patron: Suetterlein

Optometry; scope of practice. Provides that the practice of optometry includes the evaluation, examination, diagnosis, and treatment of abnormal or diseased conditions of the human eye and its adnexa by the use of medically recognized and appropriate devices, procedures, or technologies but that it does not include treatment through surgery, including laser surgery, other invasive modalities, or the use of injections, except for certain injections by TPA-certified optometrists and for the treatment of emergency cases of anaphylactic shock with intramuscular epinephrine. The bill authorizes a TPA-certified optometrist to administer therapeutic pharmaceutical agents by injection for the treatment of chalazia by means of an injection of a steroid included in Schedule VI controlled substances, provided that the optometrist provides written evidence that he has completed certain training requirements to the Board of Optometry.

SB 544 Prescription drugs; donation of used medicines.

Chief patron: Obenshain

Prescription drug donation program. Requires that the existing prescription drug donation program regulated by the Board of Pharmacy accept eligible prescription drugs from individuals, including those residing in nursing homes, assisted living facilities, or intermediate care facilities established for individuals with intellectual disability (ICF/IID), licensed hospitals, any facility operated by the Department of Behavioral Health and Developmental Services, from an agent pursuant to a power of attorney, a decedent's personal representative, a legal guardian of an incapacitated person, and a guardian ad litem donated on behalf of the represented individual.

The bill also provides liability protection for those who donate, accept, and dispense such unused drugs.

SB 882 Prescription refill; protocol.

Chief patron: DeSteph

Prescription refill; approval. Provides that a prescriber may authorize a registered nurse or licensed practical nurse to approve additional refills of a prescribed drug for no more than 90 consecutive days, provided that (i) the drug is classified as a Schedule VI drug; (ii) there are no changes in the prescribed drug, strength, or dosage; (iii) the prescriber has a current written protocol, accessible by the nurse, that identifies the conditions under which the nurse may approve additional refills; and (iv) the nurse documents in the patient's chart any refills authorized for a specific patient pursuant to the protocol and the additional refills are transmitted to a pharmacist in accordance with the allowances for an authorized agent to transmit a prescription orally or by facsimile pursuant to current law and regulations of the Board of Pharmacy.

Board Consideration of Revision, Repeal, or Readoption of Guidance Documents

Agenda Item: Review of Guidance Documents

Included in your agenda package:

Current guidance documents for the Board that have not been reviewed, revised or readopted in the past four years:

95-1, Memorandum of Understanding with the Virginia Department of Health, Division of Licensure and Certification, revised July 7, 2011 (under review by VDH)

95-3, Sanction Reference Manual, March 8, 2010 (to be discussed by Mr. Kauder)

95-5, Document of Department of Health; Common understanding of definitions and terms used to identify resident mistreatment, April 17, 2000 (under review by VDH)

95-6, Board policy on process for delegation of informal fact-finding to an agency subordinate, October 13, 2004

95-7, Board policy on Qualifying for Licensure: Required Content for College Coursework, revised July 7, 2011

95-9, Board policy on continuing competency hours for dually licensed administrators, October 28, 2008

95-10, Memorandum of Understanding with the Virginia Department of Social Services, Division of Licensing Programs on Assisted Living Facilities, September 27, 2011 (under review by DSS)

95-11, Disposition of cases for practicing with an expired license, June 19, 2012

Board action: Revise, repeal or re-adopt guidance documents

Memorandum of Understanding
between
**The Virginia Department of Health
Office of Licensure and Certification**
and
**The Virginia Department of Health Professions
The Board of Long-Term Care Administrators**

This is a general memorandum of understanding between the Virginia Department of Health, Office of Licensure and Certification and the Virginia Department of Health Professions, Board of Long-Term Care Administrators.

PURPOSE

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

AUTHORITY

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

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

The statutory authority for the Virginia Board of Long-Term Care Administrators is found in Chapter 31 of Title 54.1 of the Code of Virginia.

UNDERSTANDING

The Director, Office of Licensure and Certification agrees to provide the Executive Director, Board of Long-Term Care Administrators with the following information:

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

2. A copy of any written notification from the Director of the Office of Licensure and Certification to any licensed nursing home of the intent of the Centers for Medicare & Medicaid Services (CMS) or the Department of Medical Assistance Services (DMAS) to take adverse action that will limit or prohibit certification under the Medicare and/or Medicaid program, including but not limited to substandard quality of care, restriction on new admissions, or involuntary termination. The information transmitted will include a copy of the survey findings that caused such action.
3. All pertinent information pertaining to the long term care facility during the administrator's tenure at the facility, upon receipt of a complaint or upon initiation of an investigation by the Department of Health Professions.
4. Any information and documentation the Director deems necessary to refer to the Board of Long-Term Care Administrators for review on any specific licensed nursing home or Medicare/Medicaid certified long-term care facility that has a history of recurring violations or confirmed complaints.
5. Technical assistance and consultation when requested, on matters of mutual interest and concern to both agencies.

The Executive Director of the Board of Long-Term Care Administrators (Department of Health Professions) will provide the Office of Licensure and Certification (Department of Health) with the following:

1. Written notification of suspension, revocation or voluntary surrender of an individual's Nursing Home Administrator license.
2. Documentation of findings of any complaint or other investigation of a Long Term Care Administrator conducted by the Department of Health Professions that affects the delivery of patient care in a specific nursing home.
3. Technical assistance and consultation when requested, on matters of mutual interest and concern to both agencies.

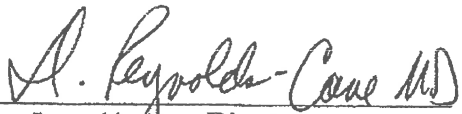
Both agencies further agree to periodically review the contents of this memorandum at least every four years and reserve the right to request revisions. The memorandum shall take effect on the latest date it is signed by designated representatives of both agencies. Both agencies reserve the right to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



Dr. Karen Remley
State Health Commissioner

7/29/11

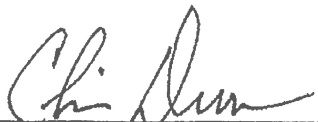
Date



Dr. Dianne Reynolds-Cane, Director
Department of Health Professions

7-6-11

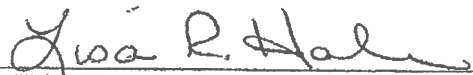
Date



Chris Durrer, Director
Office of Licensure & Certification
Virginia Department of Health

July 8, 2011

Date



Lisa R. Hahn, Executive Director
Board of Long-Term Care Administrators

7.6.11

Date

(3)



COMMONWEALTH of VIRGINIA

Department of Health

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

Center for
Quality Health Care Services and
Consumer Protection

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

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

April 17, 2000

MEMORANDUM

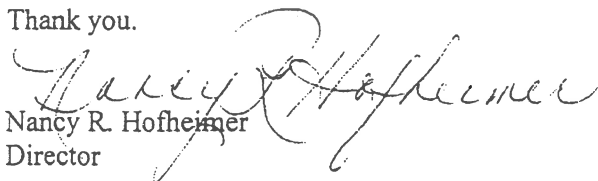
Dear Colleague:

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

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

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

Thank you.


Nancy R. Hofheiser
Director

NRH/CCE

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

DIRECTOR
(804) 367-2102

ACUTE CARE
(804) 367-2104

COPN
(804) 367-2126



COMPLAINTS
1-800-955-1819

LONG TERM CARE
(804) 367-2100

BASIC DEFINITIONS

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

A. Physical Abuse

- 1) Striking the resident with a part of the body or with an object; nontherapeutic shoving, pushing, pulling, or twisting any part of the resident's body; burning; or sticking a resident with an object.
- 2) Physical contact intentionally or through carelessness that results in or is likely to result in death, physical injury, pain or psychological harm to the resident. Indications of psychological harm include a noticeable level of fear, anxiety, agitation or emotional distress in the resident.
- 3) Use of any restraints, involuntary seclusion, or isolation of a resident as a method of punishing a resident.
- 4) Use of any restraints in an unreasonable manner, such as tying the hands or legs together.
- 5) Use of physical restraints for prolonged periods of time.
- 6) Acts of physical retaliation, even in response to a physical attack.

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

B. Verbal Abuse

- 1) Statements made to a resident which result in ridicule or humiliation of the resident. Inappropriate verbal reaction to a resident's attack would not necessarily be considered abuse unless the staff member had a pattern of responding this way. Non-malicious teasing does not constitute verbal abuse unless it causes the resident to feel degraded.
- 2) Any use of oral, written or gestured language that includes cursing, disparaging and derogatory terms to other residents or visitors within hearing range, to describe residents, regardless of their age, ability to comprehend, or disability.

Basic Definitions, con't.

C. Sexual Abuse

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

D. Psychological/Emotional Abuse

- 1) Humiliation, harassment, malicious teasing, threats of punishment or deprivation.
- 2) Not giving reasonable consideration to a resident's wishes; unreasonably restricting contact with family, friends or other residents; or ignoring resident needs for verbal and emotional contact.
- 3) Violation of a resident's right to confidentiality by discussing a resident's condition, treatment or personal affairs with anyone who does not have a right to such information.

E. Neglect

- 1) Failure to provide adequate nutrition and fluids.
- 2) Failure to take precautionary measures to protect the health and safety of the resident.
- 3) Intentional lack of attention to physical needs including, but not limited to, toileting and bathing.
- 4) Failure to provide services that result in harm to the resident, such as not turning a bedfast resident or leaving a resident in a soiled bed.
- 5) Failure or refusal to provide a service for the purpose of punishing or disciplining a resident, unless withholding of a service is being used as part of a documented integrated behavioral management program.
- 6) Failure to notify a resident's legal representative in the event of a significant change in the resident's physical, mental or emotional condition that a prudent person would recognize.

Basic Definitions, con't.

- 7) Failure to notify a resident's legal representative in the event of an incident involving the resident, such as failure to report a fall or a conflict between residents that result in injury or possible injury.
- 8) Failure to report observed or suspected abuse, neglect or misappropriation of resident property to the proper authorities.
- 9) Failure to adequately supervise a resident known to wander from the facility without staff knowledge.

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

F. Misappropriation of Personal Property

- 1) Theft or attempted theft of a resident's money or personal property.
- 2) Theft of a resident's medication.
- 3) Inappropriate use of resident funds or property.
- 4) Use of a resident's telephone without their expressed permission.



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

April 5, 2000

MEMORANDUM

TO: Federally Certified Nursing Facilities

FROM: Nancy R. Hofheimer
Director

SUBJECT: Facility Reported Incidences

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

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

A facility is expected to implement written policies and procedures that prohibit resident mistreatment, neglect, abuse, and/or misappropriation of personal property. When alleged violations involving resident mistreatment, neglect, abuse, and/or misappropriation of personal property occur, a facility is required to self report those incidences immediately to the Center and to any other state officials as required by state law¹. Reports are to be faxed (804/367-2804) to the Complaint Unit of the Center.

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

DIRECTOR
(804) 367-2102

ACUTE CARE
(804) 367-2104

COPN
(804) 367-2126



COMPLAINTS
1-800-955-1819

LONG TERM CARE
(804) 367-2100

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

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

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

Thank you.

NRH/CCE

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

Other Reportable Categories

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

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

Injuries of Unknown Origin

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

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

Resident to Resident

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

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

Facility Visitor to Resident Abuse

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

Other Reportable Categories, con't.

Unusual Occurrences

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

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

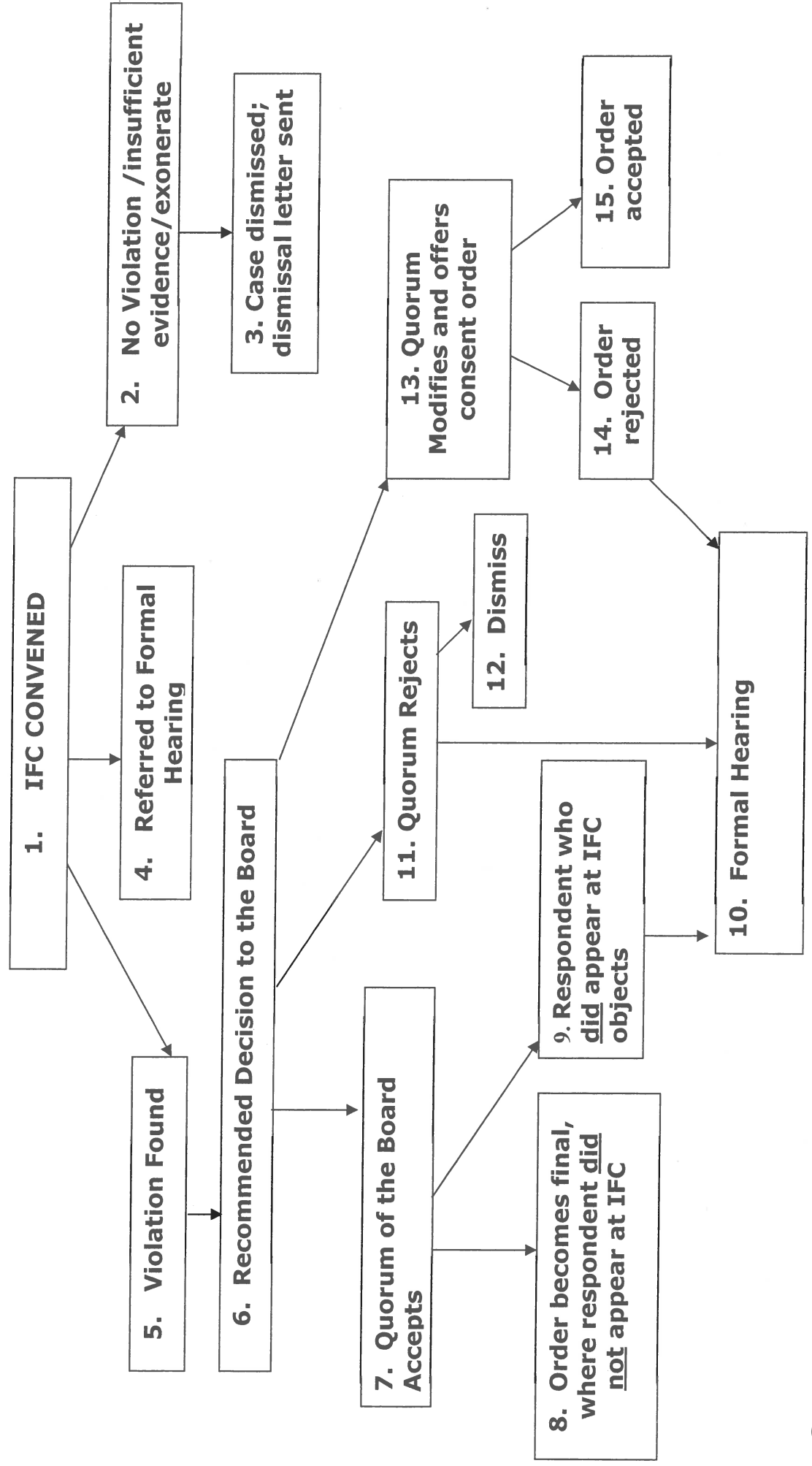
REPORTING OF ABUSE AND INJURIES OF UNKNOWN ORIGIN

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

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

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

Guidance for Conduct of an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions



Narrative explanation of Flow Chart on Delegation to an Agency Subordinate

This describes the process in which a subordinate hears a case at an informal conference up to a case that may be referred to a formal hearing.

1. Pursuant to a notice, the designated agency subordinate (“subordinate”) will convene the informal conference (“IFC”). An IFC before a subordinate is conducted in the same manner as an IFC before a committee of the board. Following the presentation of information by the parties, the subordinate will consider the evidence presented and render a recommended decision regarding the findings of fact, conclusions of law, and if appropriate, the sanction to be imposed.
2. The subordinate may recommend that the respondent be exonerated, that there be a finding of no violation, or that insufficient evidence exists to determine that a statutory and/or regulatory violation has occurred.
3. If the subordinate makes such a finding, the case is dismissed and a dismissal letter is issued to the respondent notifying him of the determination.
4. The subordinate may decide that the case should be referred to a formal hearing. A hearing before the board would then be scheduled and notice sent to the respondent.
5. The subordinate may determine that a violation has occurred and recommend the findings of fact and conclusions of law along with an appropriate sanction.
6. With the assistance of APD, the subordinate drafts a recommended decision, which includes the findings of fact, conclusions of law and sanction. The recommendation is provided to the respondent and to the board and must be ratified by a quorum of the board.
7. If a quorum of the board accepts the recommended decision and:
 8. If the respondent did not appear at the IFC, the board’s decision becomes a final order that can only be appealed to a circuit court; or
 - 9-10. If the respondent did appear at the IFC and objects to the order, he may request a

formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

11. A quorum of the board may reject the recommended decision of the subordinate, in which case:

The board may decide to refer the case for a formal hearing **(10)**; or the board may decide to dismiss the case and a dismissal letter is issued to the respondent notifying him of the decision of the board **(12)**.

13. A quorum of the board may modify the subordinate's recommended decision, and a consent order reflecting the modified decision is presented to the respondent:

If the respondent accepts the consent order, it is duly entered **(15)**; or if the respondent rejects the consent order **(14)**, the case proceeds to a formal hearing before the board **(10)**.

Virginia Board of Long-Term Care Administrators

Qualifying for Licensure: Required Content for College Coursework

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

5 Required Content Areas:

- 1. Resident Care and Quality of Life:** Course content must address program and service planning, supervision and evaluation to meet the needs of patients such as (a) nursing, medical and pharmaceutical care, (b) rehabilitative, social, psycho-social and recreational services, (c) nutritional services, (d) safety and rights protections, (e) quality assurance, and (f) infection control.
- 2. Human Resources:** Course content must focus on personnel leadership in a health care management role and must address organizational behavior and personnel management skills such as (a) staff organization, supervision, communication and evaluation, (b) staff recruitment, retention, and training, (c) personnel policy development and implementation, and (d) employee health and safety.
- 3. Finance:** Course content must address financial management of health care programs and facilities such as (a) an overview of financial practices and problems in the delivery of health care services, (b) financial planning, accounting, analysis and auditing, (c) budgeting, (d) health care cost issues, and (e) reimbursement systems and structures.
- 4. Physical Environment and Atmosphere:** Course content must address facility and equipment management such as (a) maintenance, (b) housekeeping, (c) safety, (d) inspections and compliance with laws and regulations, and (e) emergency preparedness.
- 5. Leadership and Management:** Course content must address the leadership roles in health delivery systems such as (a) government oversight and interaction, (b) organizational policies and procedures, (c) principles of ethics and law, (d) community coordination and cooperation, (e) risk management, and (f) governance and decision making.

Virginia Board of Long-Term Care Administrators
Policy on
Continuing Competency Hours for Dually-Licensed Administrators

At its meeting on October 28, 2008, the Board voted unanimously to allow persons who are dually licensed as nursing home administrators and assisted living facility administrators to count the continuing competency hours for both professions, requiring that only 20 hours be accrued to meet the requirements for renewal.

**Memorandum of Understanding
Between
The Virginia Department of Health Professions
Board of Long Term Care Administrators
And
The Virginia Department of Social Services
Division of Licensing Programs**

This is a general memorandum of understanding between the Virginia Department of Health Professions, Board of Long Term Care Administrators and The Virginia Department of Social Services, Division of Licensing Programs.

PURPOSE

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

PERIOD

This agreement shall become effective upon final execution and will expire in five years from the effective date. We will review the agreement at that time and make any changes necessary. Both agencies reserve the right to cancel the memorandum after giving 60 days written notice to the other agency.

AUTHORITY

The Statutory authority for the Virginia Department of Social Services Division of Licensing Programs is found in Chapters 17 & 18, Title 63.2 of the Code of Virginia.

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

The Statutory authority for the Virginia Board of Long Term Care Administrators is found in Chapter 31 of title 54.1 of the Code of Virginia.

UNDERSTANDING

The Director of the Department of Social Services, Division of Licensing Programs, agrees to provide the Executive Director of the Board of Long Term Care Administrators with the following information:

- 1) A copy of any Department of Social Services notification to any Assisted Living Facility of their intent to take adverse action that will limit, restrict or prohibit facilities operations, including but not limited to, actions to restrict new admissions or

to suspend or revoke a license. The information transmitted will include documentation that caused action by the Department.

- 2) A copy of any written notifications that an Assisted Living Facility is being operated by an unlicensed administrator.
- 3) A copy of any written notification that a sanction is being imposed for egregious conduct on part of an administrator.
- 4) Upon receipt of a complaint or upon initiation of an investigation by the Department of Social Services, Division of Licensing Programs shall provide, promptly upon request, all available information as to the history of the assisted living facility where the administrator is employed.
- 5) The Director agrees to provide technical assistance and consultation when requested, on matters of mutual interest and concern to both agencies.

The Board of Long Term Care Administrators (Department of Health Professions) will provide the Division of Licensing Programs (Department of Social Services) with the following:

- 1) Written notification of revocation of an individual's Assisted Living Facility Administrators license.
- 2) Report all actions taken by the Board of Long Term Care Administrators involving disciplinary action to the Division of Licensing Programs.
- 3) Documentation of findings of any complaint or other investigations conducted by the Board of Long Term Care Administrators that affects the delivery of resident care in a specific assisted living facility.
- 4) The Director agrees to provide technical assistance and consultation when requested, on matters of mutual interest and concern to both agencies.

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

Robert Earley

Robert Earley, Contracts Officer
Department of Social Services

September 14, 2011

Date

D. Reynolds-Care MD

Dr. Dianne Reynolds-Care, Director
Department of Health Professions

9-27-11

Date

Lisa R. Hahn

Lisa R. Hahn, Executive Director
Board of Long Term Care Administrators

September 21, 2011

Date

VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS

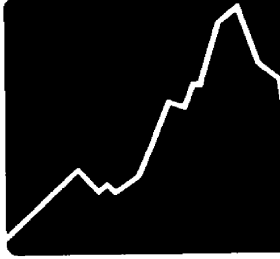
DISPOSITION OF CASES INVOLVING PRACTICING ON AN EXPIRED LICENSE

The Board of Long Term Care Administrators delegates to the Executive Director for the Board the authority to offer a confidential consent agreement or a prehearing consent to resolve disciplinary cases in which a Licensee has been found to be practicing with an expired license.

The board adopted the following guidelines for resolution of cases of practicing with an expired license:

Cause	Possible Action
First offense; 90 days or less	Confidential Consent Agreement
First offense; 91 days to one year	Consent Order; Monetary Penalty of \$500
First offense; one to two years	Consent Order; Monetary Penalty of \$1000

Old Business



BOARD OF LONG-TERM CARE ADMINISTRATORS
Commonwealth of Virginia

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

e-mail: LTC@dhp.virginia.gov
website: www.dhp.virginia.gov
Phone: 804-367-4595

**MONTHLY REPORT OF ASSISTED LIVING
FACILITY ADMINISTRATOR-IN-TRAINING**

INSTRUCTIONS:

- **Submit to the Long-Term Care Administrators Board along with the Certificate of Completion.**
- **The Administrator-in-Training (AIT) and the Preceptor must sign the monthly training progress report.**

Full Name of ALF AIT:	Date of this Report:
-----------------------	----------------------

Training Dates Covered by this Report:	
FROM: _____	TO: _____
MM DD YY	MM DD YY

Name of Training Facility:	Phone No.
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Dates Internship Began:	Expected Completion Date:
-------------------------	---------------------------

1. List assignments and departments with time spent in each: (You may use additional paper if needed.)

2. Summary of learning experiences:

3. Statement of any problems that arouse during the training:

4. Brief analysis of any problems observed, new experiences, insights gained and your role in the problem resolution:

5. Visits outside the facility, educational conferences attended:

6. **MONTHLY HOURS.** Enter the Month and dates and document the number of hours of training received for that day.

MONTH OF						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

AFFIDAVIT

ASSISTED LIVING FACILITY ADMINISTRATOR-IN-TRAINING

Under penalty of perjury, I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named assisted living facility, which are available for examination, upon request by the Virginia State Board of Long-Term Care Administrators or any of its personnel.

Signature of Administrator-in-Training

Date

PRECEPTOR

Under penalty of perjury, I hereby certify that this Report is a correct statement and the information as indicated in the departments/areas listed was under personal supervision in the practice of assisted living administration. I hereby certify that I provided direct instruction, planning and evaluation; was routinely present with the trainee in the training facility; and I continually evaluate the development and experience of the trainee to determine specific areas needed for concentration. (taken from reg 18VAC95-30-180. Preceptors.)

Signature of Preceptor

Date

BOARD OF LONG-TERM CARE ADMINISTRATORS
Commonwealth of Virginia

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

E-mail: LTC@dhp.virginia.gov
Website: www.dhp.virginia.gov
Phone: 804-367-4595

**COMPLETION OF ASSISTED LIVING
FACILITY ADMINISTRATOR-IN-TRAINING**

PART I - APPLICANT

First Name		Middle / Maiden Name		Last Name and Suffix	
Address: Street			City	State	ZIP Code
Date of Birth _____ MM DD YY			Social Security No. or VA Control No.*		

PART II - PRECEPTOR

First		Last		License No.	
Facility Name & Address: Street			City	State	ZIP Code
Dates of AIT Program: From: _____ To: _____ MM DD YY MM DD YY				Total Number of Hours Completed	

PART III – PRECEPTOR’S EVALUATION

INSTRUCTIONS: Please evaluate the above-named Applicant abilities. (Attach additional paper as needed for evaluation.)

PART III – PRECEPTOR’S EVALUATION CONTINUED

PART IV – AFFIDAVITS OF APPLICANT AND PRECEPTOR

APPLICANT

By my signature below, I affirm that I have discussed this report with the Preceptor of my Administrator-in-Training program.

Signature of Applicant

Date

Email Address of Applicant _____

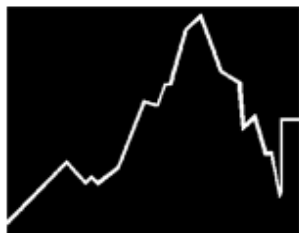
PRECEPTOR

By my signature below, I affirm that I have discussed this report with the above named Applicant for licensure as an Assisted Living Administrator. I hereby certify that I provided direct instruction, planning and evaluation; was routinely present with the trainee in the training facility; and I continually evaluate the development and experience of the trainee to determine specific areas needed for concentration. (taken from reg 18VAC95-30-180. Preceptors.)

Signature of Preceptor

Date

Email Address of Preceptor: _____



COMMONWEALTH OF VIRGINIA Board of Long-Term Care Administrators

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

E-mail: LTC@dhp.virginia.gov
Website: www.dhp.virginia.gov
Phone: 804-367-4595

Nursing Home Administrator-In-Training Monthly Report

Instructions: The Preceptor and Administrator-in-Training (AIT) are to record training **each month and complete the monthly reports**. The Preceptor and the AIT may either submit the reports monthly to the board office or you may submit all 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 Administrator-in-Training.

1. PERSONAL INFORMATION (Please Print or Type) Provide Legal Full Name of AIT

First Name	Middle and Maiden Name	Last Name andr Suffix
Phone Number	Mobile Phone Number	E-mail Address
Date of this Report	Dates Covered by this Report _____ TO _____	
Training Facility Name		Training Facility Phone Number
Preceptor's Name and E-mail Address		

2. REPORT (Please Print Clearly or Type)

Please provide details of training; you may use additional paper as needed.
1. List assignments and departments with time spent in each:
2. Summary of learning experiences:

3. Statement of any problems:
4. Brief analysis of any problems observed, new experiences, insights gained and your role in the problem resolution:
5. Visits outside the facility, educational conferences attended and time:

AFFIDAVITS

NURSING HOME ADMINISTRATOR-IN-TRAINING

Under penalty of perjury, I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named nursing home facility, which are available for examination, upon request, by the Virginia Board of Long-Term Care Administrators or any of its personnel.

Date

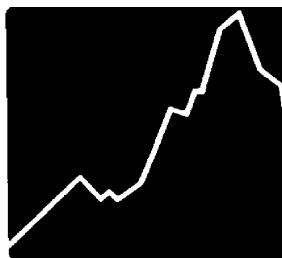
Signature of Administrator-in-Training

PRECEPTOR

Under penalty of perjury, I hereby certify that this Report is correct and the information as indicated in the departments/areas listed was under my personal supervision in the practice of nursing home administration.

Date

Signature of Preceptor



COMMONWEALTH OF VIRGINIA
Board of Long-Term Care Administrators

Department of Health Professions
 Perimeter Center
 9960 Mayland Drive, Suite 300
 Henrico, Virginia 23233-1463

LTC@dhp.virginia.gov
 w www.dhp.virginia.gov
 804-367-4595

**Nursing Home Administrator-In-Training
 Documentation of Completion Form**

This form is to be completed by the Preceptor and the Administrator-in-Training (AIT) once training has concluded.

The Preceptor and the AIT are to record training each month by completing individual monthly reports. The Preceptor and the AIT may either submit the reports monthly to the board office or you may submit all the monthly reports with this form once the training has been completed. All reports and forms are to be signed by the Preceptor and the AIT.

1. ADMINISTRATOR-IN-TRAINING Full Legal Name (Please Print or Type)

First Name	Middle Name and Maiden Name	Last Name and Suffix
Address	City	State and Zip
E-mail Address	Phone Number	Cell #
Is the above address the same address as on your original application for the AIT program? <input type="checkbox"/> YES <input type="checkbox"/> NO		

2. PRECEPTOR INFORMATION (Completed by Preceptor)

First Name	Middle or Maiden Name	Last Name and Suffix
Facility Name where AIT Program was served	Facility Address/City/State/Zip	
Dates of AIT Program	Number of Hours Completed	

3. PRECEPTOR'S EVALUATION

Instructions: This section is to be completed by the **Preceptor ONLY**. Evaluate the above-named Administrator-in-Training's abilities. Use a separate sheet if necessary.

Do you recommend that the Applicant's period as an administrator-in-training be approved by the Board as meeting the requirements for licensure?

Yes No If "No", please explain, identify areas of weakness, and attach relevant documentation.

AFFIDAVITS

NURSING HOME ADMINISTRATOR-IN-TRAINING

Under penalty of perjury, I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named nursing home facility, which are available for examination, upon request, by the Virginia Board of Long-Term Care Administrators or any of its personnel.

Date

Signature of Administrator-in-Training

PRECEPTOR

Under penalty of perjury, I hereby certify that this Report is correct and the information as indicated in the departments/areas listed was under my personal supervision in the practice of nursing home administration.

Date

Signature of Preceptor