

National Association of Long Term Care
Administrators Boards (NAB)

And

American College of Health Care
Administrators (ACHCA)

National Administrator-in-Training
Program Manual



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Table of Contents

Introduction	4
Chapter 1: Guidelines for Designing an Administrator-in-Training Program	5
Required Activity Area	5
Inventory of Knowledge: Self-Assessment Instrument ..	6
Other Activities	6
Length of Program	6
Training Schedule	7
Administrator-in-Training Program Approval	7
Chapter 2: The Phases of the AIT Program	8
Phase 1: Application and Interview Process	8
Phase 2: Self-Assessment Instrument	8
Phase 3: AIT Program Design	9
Phase 4: The AIT Experience	10
Phase 5: Program Completion	10
Chapter 3: AIT Model Standards covering Domains of Practice	11
Domain 10-Customer Care, Support, and Services	11
Domain 20-Human Resources	16
Domain 30-Finance	19
Domain 40-Environment	21
Domain 50-Management and Leadership	23
Chapter 4: Preparation for the National Examination	29

Appendices

[Appendix 1: Knowledge and Skills](#)

[Appendix 2: AIT Sample Learning Activities](#)

[Appendix 3: Self Assessment Instrument for AITs](#)

[Appendix 4: Glossary](#)

[Appendix 5: Prefixes](#)

[Appendix 6: Suffixes](#)

[Appendix 7: Abbreviations](#)

[Appendix 8: Therapeutic Actions](#)

[Appendix 9: Common Diagnoses](#)

[Appendix 10: Forms and Flashcards](#)

The National Administrator-in-Training Program

An Administrator-in-Training (AIT) Program is a supervised internship during which the AIT works under the guidance and supervision of a preceptor, who is a licensed administrator meeting the qualifications established for preceptors by their respective states. The internship is a unique phase of education consisting of the supervised practice of long term care administration in the Nursing Home (NHA), Assisted Living (RCAL) and/or Home and Community Based Services (HCBCS) environment.

In this manual, we will refer mostly to the AIT Program for the Nursing Home Administrator. However, the manual, forms and Self-Assessment Instrument can be applied to all service lines, with minor modifications.

The purpose of the AIT Program is to spur and enhance the professional development of the AIT in the field of long term care (LTC) administration. It equips the AIT with the tools and knowledge for when they become an administrator. A significant portion of the program involves observing and participating in activities associated with administration or resident/patient care.

Many college health care administration programs have incorporated an internship/AIT program into their curricula. All National Association of Long Term Care Administrator Boards (NAB) accredited schools have an AIT component built into their programs. There have been several research studies that have validated the importance of the AIT experience towards a successful LTC administrator career.

The goal of this manual is to help to provide the AIT with a solid foundation in the exciting field of long term care. Another objective is to encourage state licensing boards to adopt this manual for their AIT programs. The more states that use the Model AIT Program, the more consistent our AIT training and our requirements become.

The AIT Program is designed by both the Preceptor and the AIT. It is developed specifically for the AIT based upon education, experience, knowledge, skills and abilities. The Preceptor and AIT are expected to exercise considerable initiative in planning and implementing the training program in order for the AIT to succeed.

The AIT program must conform to the number of AIT hours required by your State Board. Please be advised that, in addition to the following guidelines for designing the program, there may be a requirement in your state to submit the proposed Administrator in Training Program to the appropriate state board for approval prior to the beginning of the AIT Program. State boards typically have standard forms to use. However, sample forms can be found in [Appendix 10](#) for your review and use.

Required Activity Areas:

The AIT Program should be based on the five domains of practice, which are covered in the various departments found in a long term care facility. The tool presents the departments as modules and rotations; it is through these departments/modules that the program should be designed, so that the individual AIT can meet an appropriate and tailored amount of time in each of the domains as appropriate. These modules include:

- **Administration**
- **Human Resources**
- **Nursing**
- **Business Office/Financial Management**
- **Diet**
- **Rehabilitation**
- **Medical Records**
- **Activities**
- **Social Services/Admissions**
- **Housekeeping/Laundry**
- **Environmental Management/ Maintenance**

The AIT must complete a rotation in each of these areas. The preceptor and the AIT may work together to determine the order in which these modules are undertaken, and the amount of time allocated to each. For example, if the AIT's background experience is in nursing, he/she would ideally spend less time in nursing, and more in other areas. However, each activity area, including those in which the AIT has prior experience, must be included in the training program.

The AIT should, through a combination of observation and participation, become familiar with all aspects of each activity area, including its purpose, the services it provides, staffing, and any problem areas. They should try to gain an understanding of the roles of the front line staff in that area, the role of its department manager, and the administrator's perspective on how to oversee that area. They should also understand how that area interacts with other areas in the provision of care and services.

Inventory of Knowledge: Self-Assessment Instrument

The preceptor and AIT are encouraged to develop an inventory of the AIT's knowledge in each of these areas to determine where the AIT Program should be focused. To help with this process, we have included a Self-Assessment Instrument for the AIT to complete at the initiation of the AIT Program. Once this instrument is completed, the Preceptor will have a better indication of the AIT's strengths and weaknesses. Self-Assessment Forms are included in this manual.

We also recommend that this Self-Assessment be completed again, either mid-way or at the end of the program, to indicate the progress of the AIT.

Other Activities:

Since state licensing regulations differ in terms of the number of AIT Program hours required, the AIT experience must be customized to individual needs based upon the state's particular licensing requirements. The tool we provide enables the preceptor to make such customization.

The preceptor is strongly encouraged to either arrange for the AIT to visit or conduct research to become familiar with state licensing agencies and professional associations, such as the state affiliates of the American Health Care Association (<https://www.ahcancal.org/>), Leading Age (<http://www.leadingage.org/>), and American College of Health Care Administrators (<http://www.achca.org/>), as well as the National Association of Long-Term Care Administrators Boards (<http://www.nabweb.org/>). The purpose of such visits is to provide the broadest possible experience for the AIT. Membership in and attending meetings of relevant industry associations and/or professional organizations should also be encouraged.

Length of the Program:

Since state licensing regulations differ in terms of the number of Administrator in Training Program hours required, the AIT experience must be customized to the AIT's needs based upon the state's particular licensing requirements and the tool provided will enable the preceptor to make such customization.

NAB recommends a minimum of 1,000 hours for a Nursing Home Administrator's AIT Program. Some state boards require 2,000 hours for an NHA AIT, but there are also states that require less than 1,000 hours. Some state boards award credit based upon education and supervisory experience. NAB includes state-by-state board requirements on its website at <http://www.nabweb.org/state-licensure-requirements> for reference.

Training Schedule:

Typically, it is expected that the AIT will work a full-time (40 hours/week) schedule. The AIT can be completed on a part-time basis unless your state precludes this type of schedule.

The AIT generally works a usual day shift of the facility where the training is taking place. However, it is strongly suggested that each program also include some coverage of night and weekend shifts to familiarize him/her with the unique aspects of facility administration during those times. The schedule should be individualized for each AIT. It is expected that the preceptor and AIT develop a schedule that maximizes exposure to new and previously unfamiliar aspects of the facility.

Administrator in Training Program Approval

Once the preceptor and the AIT have developed a program outline, it may be required to be sent to the state board for approval, using the appropriate form that the board requires. In some states, the program may not begin without such approval.

We have developed sample forms for the state boards to utilize, if they so choose. These forms were created by reviewing many of the state's current forms. The *Administrator in Training Program Forms* can be located in the Appendix 10: Forms and Flashcards section of the manual.

NAB recommends the following Process for use by the Preceptor and the AIT

Phase 1: Application and Interview Process

This partnership can be advantageous to both parties. The Preceptor can provide valuable training to the AIT, and both the AIT and the facility will benefit as a result of the AIT completing quality improvement projects and other activities. It is ultimately the Preceptor's decision if the AIT is a good fit for the profession. Through this experience, it may be determined that the AIT may be better suited for other career options.

The AIT must carefully select his/her Preceptor, and should be someone from whom the AIT feels they can learn. It is very important that you select someone you respect and who is willing to share information with you that will ensure a quality internship that will prepare you for a successful career in long term care administration. Therefore, prior to committing yourself to an internship, it is very important to spend time with a potential preceptor in their building to learn their management style; how they relate to staff, residents, and families; to what extent they are professionally involved; and their longevity with the corporation. The AIT should also be familiar with other information about the preceptor's corporation. From visiting with the potential preceptor, you should be able to recognize the personality of the community. The quality of the facility is based on the leadership of the community, which takes on the personality of its leader.

If you are having difficulty finding a Preceptor, you might want to arrange an informational interview with a corporation and share the *AIT Sample Learning Activities* which is included in Appendix #2 of this manual. It is a comprehensive list of projects that an AIT could perform and will hopefully help to demonstrate how valuable the AIT could be to their organization.

In most cases, the AIT Program is initiated with an interview between the Preceptor and the AIT. Prior to the interview, the AIT should provide a resume to the Preceptor and a follow up call to meet with the Preceptor. The interview should center on the AIT's prior work experience, educational background and professional goals. It is very important for the AIT to make the very best impression on the Preceptor at this initial interview.

The learning environment is most important to your success. You want to feel welcomed, accepted, and a part of the organization. Office space, access to a computer and telephone are contributing factors to a solid learning environment. A preceptor that provides a strong learning environment sends a positive message to the AIT and to a successful internship.

Phase 2– Self-Assessment Instrument

Once the Preceptor and the AIT commit to the AIT Program, the Preceptor should have the AIT complete the Self-Assessment Instrument.

The Self-Assessment Instrument helps establish a foundation of what the AIT thinks he or she already knows. It is important for the AIT to be honest and open in this self-assessment; it is not a test but a guideline instrument to help the Preceptor develop a quality plan of action for the AIT. The self-assessment includes various tasks that the AIT scores numerically based on their own knowledge and skills in each of the five Domains of Practice. This provides the Preceptor the ability to tailor the AIT program in order to make the most of the experience based on the AIT's strengths and weaknesses. The Preceptor will see areas that may need more or less focus and can design the program accordingly.

The Self-Assessment Instrument is where the Preceptor determines how much time the AIT should expect to spend in each of the various Domains. For example, if the AIT has a nursing background, we would expect less time devoted to Domain 10 (Customer Care) and perhaps more somewhere else such as Human Resources or Finance. On the other hand, if the AIT has an accounting background, they would likely need to spend more time in Customer Care and less in Finance. This tool assists the Preceptor and AIT in making these determinations.

This tool can be found in [Appendix 3: Self Assessment Instrument for AITs](#)

We also recommend the use of NAB's Practice Examinations during the beginning phase of the AIT and at the conclusion of the AIT program. Taking this examination in the beginning will provide a good assessment of the areas of strength and weakness, and also help inform the candidate of their areas of competency and where they need further development, even prior to completing the self-assessment. The information on the Practice Examinations can be found at <http://www.nabweb.org/practice-exams>. The results of the practice examination will include your overall score and will provide the percentage of passage within each domain.

Phase 3 – AIT Program Design

The next phase is designing the AIT Program using the Self-Assessment Instrument. The Preceptor should input the number of state mandated AIT hours in the Self-Assessment Instrument. Once the required hours are entered, it will self-populate a suggested number of hours in each sub-task and domain. The Preceptor and AIT should go through this tool together to determine modifications that would individualize this program for the AIT, as previously addressed.

Creation of the AIT Professional Development Plan involves determining activities that are designed to meet the objectives of each subtask. There are sample activities included in the Self-Assessment Instrument as well as the Manual, but they are not exhaustive but rather should be used as a sort of “brainstorming” platform by the Preceptor in designing the plan of study. The goal is to design an “AIT Plan” that works both for the Preceptor and advances the AIT’s development. For the first-time Preceptor, a master template should be saved so it can set the foundation for future AITs. It will allow the Preceptor to fine-tune these activities and improve at teaching and demonstrating the objectives. Another advantage of using this tool is that it helps the Preceptor to communicate with the department heads (*who also spend considerable time with the AIT*) exactly what the objectives are and how the team intends to get that message across. For that reason, it is also a good idea to include the department heads in the development of the plan and the design of the activities that will help teach the objectives.

NAB recommends all AITs go through CNA (Certified Nurse Aide) training if the AIT does not have a nursing background. These hours can count towards your AIT program.

Incorporated in the appendices are several tools—including a glossary and flashcards—to assist the AIT in a successful AIT Program completion and passage of the national examination. Additionally, NAB’s Nursing Home Administrators Examination Bibliography References and the Assisted Living Administrators Examination Bibliography References can be found at <http://www.nabweb.org/exam-references>.

Phase 4 – The AIT Experience

Research has shown that Preceptors play a significant role in influencing the AIT's success.¹ The learning environment is also very important to the success of the AIT. Making the AIT feel welcomed, providing adequate office space including a computer, name badge and an email address will help the AIT to feel a part of the organization.

Phase 5- Program Completion

Once you have completed your AIT program, submit the required forms to your state board. We have included sample NAB AIT Forms in case the state board wishes to utilize them.

The following Forms are included on the NAB website at www.nabweb.org:

NAB 101-Nursing Home Administrator-In-Training Application

NAB 102-Nursing Home Administrator-In-Training Proposed AIT Program

NAB 103-Nursing Home Administrator-In-Training Monthly Report

NAB 104-Nursing Home Administrator-In-Training Completion AIT Program Form

NAB 105-Nursing Home Administrator-In-Training Documentation of Completion Form

If your state board utilizes these forms, we recommend that you initially submit the AIT Application along with the Proposed AIT Program to your state board. If your state board requires monthly reports, we have included a sample for your usage. At the conclusion of your program, we recommend that you complete and submit both the Completion AIT Program Form and the Documentation of Completion Form.

¹Johs-Artisensi, J. & Olson, D. (2012). *Advancing Practices to Enhance the Field Experience of Developing Long Term Care Administrators*, White Paper, New York City/Washington DC: The Commonwealth Fund and NAB Foundation.

We have incorporated NAB's 2014 Professional Practice Analysis, which applies to NHA, RCAL and HCBS. This manual will refer to the AIT Program for the Nursing Home Administrator. However, the manual, forms and Self-Assessment Instrument can be applied to all service lines with some small modifications. Suggested AIT Activities and Assignments for each of the Domains of Practice follow each section. These can also be found in the Self-Assessment Instrument.

Domain 10 - Customer Care, Support, and Services

10.01 - Establish care recipient service policies and procedures that comply with applicable federal and state laws, rules, and regulations.

This task requires the Administrator to create policies and procedures that follow federal and states laws rules and regulations.

10.02 - Ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipient preferences and assessed needs.

This task requires the Administrator to ensure that staff implements a plan of care for each resident, based on the individuals needs and preferences, under the direction of a physician. This includes a comprehensive assessment of each resident/recipient. The comprehensive assessment should include (but not limited to) assessments for nutrition (to include diet, texture, weight, swallowing), therapy, mobility, fall risk, skin/wound management, medications and contraindications, cognitive abilities, behavior, mental health, etc.

10.03 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of admission/move in process, including pre-admission/pre-move in information, to promote a quality experience for care recipients.

This task requires the Administrator to ensure that the admission process is comprehensive and is resident-centered. This includes obtaining all available documentation at the time of admission to include, but not limited to: power of attorney for health care and financial, resident identification cards, insurance information, doctor and all other orders related to the resident to include hospital/ doctors/clinic records pertaining to the residents stay at the facility or services provided by the organization.

10.04 Ensure the planning, development, implementation/execution, monitoring, and evaluation of discharge/move out process to promote a quality experience for care recipients.

This task requires the Administrator to ensure that resident care is appropriate for the level of care they require and that an interdisciplinary team continually monitors the resident's progress and recommends the best care environment need to maximize the resident's quality of living.

10.05 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of programs to meet care recipients psychosocial needs and preferences.

This task requires the Administrator to ensure that residents are properly evaluated and cared for based on their psychosocial needs and preferences.

10.06 Ensure the planning, development, implementation/execution, monitoring, and evaluation of care recipient's activities/recreation to meet social needs and preferences.

This task requires the Administrator to ensure activities, events, and programs are resident centered and designed to meet the needs and preferences of each resident.

10.07 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of a health information management program to meet documentation requirements in compliance with federal and state regulations.

This task requires the Administrator to ensure all resident specific documentation is protected and follows state, federal, and HIPAA regulations.

10.08 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of medication management that supports the needs of the care recipient.

This task requires the Administrator to ensure that doctors' orders are strictly followed and that policies and procedures are in place to assure compliance.

10.09 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of a rehabilitation program to maximize optimal level of functioning and independence for care recipients.

This task requires the Administrator to provide individualized rehabilitative services to recipients that will help them meet their baseline and allow residents to be as independent as possible.

10.10 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of systems for coordination and oversight of contracted services.

This task requires the Administrator to ensure that services are available to meet the needs of each recipient from qualified vendors that meet city, state, and federal requirements.

10.11 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of policies and procedures for responses to care recipient incidents, accidents, and/or emergencies.

This task requires the Administrator to ensure that policies and procedures are written and followed to prevent incidents and accidents and to prepare staff to act appropriately when incidents, accidents, and emergencies occur.

10.12 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of housekeeping and laundry services for care recipients.

This task requires the Administrator to ensure a clean, safe, and sanitary environment.

10.13 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of education intended for care recipients and their support networks.

This task requires the Administrator to ensure that the care recipient and/or their responsible party is informed of their care, condition, and treatment as much as practical.

10.14 - Ensure the planning, development, implementation/execution, monitoring, and evaluation of nutritional needs and preferences of care recipients.

This task requires the Administrator to ensure that the care recipient's nutritional needs are met in accordance with their individualized needs and preferences while simultaneously meeting all physicians prescribed orders.

10.15 - Ensure the planning, development, implementation/execution, monitoring and evaluation of dining experience that meets the needs and preferences of care recipients.

This task requires the Administrator to ensure that dining services are resident-centered and meet the nutritional needs paralleled with the recipient preferences.

10.16 - Ensure care recipients rights and individuality with all aspects of care.

This task requires the Administrator to ensure all staff are trained and follow state and federal guidelines related to resident rights. Attention must be made to issues related to abuse, neglect, misappropriation of resident property and mistreatment of residents.

10.17 - Integrate support network's perspectives to maximize care recipients quality of life and care.

This task requires the Administrator to ensure that measures are taken to review Quality Improvement Measures and to strategize how each team member influences quality measures and how they each help to improve quality based on recipient, responsible party, and team members input. Attention must be made to issues related to meeting the care recipient's individualized needs

10.18 - Ensure transportation options are available for care recipients.

This task requires the Administrator to ensure adequate transportation to recipients. The facility should identify transportation that is available and the costs (if any) for the services and inform recipients and their responsible parties of availability and cost. The facility/entity must be available to help coordinate transportation services based on the recipients preference and available funding.

10.19 - Ensure the provision of a customer service culture that leads to a quality experience for care recipients.

This task requires the Administrator to promote a resident centered experience that serves each recipient according to their choices and preferences as much as practical.

Knowledge of:

- K01 Applicable federal and state laws, rules, and regulations
- K02 Government programs and entities
- K03 Ethical decision-making
- K04 Interpersonal relationships, dispute resolution, and group dynamics
- K05 Psychosocial aspects of aging
- K06 Physiological aspects of aging
- K07 Basic principles and concepts of nursing
- K08 Basic medical terminology
- K09 Basic pharmaceutical terminology
- K10 Basic principles and regulations for medication management/administration
- K11 Basic principles and concepts of restorative/wellness programs
- K12 Basic principles of rehabilitation
- K13 Basic principles of acute and chronic diseases
- K14 Basic principles of infection control
- K15 Basic principles of pain management
- K16 Basic principles of fall prevention
- K17 Basic principles of elopement prevention
- K18 Basic principles of creating a safe environment for care recipients
- K19 Basic understanding of mental health issues
- K20 Basic understanding of cognitive impairments
- K21 Basic principles of behavior management
- K22 Basic principles of restraint usage and reduction
- K23 Basic elements of a social services program
- K24 Basic elements of a therapeutic recreation/activity program
- K25 Basic principles of nutrition including specialized diets
- K26 Basic principles of dietary sanitation, food storage, handling, preparation, and presentation
- K27 Basic principles of hospice and palliative care
- K28 Grieving process
- K29 Death and dying

AIT Model Standards Covering the Domains of Practice

- K30 Person-centered care concepts
- K31 Diversity of care recipients
- K32 Care recipients' support network interests, needs, and values
- K33 Care recipient Bill of Rights
- K34 Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process
- K35 Care recipient assessment instruments (OASIS) and interdisciplinary care plan requirements and process
- K36 Care recipient assessments and care plans other than RAI and OASIS
- K37 Admission/move-in, transfer, and discharge/move-out requirements
- K38 Bed-hold requirements (NHA only)
- K39 Roles, responsibilities, regulation and oversight of contracted providers and services
- K40 Services and resources available across the continuum of care (such as community, social, financial, spiritual)
- K41 Care recipient specific legal matters (such as power of attorney, guardianship, conservatorship, code status, Advance Directives)
- K42 Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs)
- K43 Role of Medical Director
- K44 Role of healthcare partners and clinical providers
- K45 Medical services, specialties and equipment (such as oxygen, durable medical equipment, podiatry)
- K46 Emergency medical services and techniques (such as CPR, first aid, Heimlich maneuver, AED)
- K47 Center for Medicare and Medicaid Services (CMS) quality indicators and measures
- K48 Quality assurance and performance improvement processes as related to care and services
- K49 Techniques for auditing care recipient services and outcomes
- K50 Signs and symptoms of abuse, neglect, and exploitation
- K51 Mandatory reporting requirements for incidents and adverse events
- K52 Medical record content, format, and documentation requirements
- K53 Confidentiality, disclosure, and safeguarding medical record information requirements
- K54 Transportation options for care recipients
- K55 Environmental services (such as housekeeping and laundry)
- K56 Hospitality services
- K57 Basic technological advances in healthcare

I. Possible Activities/Assignments related to Domain 10: Customer Care, Support and Services

A. Quality of Care/Nursing

1. Develop a rounding sheet with the administrator and director of nursing that is resident- centered; initiate implementation.
2. Observe nurse peer review on administration of medications.
3. With director of nursing, ensure medications are not expired.
4. Develop resident satisfaction surveys and make recommendations for implementation as necessary.

B. Rehabilitation

1. Organize and implement a follow-up program for discharged residents to the community.
2. Develop audit for equipment inventory and complete audit; report.

C. Medical/Resident Records

1. Conduct admission audit of current in-house resident population, analyze data and report. Assist with recommendations, as needed.
2. Conduct audit of flu vaccination response variables, analyze data and report. Assist with recommendations, as needed.
3. Conduct audit of admission and annual required vaccines, analyze data and report. Assist with recommendations, as needed.
4. Conduct medical records audit with appropriate staff.

D. Activities

1. Develop and implement a volunteer program.
2. Develop/enhance Life Enrichment/Person Centered Care program.
 - a. Interview residents and families and analyze information to ensure that desired activities are planned and implemented as necessary.
 - b. Working with Directors of Activities and other personnel as needed, help develop in-service for Life Enrichment/Person Centered Care; assist appropriate staff with delivering in-services.

E. Social Services/Admission

1. Conduct an audit of admissions documents (per regulations and organization policy), analyze and report.
2. Complete an audit of resident preferences, such as time to eat, rise and retire, bath/showers, time of therapy, etc. Make recommendations as necessary.
3. Develop and implement an outreach program that communicates regularly with residents and/or families post discharge.

F. Dietary

1. Develop a questionnaire for residents related to dietary satisfaction including variables such as taste, temperature, timeliness, presentation, etc; implement, analyze and report; make recommendations.
2. Meet with the dietician and dietary manager to learn how menus are developed, followed, and implemented; conduct an audit to confirm residents are receiving correct foods, drinks and adaptive devices.
3. Understand nutritionally compromised concerns and how weights are monitored.
4. Audit purchasing and storage of dietary supplies and food; report to dietary manager and administrator.
5. Audit to ensure foods are served and maintained at proper temperatures and in accordance with the Food Code.

G. Housekeeping/Laundry

1. Conduct weekly audits, evaluating such variables as dust, floors, toilet, showers of designated public areas; track, trend and report accordingly.
2. Audit resident rooms for housekeeping variables; track, trend and report accordingly.
3. Audit residents to determine if laundry is clean and received promptly.
4. Audit infection control, safety and cross contamination procedures and make recommendations as necessary.
5. Follow the linen distribution system from soiled to clean and report accordingly.
6. Observe resident clothing management.

Domain 20 - Human Resources

20.01 - Ensure that human resource management policies and programs comply with federal and state rules and regulations.

This task requires the Administrator to create policies and procedures that follow federal and states laws rules and regulations.

20.02 - Establish the planning, development, implementation, monitoring, and evaluation of recruitment, selection, and retention practices.

This task requires the Administrator to ensure the facility has systems in place that will provide for a consistent, fair, and predictable method of job development, job hiring, job training, employee evaluation, and continuing education. These systems should follow the standards of the Fair Labor Standards Act (FLSA).

20.03 - Establish the planning, development, implementation, monitoring, and evaluation of employee training and development programs.

This task requires the Administrator to have policies and procedures in place to train managers/leaders to follow and design basic and continuing education programs aimed at evaluating individual employee performance and training programs that can meet the basic, continuing, or potential educational needs of the employee.

20.04 - Establish the planning, development, implementation, monitoring, and evaluation of employee evaluation programs.

This task requires the Administrator to ensure that policies and procedures are in place that clearly provide instruction to managers/leaders to regularly monitor employee performance and to timely inform employees of when their performance or adherence to procedures does not meet standards. This should include timely formal evaluations of the employee to communicate areas of poor performance and areas in which the employee meets and exceed facility standards.

20.05 - Establish the planning, development, implementation, monitoring, and evaluation of compensation and benefit programs.

This task requires the Administrator to ensure that policies and procedures are in place for employee compensation and benefits programs. This includes a formal method of informing employees of their employee benefits and compensation.

20.06 - Establish the planning, development, implementation, monitoring, and evaluation of employee health and safety programs.

This task requires the Administrator to ensure that policies and procedures are in place to prevent employee injury and encourage employee wellness. This includes having an effective workers compensation or group retro program and providing a health/wellness program that gives employees the opportunity to attain health, dental, vision, accident, pharmacy, and life insurance programs.

20.07 - Establish the planning, development, implementation, monitoring, and evaluation of employee satisfaction and organizational culture.

This task requires the Administrator to ensure policies and procedures are in place to measure employee satisfaction and that results are taken seriously and considered. This task also requires the Administrator to develop an organizational chart/diagram that will clearly communicate to employees the organization structure.

20.08 - Establish the planning, development, implementation, monitoring, and evaluation of employee disciplinary policies and procedures.

This task requires the Administrator to have policies and procedures in place that will set standards to objectively measure employee performance. When employee performance or behavior does not meet standards, employees are made aware of an allegation, and given an opportunity to give an explanation of their performance or behavior (give their side of the story), offer witnesses or evidence that will support their statement, and/or provide a written statement. The procedure should include that the employee will be made aware if an investigation will be done, if the employee will be suspended pending investigation, and that no discipline will be applied until a thorough investigation is completed.

20.09 - Establish the planning, development, implementation, monitoring, and evaluation of employee grievance policies and procedures.

This task requires the Administrator to have policies and procedures in place to clearly communicate with the employee a formal grievance procedure in which the employee, without fear of retaliation, can communicate areas of frustration, abuse, mistreatment, or concerns with the understanding that a formal response will follow.

20.10 - Establish the planning, development, implementation, monitoring, and evaluation of leadership development programs.

This task requires the Administrator to develop leadership development programs not only for managers and leaders but for all employees. This may be in the form of a formalized program designed by a corporation, outside vendor, or the Administrator.

20.11 - Promote a safe work environment (such as safety training and employee risk management).

This task requires the Administrator to ensure effective policies and procedures are in place to create an awareness of safety throughout the workplace that include reporting accidents, safety monitoring, fire drills, water, gas, and electric shut off valves, and that emergency generators are regularly tested.

20.12 - Promote a positive work environment (using techniques such as conflict resolution, diversity training, and staff recognition programs).

This task requires the Administrator to ensure that policies and procedures are in place to assure that the employees are provided a workplace that allows them to communicate concerns and grievances in a safe environment. It also includes training programs in diversity, conflict resolution, continuing education, and staff recognition programs.

20.13 - Facilitate effective written, oral, and electronic communication among management and employees.

This task requires the Administrator to ensure policies and procedures are in place to direct managers and employees on how to formally and informally communicate with each other. These procedures should include requirements to managers on effective leadership ensuring employees are aware and trained in their respective job duties and tasks. Supervisors should also be held accountable for validating performance and communicating with employees that progress.

20.14 - Ensure employee records and documentation systems are developed and maintained.

This task requires the Administrator to ensure employee records and correspondence are protected and secure from other employees, residents, and unauthorized individuals.

20.15 - Establish a culture that encourages employees to embrace care recipients rights.

This task requires the Administrator to create a culture that ensures that all resident rights are followed. and to develop policies and procedures on reporting violations of resident rights.

Knowledge of:

- K01 Applicable federal and state laws, rules, and regulations
- K02 Licensure requirements and scopes of practice
- K03 Service provider staffing requirements
- K04 Employee position qualifications, job analysis, job descriptions
- K05 Employee recruitment, selection, interviewing, reference and background checks
- K06 Employee orientation, training and continuing education requirements, and resources
- K07 Compensation and benefit programs (such as employee assistance programs, insurance, salary, retirement)
- K08 Human resource policies and procedures (such as employee grievance, workplace rules, discipline, absenteeism, turnover, classification, exemption status)
- K09 Diversity training
- K10 Performance evaluation procedures
- K11 Safety and injury prevention training
- K12 OSHA rules and regulations
- K13 Workers compensation rules, regulations, and procedures
- K14 Drug-free workplace programs
- K15 Methods for assessing, monitoring, and enhancing employee satisfaction
- K16 Employee recognition, appreciation, and retention programs
- K17 Leadership development
- K18 Types and methods of communication
- K19 Conflict resolution and team dynamics
- K20 Information technology safeguards related to such issues as data security, social media, e-mail, voicemail, computer software, cell phones, photography, video, texting
- K21 Union/management and labor relations
- K22 Employee record-keeping requirements and procedures
- K23 Mandatory reporting requirements

II. Possible Activities/Assignments related to Domain 20: Human Resources

- A. Conduct an employee file audit per regulations and organizational policy.
- B. Collect annual turnover rates for last few years, and develop a strategic plan with activities, timeframes, etc. for identified changes.
- C. Develop an employee satisfaction questionnaire, administer it and analyze data; develop a subsequent plan.
- D. Develop, organize and implement several employee activities.
- E. Track absentee information, such as shift, day of week, reason, frequency; analyze and report the findings.
- F. Audit external health care providers (e.g., physicians, dentists, podiatrists) to determine current licenses, liability insurance, etc.; analyze and report the findings.
- G. Study and analyze recruiting plans/staffing patterns and offer ideas to improve current processes to ensure that the needs of the residents cared for are met.

- H. Review and understand the facility's employee handbook to ensure accuracy and that all federal/state guidelines are followed and make recommendations as necessary.
- I. Review and evaluate payroll plans, compensation plans, and benefit packages
- J. Participate in a complete employee hiring and orientation process (interview, background check, etc.).
- K. Conduct a staff meeting and an in-service training program.
- L. Participate in a disciplinary/grievance procedure and an employee counseling session.
- M. Understand and have knowledge of National Labor Relations Board (NRLB) as it relates to the facility.
- N. Review and evaluate the unemployment compensation record of the facility and attend an unemployment compensation hearing as necessary.
- O. Review and report on ways to encourage and support professional development of team members.

Domain 30 - Finance

30.01 Ensure that financial management policies, procedures, and practices comply with applicable federal and state regulations.

This task requires the Administrator to create policies and procedures that follow federal and state laws, rules, and regulations, including those specific to NHA, RCAL or HCBS.

30.02 - Develop, implement, and evaluate the service provider's budget.

This task requires the Administrator to have knowledge of the budget process and have systems in place to accurately set budgets based on income, expense, capital improvements, and required tasks of the organization.

30.03 - Oversee the billing and collections process and monitor the accuracy of charges and timely collection of accounts.

This task requires the Administrator to have procedures in place to timely and accurately bill for resident care and services to appropriate parties, insurances, or state and federal agencies as appropriate. Systems should be in place to make sure each recipient knows and understands their bill so that timely payments can be made to the facility.

30.04 - Negotiate, interpret, and implement contractual agreements to optimize financial viability.

This task requires the Administrator to ensure the facility/organization has written agreements and contracts that include duration of contract, liability insurance required and assured for each party, language that includes duties of each party and what steps are required to notify each party of any breach of service and details of how to dissolve agreements for poor service or choice to use another vendor/contractor.

30.05 - Develop, implement, monitor, and evaluate financial policies and procedures that comply with Generally Accepted Accounting Principles (GAAP).

This task requires the Administrator to ensure policies and procedures are in place to direct staff on the steps to accurately perform their duties. Direction must be given for employees in the areas of payroll, accounts receivable, billing, accurate record keeping, internal controls, trust accounts, HIPAA, etc.

30.06 - Monitor and evaluate the integrity of financial reporting systems and audit programs.

This task requires the Administrator to ensure that internal controls are in place to validate systems, audit and verify information, and ensure proper supervision to protect theft.

An example way to monitor theft would be to never allow the person who prepares a deposit make the deposit. There should be checks and balances in place to allow for the person making the deposit to check the prepared paperwork by a different individual to ensure no errors were made. Another example would be to have a place where the administrator of designee can access all passwords in case of emergency or to validate access when a person may be unavailable.

30.07 - Establish safeguards for the protection of the service provider's assets (such as insurance coverage, risk management)

This task requires the Administrator to have knowledge and provide leadership in risk management, internal controls, workers compensation, and to prevent unnecessary insurance/legal claims.

30.08 - Develop, implement, monitor, and evaluate systems to improve financial performance.

This task requires the Administrator to use critical thinking to understand financial viability and to respond to the financial needs of the facility/organization.

30.09 - Manage and adjust expenses with fluctuations in census/occupancy/care recipient levels (such as staffing rations).

This task requires the Administrator to have systems in place that will effectively make adjustments in labor, supplies, and resources as needed to ensure continued financial performance.

30.10 - Monitor and address changes in the industry that may affect financial viability.

This task requires the Administrator to stay knowledgeable of the changes of all financial resources to include but not limited to Medicare, Medicaid, insurance companies, and other payor sources. In addition, the Administrator must be knowledgeable of any city, state, and federal changes that may affect the financial performance of the facility/organization and make changes as needed.

Knowledge of:

- K01 Applicable federal and state laws, rules, and regulations
- K02 Operational and capital budgeting and forecasting methods
- K03 Financial statements and reporting requirements for not-for-profit and for-profit service providers
- K04 Service-related sources of revenue/reimbursement
- K05 Reimbursement methods across the continuum of care
- K06 Alternative sources of revenue
- K07 Integration of clinical and financial systems
- K08 Billing, accounts receivable, and collections
- K09 Accounts payable procedures and management
- K10 Revenue cycle management
- K11 Internal controls
- K12 Contracts and agreements
- K13 Financial analysis (such as ratios, profitability, debt covenants, revenue mix, depreciation, forecasting)
- K14 Financial statements (such as income statement, balance sheet, statement of cash flows)
- K15 Financial measures (such as operating margin, daily cash on hand, staffing, expense analysis)
- K16 Risk management
- K17 Insurance coverage (such as property, liability)
- K18 Inventory control and management
- K19 Payroll procedures and documentation
- K20 Purchasing process and supply chain management (such as request for proposals, pricing, ordering, receiving, group purchasing organization [GPO])
- K21 Resident trust accounts for personal funds

III. Possible Activities/Assignments related to Domain 30: Finance

- A. Assist the administrator with all budget (capital, cash, operating, etc.) development and submission.
- B. Understand and assist with accounts payable processing.
- C. Analyze and understand how aged accounts work.
- D. Understand the facility's bad debt and write-off policy; determine avenues for improvement.
- E. Understand triple-check systems for private pay and all third party payors.
- F. Describe and review regularly produced financial reports to determine if fiscal issues have arisen and make recommendations as necessary
- G. Review and describe the chart of accounts, bookkeeping procedures, income and expense statements and balance sheets; make recommendations as necessary.
- H. Understand the financial audit process utilized by third party payors to ensure billings are in accordance with services provided.
- I. Analyze and understand third party payor cost reporting systems.

Domain 40 - Environment

40.01 - Ensure that physical environment policies and practices comply with applicable federal, state, and local laws and regulations.

This task requires the Administrator to create policies and procedures that follow federal and state laws, rules, and regulations, including those specific to NHA, RCAL or HCBS.

40.02 - Ensure the planning, development, implementation, monitoring, and evaluation of a safe and secure environment.

This task requires the Administrator to have policies and procedures in place that ensure the physical plant, systems, equipment, and resources are properly used and appropriate for the facility/organization. It is required that the Administrator understands, promotes, directs, and requires supervision to maintain all equipment and resources and continually validate the physical plant to include (but not limited to) the facility, grounds, equipment, tools, emergency systems, fire systems, sprinklers, etc.

40.03 - Ensure the planning, development, implementation, monitoring, and evaluation of infection control and sanitation.

This task requires the Administrator to have policies and procedures in place to effectively assure that infection control and sanitation are properly planned, implemented, and validated. This would include, but not limited to, training of personnel, assuring proper supplies and resources are available and effective communication through the facility/operation/agency of reporting violations and areas of concern.

40.04 - Ensure the planning, development, implementation, monitoring, and evaluation of emergency and disaster preparedness program, including linkage to outside emergency agencies.

This task requires the Administrator to have specific policies and procedures in place to assure that an effective disaster preparedness program is in place. It is extremely important that the plan includes regular training of staff related to fire drills, emergency shut off valves, fire evacuation routes, where to find flashlights, extension cords, emergency phone, etc. In addition, the plan needs to include regular testing of emergency systems such as sprinklers, fire alarm, systems, emergency generators, and all safety and emergency equipment. It requires having agreements made with outside vendors for equipment testing and maintenance, transportation in the event of an emergency, and transfer agreements with resources that can help provide care and service to

relocate residents when necessary. In the event of relocation, provisions for moving resident charts, medications, blankets, food, and other items need to be planned and implemented.

40.05 - Ensure the planning, development, implementation, monitoring, and evaluation of environmental services, housekeeping, and laundry.

This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all environmental, housekeeping, and laundry services department meet and/or exceed all local, state, and federal requirements. This task includes infection control, proper temperatures and temperature logs, proper use of chemicals and products used per Safety Data Sheets (SDS), preventative maintenance, systems to validate compliance, etc.

40.06 - Ensure the planning, development, implementation, monitoring, and evaluation of maintenance services for property, plant and all equipment, including preventative maintenance.

This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all maintenance services meet or exceed all local, state, and federal requirements. This task includes infection control, proper temperatures and temperature logs, proper use of chemicals and products used per SDS, preventative maintenance, systems to validate compliance, etc.

40.07 - Ensure the planning, development, implementation, monitoring, and evaluation of appropriate HIPAA complaint technology infrastructure.

This task requires the Administrator to ensure HIPAA compliance by developing technology infrastructures, safeguards (e.g., backup systems, external data storage areas, preventative maintenance for computer hardware and software) and ongoing validation surveys.

40.08 – Establish, maintain, and monitor a physical environment that provides clean, safe, and secure home-like surroundings for care recipients, staff, and visitors.

This task requires the Administrator to ensure policies and procedures are in place to create a clean, home-like environment that supports the well-being and safety of all recipients. This task includes creating a resident-centered culture that promotes choice, comfort, and cleanliness.

40.09 – Identify opportunities to enhance the physical environment to meet changing market demands.

This task requires the Administrator to regularly maintain the physical environment of the facility/organization and to evaluate and monitor trends within the market or community to keep the facility/organization current. This task includes creating a chart or schedule for the normal life of equipment and furnishings, using qualified professionals to assess the interior/exterior design of facility/organization, and developing annual and capital budgets to prepare for predicted capital spending.

40.10 – Establish, maintain, and monitor an environment that promotes choice, comfort, and dignity for care recipients.

This task requires the Administrator to ensure policies and procedures are in place to create a clean, home-like environment that supports the well-being and safety of all recipients. This task includes creating a resident-centered culture that promotes choice, comfort, and cleanliness.

40.11 – Assess care recipients' environment for safety, security, and accessibility and make recommendations for referral or modification.

This task requires the Administrator to ensure that each recipient's personal environment and accessibility is individually evaluated and accommodations are made to provide the most independent, comfortable, and safe environment possible.

Knowledge of:

- K01 Federal, state and local standards, codes and regulations for building, equipment, maintenance, and grounds
- K02 Environmental principles that promote care recipient rights
- K03 HIPAA compliance
- K04 Community resources, programs and agencies available to meet the care recipients' home needs
- K05 Design principles that create a safe, secure, and home-like atmosphere based on the needs of the individuals served
- K06 Safety and security procedures
- K07 Physical plant security principles
- K08 Preventative and routine maintenance for building, grounds and equipment
- K09 Contracted services for mechanical, electrical, plumbing, laundry and IT systems
- K10 Compliance matters related to provision of contracted services
- K11 Infection control and sanitation regulations/standards of practice
- K12 Pest control programs
- K13 Handling and disposal of potentially hazardous materials
- K14 Disaster and emergency planning, preparedness, and recovery
- K15 Community resources available in the event of emergency or disaster
- K16 The use, storage, and inspection of required emergency equipment
- K17 Policies and procedures for housekeeping, maintenance, and laundry services
- K18 Technology infrastructure

IV. Possible Activities/Assignments related to Domain 40: Environment

- A. Audit preventative maintenance logs per regulations and company policy; track and trend such variables as time of day, season, staff member, etc.
- B. Audit resident rooms, utilizing audit tools to evaluate such items as electrical outlet plates, call bells, water temperatures and beds; track, trend and report accordingly.
- C. Review emergency generator and life safety regulatory requirements according to state, local, and federal laws specific to your building(s) and prepare a compliance report. Conduct audit of past year of the log; develop/revise preventative maintenance log with maintenance supervisor.
- D. Conduct an audit of the past year's log; develop and/or revise preventative maintenance logs with the maintenance supervisor.
- E. Assist the administrator and maintenance supervisor with developing and implementing an emergency plan.
- F. Develop a rounding sheet with the administrator and maintenance supervisor that is environmental and safety centered; initiate its implementation.
- G. Audit Lock Out/Tag Out procedures to ensure compliance.

Domain 50 – Management and Leadership

50.01 - Ensure compliance with applicable federal and state laws, rules, and regulations.

This task requires the Administrator to create policies and procedures that follow federal and states, laws, rules, and regulations, including those specific to NHA, RCAL or HCBS.

50.02- Promote ethical practice throughout the organization.

This task requires the Administrator to create policies and procedures to ensure that a system is in place to direct the facility/organization related to ethical topics/situations that arise. This task would include developing an ethics committee or the creation of an ad hoc ethics committee when necessary.

50.03 – Develop, implement, monitor, and evaluate policies and procedures that comply with directives of governing body.

This task requires the Administrator to know and understand the governing body and all directives, policies, and procedures. This task also requires the administrator to recommend changes or additions to policies and procedures and make recommendation to the governing board to change/add policies and procedures when necessary.

50.04 – Develop, communicate, and champion the service provider’s mission, vision, and values to stakeholders.

This task requires the Administrator to develop a process to train stakeholders to communicate the mission, vision, and value of the organization. This includes creating positive and effective ways to not only share the mission, vision, and values of the organization but to create an atmosphere of confidence and execution of the mission, vision, and values.

50.05 – Develop, implement, and evaluate the strategic plan with governing body’s endorsement.

This task requires the Administrator to develop a strategic plan that reflects the facility/organizational values, mission, and policies that will direct the facility/organization to conduct effective business practices with the endorsement of the governing body. The strategic plan must include how the plan will be implemented, validated, and evaluated in a timely manner.

50.06 – Promote and monitor satisfaction of the care recipient’s and their support networks.

This task requires the Administrator to develop a system to monitor resident satisfaction. This can be done by the Administrator being visible through onsite visits with residents and family. This can also be done with satisfaction surveys and mock inspections. The successful administrator will generally perform a combination of onsite visits, surveys, and daily interaction with staff in the form of a stand up meeting.

50.07 - Identify, foster, and maintain positive relationships with key stakeholders.

This task requires the Administrator to determine who key stakeholders are and develop a working relationship/understanding with each of them. This task includes creating an atmosphere of trust and understanding. This should be tempered with providing necessary information to work jointly on projects and systems that benefit the organization. At no time should the impression be given that any key stakeholder is asked to assist in leading the facility/organization.

50.08 – Educate stakeholders on services provided, regulatory requirements, and standards of care.

This task requires the Administrator to develop a strategy to provide instruction and resources to help the stakeholder to understand facility, state, and federal requirements. It is also important for stakeholders to understand facility protocols, standards, and services that are provided to meet residents needs and create a home like environment to ensure resident safety and choice are paramount.

50.09 – Solicit information from appropriate stakeholders for use in decision making.

This task requires the Administrator to set up protocols/standards of practice to use all available input from trusted resources to make effective, fair and timely

decisions. The Administrator must have the ability to weigh the situation/circumstance and the time used to make decisions. While the Administrator is accountable for the decisions he/she will make, it is important for the Administrator to know that sometimes a good decision is better than the best decision when time or the lives of others is a factor.

50.10 – Manage the service provider’s role throughout any survey/inspection process.

This task requires the Administrator to develop a protocol/practice to use for any unannounced survey or inspection. The protocol should include reporting the surveyors’/inspectors’ presence to all key management teams. In addition, the protocol/practice should include providing needed information to surveyors and inspectors, keeping copies of any documents the surveyor/inspector reviews (as known), cooperating with the inspection, being visible, supporting staff throughout the survey/inspection, responding quickly to surveyor/inspector requests, and fire marshal inspection. The Administrator should strive to be ready for a survey any day of the year by training his/her staff to do all that is right year round.

50.11 – Develop and implement an intervention(s) or risk management program(s) to minimize or eliminate exposure.

This task requires the Administrator to develop a risk management program that is designed to prevent problems before they occur. The program should start with the identification of key risk areas and a system or protocol to prevent them. This includes specific protocols to educate staff on reporting incidents, events or situations that occur timely, who to report to, and what steps to take to reduce liability. This program requires effective communication from the Administrator and her/his designees.

50.12 – Identify and respond to areas of potential legal liability.

This task requires the Administrator to create a plan that identifies, responds, and prevents any current or potential legal liability. This includes communicating with staff, residents, and responsible parties when issues arise and proactively responding to concerns before they become a liability. In addition, Administrators should have systems in place to ensure best practices are done and documentation occurs for any change of condition or abnormal action, event or activity. The plan should also clarify when legal representation is necessary and describe the process to retain an attorney.

50.13 – Implement, monitor, and evaluate information management and technology systems to support service providers operations.

This task requires the Administrator to meet all federal, state and community requirements for information management of health records, financial information and HIPAA. Safeguards to employee, patient, resident and client information must be in writing and show evidence of training/competency of all employees. In addition, the Administrator must ensure there is a process in place to protect access to information, secure and track passwords, and to back up and protect all data in the community servers. Attention must also be given to ensure all technology is designed to save employees time and allow more time for patient/resident/client care.

50.14 – Develop, implement, and monitor comprehensive sales, marketing, and public relations strategies.

This task requires the Administrator to develop an effective marketing strategy designed to help the consumer, resident or responsible party, and staff to know about the features, benefits, and amenities of the community/organization. The community/organization should have clear policies, standards, and protocols to build consumer confidence.

The Administrator should also have clear policies and procedures on how to communicate emergency and disaster situations within and outside the community. The Administrator must also ensure that a marketing plan reflects and communicates what the community does/stands for/has achieved in the form of writing/action/advertisement/brochure/word of mouth.

50.15 – Ensure that written agreements between the care recipient and the service providers protect the rights and responsibilities of both parties.

This task requires the Administrator to assure that all written agreements reflect the services provided to the resident and meets federal and state guidelines. This may include having legal representatives review the written agreements on a regular basis to ensure they meet the most current regulations at the time and protect the facility/community/resident. In relation to a resident agreement/service plan/admission/financial agreement/etc., it is always wise to have the agreements reviewed by an attorney. Service provider/vendor agreements should be carefully reviewed by the Administrator, a designated financial person and, when necessary, an attorney.

50.16 – Develop, implement, and evaluate the organization's quality assurance and performance improvement programs.

This task requires the Administrator to develop an effective QAPI (Quality Assurance and Performance Improvement) program. This includes following CMS guidelines related to QAPI and establishing specific procedures, policies, and systems to perform an effective QAPI program. This also includes ensuring the program is designed to meet the ever-changing needs of the facility/organization.

50.17 – Lead organizational change initiatives.

This task requires the Administrator to demonstrate leadership by carefully assessing the facility needs, strategically developing effective methods to meet these needs, and then communicating the need for change(s) to the individuals affected. All changes should include providing clear and concise purposes related to the change and then to effectively train, validate, and celebrate those who participate in the change.

50.18 – Facilitate effective internal and external communication strategies.

This task requires the Administrator to develop methods of effective communication, internally and externally. The administrator must establish a hierarchy of individuals who communicate with each other via an organizational chart. The chart should be available to residents, families and staff so that it is clear who is responsible and has the authority to provide information. This includes creating clear and concise messages so that all staff are aware of how and what is to be communicated and when the need for assistance in communication is necessary. No employee should ever feel that the total weight of providing information rests on them. Training and strategies should include not only verbal and written communication but also electronic media such as Facebook, blogs, and Twitter.

50.19 – Promote professional development of all team members.

This task requires the Administrator to purposefully assess team members' training and experience and to facilitate an environment that allows employees opportunities to grow professionally. This would include internal and external opportunities for employees motivated to develop themselves professionally.

Knowledge of:

- K1 Applicable federal and state laws, rules, regulations, agencies and programs
- K2 Code of ethics and standards of practice
- K3 Components and purpose of mission, vision and value statements

AIT Model Standards Covering the Domains of Practice

- K4 Stakeholder roles, responsibilities and limitations
- K5 Roles and responsibilities of owners and governing bodies
- K6 Services available along the healthcare continuum
- K7 Provider's role along the healthcare continuum
- K8 Methods for assessing, monitoring and enhancing care recipient satisfaction
- K9 Provider's certifications and licensing requirements
- K10 Regulatory survey and inspection processes, including the plan of correction process
- K11 Grievance procedures
- K12 Procedures for Informal Dispute Resolution (IDR)
- K13 Compliance programs
- K14 Reportable outcome measurements
- K15 Risk management principles and processes
- K16 Provider's legal and criminal scope of liability
- K17 Internal investigation protocols and techniques
- K18 Strategic business planning
- K19 Management information systems
- K20 Technology to support operations
- K21 Sales and marketing techniques
- K22 Public relations, including media relations
- K23 Volunteer programs
- K24 Elements of contracts and agreements
- K25 Care recipient's rights and responsibilities
- K26 Role of care recipient advocates and advocacy groups
- K27 Mandatory reporting requirements
- K28 Quality assurance and performance improvement techniques and models
- K29 Organizational change management
- K30 Organizational structures
- K31 Leadership and management principles and philosophies (such as planning, organizing, directing, delegating, motivating and evaluating)
- K32 Personality and leadership styles
- K33 Diversity awareness (such as culture, ethnicity, race, sexual orientation, gender, religion and language)
- K34 Workforce planning and education
- K35 HR management theory and principles
- K36 Governmental relations and advocacy
- K37 Functions of all departments and services

V. Possible Activities/Assignments related to Domain 50: Management & Leadership

- A. Review policy and procedure manuals to determine if they are appropriate and timely, per regulations and organization policy and make recommendations for change as necessary.
- B. Develop and assist the administrator with an annual strategic planning meeting.
- C. Review current internal and external contracts and agreements for accuracy, efficiency and timeliness; organize and make recommendations as necessary.
- D. Review and become comfortable with federal regulations and state specific regulations; assist with educating department leaders, if needed.
- E. Assist with writing a Plan of Correction and/or identified regulatory violations.
- F. Review and update the facility's organizational chart and job descriptions.
- G. Review short-term and long-term goals of the organization for appropriateness.
- H. Study the bylaws/mission statement/vision of the governing body and how decisions and policies are made within the organization. Analyze the authority throughout the facility.
- I. Plan and attend internal and external meetings and prepare reports for the organization, as necessary.

AIT Model Standards Covering the Domains of Practice

- J. Review the facility marketing plan and make recommendations for change as necessary based upon facility dynamics and community needs.
- K. Review and understand the facility's media publicity efforts, including (but not limited to) writing news releases, facility publications, newsletters, etc.
- L. Organize and write a report to include competitive information, such as description of services and amenities, survey history, CMS 5-Star rating and community involvement.
- M. Review the facility's corporate compliance program to ensure all appropriate rules and regulations are followed.
- N. Review and describe how the facility's risk management program minimizes legal liability.
- O. Review and analyze facility's information management system, including technology, to ensure safeguards are in place to provide resident confidentiality, data security, social media, cell phones, etc.
- P. Review and analyze the facility's quality improvement programs.
- Q. Review the facility's customer satisfaction program, including resident relations initiatives, reception/concierge duties and resident/family surveys.
- R. Transitional Care: understanding the various regional lines of service and how they relate, as well as initiatives to ensure continuous delivery of safe and quality care as consumers transition between the different lines of service.

The Following are the Necessary Skills:

- S01 Creating and communicating a vision
- S02 Communicating effectively
- S03 Cultivating effective relationships
- S04 Inspiring and motivating
- S05 Demonstrating empathy
- S06 Group facilitation, consensus building and team building
- S07 Delegating, leading, and empowering
- S08 Coaching, teaching, counseling and mentoring
- S09 Negotiating, collaborating and resolving disputes
- S10 Problem solving
- S11 Analyzing and interpreting information/data
- S12 Informed decision making/critical thinking
- S13 Recognizing and ensuring care recipients' holistic needs are being met
- S14 Assessing and recognizing safety concerns and needs
- S15 Allocating and optimizing resources and programs
- S16 Writing and evaluating policies and procedures
- S17 Developing and evaluating systems
- S18 Protecting and promoting financial viability
- S19 Managing regulatory and accreditation surveys, inspections and audits
- S20 Prioritizing and managing time
- S21 Utilizing technology
- S22 Utilizing social media

Chapter 4 | Preparation for the NAB Examination

As you prepare for the NAB examination, you will want to keep in mind the approximate distribution of questions that will come from each of the Domains.

	NHA	RC/AL
Customer Care, Supports, and Services	35%	34%
Human Resources	13%	14%
Finance	14%	14%
Environment	13%	13%
Management and Leadership	25%	25%
TOTAL	100%	100%

The NAB is an entry level examination. You need to familiarize yourself with the type of questions that you will find on the examination. Don't forget that there are NAB practice examinations available that may help you become more comfortable with the examination and build confidence with the content. Please familiarize yourself with the tools that are included in this manual to assist in preparation for the national examination. Some of these tools, such as the Flashcards and Glossary items can be found in the Appendices in the Self-Assessment Instruments. Additionally, NAB's Nursing Home Administrators Examination Bibliography References and the Assisted Living Administrators Examination Bibliography References can be found at <http://www.nabweb.org/exam-references>.

We wish you the best of luck and a successful career in long term care!

KNOWLEDGE AND SKILLS



Before accessing the sample learning activities it is recommended that you review the information below. Questions on the NAB exams are developed from these items. A helpful preparatory activity would be if you asked yourself how you would write questions to “test” each of these items if you were an exam item writer?

SKILLS (applicable to ALL Domains)

- S01** Creating and communicating a vision
- S02** Communicating effectively
- S03** Cultivating effective relationships
- S04** Inspiring and motivating
- S05** Demonstrating empathy
- S06** Group facilitation, consensus building, and team building
- S07** Delegating, leading, and empowering
- S08** Coaching, teaching, counseling, and mentoring
- S09** Negotiating, collaborating, and resolving disputes
- S10** Problem solving
- S11** Analyzing and interpreting information/data
- S12** Informed decision making/critical thinking
- S13** Recognizing and ensuring care recipients' holistic needs are being met
- S14** Assessing and recognizing safety concerns and needs
- S15** Allocating and optimizing resources and programs
- S16** Writing and evaluating policies and procedures
- S17** Developing and evaluating systems
- S18** Protecting and promoting financial viability
- S19** Managing regulatory and accreditation surveys, inspections, and audits
- S20** Prioritizing and managing time
- S21** Utilizing technology
- S22** Utilizing social media

KNOWLEDGE - Domain 10 - Customer Care, Supports, and Services

Knowledge of:

- K01** Applicable federal and state laws, rules, and regulations
- K02** Government programs and entities
- K03** Ethical decision-making
- K04** Interpersonal relationships, dispute resolution, and group dynamics
- K05** Psychosocial aspects of aging
- K06** Physiological aspects of aging
- K07** Basic principles and concepts of nursing

- K08** Basic medical terminology
- K09** Basic pharmaceutical terminology
- K10** Basic principles and regulations for medication management/administration
- K11** Basic principles and concepts of restorative/wellness programs
- K12** Basic principles of rehabilitation
- K13** Basic principles of acute and chronic diseases
- K14** Basic principles of infection control
- K15** Basic principles of pain management
- K16** Basic principles of fall prevention
- K17** Basic principles of elopement prevention
- K18** Basic principles of creating a safe environment for care recipients
- K19** Basic understanding of mental health issues
- K20** Basic understanding of cognitive impairments
- K21** Basic principles of behavior management
- K22** Basic principles of restraint usage and reduction
- K23** Basic elements of a social services program
- K24** Basic elements of a therapeutic recreation/activity program
- K25** Basic principles of nutrition including specialized diets
- K26** Basic principles of dietary sanitation, food storage, handling, preparation, and presentation
- K27** Basic principles of hospice and palliative care
- K28** Grieving process
- K29** Death and dying
- K30** Person-centered care concepts
- K31** Diversity of care recipients
- K32** Care recipients' support network interests, needs, and values
- K33** Care recipient Bill of Rights
- K34** Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process
- K35** Care recipient assessment instruments (OASIS) and interdisciplinary care plan requirements and process
- K36** Care recipient assessments and care plans other than RAI and OASIS
- K37** Admission/move-in, transfer, and discharge/move-out requirements
- K38** Bed-hold requirements (NHA only)
- K39** Roles, responsibilities, regulation and oversight of contracted providers and services
- K40** Services and resources available across the continuum of care (such as community, social, financial, spiritual)
- K41** Care recipient specific legal matters (such as power of attorney, guardianship, conservatorship, code status, Advance Directives)
- K42** Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs)
- K43** Role of Medical Director
- K44** Role of healthcare partners and clinical providers
- K45** Medical services, specialties and equipment (such as oxygen, durable medical equipment, podiatry)
- K46** Emergency medical services and techniques (such as CPR, first aid, Heimlich Maneuver, AED)
- K47** Center for Medicare and Medicaid Services (CMS) quality indicators and measures

- K48** Quality assurance and performance improvement processes as related to care and services
- K49** Techniques for auditing care recipient services and outcomes
- K50** Signs and symptoms of abuse, neglect, and exploitation
- K51** Mandatory reporting requirements for incidents and adverse events
- K52** Medical record content, format, and documentation requirements
- K53** Confidentiality, disclosure, and safeguarding medical record information requirements
- K54** Transportation option for care recipients
- K55** Environmental services (such as housekeeping and laundry)
- K56** Hospitality services
- K57** Basic technological advances in healthcare

KNOWLEDGE - Domain 20 - Human Resources

Knowledge of:

- K01** Applicable federal and state laws, rules, and regulations
- K02** Licensure requirements and scopes of practice
- K03** Service provider staffing requirements
- K04** Employee position qualifications, job analysis, job descriptions
- K05** Employee recruitment, selection, interviewing, reference and background checks
- K06** Employee orientation, training and continuing education requirements, and resources
- K07** Compensation and benefit programs (such as employee assistance programs, insurance, salary, retirement)
- K08** Human resource policies and procedures (such as employee grievance, workplace rules, discipline, absenteeism, turnover, classification, exemption status)
- K09** Diversity training
- K10** Performance evaluation procedures
- K11** Safety and injury prevention training
- K12** OSHA rules and regulations
- K13** Workers compensation rules, regulations, and procedures
- K14** Drug-free workplace programs
- K15** Methods for assessing, monitoring, and enhancing employee satisfaction
- K16** Employee recognition, appreciation, and retention programs
- K17** Leadership development
- K18** Types and methods of communication
- K19** Conflict resolution and team dynamics
- K20** Information technology safeguards related to such issues as data security, social media, e-mail, voicemail, computer software, cell phones, photography, video, texting
- K21** Union/management and labor relations
- K22** Employee record-keeping requirements and procedures
- K23** Mandatory reporting requirements

KNOWLEDGE - Domain 30 - Finance

Knowledge of:

- K01** Applicable federal and state laws, rules, and regulations
- K02** Operational and capital budgeting and forecasting methods
- K03** Financial statements and reporting requirements for not for profit and for profit service providers
- K04** Service-related sources of revenue/reimbursement
- K05** Reimbursement methods across the continuum of care
- K06** Alternative sources of revenue
- K07** Integration of clinical and financial services
- K08** Billing, accounts receivable, and collections
- K09** Accounts payable procedures and management
- K10** Revenue cycle management
- K11** Internal controls
- K12** Contracts and agreements
- K13** Financial analysis (such as ratios, profitability, debt covenants, revenue mix, depreciation, forecasting)
- K14** Financial statements (such as income statement, balance sheet, statement of cash flows)
- K15** Financial measures (such as operating margin, days cash on hand, staffing, expense analysis)
- K16** Risk Management
- K17** Insurance coverage (such as property, liability)
- K18** Inventory control and management
- K19** Payroll procedures and documentation
- K20** Purchasing process and supply chain management (such as request for proposals, pricing, ordering, receiving, group purchasing organization (GPO))
- K21** Resident trust accounts for personal funds

KNOWLEDGE - Domain 40 - Environment

Knowledge of:

- K01** Federal, state and local standards, codes and regulations for building, equipment, maintenance, and grounds
- K02** Environmental principles that promote care recipient rights
- K03** HIPAA compliance
- K04** Community resources, programs and agencies available to meet the care recipients' home needs
- K05** Design principles that create a safe, secure, and home-like atmosphere based on the needs of the individual served
- K06** Safety and security procedures
- K07** Physical plant security principles
- K08** Preventative and routine maintenance programs for buildings, grounds, and equipment
- K09** Contracted services for mechanical, electrical, plumbing, laundry systems, IT
- K10** Compliance matters related to provision of contracted services
- K11** Infection control and sanitation regulations/standards of practice
- K12** Pest control programs

- K13** Handling and disposal of potentially hazardous materials
- K14** Disaster and emergency planning, preparedness, and recovery
- K15** Community resources available in the event of emergency or disaster
- K16** The use, storage, and inspection of required emergency equipment
- K17** Policies and procedures for housekeeping, maintenance, and laundry services
- K18** Technology infrastructure

KNOWLEDGE - Domain 50 - Management and Leadership

Knowledge of:

- K01** Applicable federal and state laws, rules, and regulations, agencies, and programs
- K02** Code of ethics and standards of practice
- K03** Components and purpose of mission, vision, and value statements
- K04** Stakeholders roles, responsibilities, and limitations
- K05** Roles and responsibilities of owners and governing bodies
- K06** Services available along the healthcare continuum
- K07** Provider's role along the healthcare continuum
- K08** Methods for assessing, monitoring, and enhancing care recipient satisfaction
- K09** Provider's certifications and licensing requirements
- K10** Regulatory survey and inspection processes, including the plan of correction process
- K11** Grievance procedures
- K12** Procedures for Informal Dispute Resolution (IDR)
- K13** Compliance programs
- K14** Reportable outcome measurements
- K15** Risk management principles and processes
- K16** Providers legal and criminal scope of liability
- K17** Internal investigation protocols and techniques
- K18** Strategic business planning
- K19** Management information systems
- K20** Technology to support operations
- K21** Sales and marketing techniques
- K22** Public relations including media relations
- K23** Volunteer programs
- K24** Elements of contracts and agreements
- K25** Care recipient's rights and responsibilities
- K26** Role of care recipient advocates and advocacy groups
- K27** Mandatory reporting requirements
- K28** Quality assurance and performance improvement techniques and models
- K29** Organizational change management
- K30** Organizational structures

- K31** Leadership and management principles and philosophies (such as planning, organizing, directing, delegating, motivating, evaluating)
- K32** Personality and leadership styles
- K33** Diversity awareness (such as culture, ethnicity, race, sexual orientation, gender, religion, language)
- K34** Workforce planning and education
- K35** HR management theory and principles
- K36** Governmental relations and advocacy
- K37** Functions of all departments and services

SAMPLE LEARNING ACTIVITIES



Below are examples of Sample Learning Activities that you may consider using in your Plan of Study. These activities are a sample list and may be tailored to meet each individual AIT experience. You may wish to copy and paste, edit and add to or delete from this list to tailor it to your own style when you're creating your "Plan of Study" for your AIT.

Before you review these sample learning activities, it is recommended that you review the information in the "Knowledge and Skills" section (Appendix 1). Questions from the NAB exams are developed from these items. Ask yourself how you would write questions to "test" each of these items if you were an exam item writer.

Sub-Domain	Task	Sample Learning Objective(s) - adjust/tailor (these are by no means comprehensive or perfect)	Sample Learning Activities - brainstorming ideas only (may not be properly placed/aligned with tasks)
10.01	<p>Establish care recipient service policies and procedures that follow federal and state laws, rules, and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • list applicable laws, rules, regulations. • identify existing applicable policies. 	<p>Review applicable rules, laws, and regulations, review existing policies in the host facility; propose changes to update existing policies. Create a list of existing rules, laws, regulations and policies. Review care related survey tags. Review nursing job descriptions and policy/procedure manuals. Learn scheduling techniques/staffing patterns. Review the nursing in-service training session - attend a session. Observe quality of interactions between nursing staff and residents. Review infection control procedures. Identify major standards and regulations required for the facility. Determine how compliance is tracked and evaluated.</p>
10.02	<p>Ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipient preferences and assessed needs. <i>This task requires the Administrator to ensure that staff implement a plan of care for each resident, based on the individual needs and preferences, under the direction of a physician. This task includes a comprehensive assessment of each resident/recipient. The comprehensive assessment should include (but not limited to) assessments for nutrition (to include diet, texture, weight, swallowing), therapy, mobility, fall risk, skin/wound management, medications and contraindications, cognitive abilities, behavior, mental health, and etc.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • create and update care plans. • describe the MDS. • summarize required information to be included in resident's records, how they are updated, etc. 	<p>Attend care planning meetings; assist with records reviews. Attend CNA training (become a CNA) - highly recommended for most AITs. Review facility policies governing the role of the physician. Study procedures and practices for emergency medical care. Study a random sample of 3-4 resident medical charts - review physicians' orders, nursing notes, etc.</p>

<p>10.03</p>	<p>Ensure the planning, development, implementation/execution, monitoring and evaluation of admission/move-in process, including pre-admission/pre-move in information, to promote a quality experience for care recipients. <i>This task requires the Administrator to ensure that the admission process is comprehensive and is resident centered. This task includes obtaining all available documentation at the time of admission to include (but not limited to): power of attorney for health care and financial, resident identification cards, insurance information, doctor and all other orders related to the resident to include hospital/doctors/clinic records pertaining to the residents stay at the facility or services provided by the organization.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • describe the admission/move in process. • list the admission requirements and required documentation. 	<p>Observe an admission process; assist and/or conduct an admission. Research and list document requirements at the facility. Review the contents and organization of a standard medical record. Using a checklist, analyze a sample of 4-5 medical records for completeness and currency of information (audit records). Attend a meeting of the committee assigned to monitor quality of care. Become familiar with resident assessments and care plans. Identify quality measures used by the facility. Review the social worker's job description and job duties. Determine facility's philosophy regarding social services for residents and their families. Participate in a resident care planning meeting. Assist Social Services Director with a special project as needed (e.g., record review, resident satisfaction survey, etc.). Conduct an admission audit of current in-house resident population, analyze data and report (assist with recommendations as needed). Audit admissions documents. Complete an audit of resident preferences, such as time to eat, rise and retire, bathe, and time of therapy (make recommendations). Develop and implement an outreach program that communicates regularly with residents and/or families post discharge.</p>
<p>10.04</p>	<p>Ensure the planning, development, implementation/execution, monitoring and evaluation of discharge/move out process to promote a quality experience for care recipients. <i>This task requires the Administrator to ensure that resident care is appropriate for the level of care they require and that an interdisciplinary team continually monitors the resident's progress and recommends the best care environment needed to maximize the resident's quality of living.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • explain the discharge/move out process. • describe the discharge requirements, restrictions, and required documentation. 	<p>Observe a discharge. Observe an interdisciplinary team meeting discussing a possible discharge. Assist with a discharge</p>
<p>10.05</p>	<p>Ensure the planning, development, implementation/execution, monitoring and evaluation of programs to meet care recipient's psychosocial needs and preferences. <i>This task requires the Administrator to ensure residents are properly evaluated and cared for based on their psychosocial needs and preferences.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • demonstrate how residents are cared for and evaluated. • describe psychosocial needs/preferences. • summarize how resident care meets the psychosocial needs/preference of the resident. 	<p>Attend CNA training (become a CNA) (highly recommended). Develop a "rounds" checklist with the Administrator and DON that is resident-centered; initiate implementation. Develop resident satisfaction surveys and make recommendations for implementation as necessary.</p>
<p>10.06</p>	<p>Ensure the planning, development, implementation/execution, monitoring and evaluation of care recipient's activities/recreation to meet social needs and preferences. <i>This task requires the Administrator to ensure activities, events, and programs are resident centered and designed to meet the needs and preferences of each resident.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • observe how the activities director learns the preferences of the residents. • describe the challenges associated with planning activities to meet the various needs/preferences of each resident. 	<p>Interview residents to learn what they are interested in doing; assist to plan activities/events/programs; review related survey tags. Explore the Activities Director's philosophy of service. Review and evaluate the activity calendar for variety and appropriateness. Participate in a variety of activities with residents. Work one-on-one with a resident in an activity (e.g., BINGO Buddy).</p>

10.07	<p>Ensure the planning, development, implementation/execution, monitoring and evaluation of a health information management program to meet documentation requirements in compliance with federal and state regulations. <i>This task requires the Administrator to ensure all resident specific documentation is protected and follows state, federal and HIPAA regulations.</i></p>	<p>The AIT will be able to summarize HIPAA requirements</p>	<p>Review HIPAA requirements; review and observe HIPAA related policies and practices; suggest changes to HIPAA related policies and practices; review related survey tags. Conduct audit of flu vaccination response variables, analyze data and report (assist with recommendations as needed). Conduct audit of admission and annual required vaccines, analyze data and report (assist with recommendations as needed). Conduct medical records audit with appropriate staff.</p>
10.08	<p>Ensure the planning, development, implementation/execution, monitoring, and evaluation of medication management that supports the needs of the care recipient. <i>This task requires the Administrator to ensure that doctor's orders are strictly followed and that policies and procedures are in place to assure compliance.</i></p>	<p>The AIT will be able to explain requirements for medication management to include documentation requirements, storage requirements, destruction requirements, etc.</p>	<p>Observe med passes/documentation; observe expired med destruction; review med storage policies/practices; review related survey tags. Learn the policies covering drug orders, receiving drugs, drug storage, disbursement of medication and drug destruction. Observe the procedures and techniques used in the administration of medications. Observe nurse peer review on administration of medications. With DON, ensure medications are not expired.</p>
10.09	<p>Ensure the planning, development, implementation/execution, monitoring and evaluation of a rehabilitation program to maximize optimal level of functioning and independence for care recipients. <i>This task requires the Administrator to provide individualized rehabilitative services to recipients that will help them meet their baseline and allow residents to be as independent as possible.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • describe rehabilitation programs. • recognize declines in the range of motion, etc. that helped with rehabilitation. 	<p>Observe rehabilitation; observe range of motion measurements; observe assessments for rehabilitation. Determine how the facility provides rehabilitation services to residents (direct staff, contract, etc.). What types of rehabilitation specialists are used by the facility (PT, OT, Speech, etc.)? Visit with one of the rehabilitation specialists about his/her services. Observe, if possible, rehabilitation treatments. Organize and implement a follow-up program for discharged residents to the community. Develop audit for equipment inventory and complete audit report.</p>
10.10	<p>Ensure the planning, development, implementation/execution, monitoring and evaluation of systems for coordination and oversight of contracted services. <i>This task requires the Administrator to ensure that services are available to meet the needs of each recipient from qualified vendors that meet city, state and federal requirements.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • interpret the process required to coordinate necessary services. • list items to avoid when preparing a facility contract. • provide examples of required services that must be contracted within various facility types. 	<p>Review existing contracts; assist to establish a new contract or renew an existing one. Summarize required services that have to be offered within the facility.</p>
10.11	<p>Ensure the planning, development, implementation/execution, monitoring and evaluation of policies and procedures for responses to care recipient incidents, accidents, and or emergencies. <i>This task requires the Administrator to ensure that policies and procedures are written and followed to prevent incidents and accidents and to prepare staff to act appropriately when incidents, accidents, and emergencies occur.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • describe reporting requirements and the administrator's role in reporting interventions that follow an incident. • list the steps in conducting a proper investigation. • share expected reactions to incidents. 	<p>Assist to prepare incident report(s). Discuss/recommend interventions. Observe/ conduct/assist with an investigation. Participate in post-incident counseling</p>
10.12	<p>Ensure the planning, development, implementation/execution, monitoring and evaluation of housekeeping and laundry services for care recipients. <i>This task requires the administrator to ensure a clean, safe, and sanitary environment.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • compare the overlap of infection control with housekeeping requirements. • identify the challenges/concerns of the housekeeping and laundry staff. 	<p>Review related survey tags. Assist with housekeeping daily chores. Assist with laundry procedures. Review housekeeping and laundry policies</p>

<p>10.13</p>	<p>Ensure the planning, development, implementation/execution, monitoring and evaluation of education intended for care recipients and their support networks. <i>This task requires the Administrator to ensure that the care recipient and/or their responsible party is informed of their care, condition, and treatment as much as practical.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • explain the requirements for informing residents and/or their responsible party of their care, condition, and treatment. • describe what constitutes a significant change. 	<p>Become a CNA (attend training). If CNA training is completed, it is advised to complete the self assessment again and realign hours as needed.</p>
<p>10.14</p>	<p>Ensure the planning, development, implementation/execution, monitoring and evaluation of nutritional needs and preferences of care recipients. <i>This task requires the Administrator to ensure that the care recipient's nutritional needs are met in accordance with their individualized needs and preferences while simultaneously meeting all physician-prescribed orders.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • identify geriatric nutritional needs that encompass various diet requirements. • describe requirements related to significant weight change, etc. 	<p>Become certified to feed residents; assist in feeding. Assist with weigh-in procedures Assist with preparation and storage of food. Assist with delivery of meals to residents. Review physician prescribed dietary requirements for various residents. Review job description of the Food Service Director, cooks and other staff. Learn how the dietary department is organized and how staff is scheduled. Review policies and procedures regarding key issues in food service (e.g., hand washing, temperatures, waste management, etc.) Review and discuss menu preparation with Food Service Director and/or Dietician.</p>
<p>10.15</p>	<p>Ensure the planning, development, implementation/execution, monitoring and evaluation of dining experience that meets the needs and preferences of care recipients. <i>This task requires the Administrator to ensure that dining services are resident centered and meet the nutritional needs paralleled with the recipient preferences.</i></p>	<p>The AIT will be able to describe culture change issues as they relate to dining.</p>	<p>Visit another facility that delivers/serves meals in a different way (e.g. from a menu or a la carte). Review culture change. Interview residents to learn what they desire (variables in taste, temperature, timeliness, presentation, etc). Meet with Dietician and Dietary Manager to learn how menus are developed, followed and implemented. Audit to confirm residents are receiving correct diets, drinks and adaptive devices. Understand nutritionally compromised concerns and how weights are monitored. Audit purchasing and storage process. Audit food temperatures.</p>
<p>10.16</p>	<p>Ensure care recipients rights and individuality with all aspects of care. <i>This task requires the Administrator to ensure all staff are trained and follow state and federal guidelines related to resident rights. Attention must be made to issues related to abuse, neglect, misappropriation of resident property and mistreatment of residents.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • define, in detail, resident rights. • analyze issues such as abuse, neglect, misappropriation, and mistreatment. 	<p>Study resident rights; present an in-service regarding aspect(s) of resident rights. Present an in-service regarding abuse, neglect, misappropriation of resident property and/or mistreatment of residents. Review the residents rights statements used by the facility - evaluate them for completeness, accuracy, timeliness. Review methods of disseminating resident rights information to residents and families. Evaluate the extent to which resident rights are being addressed by staff.</p>

<p>10.17</p>	<p>Integrate support network's perspectives to maximize care recipients quality of life and care. <i>This task requires the Administrator to ensure that measures are taken to review Quality Improvement Measures, and to strategize how each team member influences quality measures and how they each help to improve quality based on recipient, responsible party, and team members' input. Attention must be made to issues related to meeting the care recipient's individualized needs.</i></p>	<p>The AIT will be able to evaluate needs of residents to maximize care and quality of life and determine the means to meet these goals.</p>	<p>Review Quality Improvement Measures; interview residents/responsible parties and employees to see how the facility is progressing. Develop and implement a Volunteer Program. Develop/Enhance Life Enrichment/Person Centered Care Program - interview residents and families to ensure desired activities are planned and implemented. Develop in-service alongside Activities Director for Life Enrichment/ Person Centered Care; assist to present in-services.</p>
<p>10.18</p>	<p>Ensure transportation options are available for care recipients. <i>This task requires the Administrator to ensure adequate transportation to care recipients. The facility should identify transportation that is available and the costs (if any) for the services and inform recipients and their responsible parties of availability and cost. The facility/entity must be available to help coordinate transportation services based on the recipients preference and available funding.</i></p>	<p>The AIT will be able to list requirements to provide transportation to residents.</p>	<p>Explore additional options not currently used. Review existing policies.</p>
<p>10.19</p>	<p>Ensure the provision of a customer service culture that leads to a quality experience for care recipients. <i>This task requires the Administrator to promote a resident centered experience that serves each recipient according to their choices and preferences as much as practical.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • understand the culture of customer service. • describe the administrator's role as a leader. • define customer service from a care recipients perspective. 	<p>Interview residents to learn their choices/ preferences. Study "customer service" in another setting (e.g. restaurant, hotel) and compare it to how this facility defines customer service. Conduct an in-service on the importance of customer service. Recognize employees who are good examples of customer service. Determine how resident care policies and procedures are developed and disseminated in the facility. Determine the extent to which staff knows relevant resident care policies. Audit/do rounds for dust, clean floors, toilets, showers, etc. Audit laundry. Audit infection control, safety and cross-contamination procedures. Follow the linen distribution system from soiled to clean.</p>
<p>20.01</p>	<p>Ensure that human resources management policies and programs comply with federal and state rules and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i></p>	<p>The AIT will be able to interpret the requirements relating to HR from the federal and state levels.</p>	<p>Review federal and state HR requirements; review/update facility policies. Review facility policy on cultural diversity and cultural competence; determine how staff is being trained in these areas. Conduct employee file audit per regulations and organizational policy. Review/understand employee handbook - look for accuracy and compliance; make recommendations.</p>

<p>20.02</p>	<p>Establish the planning, development, implementation, monitoring, and evaluation of recruitment, selection, and retention practices. <i>This task requires the Administrator to ensure the facility has systems in place that will provide for a consistent, fair, and predictable method of job development, job hiring, job training, employee evaluation, and continuing education. These systems should follow the standards of the Fair Labor Standards Act (FSLA).</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • explain the limitations of hiring practices and interview question restrictions. • describe turnover rate issues and methods available to address this. • Define the NRLB and provide examples of how this organizational entity affects the facility. 	<p>Participate in job interviews; interview employees to find out why they stay; conduct exit interviews to understand why employees are leaving. Review the process of interviewing prospective staff (who does it? What techniques are used, etc.?). Collect annual turnover rate for last few years and develop strategic plan with activities, timeframes, etc., for identified changes. Participate in a complete employee hiring and orientation process (i.e., interview, background check, etc.).</p>
<p>20.03</p>	<p>Establish the planning, development, implementation, monitoring, and evaluation of employee training and development programs. <i>This task requires the Administrator to have policies and procedures in place to train managers/leaders to follow and design basic and continuing education programs aimed at evaluating individual employee performance and training programs that can meet the basic, continuing, or potential education needs of the employee.</i></p>	<p>The AIT will be able to list the requirements for evaluating individual employee performance.</p>	<p>Review policies and procedures to train managers/leaders regarding evaluation of employees. Conduct an in-service for managers/leaders. Conduct a staff meeting and in-service training program.</p>
<p>20.04</p>	<p>Establish the planning, development, implementation, monitoring, and evaluation of employee evaluation programs. <i>This task requires the Administrator to ensure that policies and procedures are in place that clearly provide instruction to managers/leaders to regularly monitor employee performance and to timely inform employees of when their performance or adherence to procedures does not meet standards. This should include timely formal evaluation of the employee to communicate areas of poor performance and areas that employee meets and exceed facility standards.</i></p>	<p>The AIT will be able to describe performance evaluation standards and how and why to enforce them.</p>	<p>Review performance evaluation requirements. Review status of performance evaluations. Study correlation of turnover with evaluation reports. Develop employee satisfaction questionnaire; administer it and analyze data; develop plan.</p>
<p>20.05</p>	<p>Establish the planning, development, implementation, monitoring, and evaluation of compensation and benefit programs. <i>This task requires the Administrator to ensure that policies and procedures are in place for employee compensation and benefit programs. This includes a formal method of informing employees of their employee benefits and compensation.</i></p>	<p>The AIT will be able to explain the Administrator's role in the compensation and benefit program.</p>	<p>Brief new employees at a new employee orientation regarding their benefits. Review facility recognition programs and procedures. Examine how performance reviews are conducted and by whom. Conduct an assessment of turnover rates and identify major factors that contribute to staff turnover. Review employee benefit policies and plans (Employee Manual). Determine how compensation and benefits policies and programs are developed and implemented. Conduct a compensation analysis using state, regional or national comparative data. Study and analyze recruiting plans and staffing patterns - offer ideas to improve. Review and evaluate payroll plans, compensation plans, and benefits packages.</p>

20.06	<p>Establish the planning, development, implementation, monitoring, and evaluation of employee health and safety programs. <i>This task requires the Administrator to ensure that policies and procedures are in place to prevent employee injury and encourage employee wellness. This includes an effective workers compensation or group retro program and providing a health/wellness program that gives employees the opportunity to attain health, dental, vision, accident, pharmacy, and life insurance programs.</i></p>	<p>The AIT will be able to describe the importance of employee health and safety programs</p>	<p>Review policies and procedures relating to the health and wellness of employees. Review facility safety policies and programs. Attend a safety committee meeting. Study OSHA regulations that pertain to the facility. Review workers compensation policies and procedures. Track absentee information by shift, days of week reasons, frequency; analyze and report.</p>
20.07	<p>Establish the planning, development, implementation, monitoring, and evaluation of employee satisfaction and organizational culture. <i>This task requires the Administrator to ensure policies and procedures are in place to measure employee satisfaction and that results are taken seriously and considered. This task also requires the Administrator to develop an organization chart/structure that will clearly communicate the organization structure to employees.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • give examples of ways to measure employee satisfaction. • illustrate the organizational structure. 	<p>Review policies and procedures relating to the measurement of employee satisfaction. Review organization chart.</p>
20.08	<p>Establish the planning, development, implementation, monitoring, and evaluation of employee disciplinary policies and procedures. <i>This task requires the Administrator to have policies and procedures in place that will set standards to objectively measure employee performance. When employee performance or behavior does not meet standards, employees are made aware of an allegation, and given an opportunity to give an explanation of their performance or behavior (give their side of the story), offer witnesses or evidence that will support their statement, and/or provide a written statement. Procedures should state that the employees will be made aware if an investigation will be done, if the employee will be suspended pending investigation, and that no discipline will be applied until a thorough investigation is completed.</i></p>	<p>The AIT will be able to explain the importance and limitations of employee disciplinary policies and procedures.</p>	<p>Review employee disciplinary policies and procedures. Participate in counseling. Participate in incident investigations. Participate in and interview of employee regarding performance or behavior issue. Review and evaluate the unemployment compensation record of the facility and attend an unemployment compensation hearing as necessary.</p>
20.09	<p>Establish the planning, development, implementation, monitoring, and evaluation of employee grievance policies and procedures. <i>This task requires the Administrator to have policies and procedures in place to clearly communicate with the employee a formal program/grievance procedure in which the employee, without fear of retaliation, can communicate areas of frustration, abuse, mistreatment, or concerns with the understanding that a formal response will follow.</i></p>	<p>The AIT will be able to explain the importance of employee grievance policies and procedures.</p>	<p>Participate in grievance procedures.</p>
20.10	<p>Establish the planning, development, implementation, monitoring, and evaluation of leadership development programs. <i>This task requires the Administrator to develop leadership development programs not only for manager/leaders but also for all employees. This may be in the form of a formalized program designed by a corporation, outside vendor, or the Administrator.</i></p>	<p>The AIT will be able to describe their knowledge of leadership and leadership principles, including mentoring skills.</p>	<p>Conduct in-service for employees focusing on leadership. Study a new leadership principle. Learn about "empowerment" and teach a department head. Learn about delegation and teach it. Review and report on ways to encourage and support professional development of team members.</p>

20.11	<p>Promote a safe work environment (such as safety training and employee risk management). <i>This task requires the Administrator to ensure effective policies and procedures are in place to create an awareness of safety throughout the workplace that include reporting accidents, safety monitoring, fire drills, water, gas and electric shut off valves, and that emergency generators are regularly tested.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • describe the need for safety training and risk management. • explain the importance of emergency/disaster drills, incident reporting, and knowledge of the facility. 	<p>Conduct and evaluate an emergency/disaster drill. Review emergency/disaster plans. Create a "cheat sheet" for the facility to show where all important shut-off valves/switches are located. Participate in the testing of emergency generators; conduct an in-service. Brief new employees on the details and importance of emergency procedures. Audit external health care providers to determine current license, liability insurance, etc.</p>
20.12	<p>Promote a positive work environment (using techniques such as conflict resolution, diversity training, and staff recognition programs). <i>This task requires the Administrator to ensure that policies and procedures are in place to assure that the employees are provided a workplace that allows them to communicate concerns and grievances in a safe environment. This also includes training programs in diversity, conflict resolution, continuing education, and staff recognition programs.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • identify techniques for conflict resolution. • provide examples of diversity issues. • explain the importance and methods of staff recognition. 	<p>Participate in conflict resolution; test theories, methods. Study conflict resolution techniques. Attend diversity sensitivity training. Propose ideas to recognize staff performance; spontaneously recognize (informally) staff performance.</p>
20.13	<p>Facilitate effective written, oral, and electronic communication among management and employees. <i>This task requires the Administrator to ensure policies and procedures are in place to direct managers and employees on how to formally and informally communicate with each other. These procedures should include requirements to managers on effective leadership ensuring employees are aware and trained in their respective job duties and tasks. Supervisors should also be held accountable for validating performance and communicating with employees their progress.</i></p>	<p>The AIT will be able to explain the importance of effective formal and informal communication.</p>	<p>Review communication policies and procedures. Review performance evaluations. Examine the methods administrators use to communicate with employees (e.g., newsletters, bulletin boards, social media, etc.).</p>
20.14	<p>Ensure employee records and documentation systems are developed and maintained. <i>This task requires the Administrator to ensure employee records and correspondence are protected and secure to other employees, residents and unauthorized individuals.</i></p>	<p>The AIT will be able to explain the requirements for protecting private employee information, data and correspondence.</p>	<p>Review laws, rules, regulations relating; review facility policies relating; observe the practice of protecting employee records (conduct an exercise to attempt to violate a faux record?)</p>
20.15	<p>Establish a culture that encourages employees to embrace care recipients rights. <i>This task requires the Administrator to create a culture that ensures that all resident rights are followed and to develop policies and procedures on reporting violations of resident rights.</i></p>	<p>The AIT will be able to demonstrate expertise concerning the rights of care recipients.</p>	<p>Conduct an in-service involving residents rights. Conduct an orientation briefing that covers residents rights for new employees/volunteers. Review existing policies and procedures.</p>
30.01	<p>Ensure that financial management policies, procedures, and practices comply with applicable federal and state regulations. <i>This task requires the Administrator to create policies and procedures that follow federal and states laws, rules and regulations.</i></p>	<p>The AIT will be able to describe federal and state laws, rules and regulations relating to financial management.</p>	<p>Review laws, rules, regulations, and facility policies.</p>
30.02	<p>Develop, implement, and evaluate the service provider's budget. <i>This task requires the Administrator to have knowledge of the budget process and have systems in place to accurately set budgets based on income, expense, capital improvements, and required tasks of the organization.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • explain how a budget is developed, how it is followed, and what it implies to various departments. • describe the chart of accounts, bookkeeping procedures, income/expense statements, and balance sheets. 	<p>Participate in establishing a new contract or renewing an existing one. Review existing contracts; discuss details of existing contracts with attorney (if possible). Participate in the process to dissolve an agreement (if the opportunity presents itself); discuss how/why you would dissolve an agreement. Review regularly produced financial reports and make recommendations if necessary.</p>

30.03	<p>Oversee the billing and collections process and monitor the accuracy of charges and timely collection of accounts. <i>This task requires the Administrator to have procedures in place to timely and accurately bill for resident care and services to appropriate parties, insurances, or state and federal agencies as appropriate. Systems should be in place to make sure each recipient knows and understands their bill so that timely payments can be made to the facility.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • describe the billing and collection process. • explain how aged accounts work. • understand billing charges. • explain third party payor processes to ensure billings are in accordance with services provided. 	<p>Assist with billing. Assist with collection. Study billing charges (accounts payable). Review bad-debt and/or write-off policy; determine avenues for improvement.</p>
30.04	<p>Negotiate, interpret, and implement contractual agreements to optimize financial viability. <i>This task requires the Administrator to ensure the facility/organization has written agreements and contracts that include duration of contract, liability insurance required and assured for each party, language that includes duties of each party and what steps are required to notify each party of any breach of service, and details of how to dissolve an agreement for poor service or choice to use another vendor/contractor.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • describe the process required to coordinate necessary services. • list items that should be avoided in a contract. • list required items that must be provided in a contract for various facility types. 	<p>Participate in establishing a new contract or renewing an existing one. Review existing contracts; discuss details of existing contracts with attorney (if possible). Participate in the process to dissolve an agreement (if the opportunity presents itself); discuss how/why you would dissolve an agreement. Review the facility's union contracts (if applicable). Study a sample consultant contract and reimbursement paperwork.</p>
30.05	<p>Develop, implement, monitor, and evaluate financial policies and procedures that comply with Generally Accepted Accounting Principles (GAAP). <i>This task requires the Administrator to ensure policies and procedures are in place to direct staff on the steps to accurately perform their duties. Direction must be given to employees in the areas of payroll, accounts receivable, billing, accurate record keeping, internal controls, trust accounts, HIPAA, and etc.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • define GAAP. • describe internal controls and record keeping. • list trust account requirements. 	<p>Study GAAP. Study internal controls. Review established internal policies and procedures. Assist in trust account execution (disbursement, documentation, etc.). Review accounting documents. Review and understand facility financial statements. Determine how financial statements are monitored and how variances are addressed. Discuss the latest facility audit with relevant staff.</p>
30.06	<p>Monitor and evaluate the integrity of financial reporting systems and audit programs. <i>This task requires the Administrator to ensure that controls are in place to validate systems, audit, and verify information, and ensure proper supervision to protect theft. An example way to monitor theft would be to never allow the person who prepares a deposit make the deposit. There should be checks and balances in place to allow for the person making the deposit to check the prepared paperwork by a different individual to ensure no errors were made. Another example would be to have a place where the Administrator or designee can access all passwords in case of emergency or to validate access when a person may be unavailable.</i></p>	<p>The AIT will describe the internal controls of the facility.</p>	<p>Study the internal controls used; review policies. Establish the back-up plan for passwords in case of emergency or plan to validate access when someone is not available. Determine the facility's revenue sources and how they are managed. Review billing and accounts receivable procedures. Review Medicaid and/or Medicare billing process, if applicable.</p>
30.07	<p>Establish safeguards for the protection of the service provider's assets (such as insurance coverage, risk management). <i>This task requires the Administrator to have knowledge and provide leadership in risk management, internal controls, workers compensation, and to prevent unnecessary insurance/legal claims.</i></p>	<p>The AIT will explain risk management.</p>	<p>Review insurance policies. Review risk management policies and procedures. Proactively identify an issue in the facility that could be addressed more strongly. Study other risk management procedures (e.g., security systems).</p>
30.08	<p>Develop, implement, monitor, and evaluate systems to improve financial performance. <i>This task requires the Administrator to use critical thinking to understand financial viability and to respond to the financial needs of the facility/organization.</i></p>	<p>The AIT will describe financial performance measures and the variables that contribute to them.</p>	<p>Review financial documents; identify opportunities and strengths.</p>

<p>30.09</p>	<p>Manage and adjust expenses with fluctuations in census/occupancy/care recipient levels (such as staffing ratios). <i>This task requires the Administrator to have systems in place that will effectively make adjustments in labor, supplies, and resources as needed to ensure continued financial performance.</i></p>	<p>The AIT will explain census/occupancy issues and how they affect financial performance.</p>	<p>Perform calculations for the administrator to assess performance. Review systems that adjust labor requirements, supplies and resources based on census/occupancy rates. Determine the extent to which the facility provides inservice training to staff on financial issues. Develop a training module on some aspect of financial management for staff; provide the training and evaluate its effectiveness.</p>
<p>30.10</p>	<p>Monitor and address changes in the industry that may affect financial viability. <i>This task requires the Administrator to stay knowledgeable of the changes of all financial resources to include, but not limited to: Medicare, Medicaid, insurance companies, and other payor sources. In addition, the Administrator must be knowledgeable of any city, state, and federal changes that may affect the financial performance of the facility/organization and make changes as needed.</i></p>	<p>The AIT will describe the impact of the various pay sources and how changes to those pay sources affect the facility/organization.</p>	<p>Study pay sources and rates. Study how these sources change.</p>
<p>40.01</p>	<p>Ensure that physical environment policies and practices comply with applicable federal, state and local laws and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal laws, rules and regulations.</i></p>	<p>The AIT will define the Life Safety Code and describe all applicable federal, state, and local laws that apply to the facility.</p>	<p>Participate in a mock survey. Make rounds to find issues in the facility. Study applicable federal, state, local and facility rules, laws, regulations, policies and procedures. Review job descriptions of maintenance staff. Determine the facility's policies and procedures to monitor compliance with environmental regulations and standards. Compile a list of all federal, state and local standards and regulations that govern the facility. Review the content of these items and determine how they are managed within the facility.</p>
<p>40.02</p>	<p>Ensure the planning, development, implementation, monitoring, and evaluation of a safe and secure environment. <i>This task requires the Administrator to have policies and procedures in place that ensure the physical plant, systems, equipment, and resources are properly used and appropriate for the facility/organization. It is required that the Administrator understands, promotes, directs, and requires supervision to maintain all equipment and resources and continually validate the physical plant to include (but not limited to) the facility, grounds, equipment, tools, emergency systems, fire systems, and sprinklers.</i></p>	<p>The AIT will be able to evaluate the facility's environment for violations and safe working equipment.</p>	<p>Review policies and procedures; determine how these are developed and updated. Determine how policies and procedures are monitored and evaluated. Make rounds; participate/conduct and evaluate drills. Learn the facility's system for repair orders. Study the preventive maintenance system. Accompany a staff member on a preventive maintenance assignment. Audit preventative maintenance logs per regulations and company policy - track and trend related variables such as time of day, season, staff members, etc. Audit resident rooms to evaluate such items as electrical safety, call lights operating properly, water temperatures, beds properly functioning, etc. Review emergency generator and life safety code requirements. Audit and analyze previous year's maintenance logs with Maintenance Supervisor. Develop a "rounds" sheet with Administrator and Maintenance Supervisor that is environmental and safety centered; initiate implementation.</p>

<p>40.03</p>	<p>Ensure the planning, development, implementation, monitoring, and evaluation of infection control and sanitation. <i>This task requires the Administrator to have policies and procedures in place to effectively assure that infection control and sanitation are properly planned, implemented, and validated. This would include, but not be limited to, training of personnel, assuring proper supplies and resources are available and effective communication through the facility/operation/agency of reporting violations and areas of concern.</i></p>	<p>The AIT will explain infection control and sanitation</p>	<p>Review policies and procedures. Make rounds.</p>
<p>40.04</p>	<p>Ensure the planning, development, implementation, monitoring, and evaluation of emergency and disaster preparedness program, including linkage to outside emergency agencies. <i>This task requires the Administrator to have specific policies and procedures in place to assure that an effective disaster preparedness program is in place. It is extremely important that the plan includes regular training of staff related to fire drills, emergency shut off valves, fire evacuation routes, where to find flashlights, extension cords, emergency phone, etc. In addition, the plan needs to include all safety and emergency equipment. Also included in this task is supervising agreements made with outside vendors for equipment testing and maintenance, transportation in the event of an emergency, and transfer agreements with resources that can help provide care and service to relocate residents when necessary. In the event of relocation, provisions for moving resident charts, medications, blankets, and food, etc. need to be planned and implemented.</i></p>	<p>The AIT will describe the critical importance of disaster preparedness and associated drills/exercises.</p>	<p>Conduct and analyze exercises/drills. Review the various disaster plans (e.g. tornado, hurricane) and test various aspects of them randomly. Study the fire and evacuation plans and participate in a fire drill if possible. Review the facility's emergency management plan. Help update the plan/validate agreements if needed.</p>
<p>40.05</p>	<p>Ensure the planning, development, implementation, monitoring, and evaluation of environmental services, housekeeping and laundry. <i>This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all environmental, housekeeping, and laundry service departments meet or exceed all local, state and federal requirements. This task includes infection control, proper temperatures, temperature logs, proper use of chemicals and products used per Safety Data Sheets (SDS), preventative maintenance, and systems to validate compliance.</i></p>	<p>The AIT will describe the roles of housekeeping, laundry personnel and maintenance personnel</p>	<p>Review policies and procedures. Take random temperatures (water and air); create a temperature log. Determine which systems need preventative maintenance and schedule the maintenance. Participate in mock survey or partial mock survey. Review job descriptions for housekeeping and laundry. Review the staffing patterns and determine how staff is scheduled. Review how resident laundry is managed. Determine resident satisfaction with the laundry services.</p>
<p>40.06</p>	<p>Ensure the planning, development, implementation, monitoring, and evaluation of maintenance service for property, plant and all equipment, including preventative maintenance. <i>This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all maintenance services meet or exceed all local, state, and federal requirements. This task includes infection control, proper temperature and temperature logs, proper use of chemicals and products used per SDS, preventable maintenance, and systems to validate compliance.</i></p>	<p>The AIT will describe all federal, state and local requirements for the plant and equipment.</p>	<p>Review federal, state and local requirements, policies and procedures. Audit log out/tag out procedures for compliance.</p>

40.07	<p>Ensure the planning, development, implementation, monitoring, and evaluation of appropriate HIPAA compliant technology infrastructure. <i>This task requires the Administrator to ensure that HIPAA compliance is assured by developing technology infrastructures, technology safeguards (i.e., backup systems, external data storage areas, preventative maintenance for computer hardware and software) and ongoing validation surveys.</i></p>	<p>The AIT will describe the HIPAA compliance requirements and necessary safeguards.</p>	<p>Review HIPAA requirements; review technology safeguards in place; study other options available.</p>
40.08	<p>Establish, maintain, and monitor physical environment that provides clean, safe, and secure home-like surroundings for care recipients, staff, and visitors. <i>This task requires the Administrator to ensure policies and procedures are in place to create a clean, home-like environment that supports the well-being and safety of all recipients. This task includes creating a resident centered culture that promotes choice, comfort, and cleanliness.</i></p>	<p>The AIT will be able to identify expectations to create a home-like environment.</p>	<p>Review policies and procedures; conduct rounds to find issues. Interview residents to discover their desires and needs. Review the facility's safety program and procedures. Attend a safety committee meeting.</p>
40.09	<p>Identify opportunities to enhance the physical environment to meet changing market demands. <i>This task requires the Administrator to regularly maintain the physical environment of the facility/organization and to evaluate and monitor changing trends within the market community to keep the facility/organization current. This task includes creating a chart/schedule for the normal life of equipment and furnishings, using qualified professionals to assess the interior/exterior design of facility/organization, and developing annual and capital budgets to prepare for predicted capital spending.</i></p>	<p>The AIT will evaluate the importance of the many aspects of the environment.</p>	<p>Survey age of furnishings and project life expectancy of these items. Create projected major replacement schedule for furniture items. Study innovations in the industry. Conduct rounds and inspect furniture.</p>
40.10	<p>Establish, maintain, and monitor an environment that promotes choice, comfort, and dignity for care recipients. <i>This task requires the Administrator to ensure policies and procedures are in place to create an environment that ensures color, accessibility, design, temperature, and square footage are appropriately appointed based on the residents who reside in the care setting. Resident rooms should allow residents the ability to decorate it based on their preferences and creativity as long as the room meets federal and state safety requirements.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • state methods to discover the needs and desires of care recipients. • analyze the importance of listening to the care recipients. 	<p>Interview care recipients to discover their desires and needs. Interview family members.</p>
40.11	<p>Assess care recipients' environment for safety, security, and accessibility and make recommendation for referral or modification. <i>This task requires the Administrator to ensure that each recipient's personal environment and accessibility is individually evaluated and accommodations are made to provide the most independent, comfortable, and safe environment possible.</i></p>	<p>The AIT will be able to describe safety, security and accessibility requirements of care recipients.</p>	<p>Make rounds and survey/inspect rooms. Participate in a mock survey. Study OSHA regulations that pertain to the facility. Attend a safety meeting. Examine the extent to which resident rights are assured by the facility's environmental policies and practices.</p>
50.01	<p>Ensure compliance with applicable federal and state laws, rules, and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i></p>	<p>The AIT will interpret the applicable laws, rules and regulations.</p>	<p>Study applicable rules, laws and regulations. Determine the KEY federal, state and local rules and regulations governing the facility; examine the procedures and practices for maintaining compliance with these factors.</p>

50.02	<p>Promote ethical practice throughout the organization. <i>This task requires the Administrator to create policies and procedures to ensure that a system is in place to direct the facility/organization related to ethical topics/situations that arise. This task would include developing an ethics committee or the creation of an ad hoc ethics committee when necessary.</i></p>	The AIT will be able to define ethics and describe how it relates to the facility/ organization.	Present an in-service related to ethics. Make an orientation briefing related to ethics. Attend an ethics committee meeting. Review existing ethics policies and procedures. Determine what outcomes are routinely measured by the facility (e.g., turnover rates, financial gains.). Determine how variances are addressed and followed up on.
50.03	<p>Develop, implement, monitor, and evaluate policies and procedures that comply with directives of governing body. <i>This task requires the Administrator to know and understand the governing body and all directives, policies, and procedures. This task also requires the administrator to recommend changes or additions to policies and procedures and make recommendations to the governing board to change/add policies and procedures when necessary.</i></p>	The AIT will explain the role of the governing body.	Review policies and procedures influenced by governing body. Attend a governing body meeting. Determine the type of ownership of the facility (e.g., for profit, not for profit, governmental, etc.).
50.04	<p>Develop, communicate, and champion the service provider's mission, vision, and values to stakeholders. <i>This task requires the Administrator to develop a process to train stakeholders to communicate the mission, vision, and values of the organization. This includes creating positive and effective ways to not only share the mission, vision, and values of the organization but to create an atmosphere of confidence and execution of the mission, vision and values.</i></p>	The AIT will identify the mission, vision and values of stakeholders	Identify stakeholders. Discuss the mission, vision and/or values at an orientation and/ or in-service. Review mission, vision and values. Write an example mission/vision statement and define values.
50.05	<p>Develop, implement, and evaluate the strategic plan with governing body's endorsement. <i>This task requires the Administrator to develop a strategic plan that reflects the facility/organizational values, mission, and policies that will direct the facility/ organization to conduct effective business practices with the endorsement of the governing body. The strategic plan must state how the plan will be implemented, validated, and evaluated in a timely manner.</i></p>	The AIT will be able to recognize the importance of the strategic planning process.	Participate in a strategic planning process. Determine how the facility educates the governing body on compliance and regulatory requirements. Develop a briefing on new regulations or rule change for the preceptor to share with the governing body. Review the facility's strategic planning process. Evaluate the facility's governing ideas (vision, mission, values) for clarity and effectiveness.
50.06	<p>Promote and monitor satisfaction of the care recipient's and their support networks. <i>This task requires the Administrator to develop a system to monitor resident satisfaction. This can be done by the Administrator being visible through onsite visits with residents and family. This can also be done through satisfaction surveys and mock inspections. The successful Administrator will generally perform a combination of onsite visits, surveys, and daily interaction with staff in the form of a stand up meeting.</i></p>	The AIT will identify methods to monitor resident satisfaction.	Conduct rounds. Conduct interviews with residents and/or staff. Conduct and/or participate in mock surveys. Participate in stand up meeting(s). Participate in care plan meetings with family members, etc. Review results of past resident/family satisfaction surveys. Assist preceptor in developing, administering and analyzing a new survey. Review Policy and Procedure manuals to determine if appropriate and current per regulations and organization policy - make recommendations as necessary.

<p>50.07</p>	<p>Identify, foster, and maintain positive relationships with key stakeholders. <i>This task requires the Administrator to determine who key stakeholders are and develop a working relationship/understanding with each of them. This task includes creating an atmosphere of trust and understanding. This should be tempered with providing necessary information to work jointly on projects and systems that benefit the organization. At no time should the impression be given that any key stakeholder is asked to assist in leading the facility/organization.</i></p>	<p>The AIT will identify key stakeholders and describe methods/techniques for developing a working relationship with each of them.</p>	<p>Discuss various key stakeholders and their needs/competing needs; discuss the relationship issues with each.</p>
<p>50.08</p>	<p>Educate stakeholders on services provided, regulatory requirements, and standards of care. <i>This task requires the Administrator to develop a strategy to provide instruction and resources to help the stakeholder to understand facility, state, and federal requirements. It is also important for stakeholders to understand facility protocols (e.g. standards and services) that are provided to meet residents needs and create a home like environment to ensure resident safety and choice are paramount.</i></p>	<p>The AIT will identify the educational needs of each of the stakeholders.</p>	<p>Participate in an educational opportunity for a stakeholder.</p>
<p>50.09</p>	<p>Solicit information from appropriate stakeholders for use in decision making. <i>This task requires the Administrator to set up protocols/standards of practice to use all available input from trusted resources to make effective/fair/timely decisions. While the Administrator is accountable for the decisions he/she will make, it is important for the Administrator to know that sometimes a good decision is better than the best decision when time or the lives of others is a factor.</i></p>	<p>The AIT will examine the importance of timely decision making.</p>	<p>Discuss decision making; participate in decision-making. Determine how the facility ensures that resources are available as needed. Review resource budgeting process.</p>
<p>50.10</p>	<p>Manage the service provider's role throughout any survey/inspection process. <i>This task requires the Administrator to develop a protocol/practice to use for any unannounced survey/inspection. The protocol should include reporting the surveyors/inspectors presence to all key management teams. In addition, the protocol/practice should include providing needed information to surveyor/inspector, keeping copies of any documents the surveyor/inspector reviews (as known), cooperating with the inspection, being visible, support staff through survey/inspection, respond quickly to surveyor/inspector requests, and fire marshal inspections. The Administrator should strive to be ready for a survey any day of the year by training his/her staff to do all that is right year round.</i></p>	<p>The AIT will know how to prepare/stay prepared for a survey and how to interact with surveyors during a survey.</p>	<p>Participate in a survey/mock survey. Review survey protocol policies/procedures. Conduct an in-service regarding survey/inspection. Review/update survey preparation materials. Determine the process for providing administrative oversight for the survey process. Review the last 2-3 licensing or certification surveys. Study how the facility addressed any issues noted in the surveys.</p>
<p>50.11</p>	<p>Develop and implement an intervention(s) or risk management program(s) to minimize or eliminate exposure. <i>This task requires the Administrator to develop a risk management program to prevent problems before they occur. The program should start with the identification of key risk areas and a system/protocol to prevent them. This includes specific protocols to educate staff on reporting incidents/events/situations that occur timely, whom to report to, and what steps to take to reduce liability. This program requires effective communication from the Administrator and her/his designees.</i></p>	<p>The AIT will be able to...</p> <ul style="list-style-type: none"> • define risk management. • demonstrate effective communication skills. 	<p>Review/update existing risk management policies/procedures. Review insurance policies. Conduct relevant in-service briefings. Review the facility's training plan for disseminating compliance and regulatory information to key parties. Participate in a training session.</p>

<p>50.12</p>	<p>Identify and respond to areas of potential legal liability. <i>This task requires the Administrator to create a plan that identifies, responds to, and prevents any current or potential legal liability. This includes communicating with staff, residents, and responsible parties when issues arise and proactively responding to concerns before they become a liability. In addition, Administrators should have systems in place to ensure that best practices are done and documentation occurs for any change of condition or abnormal action/event/activity. The plan should also delineate when legal representation is necessary and clarify the process to retain an attorney.</i></p>	<p>The AIT will be able to:</p> <ul style="list-style-type: none"> • identify legal liability issues. • demonstrate effective communication skills. 	<p>Discuss legal liability issues. Conduct in-service regarding relevant issue(s). Develop a system to analyze current practices and improve on them. Discuss an issue with the preceptor and identify areas of potential legal liability with the facility. Observe how the preceptor manages various areas of risk.</p>
<p>50.13</p>	<p>Implement, monitor, and evaluate information management and technology systems to support service providers operations. <i>This task requires the Administrator to meet all federal/state/community requirements for information management of health records, financial information, and HIPAA. Safeguards to employee, patient, resident, and client information must be in writing and show evidence of training/competency of all employees. In addition, the Administrator must ensure there is a process in place to protect access to information, secure and track passwords, and back up and protect all data in the community servers. Attention must also be given to ensure all technology is designed/set up to save employee time and allow more time for patient/resident/client care.</i></p>	<p>The AIT will be able to:</p> <ul style="list-style-type: none"> • identify information management requirements and note any restrictions. • evaluate methods to protect information appropriately. 	<p>Review information management processes; analyze strengths/weaknesses of current processes; recommend improvements, if necessary. Study the facility's information management system; suggest improvements to the system from a user's perspective.</p>
<p>50.14</p>	<p>Develop, implement, and monitor comprehensive sales, marketing, and public relations strategies. <i>This task requires the Administrator to develop an effective marketing strategy designed to help the consumer, resident or responsible party, and staff to know the features, benefits, and amenities of the community/organization. The community/organization should have clear policies, standards, and protocols build consumer confidence. The Administrator should also have clear policies/procedures on how to communicate emergent/disaster solutions within and outside the community. The Administrator must also ensure that a marketing plan reflects and communicates what the community does/stands for/has achieved in writing/action/advertisement/brochure/word of mouth.</i></p>	<p>The AIT will be able to:</p> <ul style="list-style-type: none"> • identify numerous stakeholders. • develop an effective marketing strategy. • demonstrate familiarity with policies/procedures relating to disaster scenarios. 	<p>Review policies, procedures, brochures. Draft needed changes to update policies, procedures, brochures. Meet with stakeholders. Draft a "mock" press release following a disaster exercise. Study the facility's marketing plan. Evaluate the effectiveness of various aspects of the plan in marketing the facility to the public. Determine facility practices in media relations. Review the facility's public relations and marketing budget. Explore the types and degree of interaction between the facility and various community resources. Attend a community meeting with your preceptor. Make a list of local, state and federal political representatives for the facility. With approval from your preceptor, compose a letter to a local or state representative regarding some aspect of legislation or regulation affecting the facility.</p>

<p>50.15</p>	<p>Ensure that written agreements between the care recipient and the service providers protect the rights and responsibilities of both parties. <i>This task requires the Administrator to assure that all written agreements reflect the services provided to the resident and meets Federal and State guidelines. This may include having legal representatives review the written agreements on a regular basis to ensure they meet the most current regulations at the time and protect the facility/community/resident. In relation to a resident agreement/service plan/admission/financial agreement, the service provider/vendor agreements should be carefully reviewed by the Administrator, designated financial person and, when necessary, an attorney.</i></p>	<p>The AIT will model appropriate conversations about resident rights and applicable guidelines and agreements</p>	<p>Review and update written agreements. Review federal and state guidelines. Review provider/vendor agreements.</p>
<p>50.16</p>	<p>Develop, implement, and evaluate the organization's quality assurance and performance improvement programs. <i>This task requires the Administrator to develop an effective QAPI (Quality Assurance and Performance Improvement) program. This includes following CMS guidelines related to QAPI and to establishing specific procedures, policies, and systems to perform an effective QAPI program. This also includes ensuring the program is designed to meet the ever changing needs of the facility/organization.</i></p>	<p>The AIT will be able to:</p> <ul style="list-style-type: none"> • summarize QAPI concepts. • establish procedures, policies, and systems to perform an effective QAPI program. 	<p>Participate in quality assurance meetings. Design a program to meet a current need of the facility; implement with the aid of the preceptor/staff.</p>
<p>50.17</p>	<p>Lead organizational change initiatives. <i>This task requires the Administrator to demonstrate leadership by carefully assessing the facility needs, strategically developing effective methods to meet these needs, and then communicating the need for change(s) to the individuals affected. All changes should include providing clear and concise purpose related to the change and then to effectively train, validate, and celebrate those who participate in the change.</i></p>	<p>The AIT will demonstrate leadership abilities.</p>	<p>Develop and assist with annual strategic planning meeting. Identify a program that needs to be advanced and lead the initiative to make those changes. By leading this change initiative the AIT will demonstrate their ability to:</p> <ul style="list-style-type: none"> • manage a program. • lead individuals to make the change(s) that are necessary • secure buy-in to make the changes. etc.).
<p>50.18</p>	<p>Facilitate effective internal and external communication strategies. <i>This task requires the Administrator to develop methods of effective communication, internally and externally. The Administrator must establish a hierarchy of individuals who communicate with each other via an organizational chart. The chart should be available for residents/families/staff so that it is clear who is responsible and who has the authority to provide information. This includes creating clear and concise messages so that all staff are aware of how and what is to be communicated and when the need for assistance in communication is necessary. No employee should ever feel that the total weight of providing information rests on them. Training and strategies should include not only verbal and written communication but also electronic media such as Facebook, blogs, and Twitter.</i></p>	<p>The AIT will identify the "chain of command" and explain how to use it.</p>	<p>Review the organizational chart. Participate in resolving issues. Participate in various internal media. Discuss key management and leadership skills necessary for effectiveness. Evaluate the leadership and management styles of key management staff. Review current internal and external contracts/agreements for accuracy, efficiency and timeliness - make recommendations as necessary.</p>
<p>50.19</p>	<p>Promote professional development of all team members. <i>This task requires the Administrator to purposefully assess team members' training and experience and to facilitate an environment that allows employees opportunities to grow professionally. This would include internal and external opportunities for employees who are motivated to develop themselves professionally.</i></p>	<p>The AIT will describe the importance of professional development</p>	<p>Participate in counseling. Assist the administrator to write a performance evaluation. Identify several possible professional development activities and ask the preceptor to sponsor you for one or more events (e.g., local seminars, meetings, professional groups, etc.).</p>

The following skills apply to all Domains of Practice:

Creating and communicating a vision
Communicating effectively
Cultivating effective relationships
Inspiring and motivating
Demonstrating empathy
Group facilitation, consensus building, and team building
Delegating, leading, and empowering
Coaching, teaching, counseling, and resolving disputes
Problem solving
Analyzing and interpreting information/data
Informed decision making/critical thinking
Recognizing and ensuring care recipients' holistic needs are being met
Assessing and recognizing safety concerns and needs
Allocating and optimizing resources and programs
Writing and evaluating policies and procedures
Developing and evaluating systems
Protecting and promoting financial viability
Managing regulatory and accreditation surveys, inspections, and audits
Prioritizing and managing time
Utilizing technology
Utilizing social media

SELF ASSESSMENT INSTRUMENT FOR ADMINISTRATORS-IN-TRAINING



This tool is an instrument to use to help the Preceptor design a plan of study for the AIT. It will require the AIT to complete the self-assessment first and will assist the Preceptor to determine the areas in which the AIT would like to concentrate on and compare this to the NAB suggested times. The Preceptor can adjust the times as they see fit in any area.

Step 1. Have the AIT take the Self-Assessment on [page 57](#). For each sub-domain, there are tasks that an administrator performs. The AIT needs to rate themselves based on the sub-domain presented. To complete the rating response, select the box and click on the arrow in the lower right hand corner. This data feeds directly into the rest of the worksheet. It should be saved (when they start) with a new name that the preceptor will recognize as the AIT's self assessment.

Step 2. Review the AIT's assessment and see how it translated into the Modules (departments). Please visit [page 82](#) to weigh their assessment against the typical number of hours in each domain, the NAB percentages in each domain and their self-assessed weaknesses/strengths. This will create worksheets for the Preceptor to design that will suit the AIT in the various modules. Those percentages are the weighted areas of the NAB Exam.

Step 3. The Preceptor should consult with their department heads to design activities for the AIT to do in each of these areas. The Preceptor will need to either print and allow the AIT to handwrite their plan of study or collaborate to complete the plan electronically. By completing an electronic plan, it can be used with future AITs.

10.08	Ensure the planning, development, implementation/execution, monitoring, and evaluation of medication management that supports the needs of the care recipient. <i>This task requires the Administrator to ensure that doctor's orders are strictly followed and that policies and procedures are in place to assure compliance.</i>		
10.09	Ensure the planning, development, implementation/execution, monitoring and evaluation of a rehabilitation program to maximize optimal level of functioning and independence for care recipients. <i>This task requires the Administrator to provide individualized rehabilitative services to recipients that will help them meet their baseline and allow residents to be as independent as possible.</i>		
10.10	Ensure the planning, development, implementation/execution, monitoring and evaluation of systems for coordination and oversight of contracted services. <i>This task requires the Administrator to ensure that services are available to meet the needs of each recipient from qualified vendors that meet city, state and federal requirements.</i>		
10.11	Ensure the planning, development, implementation/execution, monitoring and evaluation of policies and procedures for responses to care recipient incidents, accidents, and or emergencies. <i>This task requires the Administrator to ensure that policies and procedures are written and followed to prevent incidents and accidents and to prepare staff to act appropriately when incidents, accidents, and emergencies occur.</i>		
10.12	Ensure the planning, development, implementation/execution, monitoring and evaluation of housekeeping and laundry services for care recipients. <i>This task requires the administrator to ensure a clean, safe, and sanitary environment.</i>		
10.13	Ensure the planning, development, implementation/execution, monitoring and evaluation of education intended for care recipients and their support networks. <i>This task requires the Administrator to ensure that the care recipient and/or their responsible party is informed of their care, condition, and treatment as much as practical.</i>		
10.14	Ensure the planning, development, implementation/execution, monitoring and evaluation of nutritional needs and preferences of care recipients. <i>This task requires the Administrator to ensure that the care recipient's nutritional needs are met in accordance with their individualized needs and preferences while simultaneously meeting all physician-prescribed orders.</i>		
10.15	Ensure the planning, development, implementation/execution, monitoring and evaluation of dining experience that meets the needs and preferences of care recipients. <i>This task requires the Administrator to ensure that dining services are resident centered and meet the nutritional needs paralleled with the recipient preferences.</i>		
10.16	Ensure care recipients rights and individuality with all aspects of care. <i>This task requires the Administrator to ensure all staff are trained and follow state and federal guidelines related to resident rights. Attention must be made to issues related to abuse, neglect, misappropriation of resident property and mistreatment of residents.</i>		
10.17	Integrate support network's perspectives to maximize care recipients quality of life and care. <i>This task requires the Administrator to ensure that measures are taken to review Quality Improvement Measures, and to strategize how each team member influences quality measures and how they each help to improve quality based on recipient, responsible party, and team members' input. Attention must be made to issues related to meeting the care recipient's individualized needs.</i>		
10.18	Ensure transportation options are available for care recipients. <i>This task requires the Administrator to ensure adequate transportation to care recipients. The facility should identify transportation that is available and the costs (if any) for the services and inform recipients and their responsible parties of availability and cost. The facility/entity must be available to help coordinate transportation services based on the recipients preference and available funding.</i>		
10.19	Ensure the provision of a customer service culture that leads to a quality experience for care recipients. <i>This task requires the Administrator to promote a resident centered experience that serves each recipient according to their choices and preferences as much as practical.</i>		
		Domain Total	or

Domain 20: Human Resources

Subdomain	Task Item	Self Perception	
20.01	<p>Ensure that human resources management policies and programs comply with federal and state rules and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i></p>		
20.02	<p>Establish the planning, development, implementation, monitoring, and evaluation of recruitment, selection, and retention practices. <i>This task requires the Administrator to ensure the facility has systems in place that will provide for a consistent, fair, and predictable method of job development, job hiring, job training, employee evaluation, and continuing education. These systems should follow the standards of the Fair Labor Standards Act (FLSA).</i></p>		
20.03	<p>Establish the planning, development, implementation, monitoring, and evaluation of employee training and development programs. <i>This task requires the Administrator to have policies and procedures in place to train managers/leaders to follow and design basic and continuing education programs aimed at evaluating individual employee performance and training programs that can meet the basic, continuing, or potential education needs of the employee.</i></p>		
20.04	<p>Establish the planning, development, implementation, monitoring, and evaluation of employee evaluation programs. <i>This task requires the Administrator to ensure that policies and procedures are in place that clearly provide instruction to managers/leaders to regularly monitor employee performance and to timely inform employees of when their performance or adherence to procedures does not meet standards. This should include timely formal evaluation of the employee to communicate areas of poor performance and areas that employee meets and exceed facility standards.</i></p>		
20.05	<p>Establish the planning, development, implementation, monitoring, and evaluation of compensation and benefit programs. <i>This task requires the Administrator to ensure that policies and procedures are in place for employee compensation and benefit programs. This includes a formal method of informing employees of their employee benefits and compensation.</i></p>		
20.06	<p>Establish the planning, development, implementation, monitoring, and evaluation of employee health and safety programs. <i>This task requires the Administrator to ensure that policies and procedures are in place to prevent employee injury and encourage employee wellness. This includes an effective workers compensation or group retro program and providing a health/wellness program that gives employees the opportunity to attain health, dental, vision, accident, pharmacy, and life insurance programs.</i></p>		
20.07	<p>Establish the planning, development, implementation, monitoring, and evaluation of employee satisfaction and organizational culture. <i>This task requires the Administrator to ensure policies and procedures are in place to measure employee satisfaction and that results are taken seriously and considered. This task also requires the Administrator to develop an organization chart/structure that will clearly communicate the organization structure to employees.</i></p>		
20.08	<p>Establish the planning, development, implementation, monitoring, and evaluation of employee disciplinary policies and procedures. <i>This task requires the Administrator to have policies and procedures in place that will set standards to objectively measure employee performance. When employee performance or behavior does not meet standards, employees are made aware of an allegation, and given an opportunity to give an explanation of their performance or behavior (give their side of the story), offer witnesses or evidence that will support their statement, and/or provide a written statement. Procedures should state that the employees will be made aware if an investigation will be done, if the employee will be suspended pending investigation, and that no discipline will be applied until a thorough investigation is completed.</i></p>		

20.09	<p>Establish the planning, development, implementation, monitoring, and evaluation of employee grievance policies and procedures. <i>This task requires the Administrator to have policies and procedures in place to clearly communicate with the employee a formal program/grievance procedure in which the employee, without fear of retaliation, can communicate areas of frustration, abuse, mistreatment, or concerns with the understanding that a formal response will follow.</i></p>		
20.10	<p>Establish the planning, development, implementation, monitoring, and evaluation of leadership development programs. <i>This task requires the Administrator to develop leadership development programs not only for manager/leaders but also for all employees. This may be in the form of a formalized program designed by a corporation, outside vendor, or the Administrator.</i></p>		
20.11	<p>Promote a safe work environment (such as safety training and employee risk management). <i>This task requires the Administrator to ensure effective policies and procedures are in place to create an awareness of safety throughout the workplace that include reporting accidents, safety monitoring, fire drills, water, gas and electric shut off valves, and that emergency generators are regularly tested.</i></p>		
20.12	<p>Promote a positive work environment (using techniques such as conflict resolution, diversity training, and staff recognition programs). <i>This task requires the Administrator to ensure that policies and procedures are in place to assure that the employees are provided a workplace that allows them to communicate concerns and grievances in a safe environment. This also includes training programs in diversity, conflict resolution, continuing education, and staff recognition programs.</i></p>		
20.13	<p>Facilitate effective written, oral, and electronic communication among management and employees. <i>This task requires the Administrator to ensure policies and procedures are in place to direct managers and employees on how to formally and informally communicate with each other. These procedures should include requirements to managers on effective leadership ensuring employees are aware and trained in their respective job duties and tasks. Supervisors should also be held accountable for validating performance and communicating with employees their progress.</i></p>		
20.14	<p>Ensure employee records and documentation systems are developed and maintained. <i>This task requires the Administrator to ensure employee records and correspondence are protected and secure to other employees, residents and unauthorized individuals.</i></p>		
20.15	<p>Establish a culture that encourages employees to embrace care recipients rights. <i>This task requires the Administrator to create a culture that ensures that all resident rights are followed and to develop policies and procedures on reporting violations of resident rights.</i></p>		
	Domain Total	<i>or</i>	

Domain 30: Finance

Subdomain	Task Item	Self Perception	
30.01	Ensure that financial management policies, procedures, and practices comply with applicable federal and state regulations. <i>This task requires the Administrator to create policies and procedures that follow federal and states laws, rules and regulations.</i>		
30.02	Develop, implement, and evaluate the service provider's budget. <i>This task requires the Administrator to have knowledge of the budget process and have systems in place to accurately set budgets based on income, expense, capital improvements, and required tasks of the organization.</i>		
30.03	Oversee the billing and collections process and monitor the accuracy of charges and timely collection of accounts. <i>This task requires the Administrator to have procedures in place to timely and accurately bill for resident care and services to appropriate parties, insurances, or state and federal agencies as appropriate. Systems should be in place to make sure each recipient knows and understands their bill so that timely payments can be made to the facility.</i>		
30.04	Negotiate, interpret, and implement contractual agreements to optimize financial viability. <i>This task requires the Administrator to ensure the facility/organization has written agreements and contracts that include duration of contract, liability insurance required and assured for each party, language that includes duties of each party and what steps are required to notify each party of any breach of service, and details of how to dissolve an agreement for poor service or choice to use another vendor/contractor.</i>		
30.05	Develop, implement, monitor, and evaluate financial policies and procedures that comply with Generally Accepted Accounting Principles (GAAP). <i>This task requires the Administrator to ensure policies and procedures are in place to direct staff on the steps to accurately perform their duties. Direction must be given to employees in the areas of payroll, accounts receivable, billing, accurate record keeping, internal controls, trust accounts, HIPAA, etc.</i>		
30.06	Monitor and evaluate the integrity of financial reporting systems and audit programs. <i>This task requires the Administrator to ensure that controls are in place to validate systems, audit, and verify information, and ensure proper supervision to protect theft. An example way to monitor theft would be to never allow the person who prepares a deposit make the deposit. There should be checks and balances in place to allow for the person making the deposit to check the prepared paperwork by a different individual to ensure no errors were made. Another example would be to have a place where the Administrator or designee can access all passwords in case of emergency or to validate access when a person may be unavailable.</i>		
30.07	Establish safeguards for the protection of the service provider's assets (such as insurance coverage, risk management). <i>This task requires the Administrator to have knowledge and provide leadership in risk management, internal controls, workers compensation, and to prevent unnecessary insurance/legal claims.</i>		
30.08	Develop, implement, monitor, and evaluate systems to improve financial performance. <i>This task requires the Administrator to use critical based thinking to understand financial viability and to respond to the financial needs of the facility/organization.</i>		
30.09	Manage and adjust expenses with fluctuations in census/occupancy/care recipient levels (such as staffing ratios). <i>This task requires the Administrator to have systems in place that will effectively make adjustments in labor, supplies, and resources as needed to ensure continued financial performance.</i>		
30.10	Monitor and address changes in the industry that may affect financial viability. <i>This task requires the Administrator to stay knowledgeable of the changes of all financial resources to include, but not limited to: Medicare, Medicaid, insurance companies, and other payor sources. In addition, the Administrator must be knowledgeable of any city, state, and federal changes that may affect the financial performance of the facility/organization and make changes as needed.</i>		
		Domain Total	<i>or</i>

Domain 40: Environment

Subdomain	Task Item	Self Perception	
40.01	<p>Ensure that physical environment policies and practices comply with applicable federal, state and local laws and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal laws, rules and regulations.</i></p>		
40.02	<p>Ensure the planning, development, implementation, monitoring, and evaluation of a safe and secure environment. <i>This task requires the Administrator to have policies and procedures in place that ensure the physical plant, systems, equipment, and resources are properly used and appropriate for the facility/organization. It is required that the Administrator understands, promotes, directs, and requires supervision to maintain all equipment and resources and continually validate the physical plant to include (but not limited to) the facility, grounds, equipment, tools, emergency systems, fire systems, and sprinklers.</i></p>		
40.03	<p>Ensure the planning, development, implementation, monitoring, and evaluation of infection control and sanitation. <i>This task requires the Administrator to have policies and procedures in place to effectively assure that infection control and sanitation are properly planned, implemented, and validated. This would include, but not be limited to, training of personnel, assuring proper supplies and resources are available and effective communication through the facility/operation/agency of reporting violations and areas of concern.</i></p>		
40.04	<p>Ensure the planning, development, implementation, monitoring, and evaluation of emergency and disaster preparedness program, including linkage to outside emergency agencies. <i>This task requires the Administrator to have specific policies and procedures in place to assure that an effective disaster preparedness program is in place. It is extremely important that the plan includes regular training of staff related to fire drills, emergency shut off valves, fire evacuation routes, where to find flashlights, extension cords, emergency phone, etc. In addition, the plan needs to include all safety and emergency equipment. Also included in this task is supervising agreements made with outside vendors for equipment testing and maintenance, transportation in the event of an emergency, and transfer agreements with resources that can help provide care and service to relocate residents when necessary. In the event of relocation, provisions for moving resident charts, medications, blankets, and food, etc. need to be planned and implemented.</i></p>		
40.05	<p>Ensure the planning, development, implementation, monitoring, and evaluation of environmental services, housekeeping and laundry. <i>This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all environmental, housekeeping, and laundry service departments meet or exceed all local, state and federal requirements. This task includes infection control, proper temperatures, temperature logs, proper use of chemicals and products used per Safety Data Sheets (SDS), preventative maintenance, and systems to validate compliance.</i></p>		
40.06	<p>Ensure the planning, development, implementation, monitoring, and evaluation of maintenance service for property, plant and all equipment, including preventative maintenance. <i>This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all maintenance services meet or exceed all local, state, and federal requirements. This task includes infection control, proper temperature and temperature logs, proper use of chemicals and products used per SDS, preventable maintenance, and systems to validate compliance.</i></p>		
40.07	<p>Ensure the planning, development, implementation, monitoring, and evaluation of appropriate HIPAA compliant technology infrastructure. <i>This task requires the Administrator to ensure that HIPAA compliance is assured by developing technology infrastructures, technology safeguards (i.e., backup systems, external data storage areas, preventative maintenance for computer hardware and software) and ongoing validation surveys.</i></p>		

40.08	<p>Establish, maintain, and monitor physical environment that provides clean, safe, and secure home-like surroundings for care recipients, staff, and visitors. <i>This task requires the Administrator to ensure policies and procedures are in place to create a clean, home-like environment that supports the well-being and safety of all recipients. This task includes creating a resident centered culture that promotes choice, comfort, and cleanliness.</i></p>		
40.09	<p>Identify opportunities to enhance the physical environment to meet changing market demands. <i>This task requires the Administrator to regularly maintain the physical environment of the facility/organization and to evaluate and monitor changing trends within the market community to keep the facility/organization current. This task includes creating a chart/schedule for the normal life of equipment and furnishings, using qualified professionals to assess the interior/exterior design of facility/organization, and developing annual and capital budgets to prepare for predicted capital spending.</i></p>		
40.10	<p>Establish, maintain, and monitor an environment that promotes choice, comfort, and dignity for care recipients. <i>This task requires the Administrator to ensure policies and procedures are in place to create an environment that ensures color, accessibility, design, temperature, and square footage are appropriately appointed based on the residents who reside in the care setting. Resident rooms should allow residents the ability to decorate it based on their preferences and creativity as long as the room meets federal and state safety requirements.</i></p>		
40.11	<p>Assess care recipients' environment for safety, security, and accessibility and make recommendation for referral or modification. <i>This task requires the Administrator to ensure that each recipient's personal environment and accessibility is individually evaluated and accommodations are made to provide the most independent, comfortable, and safe environment possible.</i></p>		
	Domain Total	<i>or</i>	

Domain 50: Leadership and Management

Subdomain	Task Item	Self Perception	
50.01	Ensure compliance with applicable federal and state laws, rules, and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i>		
50.02	Promote ethical practice throughout the organization. <i>This task requires the Administrator to create policies and procedures to ensure that a system is in place to direct the facility/organization related to ethical topics/situations that arise. This task would include developing an ethics committee or the creation of an ad hoc ethics committee when necessary.</i>		
50.03	Develop, implement, monitor, and evaluate policies and procedures that comply with directives of governing body. <i>This task requires the Administrator to know and understand the governing body and all directives, policies, and procedures. This task also requires the administrator to recommend changes or additions to policies and procedures and make recommendations to the governing board to change/add policies and procedures when necessary.</i>		
50.04	Develop, communicate, and champion the service provider's mission, vision, and values to stakeholders. <i>This task requires the Administrator to develop a process to train stakeholders to communicate the mission, vision, and values of the organization. This includes creating positive and effective ways to not only share the mission, vision, and values of the organization but to create an atmosphere of confidence and execution of the mission, vision and values.</i>		
50.05	Develop, implement, and evaluate the strategic plan with governing body's endorsement. <i>This task requires the Administrator to develop a strategic plan that reflects the facility/organizational values, mission, and policies that will direct the facility/organization to conduct effective business practices with the endorsement of the governing body. The strategic plan must state how the plan will be implemented, validated, and evaluated in a timely manner.</i>		
50.06	Promote and monitor satisfaction of the care recipient's and their support networks. <i>This task requires the Administrator to develop a system to monitor resident satisfaction. This can be done by the Administrator being visible through onsite visits with residents and family. This can also be done through satisfaction surveys and mock inspections. The successful Administrator will generally perform a combination of onsite visits, surveys, and daily interaction with staff in the form of a stand up meeting.</i>		
50.07	Identify, foster, and maintain positive relationships with key stakeholders. <i>This task requires the Administrator to determine who key stakeholders are and develop a working relationship/ understanding with each of them. This task includes creating an atmosphere of trust and understanding. This should be tempered with providing necessary information to work jointly on projects and systems that benefit the organization. At no time should the impression be given that any key stakeholder is asked to assist in leading the facility/organization.</i>		
50.08	Educate stakeholders on services provided, regulatory requirements, and standards of care. <i>This task requires the Administrator to develop a strategy to provide instruction and resources to help the stakeholder to understand facility, state, and federal requirements. It is also important for stakeholders to understand facility protocols (e.g. standards and services) that are provided to meet residents needs and create a home like environment to ensure resident safety and choice are paramount.</i>		
50.09	Solicit information from appropriate stakeholders for use in decision making. <i>This task requires the Administrator to set up protocols/standards of practice to use all available input from trusted resources to make effective/fair/timely decisions. While the Administrator is accountable for the decisions he/she will make, it is important for the Administrator to know that sometimes a good decision is better than the best decision when time or the lives of others is a factor.</i>		

50.10	<p>Manage the service provider's role throughout any survey/ inspection process. <i>This task requires the Administrator to develop a protocol/practice to use for any unannounced survey/inspection. The protocol should include reporting the surveyors/inspectors presence to all key management teams. In addition, the protocol/practice should include providing needed information to surveyor/inspector, keeping copies of any documents the surveyor/inspector reviews (as known), cooperating with the inspection, being visible, support staff through survey/inspection, respond quickly to surveyor/inspector requests, and fire marshal inspections. The Administrator should strive to be ready for a survey any day of the year by training his/her staff to do all that is right year round.</i></p>		
50.11	<p>Develop and implement an intervention(s) or risk management program(s) to minimize or eliminate exposure. <i>This task requires the Administrator to develop a risk management program to prevent problems before they occur. The program should start with the identification of key risk areas and a system/protocol to prevent them. This includes specific protocols to educate staff on reporting incidents/events/situations that occur timely, whom to report to, and what steps to take to reduce liability. This program requires effective communication from the Administrator and her/his designees.</i></p>		
50.12	<p>Identify and respond to areas of potential legal liability. <i>This task requires the Administrator to create a plan that identifies, responds to, and prevents any current or potential legal liability. This includes communicating with staff, residents, and responsible parties when issues arise and proactively responding to concerns before they become a liability. In addition, Administrators should have systems in place to ensure that best practices are done and documentation occurs for any change of condition or abnormal action/event/activity. The plan should also delineate when legal representation is necessary and clarify the process to retain an attorney.</i></p>		
50.13	<p>Implement, monitor, and evaluate information management and technology systems to support service providers operations. <i>This task requires the Administrator to meet all federal/state/ community requirements for information management of health records, financial information, and HIPAA. Safeguards to employee, patient, resident, and client information must be in writing and show evidence of training/competency of all employees. In addition, the Administrator must ensure there is a process in place to protect access to information, secure and track passwords, and back up and protect all data in the community servers. Attention must also be given to ensure all technology is designed/set up to save employee time and allow more time for patient/resident/client care.</i></p>		
50.14	<p>Develop, implement, and monitor comprehensive sales, marketing, and public relations strategies. <i>This task requires the Administrator to develop an effective marketing strategy designed to help the consumer, resident or responsible party, and staff to know the features, benefits, and amenities of the community/organization. The community/organization should have clear policies, standards, and protocols build consumer confidence. The Administrator should also have clear policies/procedures on how to communicate emergent disaster solutions within and outside the community. The Administrator must also ensure that a marketing plan reflects and communicates what the community does/stands for/has achieved in writing/action/advertisement/brochure/word of mouth.</i></p>		
50.15	<p>Ensure that written agreements between the care recipient and the service providers protect the rights and responsibilities of both parties. <i>This task requires the Administrator to assure that all written agreements reflect the services provided to the resident and meets Federal and State guidelines. This may include having legal representatives review the written agreements on a regular basis to ensure they meet the most current regulations at the time and protect the facility/community/resident. In relation to a resident agreement/ service plan/admission/financial agreement, the service provider/ vendor agreements should be carefully reviewed by the Administrator, designated financial person and, when necessary, an attorney.</i></p>		

50.16	<p>Develop, implement, and evaluate the organization's quality assurance and performance improvement programs. <i>This task requires the Administrator to develop an effective QAPI (Quality Assurance and Performance Improvement) program. This includes following CMS guidelines related to QAPI and to establishing specific procedures, policies, and systems to perform an effective QAPI program. This also includes ensuring the program is designed to meet the ever changing needs of the facility/organization.</i></p>		
50.17	<p>Lead organizational change initiatives. <i>This task requires the Administrator to demonstrate leadership by carefully assessing the facility needs, strategically developing effective methods to meet these needs, and then communicating the need for change(s) to the individuals affected. All changes should include providing clear and concise purpose related to the change and then to effectively train, validate, and celebrate those who participate in the change.</i></p>		
50.18	<p>Facilitate effective internal and external communication strategies. <i>This task requires the Administrator to develop methods of effective communication, internally and externally. The Administrator must establish a hierarchy of individuals who communicate with each other via an organizational chart. The chart should be available for residents/families/staff so that it is clear who is responsible and who has the authority to provide information. This includes creating clear and concise messages so that all staff are aware of how and what is to be communicated and when the need for assistance in communication is necessary. No employee should ever feel that the total weight of providing information rests on them. Training and strategies should include not only verbal and written communication but also electronic media such as Facebook, blogs, and Twitter.</i></p>		
50.19	<p>Promote professional development of all team members. <i>This task requires the Administrator to purposefully assess team members' training and experience and to facilitate an environment that allows employees opportunities to grow professionally. This would include internal and external opportunities for employees who are motivated to develop themselves professionally.</i></p>		
	Domain Total	<i>or</i>	

HOURS CONVERSION



Hours Conversion

The assessments will help the Preceptor adjust the hours for each module by individual task based on strengths and weaknesses in the various domains. A score of 0 or 1 may indicate that additional hours are needed within a specific area while a 4 may suggest that the recommended hours can be reduced.

Preceptor: You can adjust the applicable reference column hours to what you think is typical for each of these topics for instructing the AIT. Understand that the changes in hours have a ripple effect on other hours.

* NOTE: This is based on the 700 hour program and might need to be adjusted accordingly. For example, if it only takes an hour to show something (regardless of whether it's in a 560 or 1000 hour program), you would need to adjust and use that time elsewhere.

					PRECEPTORS: THIS IS YOUR COLUMN
		Self-Assessment	Typical Program Hours in many states	Variable	Default Variable hours are set to 700 hours - Preceptors may change these hours. This number goes forward into the Plan of Study... Please note: Edits may occur in the white number columns only.
ADMINISTRATION					Preceptor Assigned Hours
10.01	Establish care recipient service policies and procedures that follow federal and state laws, rules, and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i>				
10.11	Ensure the planning, development, implementation/ execution, monitoring and evaluation of policies and procedures for responses to care recipient incidents, accidents, and or emergencies. <i>This task requires the Administrator to ensure that policies and procedures are written and followed to prevent incidents and accidents and to prepare staff to act appropriately when incidents, accidents, and emergencies occur.</i>				
10.16	Ensure care recipients rights and individuality with all aspects of care. <i>This task requires the Administrator to ensure all staff are trained and follow state and federal guidelines related to resident rights. Attention must be made to issues related to abuse, neglect, misappropriation of resident property and mistreatment of residents.</i>				
10.17	Integrate support network's perspectives to maximize care recipients quality of life and care. <i>This task requires the Administrator to ensure that measures are taken to review Quality Improvement Measures, and to strategize how each team member influences quality measures and how they each help to improve quality based on recipient, responsible party, and team members' input. Attention must be made to issues related to meeting the care recipient's individualized needs.</i>				
10.19	Ensure the provision of a customer service culture that leads to a quality experience for care recipients. <i>This task requires the Administrator to promote a resident centered experience that serves each recipient according to their choices and preferences as much as practical.</i>				

20.08	<p>Establish the planning, development, implementation, monitoring, and evaluation of employee disciplinary policies and procedures. <i>This task requires the Administrator to have policies and procedures in place that will set standards to objectively measure employee performance. When employee performance or behavior does not meet standards, employees are made aware of an allegation, and given an opportunity to give an explanation of their performance or behavior (give their side of the story), offer witnesses or evidence that will support their statement, and/or provide a written statement. Procedures should state that the employees will be made aware if an investigation will be done, if the employee will be suspended pending investigation, and that no discipline will be applied until a thorough investigation is completed.</i></p>				
20.12	<p>Promote a positive work environment (using techniques such as conflict resolution, diversity training, and staff recognition programs). <i>This task requires the Administrator to ensure that policies and procedures are in place to assure that the employees are provided a workplace that allows them to communicate concerns and grievances in a safe environment. This also includes training programs in diversity, conflict resolution, continuing education, and staff recognition programs.</i></p>				
20.13	<p>Facilitate effective written, oral, and electronic communication among management and employees. <i>This task requires the Administrator to ensure policies and procedures are in place to direct managers and employees on how to formally and informally communicate with each other. These procedures should include requirements to managers on effective leadership ensuring employees are aware and trained in their respective job duties and tasks. Supervisors should also be held accountable for validating performance and communicating with employees their progress.</i></p>				
20.15	<p>Establish a culture that encourages employees to embrace care recipients rights. <i>This task requires the Administrator to create a culture that ensures that all resident rights are followed and to develop policies and procedures on reporting violations of resident rights.</i></p>				
30.06	<p>Monitor and evaluate the integrity of financial reporting systems and audit programs. <i>This task requires the Administrator to ensure that controls are in place to validate systems, audit, and verify information, and ensure proper supervision to protect theft. An example way to monitor theft would be to never allow the person who prepares a deposit make the deposit. There should be checks and balances in place to allow for the person making the deposit to check the prepared paperwork by a different individual to ensure no errors were made. Another example would be to have a place where the Administrator or designee can access all passwords in case of emergency or to validate access when a person may be unavailable.</i></p>				
30.08	<p>Develop, implement, monitor, and evaluate systems to improve financial performance. <i>This task requires the Administrator to use critical thinking to understand financial viability and to respond to the financial needs of the facility/organization.</i></p>				
30.09	<p>Manage and adjust expenses with fluctuations in census/occupancy/care recipient levels (such as staffing ratios). <i>This task requires the Administrator to have systems in place that will effectively make adjustments in labor, supplies, and resources as needed to ensure continued financial performance.</i></p>				

30.10	<p>Monitor and address changes in the industry that may affect financial viability. <i>This task requires the Administrator to stay knowledgeable of the changes of all financial resources to include, but not limited to; Medicare, Medicaid, insurance companies, and other payor sources. In addition, the Administrator must be knowledgeable of any city, state, and federal changes that may affect the financial performance of the facility/organization and make changes as needed.</i></p>				
40.01	<p>Ensure that physical environment policies and practices comply with applicable federal, state and local laws and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal laws, rules and regulations.</i></p>				
40.04	<p>Ensure the planning, development, implementation, monitoring, and evaluation of emergency and disaster preparedness program, including linkage to outside emergency agencies. <i>This task requires the Administrator to have specific policies and procedures in place to assure that an effective disaster preparedness program is in place. It is extremely important that the plan includes regular training of staff related to fire drills, emergency shut off valves, fire evacuation routes, where to find flashlights, extension cords, emergency phone, etc. In addition, the plan needs to include all safety and emergency equipment. Also included in this task is supervising agreements made with outside vendors for equipment testing and maintenance, transportation in the event of an emergency, and transfer agreements with resources that can help provide care and service to relocate residents when necessary. In the event of relocation, provisions for moving resident charts, medications, blankets, and food, etc. need to be planned and implemented.</i></p>				
40.09	<p>Identify opportunities to enhance the physical environment to meet changing market demands. <i>This task requires the Administrator to regularly maintain the physical environment of the facility/organization and to evaluate and monitor changing trends within the market community to keep the facility/organization current. This task includes creating a chart/schedule for the normal life of equipment and furnishings, using qualified professionals to assess the interior/exterior design of facility/organization, and developing annual and capital budgets to prepare for predicted capital spending.</i></p>				
40.10	<p>Establish, maintain, and monitor an environment that promotes choice, comfort, and dignity for care recipients. <i>This task requires the Administrator to ensure policies and procedures are in place to create an environment that ensures color, accessibility, design, temperature, and square footage are appropriately appointed based on the residents who reside in the care setting. Resident rooms should allow the ability to decorate it based on preferences and creativity as long as the room meets federal and state safety requirements.</i></p>				
50.01	<p>Ensure compliance with applicable federal and state laws, rules, and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i></p>				
50.02	<p>Promote ethical practice throughout the organization. <i>This task requires the Administrator to create policies and procedures to ensure that a system is in place to direct the facility/organization related to ethical topics/situations that arise. This task would include developing an ethics committee or the creation of an ad hoc ethics committee when necessary.</i></p>				

50.03	<p>Develop, implement, monitor, and evaluate policies and procedures that comply with directives of governing body. <i>This task requires the Administrator to know and understand the governing body and all directives, policies, and procedures. This task also requires the administrator to recommend changes or additions to policies and procedures and make recommendations to the governing board to change/add policies and procedures when necessary.</i></p>				
50.04	<p>Develop, communicate, and champion the service provider's mission, vision, and values to stakeholders. <i>This task requires the Administrator to develop a process to train stakeholders to communicate the mission, vision, and values of the organization. This includes creating positive and effective ways to not only share the mission, vision, and values of the organization but to create an atmosphere of confidence and execution of the mission, vision and values.</i></p>				
50.05	<p>Develop, implement, and evaluate the strategic plan with governing body's endorsement. <i>This task requires the Administrator to develop a strategic plan that reflects the facility/organizational values, mission, and policies that will direct the facility/organization to conduct effective business practices with the endorsement of the governing body. The strategic plan must state how the plan will be implemented, validated, and evaluated in a timely manner.</i></p>				
50.07	<p>Identify, foster, and maintain positive relationships with key stakeholders. <i>This task requires the Administrator to determine who key stakeholders are and develop a working relationship/understanding with each of them. This task includes creating an atmosphere of trust and understanding. This should be tempered with providing necessary information to work jointly on projects and systems that benefit the organization. At no time should the impression be given that any key stakeholder is asked to assist in leading the facility/organization.</i></p>				
50.09	<p>Solicit information from appropriate stakeholders for use in decision making. <i>This task requires the Administrator to set up protocols/standards of practice to use all available input from trusted resources to make effective/fair/timely decisions. While the Administrator is accountable for the decisions he/she will make, it is important for the Administrator to know that sometimes a good decision is better than the best decision when time or the lives of others is a factor.</i></p>				
50.10	<p>Manage the service provider's role throughout any survey/inspection process. <i>This task requires the Administrator to develop a protocol/practice to use for any unannounced survey/inspection. The protocol should include reporting the surveyors/inspectors presence to all key management teams. In addition, the protocol/practice should include providing needed information to surveyor/inspector, keeping copies of any documents the surveyor/inspector reviews (as known), cooperating with the inspection, being visible, support staff through survey/inspection, respond quickly to surveyor/inspector requests, and fire marshal inspections. The Administrator should strive to be ready for a survey any day of the year by training his/her staff to do all that is right year round.</i></p>				
50.11	<p>Develop and implement an intervention(s) or risk management program(s) to minimize or eliminate exposure. <i>This task requires the Administrator to develop a risk management program to prevent problems before they occur. The program should start with the identification of key risk areas and a system/protocol to prevent them. This includes specific protocols to educate staff on reporting incidents/events/situations that occur timely, whom to report to, and what steps to take to reduce liability. This program requires effective communication from the Administrator and her/his designees.</i></p>				

50.12	<p>Identify and respond to areas of potential legal liability. <i>This task requires the Administrator to create a plan that identifies, responds to, and prevents any current or potential legal liability. This includes communicating with staff, residents, and responsible parties when issues arise and proactively responding to concerns before they become a liability. In addition, Administrators should have systems in place to ensure that best practices are done and documentation occurs for any change of condition or abnormal action/event/activity. The plan should also delineate when legal representation is necessary and clarify the process to retain an attorney.</i></p>				
50.16	<p>Develop, implement, and evaluate the organization's quality assurance and performance improvement programs. <i>This task requires the Administrator to develop an effective QAPI (Quality Assurance and Performance Improvement) program. This includes following CMS guidelines related to QAPI and to establishing specific procedures, policies, and systems to perform an effective QAPI program. This also includes ensuring the program is designed to meet the ever changing needs of the facility/organization.</i></p>				
50.17	<p>Lead organizational change initiatives. <i>This task requires the Administrator to demonstrate leadership by carefully assessing the these needs, strategically developing effective methods to meet facility needs, and then communicating the need for change(s) to the individuals affected. All changes should include providing clear and concise purpose related to the change and then to effectively train, validate, and celebrate those who participate in the change.</i></p>				
50.18	<p>Facilitate effective internal and external communication strategies. <i>This task requires the Administrator to develop methods of effective communication, internally and externally. The Administrator must establish a hierarchy of individuals who communicate with eachother via an organizational chart. The chart should be available for residents/families/ staff so that it is clear who is responsible and who has the authority to provide information. This includes creating clear and concise messages so that all staff are aware of how and what is to be communicated and when the need for assistance in communication is necessary. No employee should ever feel that the total weight of providing information rests on them. Training and strategies should include not only verbal and written communication but also electronic media such as Facebook, blogs, and Twitter.</i></p>				
Module Total					

HUMAN RESOURCES		Self-Assessment	Typical Program Hours in many states	Variable	Preceptor Assigned Hours
20.01	Ensure that human resources management policies and programs comply with federal and state rules and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i>				
20.02	Establish the planning, development, implementation, monitoring, and evaluation of recruitment, selection, and retention practices. <i>This task requires the Administrator to ensure the facility has systems in place that will provide for a consistent, fair, and predictable method of job development, job hiring, job training, employee evaluation, and continuing education. These systems should follow the standards of the Fair Labor Standards Act (FLSA).</i>				
20.03	Establish the planning, development, implementation, monitoring, and evaluation of employee training and development programs. <i>This task requires the Administrator to have policies and procedures in place to train managers/leaders to follow and design basic and continuing education programs aimed at evaluating individual employee performance and training programs that can meet the basic, continuing, or potential education needs of the employee.</i>				
20.04	Establish the planning, development, implementation, monitoring, and evaluation of employee evaluation programs. <i>This task requires the Administrator to ensure that policies and procedures are in place that clearly provide instruction to managers/leaders to regularly monitor employee performance and to timely inform employees of when their performance or adherence to procedures does not meet standards. This should include timely formal evaluation of the employee to communicate areas of poor performance and areas that employee meets and exceed facility standards.</i>				
20.05	Establish the planning, development, implementation, monitoring, and evaluation of compensation and benefit programs. <i>This task requires the Administrator to ensure that policies and procedures are in place for employee compensation and benefit programs. This includes a formal method of informing employees of their employee benefits and compensation.</i>				
20.06	Establish the planning, development, implementation, monitoring, and evaluation of employee health and safety programs. <i>This task requires the Administrator to ensure that policies and procedures are in place to prevent employee injury and encourage employee wellness. This includes an effective workers compensation or group retro program and providing a health/wellness program that gives employees the opportunity to attain health, dental, vision, accident, pharmacy, and life insurance programs.</i>				
20.07	Establish the planning, development, implementation, monitoring, and evaluation of employee satisfaction and organizational culture. <i>This task requires the Administrator to ensure policies and procedures are in place to measure employee satisfaction and that results are taken seriously and considered. This task also requires the Administrator to develop an organization chart/structure that will clearly communicate the organization structure to employees.</i>				

20.08	<p>Establish the planning, development, implementation, monitoring, and evaluation of employee disciplinary policies and procedures. <i>This task requires the Administrator to have policies and procedures in place that will set standards to objectively measure employee performance. When employee performance or behavior does not meet standards, employees are made aware of an allegation, and given an opportunity to give an explanation of their performance or behavior (give their side of the story), offer witnesses or evidence that will support their statement, and/or provide a written statement. Procedures should state that the employees will be made aware if an investigation will be done, if the employee will be suspended pending investigation, and that no discipline will be applied until a thorough investigation is completed.</i></p>				
20.09	<p>Establish the planning, development, implementation, monitoring, and evaluation of employee grievance policies and procedures. <i>This task requires the Administrator to have policies and procedures in place to clearly communicate with the employee a formal program/grievance procedure in which the employee, without fear of retaliation, can communicate areas of frustration, abuse, mistreatment, or concerns with the understanding that a formal response will follow.</i></p>				
20.10	<p>Establish the planning, development, implementation, monitoring, and evaluation of leadership development programs. <i>This task requires the Administrator to develop leadership development programs not only for manager/leaders but also for all employees. This may be in the form of a formalized program designed by a corporation, outside vendor, or the Administrator.</i></p>				
20.14	<p>Ensure employee records and documentation systems are developed and maintained. <i>This task requires the Administrator to ensure employee records and correspondence are protected and secure to other employees, residents and unauthorized individuals.</i></p>				
50.19	<p>Promote professional development of all team members. <i>This task requires the Administrator to purposefully assess team members' training and experience and to facilitate an environment that allows employees opportunities to grow professionally. This would include internal and external opportunities for employees who are motivated to develop themselves professionally.</i></p>				
Module Total					

NURSING DEPARTMENT/ HEALTH CARE SERVICES		Self- Assessment	Typical Pro- gram Hours in many states	Variable	Preceptor Assigned Hours
10.02	Ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipient preferences and assessed needs. <i>This task requires the Administrator to ensure that staff implement a plan of care for each resident, based on the individual needs and preferences, under the direction of a physician. This task includes a comprehensive assessment of each resident/recipient. The comprehensive assessment should include (but not limited to) assessments for nutrition (to include diet, texture, weight, swallowing), therapy, mobility, fall risk, skin/wound management, medications and contraindications, cognitive abilities, behavior, mental health, and etc.</i>				
10.03	Ensure the planning, development, implementation/execution, monitoring and evaluation of admission/move-in process, including pre-admission/pre-move in information, to promote a quality experience for care recipients. <i>This task requires the Administrator to ensure that the admission process is comprehensive and is resident centered. This task includes obtaining all available documentation at the time of admission to include (but not limited to): power of attorney for health care and financial, resident identification cards, insurance information, doctor and all other orders related to the resident to include hospital/doctors/clinic records pertaining to the residents stay at the facility or services provided by the organization.</i>				
10.04	Ensure the planning, development, implementation/execution, monitoring and evaluation of discharge/move out process to promote a quality experience for care recipients. <i>This task requires the Administrator to ensure that resident care is appropriate for the level of care they require and that an interdisciplinary team continually monitors the resident's progress and recommends the best care environment needed to maximize the resident's quality of living.</i>				
10.05	Ensure the planning, development, implementation/execution, monitoring and evaluation of programs to meet care recipient's psychosocial needs and preferences. <i>This task requires the Administrator to ensure residents are properly evaluated and cared for based on their psychosocial needs and preferences.</i>				
10.08	Ensure the planning, development, implementation/execution, monitoring, and evaluation of medication management that supports the needs of the care recipient. <i>This task requires the Administrator to ensure that doctor's orders are strictly followed and that policies and procedures are in place to assure compliance.</i>				
10.11	Ensure the planning, development, implementation/execution, monitoring and evaluation of policies and procedures for responses to care recipient incidents, accidents, and or emergencies. <i>This task requires the Administrator to ensure that policies and procedures are written and followed to prevent incidents and accidents and to prepare staff to act appropriately when incidents, accidents, and emergencies occur.</i>				
10.13	Ensure the planning, development, implementation/execution, monitoring and evaluation of education intended for care recipients and their support networks. <i>This task requires the Administrator to ensure that the care recipient and/or their responsible party is informed of their care, condition, and treatment as much as practical.</i>				
10.16	Ensure care recipients rights and individuality with all aspects of care. <i>This task requires the Administrator to ensure all staff are trained and follow state and federal guidelines related to resident rights. Attention must be made to issues related to abuse, neglect, misappropriation of resident property and mistreatment of residents.</i>				

10.19	Ensure the provision of a customer service culture that leads to a quality experience for care recipients. <i>This task requires the Administrator to promote a resident centered experience that serves each recipient according to their choices and preferences as much as practical.</i>				
20.11	Promote a safe work environment (such as safety training and employee risk management). <i>This task requires the Administrator to ensure effective policies and procedures are in place to create an awareness of safety throughout the workplace that include reporting accidents, safety monitoring, fire drills, water, gas and electric shut off valves, and that emergency generators are regularly tested.</i>				
40.03	Ensure the planning, development, implementation, monitoring, and evaluation of infection control and sanitation. <i>This task requires the Administrator to have policies and procedures in place to effectively assure that infection control and sanitation are properly planned, implemented, and validated. This would include, but not be limited to, training of personnel, assuring proper supplies and resources are available and effective communication through the facility/operation/agency of reporting violations and areas of concern.</i>				
40.07	Ensure the planning, development, implementation, monitoring, and evaluation of appropriate HIPAA compliant technology infrastructure. <i>This task requires the Administrator to ensure that HIPAA compliance is assured by developing technology infrastructures, technology safeguards (i.e., backup systems, external data storage areas, preventative maintenance for computer hardware and software) and ongoing validation surveys.</i>				
40.11	Assess care recipients' environment for safety, security, and accessibility and make recommendation for referral or modification. <i>This task requires the Administrator to ensure that each recipient's personal environment and accessibility is individually evaluated and accommodations are made to provide the most independent, comfortable, and safe environment possible.</i>				
50.06	Promote and monitor satisfaction of the care recipient's and their support networks. <i>This task requires the Administrator to develop a system to monitor resident satisfaction. This can be done by the Administrator being visible through onsite visits with residents and family. This can also be done through satisfaction surveys and mock inspections. The successful Administrator will generally perform a combination of onsite visits, surveys, and daily interaction with staff in the form of a stand up meeting.</i>				
50.08	Educate stakeholders on services provided, regulatory requirements, and standards of care. <i>This task requires the Administrator to develop a strategy to provide instruction and resources to help the stakeholder to understand facility, state, and federal requirements. It is also important for stakeholders to understand facility protocols (e.g. standards and services) that are provided to meet residents needs and create a home like environment to ensure resident safety and choice are paramount.</i>				
Module Total					

REHABILITATION DEPARTMENT		Self-Assessment	Typical Program Hours in many states	Variable	Preceptor Assigned Hours
10.09	Ensure the planning, development, implementation/ execution, monitoring and evaluation of a rehabilitation program to maximize optimal level of functioning and independence for care recipients. <i>This task requires the Administrator to provide individualized rehabilitative services to recipients that will help them meet their baseline and allow residents to be as independent as possible.</i>				
Module Total					

MEDICAL/RESIDENT RECORDS		Self-Assessment	Typical Program Hours in many states	Variable	Preceptor Assigned Hours
10.07	Ensure the planning, development, implementation/ execution, monitoring and evaluation of a health information management program to meet documentation requirements in compliance with federal and state regulations. <i>This task requires the Administrator to ensure all resident specific documentation is protected and follows state, federal and HIPAA regulations.</i>				
Module Total					

ACTIVITIES DEPARTMENT		Self-Assessment	Typical Program Hours in many states	Variable	Preceptor Assigned Hours
10.06	Ensure the planning, development, implementation/ execution, monitoring and evaluation of care recipient's activities/recreation to meet social needs and preferences. <i>This task requires the Administrator to ensure activities, events, and programs are resident centered and designed to meet the needs and preferences of each resident.</i>				
Module Total					

SOCIAL SERVICES/ ADMISSIONS DEPARTMENT		Self- Assessment	Typical Pro- gram Hours in many states	Variable	Preceptor Assigned Hours
10.03	Ensure the planning, development, implementation/ execution, monitoring and evaluation of admission/ move-in process, including pre-admission/pre-move in information, to promote a quality experience for care recipients. <i>This task requires the Administrator to ensure that the admission process is comprehensive and is resident centered. This task includes obtaining all available documentation at the time of admission to include (but not limited to): power of attorney for health care and financial, resident identification cards, insurance information, doctor and all other orders related to the resident to include hospital/ doctors/clinic records pertaining to the residents stay at the facility or services provided by the organization.</i>				
10.04	Ensure the planning, development, implementation/ execution, monitoring and evaluation of discharge/move out process to promote a quality experience for care recipients. <i>This task requires the Administrator to ensure that resident care is appropriate for the level of care they require and that an interdisciplinary team continually monitors the resident's progress and recommends the best care environment needed to maximize the resident's quality of living.</i>				
10.13	Ensure the planning, development, implementation/ execution, monitoring and evaluation of education intended for care recipients and their support networks. <i>This task requires the Administrator to ensure that the care recipient and/or their responsible party is informed of their care, condition, and treatment as much as practical.</i>				
10.18	Ensure transportation options are available for care recipients. <i>This task requires the Administrator to ensure adequate transportation to care recipients. The facility should identify transportation that is available and the costs (if any) for the services and inform recipients and their responsible parties of availability and cost. The facility/entity must be available to help coordinate transportation services based on the recipients preference and available funding.</i>				
Module Total					

BUSINESS OFFICE/ FINANCIAL MANAGEMENT		Self- Assessment	Typical Pro- gram Hours in many states	Variable	Preceptor Assigned Hours
10.10	Ensure the planning, development, implementation/ execution, monitoring and evaluation of systems for coordination and oversight of contracted services. <i>This task requires the Administrator to ensure that services are available to meet the needs of each recipient from qualified vendors that meet city, state and federal requirements.</i>				
30.01	Ensure that financial management policies, procedures, and practices comply with applicable federal and state regulations. <i>This task requires the Administrator to create policies and procedures that follow federal and states laws, rules and regulations.</i>				
30.02	Develop, implement, and evaluate the service provider's budget. <i>This task requires the Administrator to have knowledge of the budget process and have systems in place to accurately set budgets based on income, expense, capital improvements, and required tasks of the organization.</i>				
30.03	Oversee the billing and collections process and monitor the accuracy of charges and timely collection of accounts. <i>This task requires the Administrator to have procedures in place to timely and accurately bill for resident care and services to appropriate parties, insurances, or state and federal agencies as appropriate. Systems should be in place to make sure each recipient knows and understands their bill so that timely payments can be made to the facility.</i>				
30.04	Negotiate, interpret, and implement contractual agreements to optimize financial viability. <i>This task requires the Administrator to ensure the facility/organization has written agreements and contracts that include duration of contract, liability insurance required and assured for each party, language that includes duties of each party and what steps are required to notify each party of any breach of service, and details of how to dissolve an agreement for poor service or choice to use another vendor/contractor.</i>				
30.05	Develop, implement, monitor, and evaluate financial policies and procedures that comply with Generally Accepted Accounting Principles (GAAP). <i>This task requires the Administrator to ensure policies and procedures are in place to direct staff on the steps to accurately perform their duties. Direction must be given to employees in the areas of payroll, accounts receivable, billing, accurate record keeping, internal controls, trust accounts, HIPAA, and etc.</i>				
30.07	Establish safeguards for the protection of the service provider's assets (such as insurance coverage, risk management). <i>This task requires the Administrator to have knowledge and provide leadership in risk management, internal controls, workers compensation, and to prevent unnecessary insurance/legal claims.</i>				
40.07	Ensure the planning, development, implementation, monitoring, and evaluation of appropriate HIPAA compliant technology infrastructure. <i>This task requires the Administrator to ensure that HIPAA compliance is assured by developing technology infrastructures, technology safeguards (i.e., backup systems, external data storage areas, preventative maintenance for computer hardware and software) and ongoing validation surveys.</i>				

50.13	<p>Implement, monitor, and evaluate information management and technology systems to support service providers operations. <i>This task requires the Administrator to meet all federal/state/community requirements for information management of health records, financial information, and HIPAA. Safeguards to employee, patient, resident, and client information must be in writing and show evidence of training/competency of all employees. In addition, the Administrator must ensure there is a process in place to protect access to information, secure and track passwords, and back up and protect all data in the community servers. Attention must also be given to ensure all technology is designed/set up to save employee time and allow more time for patient/resident/client care.</i></p>				
50.14	<p>Develop, implement, and monitor comprehensive sales, marketing, and public relations strategies. <i>This task requires the Administrator to develop an effective marketing strategy designed to help the consumer, resident or responsible party, and staff to know the features, benefits, and amenities of the community/organization. The community/organization should have clear policies, standards, and protocols build consumer confidence. The Administrator should also have clear policies/procedures on how to communicate emergent/disaster solutions within and outside the community. The Administrator must also ensure that a marketing plan reflects and communicates what the community does/stands for/has achieved in writing/action/advertisement/brochure/word of mouth.</i></p>				
50.15	<p>Ensure that written agreements between the care recipient and the service providers protect the rights and responsibilities of both parties. <i>This task requires the Administrator to assure that all written agreements reflect the services provided to the resident and meets Federal and State guidelines. This may include having legal representatives review the written agreements on a regular basis to ensure they meet the most current regulations at the time and protect the facility/community/resident. In relation to a resident agreement/service plan/admission/financial agreement, the service provider/vendor agreements should be carefully reviewed by the Administrator, designated financial person and, when necessary, an attorney.</i></p>				
Module Total					

DIETARY DEPARTMENT		Self-Assessment	Typical Program Hours in many states	Variable	Preceptor Assigned Hours
10.14	<p>Ensure the planning, development, implementation/execution, monitoring and evaluation of nutritional needs and preferences of care recipients. <i>This task requires the Administrator to ensure that the care recipient's nutritional needs are met in accordance with their individualized needs and preferences while simultaneously meeting all physician-prescribed orders.</i></p>				
10.15	<p>Ensure the planning, development, implementation/execution, monitoring and evaluation of dining experience that meets the needs and preferences of care recipients. <i>This task requires the Administrator to ensure that dining services are resident centered and meet the nutritional needs paralleled with the recipient preferences.</i></p>				
Module Total					

HOUSEKEEPING/ LAUNDRY DEPARTMENT		Self- Assessment	Typical Pro- gram Hours in many states	Variable	Preceptor Assigned Hours
10.12	Ensure the planning, development, implementation/ execution, monitoring and evaluation of housekeeping and laundry services for care recipients. <i>This task requires the administrator to ensure a clean, safe, and sanitary environment.</i>				
40.05	Ensure the planning, development, implementation, monitoring, and evaluation of environmental services, housekeeping and laundry. <i>This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all environmental, housekeeping, and laundry service departments meet or exceed all local, state and federal requirements. This task includes infection control, proper temperatures, temperature logs, proper use of chemicals and products used per Safety Data Sheets (SDS), preventative maintenance, and systems to validate compliance.</i>				
40.08	Establish, maintain, and monitor physical environment that provides clean, safe, and secure home-like surroundings for care recipients, staff, and visitors. <i>This task requires the Administrator to ensure policies and procedures are in place to create a clean, home-like environment that supports the well-being and safety of all recipients. This task includes creating a resident centered culture that promotes choice, comfort, and cleanliness.</i>				
Module Total					

ENVIRONMENTAL MANAGEMENT/ MAINTENANCE DEPARTMENT		Self- Assessment	Typical Pro- gram Hours in many states	Variable	Preceptor Assigned Hours
20.11	Promote a safe work environment (such as safety training and employee risk management). <i>This task requires the Administrator to ensure effective policies and procedures are in place to create an awareness of safety throughout the workplace that include reporting accidents, safety monitoring, fire drills, water, gas and electric shut off valves, and that emergency generators are regularly tested.</i>				
40.01	Ensure that physical environment policies and practices comply with applicable federal, state and local laws and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal and laws, rules and regulations.</i>				
40.02	Ensure the planning, development, implementation, monitoring, and evaluation of a safe and secure environment. <i>This task requires the Administrator to have policies and procedures in place that ensure the physical plant, systems, equipment, and resources are properly used and appropriate for the facility/organization. It is required that the Administrator understands, promotes, directs, and requires supervision to maintain all equipment and resources and continually validate the physical plant to include (but not limited to) the facility, grounds, equipment, tools, emergency systems, fire systems, and sprinklers.</i>				
40.06	Ensure the planning, development, implementation, monitoring, and evaluation of maintenance service for property, plant and all equipment, including preventative maintenance. <i>This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all maintenance services meet or exceed all local, state, and federal requirements. This task includes infection control, proper temperature and temperature logs, proper use of chemicals and products used per SDS, preventable maintenance, and systems to validate compliance.</i>				

40.08	Establish, maintain, and monitor physical environment that provides clean, safe, and secure home-like surroundings for care recipients, staff, and visitors. <i>This task requires the Administrator to ensure policies and procedures are in place to create a clean, home-like environment that supports the well-being and safety of all recipients. This task includes creating a resident centered culture that promotes choice, comfort, and cleanliness.</i>				
40.09	Identify opportunities to enhance the physical environment to meet changing market demands. <i>This task requires the Administrator to regularly maintain the physical environment of the facility/organization and to evaluate and monitor changing trends within the market community to keep the facility/organization current. This task includes creating a chart/schedule for the normal life of equipment and furnishings, using qualified professionals to assess the interior/exterior design of facility/organization, and developing annual and capital budgets to prepare for predicted capital spending.</i>				
40.10	Establish, maintain, and monitor an environment that promotes choice, comfort, and dignity for care recipients. <i>This task requires the Administrator to ensure policies and procedures are in place to create an environment that ensures color, accessibility, design, temperature, and square footage are appropriately appointed based on the residents who reside in the care setting. Resident rooms should allow the ability to decorate it based on preferences and creativity as long as the room meets federal and state safety requirements.</i>				
Module Total					

OTHER	Self-Assessment	Typical Program Hours in many states	Variable	Preceptor Assigned Hours
As required/desired - shore up weaker than assessed areas (aka "slop factor"?)				
Module Total				

	Recommended Above					
CROSS-CHECK OF TYPICAL AGAINST NAB PERCENTAGES...			Domain%	YOUR HOURS for this AIT	Your Domain %s for this AIT	PPA % (NAB - NHA)
Domain 10 Hours						35%
Domain 20 Hours						13%
Domain 30 Hours						14%
Domain 40 Hours						13%
Domain 50 Hours						25%
Total						100%
(does not include "Other" module in percentage)	Compare and Consider self-assessment. Is it logical for this AIT?					

Professional Development Plan



Please reference Appendix 2 for ideas of activities for each sub-domain.

Module/ Department	Sub-Domain	Task	Proposed Hours	Learning Activities
Administration				(list as many/few as necessary for the hours proposed)
	10.01	Establish care recipient service policies and procedures that follow federal and state laws, rules, and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i>		
Also in Nursing Module	10.11	Ensure the planning, development, implementation/execution, monitoring and evaluation of policies and procedures for responses to care recipient incidents, accidents, and or emergencies. <i>This task requires the Administrator to ensure that policies and procedures are written and followed to prevent incidents and accidents and to prepare staff to act appropriately when incidents, accidents, and emergencies occur.</i>		
Also in Nursing Module	10.16	Ensure care recipients rights and individuality with all aspects of care. <i>This task requires the Administrator to ensure all staff are trained and follow state and federal guidelines related to resident rights. Attention must be made to issues related to abuse, neglect, misappropriation of resident property and mistreatment of residents.</i>		
	10.17	Integrate support network's perspectives to maximize care recipients quality of life and care. <i>This task requires the Administrator to ensure that measures are taken to review Quality Improvement Measures, and to strategize how each team member influences quality measures and how they each help to improve quality based on recipient, responsible party, and team members' input. Attention must be made to issues related to meeting the care recipient's individualized needs.</i>		
Also in Nursing Module	10.19	Ensure the provision of a customer service culture that leads to a quality experience for care recipients. <i>This task requires the Administrator to promote a resident centered experience that serves each recipient according to their choices and preferences as much as practical.</i>		

	20.08	Establish the planning, development, implementation, monitoring, and evaluation of employee disciplinary policies and procedures. <i>This task requires the Administrator to have policies and procedures in place that will set standards to objectively measure employee performance. When employee performance or behavior does not meet standards, employees are made aware of an allegation, and given an opportunity to give an explanation of their performance or behavior (give their side of the story), offer witnesses or evidence that will support their statement, and/or provide a written statement. Procedures should state that the employees will be made aware if an investigation will be done, if the employee will be suspended pending investigation, and that no discipline will be applied until a thorough investigation is completed.</i>		
	20.12	Promote a positive work environment (using techniques such as conflict resolution, diversity training, and staff recognition programs). <i>This task requires the Administrator to ensure that policies and procedures are in place to assure that the employees are provided a workplace that allows them to communicate concerns and grievances in a safe environment. This also includes training programs in diversity, conflict resolution, continuing education, and staff recognition programs.</i>		
	20.13	Facilitate effective written, oral, and electronic communication among management and employees. <i>This task requires the Administrator to ensure policies and procedures are in place to direct managers and employees on how to formally and informally communicate with each other. These procedures should include requirements to managers on effective leadership ensuring employees are aware and trained in their respective job duties and tasks. Supervisors should also be held accountable for validating performance and communicating with employees their progress.</i>		
	20.15	Establish a culture that encourages employees to embrace care recipients rights. <i>This task requires the Administrator to create a culture that ensures that all resident rights are followed and to develop policies and procedures on reporting violations of resident rights.</i>		
	30.06	Monitor and evaluate the integrity of financial reporting systems and audit programs. <i>This task requires the Administrator to ensure that controls are in place to validate systems, audit, and verify information, and ensure proper supervision to protect theft. An example way to monitor theft would be to never allow the person who prepares a deposit make the deposit. There should be checks and balances in place to allow for the person making the deposit to check the prepared paperwork by a different individual to ensure no errors were made. Another example would be to have a place where the Administrator or designee can access all passwords in case of emergency or to validate access when a person may be unavailable.</i>		
	30.08	Develop, implement, monitor, and evaluate systems to improve financial performance. <i>This task requires the Administrator to use critical thinking to understand financial viability and to respond to the financial needs of the facility/organization.</i>		

	30.09	Manage and adjust expenses with fluctuations in census/occupancy/care recipient levels (such as staffing ratios). <i>This task requires the Administrator to have systems in place that will effectively make adjustments in labor, supplies, and resources as needed to ensure continued financial performance.</i>		
	30.10	Monitor and address changes in the industry that may affect financial viability. <i>This task requires the Administrator to stay knowledgeable of the changes of all financial resources to include, but not limited to; Medicare, Medicaid, insurance companies, and other payor sources. In addition, the Administrator must be knowledgeable of any city, state, and federal changes that may affect the financial performance of the facility/organization and make changes as needed.</i>		
Also in MX module	40.01	Ensure that physical environment policies and practices comply with applicable federal, state and local laws and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal laws, rules and regulations.</i>		
	40.04	Ensure the planning, development, implementation, monitoring, and evaluation of emergency and disaster preparedness program, including linkage to outside emergency agencies. <i>This task requires the Administrator to have specific policies and procedures in place to assure that an effective disaster preparedness program is in place. It is extremely important that the plan includes regular training of staff related to fire drills, emergency shut off valves, fire evacuation routes, where to find flashlights, extension cords, emergency phone, etc. In addition, the plan needs to include all safety and emergency equipment. Also included in this task is supervising agreements made with outside vendors for equipment testing and maintenance, transportation in the event of an emergency, and transfer agreements with resources that can help provide care and service to relocate residents when necessary. In the event of relocation, provisions for moving resident charts, medications, blankets, and food, etc. need to be planned and implemented.</i>		
Also in MX module	40.09	Identify opportunities to enhance the physical environment to meet changing market demands. <i>This task requires the Administrator to regularly maintain the physical environment of the facility/organization and to evaluate and monitor changing trends within the market community to keep the facility/organization current. This task includes creating a chart/schedule for the normal life of equipment and furnishings, using qualified professionals to assess the interior/exterior design of facility/organization, and developing annual and capital budgets to prepare for predicted capital spending.</i>		
Also in MX module	40.10	Establish, maintain, and monitor an environment that promotes choice, comfort, and dignity for care recipients. <i>This task requires the Administrator to ensure policies and procedures are in place to create an environment that ensures color, accessibility, design, temperature, and square footage are appropriately appointed based on the residents who reside in the care setting. Resident rooms should allow the ability to decorate it based on preferences and creativity as long as the room meets federal and state safety requirements.</i>		

	50.01	Ensure compliance with applicable federal and state laws, rules, and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i>		
	50.02	Promote ethical practice throughout the organization. <i>This task requires the Administrator to create policies and procedures to ensure that a system is in place to direct the facility/organization related to ethical topics/situations that arise. This task would include developing an ethics committee or the creation of an ad hoc ethics committee when necessary.</i>		
	50.03	Develop, implement, monitor, and evaluate policies and procedures that comply with directives of governing body. <i>This task requires the Administrator to know and understand the governing body and all directives, policies, and procedures. This task also requires the administrator to recommend changes or additions to policies and procedures and make recommendations to the governing board to change/add policies and procedures when necessary.</i>		
	50.04	Develop, communicate, and champion the service provider's mission, vision, and values to stakeholders. <i>This task requires the Administrator to develop a process to train stakeholders to communicate the mission, vision, and values of the organization. This includes creating positive and effective ways to not only share the mission, vision, and values of the organization but to create an atmosphere of confidence and execution of the mission, vision and values.</i>		
	50.05	Develop, implement, and evaluate the strategic plan with governing body's endorsement. <i>This task requires the Administrator to develop a strategic plan that reflects the facility/organizational values, mission, and policies that will direct the facility/organization to conduct effective business practices with the endorsement of the governing body. The strategic plan must state how the plan will be implemented, validated, and evaluated in a timely manner.</i>		
	50.07	Identify, foster, and maintain positive relationships with key stakeholders. <i>This task requires the Administrator to determine who key stakeholders are and develop a working relationship/understanding with each of them. This task includes creating an atmosphere of trust and understanding. This should be tempered with providing necessary information to work jointly on projects and systems that benefit the organization. At no time should the impression be given that any key stakeholder is asked to assist in leading the facility/organization.</i>		
	50.09	Solicit information from appropriate stakeholders for use in decision making. <i>This task requires the Administrator to set up protocols/standards of practice to use all available input from trusted resources to make effective/fair/timely decisions. While the Administrator is accountable for the decisions he/she will make, it is important for the Administrator to know that sometimes a good decision is better than the best decision when time or the lives of others is a factor.</i>		

	50.10	Manage the service provider's role throughout any survey/inspection process. <i>This task requires the Administrator to develop a protocol/practice to use for any unannounced survey/inspection. The protocol should include reporting the surveyors/inspectors presence to all key management teams. In addition, the protocol/practice should include providing needed information to surveyor/inspector, keeping copies of any documents the surveyor/inspector reviews (as known), cooperating with the inspection, being visible, support staff through survey/inspection, respond quickly to surveyor/inspector requests, and fire marshal inspections. The Administrator should strive to be ready for a survey any day of the year by training his/her staff to do all that is right year round.</i>		
	50.11	Develop and implement an intervention(s) or risk management program(s) to minimize or eliminate exposure. <i>This task requires the Administrator to develop a risk management program to prevent problems before they occur. The program should start with the identification of key risk areas and a system/protocol to prevent them. This includes specific protocols to educate staff on reporting incidents/events/situations that occur timely, whom to report to, and what steps to take to reduce liability. This program requires effective communication from the Administrator and her/his designees.</i>		
	50.12	Identify and respond to areas of potential legal liability. <i>This task requires the Administrator to create a plan that identifies, responds to, and prevents any current or potential legal liability. This includes communicating with staff, residents, and responsible parties when issues arise and proactively responding to concerns before they become a liability. In addition, Administrators should have systems in place to ensure that best practices are done and documentation occurs for any change of condition or abnormal action/event/activity. The plan should also delineate when legal representation is necessary and clarify the process to retain an attorney.</i>		
	50.16	Develop, implement, and evaluate the organization's quality assurance and performance improvement programs. <i>This task requires the Administrator to develop an effective QAPI (Quality Assurance and Performance Improvement) program. This includes following CMS guidelines related to QAPI and establishing specific procedures, policies, and systems to perform an effective QAPI program. This also includes ensuring the program is designed to meet the ever changing needs of the facility/organization.</i>		
	50.17	Lead organizational change initiatives. <i>This task requires the Administrator to demonstrate leadership by carefully assessing the facility needs, strategically developing effective methods to meet these needs, and then communicating the need for change(s) to the individuals affected. All changes should include providing clear and concise purpose related to the change and then to effectively train, validate, and celebrate those who participate in the change.</i>		

	50.18	Facilitate effective internal and external communication strategies. <i>This task requires the Administrator to develop methods of effective communication, internally and externally. The Administrator must establish a hierarchy of individuals who communicate with each other via an organizational chart. The chart should be available for residents/families/staff so that it is clear who is responsible and who has the authority to provide information. This includes creating clear and concise messages so that all staff are aware of how and what is to be communicated and when the need for assistance in communication is necessary. No employee should ever feel that the total weight of providing information rests on them. Training and strategies should include not only verbal and written communication but also electronic media such as Facebook, blogs, and Twitter.</i>		
Human Resources				
	20.01	Ensure that human resources management policies and programs comply with federal and state rules and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal and state laws, rules and regulations.</i>		
	20.02	Establish the planning, development, implementation, monitoring, and evaluation of recruitment, selection, and retention practices. <i>This task requires the Administrator to ensure the facility has systems in place that will provide for a consistent, fair, and predictable method of job development, job hiring, job training, employee evaluation, and continuing education. These systems should follow the standards of the Fair Labor Standards Act (FSLA).</i>		
	20.03	Establish the planning, development, implementation, monitoring, and evaluation of employee training and development programs. <i>This task requires the Administrator to have policies and procedures in place to train managers/leaders to follow and design basic and continuing education programs aimed at evaluating individual employee performance and training programs that can meet the basic, continuing, or potential education needs of the employee.</i>		
	20.04	Establish the planning, development, implementation, monitoring, and evaluation of employee evaluation programs. <i>This task requires the Administrator to ensure that policies and procedures are in place that clearly provide instruction to managers/leaders to regularly monitor employee performance and to timely inform employees of when their performance or adherence to procedures does not meet standards. This should include timely formal evaluation of the employee to communicate areas of poor performance and areas that employee meets and exceed facility standards.</i>		
	20.05	Establish the planning, development, implementation, monitoring, and evaluation of compensation and benefit programs. <i>This task requires the Administrator to ensure that policies and procedures are in place for employee compensation and benefit programs. This includes a formal method of informing employees of their employee benefits and compensation.</i>		

	20.06	Establish the planning, development, implementation, monitoring, and evaluation of employee health and safety programs. <i>This task requires the Administrator to ensure that policies and procedures are in place to prevent employee injury and encourage employee wellness. This includes an effective workers compensation or group retro program and providing a health/wellness program that gives employees the opportunity to attain health, dental, vision, accident, pharmacy, and life insurance programs.</i>		
	20.07	Establish the planning, development, implementation, monitoring, and evaluation of employee satisfaction and organizational culture. <i>This task requires the Administrator to ensure policies and procedures are in place to measure employee satisfaction and that results are taken seriously and considered. This task also requires the Administrator to develop an organization chart/structure that will clearly communicate the organization structure to employees.</i>		
	20.08	Establish the planning, development, implementation, monitoring, and evaluation of employee disciplinary policies and procedures. <i>This task requires the Administrator to have policies and procedures in place that will set standards to objectively measure employee performance. When employee performance or behavior does not meet standards, employees are made aware of an allegation, and given an opportunity to give an explanation of their performance or behavior (give their side of the story), offer witnesses or evidence that will support their statement, and/or provide a written statement. Procedures should state that the employees will be made aware if an investigation will be done, if the employee will be suspended pending investigation, and that no discipline will be applied until a thorough investigation is completed.</i>		
	20.09	Establish the planning, development, implementation, monitoring, and evaluation of employee grievance policies and procedures. <i>This task requires the Administrator to have policies and procedures in place to clearly communicate with the employee a formal program/grievance procedure in which the employee, without fear of retaliation, can communicate areas of frustration, abuse, mistreatment, or concerns with the understanding that a formal response will follow.</i>		
	20.10	Establish the planning, development, implementation, monitoring, and evaluation of leadership development programs. <i>This task requires the Administrator to develop leadership development programs not only for manager/leaders but also for all employees. This may be in the form of a formalized program designed by a corporation, outside vendor, or the Administrator.</i>		
	20.14	Ensure employee records and documentation systems are developed and maintained. <i>This task requires the Administrator to ensure employee records and correspondence are protected and secure to other employees, residents and unauthorized individuals.</i>		

	50.19	Promote professional development of all team members. <i>This task requires the Administrator to purposefully assess team members' training and experience and to facilitate an environment that allows employees opportunities to grow professionally. This would include internal and external opportunities for employees who are motivated to develop themselves professionally.</i>		
Nursing Department/Health Care Services				
	10.02	Ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipient preferences and assessed needs. <i>This task requires the Administrator to ensure that staff implement a plan of care for each resident, based on the individual needs and preferences, under the direction of a physician. This task includes a comprehensive assessment of each resident/recipient. The comprehensive assessment should include (but not limited to) assessments for nutrition (to include diet, texture, weight, swallowing), therapy, mobility, fall risk, skin/wound management, medications and contraindications, cognitive abilities, behavior, mental health, and etc.</i>		
Also in Social Services Module	10.03	Ensure the planning, development, implementation/execution, monitoring and evaluation of admission/move-in process, including pre-admission/pre-move in information, to promote a quality experience for care recipients. <i>This task requires the Administrator to ensure that the admission process is comprehensive and is resident centered. This task includes obtaining all available documentation at the time of admission to include (but not limited to): power of attorney for health care and financial, resident identification cards, insurance information, doctor and all other orders related to the resident to include hospital/doctors/clinic records pertaining to the residents stay at the facility or services provided by the organization.</i>		
Also in Social Services Module	10.04	Ensure the planning, development, implementation/execution, monitoring and evaluation of discharge/move out process to promote a quality experience for care recipients. <i>This task requires the Administrator to ensure that resident care is appropriate for the level of care they require and that an interdisciplinary team continually monitors the resident's progress and recommends the best care environment needed to maximize the resident's quality of living.</i>		
	10.05	Ensure the planning, development, implementation/execution, monitoring and evaluation of programs to meet care recipient's psychosocial needs and preferences. <i>This task requires the Administrator to ensure residents are properly evaluated and cared for based on their psychosocial needs and preferences.</i>		
	10.08	Ensure the planning, development, implementation/execution, monitoring, and evaluation of medication management that supports the needs of the care recipient. <i>This task requires the Administrator to ensure that doctor's orders are strictly followed and that policies and procedures are in place to assure compliance.</i>		

Also in Adm Module	10.11	Ensure the planning, development, implementation/execution, monitoring and evaluation of policies and procedures for responses to care recipient incidents, accidents, and or emergencies. <i>This task requires the Administrator to ensure that policies and procedures are written and followed to prevent incidents and accidents and to prepare staff to act appropriately when incidents, accidents, and emergencies occur.</i>		
Also in Social Services Module	10.13	Ensure the planning, development, implementation/execution, monitoring and evaluation of education intended for care recipients and their support networks. <i>This task requires the Administrator to ensure that the care recipient and/or their responsible party is informed of their care, condition, and treatment as much as practical.</i>		
Also in Adm Module	10.16	Ensure care recipients rights and individuality with all aspects of care. <i>This task requires the Administrator to ensure all staff are trained and follow state and federal guidelines related to resident rights. Attention must be made to issues related to abuse, neglect, misappropriation of resident property and mistreatment of residents.</i>		
Also in Adm Module	10.19	Ensure the provision of a customer service culture that leads to a quality experience for care recipients. <i>This task requires the Administrator to promote a resident centered experience that serves each recipient according to their choices and preferences as much as practical.</i>		
Also in Adm and MX Modules	20.11	Promote a safe work environment (such as safety training and employee risk management). <i>This task requires the Administrator to ensure effective policies and procedures are in place to create an awareness of safety throughout the workplace that include reporting accidents, safety monitoring, fire drills, water, gas and electric shut off valves, and that emergency generators are regularly tested.</i>		
	40.03	Ensure the planning, development, implementation, monitoring, and evaluation of infection control and sanitation. <i>This task requires the Administrator to have policies and procedures in place to effectively assure that infection control and sanitation are properly planned, implemented, and validated. This would include, but not be limited to, training of personnel, assuring proper supplies and resources are available and effective communication through the facility/operation/agency of reporting violations and areas of concern.</i>		
Also in Bus Off Module	40.07	Ensure the planning, development, implementation, monitoring, and evaluation of appropriate HIPAA compliant technology infrastructure. <i>This task requires the Administrator to ensure that HIPAA compliance is assured by developing technology infrastructures, technology safeguards (i.e., backup systems, external data storage areas, preventative maintenance for computer hardware and software) and ongoing validation surveys.</i>		
	40.11	Assess care recipients' environment for safety, security, and accessibility and make recommendation for referral or modification. <i>This task requires the Administrator to ensure that each recipient's personal environment and accessibility is individually evaluated and accommodations are made to provide the most independent, comfortable, and safe environment possible.</i>		

	50.06	Promote and monitor satisfaction of the care recipient's and their support networks. <i>This task requires the Administrator to develop a system to monitor resident satisfaction. This can be done by the Administrator being visible through onsite visits with residents and family. This can also be done through satisfaction surveys and mock inspections. The successful Administrator will generally perform a combination of onsite visits, surveys, and daily interaction with staff in the form of a stand up meeting.</i>		
	50.08	Educate stakeholders on services provided, regulatory requirements, and standards of care. <i>This task requires the Administrator to develop a strategy to provide instruction and resources to help the stakeholder to understand facility, state, and federal requirements. It is also important for stakeholders to understand facility protocols (e.g. standards and services) that are provided to meet residents needs and create a home like environment to ensure resident safety and choice are paramount.</i>		
Rehabilitation Department				
	10.09	Ensure the planning, development, implementation/execution, monitoring and evaluation of a rehabilitation program to maximize optimal level of functioning and independence for care recipients. <i>This task requires the Administrator to provide individualized rehabilitative services to recipients that will help them meet their baseline and allow residents to be as independent as possible.</i>		
Medical/Resident Records				
	10.07	Ensure the planning, development, implementation/execution, monitoring and evaluation of a health information management program to meet documentation requirements in compliance with federal and state regulations. <i>This task requires the Administrator to ensure all resident specific documentation is protected and follows state, federal and HIPAA regulations.</i>		
Activities Department				
	10.06	Ensure the planning, development, implementation/execution, monitoring and evaluation of care recipient's activities/recreation to meet social needs and preferences. <i>This task requires the Administrator to ensure activities, events, and programs are resident centered and designed to meet the needs and preferences of each resident.</i>		

Social Services/Admissions Department

Also in Nursing Module	10.03	Ensure the planning, development, implementation/execution, monitoring and evaluation of admission/move-in process, including pre-admission/pre-move in information, to promote a quality experience for care recipients. <i>This task requires the Administrator to ensure that the admission process is comprehensive and is resident centered. This task includes obtaining all available documentation at the time of admission to include (but not limited to): power of attorney for health care and financial, resident identification cards, insurance information, doctor and all other orders related to the resident to include hospital/doctors/clinic records pertaining to the residents stay at the facility or services provided by the organization.</i>		
Also in Nursing Module	10.04	Ensure the planning, development, implementation/execution, monitoring and evaluation of discharge/move out process to promote a quality experience for care recipients. <i>This task requires the Administrator to ensure that resident care is appropriate for the level of care they require and that an interdisciplinary team continually monitors the resident's progress and recommends the best care environment needed to maximize the resident's quality of living.</i>		
Also in Nursing Module	10.13	Ensure the planning, development, implementation/execution, monitoring and evaluation of education intended for care recipients and their support networks. <i>This task requires the Administrator to ensure that the care recipient and/or their responsible party is informed of their care, condition, and treatment as much as practical.</i>		
	10.18	Ensure transportation options are available for care recipients. <i>This task requires the Administrator to ensure adequate transportation to care recipients. The facility should identify transportation that is available and the costs (if any) for the services and inform recipients and their responsible parties of availability and cost. The facility/entity must be available to help coordinate transportation services based on the recipients preference and available funding.</i>		

Business Office/Financial Management

	10.10	Ensure the planning, development, implementation/execution, monitoring and evaluation of systems for coordination and oversight of contracted services. <i>This task requires the Administrator to ensure that services are available to meet the needs of each recipient from qualified vendors that meet city, state and federal requirements.</i>		
	30.01	Ensure that financial management policies, procedures, and practices comply with applicable federal and state regulations. <i>This task requires the Administrator to create policies and procedures that follow federal and states laws, rules and regulations.</i>		
	30.02	Develop, implement, and evaluate the service provider's budget. <i>This task requires the Administrator to have knowledge of the budget process and have systems in place to accurately set budgets based on income, expense, capital improvements, and required tasks of the organization.</i>		

	30.03	Oversee the billing and collections process and monitor the accuracy of charges and timely collection of accounts. <i>This task requires the Administrator to have procedures in place to timely and accurately bill for resident care and services to appropriate parties, insurances, or state and federal agencies as appropriate. Systems should be in place to make sure each recipient knows and understands their bill so that timely payments can be made to the facility.</i>		
	30.04	Negotiate, interpret, and implement contractual agreements to optimize financial viability. <i>This task requires the Administrator to ensure the facility/organization has written agreements and contracts that include duration of contract, liability insurance required and assured for each party, language that includes duties of each party and what steps are required to notify each party of any breach of service, and details of how to dissolve an agreement for poor service or choice to use another vendor/contractor.</i>		
	30.05	Develop, implement, monitor, and evaluate financial policies and procedures that comply with Generally Accepted Accounting Principles (GAAP). <i>This task requires the Administrator to ensure policies and procedures are in place to direct staff on the steps to accurately perform their duties. Direction must be given to employees in the areas of payroll, accounts receivable, billing, accurate record keeping, internal controls, trust accounts, HIPAA, etc.</i>		
	30.07	Establish safeguards for the protection of the service provider's assets (such as insurance coverage, risk management). <i>This task requires the Administrator to have knowledge and provide leadership in risk management, internal controls, workers compensation, and to prevent unnecessary insurance/legal claims.</i>		
Also in Nursing Module	40.07	Ensure the planning, development, implementation, monitoring, and evaluation of appropriate HIPAA compliant technology infrastructure. <i>This task requires the Administrator to ensure that HIPAA compliance is assured by developing technology infrastructures, technology safeguards (i.e., backup systems, external data storage areas, preventative maintenance for computer hardware and software) and ongoing validation surveys.</i>		
	50.13	Implement, monitor, and evaluate information management and technology systems to support service providers operations. <i>This task requires the Administrator to meet all federal/state/community requirements for information management of health records, financial information, and HIPAA. Safeguards to employee, patient, resident, and client information must be in writing and show evidence of training/competency of all employees. In addition, the Administrator must ensure there is a process in place to protect access to information, secure and track passwords, and back up and protect all data in the community servers. Attention must also be given to ensure all technology is designed/set up to save employee time and allow more time for patient/resident/client care.</i>		

	50.14	Develop, implement, and monitor comprehensive sales, marketing, and public relations strategies. <i>This task requires the Administrator to develop an effective marketing strategy designed to help the consumer, resident or responsible party, and staff to know the features, benefits, and amenities of the community/organization. The community/organization should have clear policies, standards, and protocols build consumer confidence. The Administrator should also have clear policies/procedures on how to communicate emergent/disaster solutions within and outside the community. The Administrator must also ensure that a marketing plan reflects and communicates what the community does/stands for/has achieved in writing/action/advertisement/brochure/word of mouth.</i>		
	50.15	Ensure that written agreements between the care recipient and the service providers protect the rights and responsibilities of both parties. <i>This task requires the Administrator to assure that all written agreements reflect the services provided to the resident and meets Federal and State guidelines. This may include having legal representatives review the written agreements on a regular basis to ensure they meet the most current regulations at the time and protect the facility/community/resident. In relation to a resident agreement/service plan/admission/financial agreement, the service provider/vendor agreements should be carefully reviewed by the Administrator, designated financial person and, when necessary, an attorney.</i>		
Dietary Department				
Also in Adm and Nursing Modules	10.14	Ensure the planning, development, implementation/execution, monitoring and evaluation of nutritional needs and preferences of care recipients. <i>This task requires the Administrator to ensure that the care recipient's nutritional needs are met in accordance with their individualized needs and preferences while simultaneously meeting all physician-prescribed orders.</i>		
	10.15	Ensure the planning, development, implementation/execution, monitoring and evaluation of dining experience that meets the needs and preferences of care recipients. <i>This task requires the Administrator to ensure that dining services are resident centered and meet the nutritional needs paralleled with the recipient preferences.</i>		

Housekeeping/Laundry Department

	10.12	Ensure the planning, development, implementation/execution, monitoring and evaluation of housekeeping and laundry services for care recipients. <i>This task requires the administrator to ensure a clean, safe, and sanitary environment.</i>		
	40.05	Ensure the planning, development, implementation, monitoring, and evaluation of environmental services, housekeeping and laundry. <i>This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all environmental, housekeeping, and laundry service departments meet or exceed all local, state and federal requirements. This task includes infection control, proper temperatures, temperature logs, proper use of chemicals and products used per SDS, preventative maintenance, and systems to validate compliance.</i>		
	40.08	Establish, maintain, and monitor physical environment that provides clean, safe, and secure home-like surroundings for care recipients, staff, and visitors. <i>This task requires the Administrator to ensure policies and procedures are in place to create a clean, home-like environment that supports the well-being and safety of all recipients. This task includes creating a resident centered culture that promotes choice, comfort, and cleanliness.</i>		

Environmental Management/Maintenance Department

	20.11	Promote a safe work environment (such as safety training and employee risk management). <i>This task requires the Administrator to ensure effective policies and procedures are in place to create an awareness of safety throughout the workplace that include reporting accidents, safety monitoring, fire drills, water, gas and electric shut off valves, and that emergency generators are regularly tested.</i>		
	40.01	Ensure that physical environment policies and practices comply with applicable federal, state and local laws and regulations. <i>This task requires the Administrator to create policies and procedures that follow federal laws, rules and regulations.</i>		
	40.02	Ensure the planning, development, implementation, monitoring, and evaluation of a safe and secure environment. <i>This task requires the Administrator to have policies and procedures in place that ensure the physical plant, systems, equipment, and resources are properly used and appropriate for the facility/organization. It is required that the Administrator understands, promotes, directs, and requires supervision to maintain all equipment and resources and continually validate the physical plant to include (but not limited to) the facility, grounds, equipment, tools, emergency systems, fire systems, and sprinklers.</i>		

	40.06	Ensure the planning, development, implementation, monitoring, and evaluation of maintenance service for property, plant and all equipment, including preventative maintenance. <i>This task requires the Administrator to ensure that policies and procedures are in place to provide a comprehensive plan that assures all maintenance services meet or exceed all local, state, and federal requirements. This task includes infection control, proper temperature and temperature logs, proper use of chemicals and products used per SDS, preventable maintenance, and systems to validate compliance.</i>		
	40.08	Establish, maintain, and monitor physical environment that provides clean, safe, and secure home-like surroundings for care recipients, staff, and visitors. <i>This task requires the Administrator to ensure policies and procedures are in place to create a clean, home-like environment that supports the well-being and safety of all recipients. This task includes creating a resident centered culture that promotes choice, comfort, and cleanliness.</i>		
	40.09	Identify opportunities to enhance the physical environment to meet changing market demands. <i>This task requires the Administrator to regularly maintain the physical environment of the facility/organization and to evaluate and monitor changing trends within the market community to keep the facility/organization current. This task includes creating a chart/schedule for the normal life of equipment and furnishings, using qualified professionals to assess the interior/exterior design of facility/organization, and developing annual and capital budgets to prepare for predicted capital spending.</i>		
	40.10	Establish, maintain, and monitor an environment that promotes choice, comfort, and dignity for care recipients. <i>This task requires the Administrator to ensure policies and procedures are in place to create an environment that ensures color, accessibility, design, temperature, and square footage are appropriately appointed based on the residents who reside in the care setting. Resident rooms should allow the ability to decorate it based on preferences and creativity as long as the room meets federal and state safety requirements.</i>		
Other				

Glossary



Term	Meaning/Explanation/Definition	50 - Leadership & Management Primary Related Domain
Abuse	The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish	10.0 - Customer Care, Supports and Services
Access	The ability of a person needing services to obtain those services.	10.0 - Customer Care, Supports and Services
Acquired Immune Deficiency Syndrome (AIDS)	A disease in which there is a severe loss of the body's cellular immunity, greatly lowering the resistance to infection and malignancy.	10.0 - Customer Care, Supports and Services
Activities	Refer to any endeavor, other than routine activities of daily living, in which a resident participates, that is intended to enhance his/her sense of well-being and to promote or enhance physical, cognitive, and emotional health. These include, but are not limited to, activities that promote self-esteem, pleasure, comfort, education, creativity, success, and independence.	10.0 - Customer Care, Supports and Services
Activities of Daily Living (ADL)	Individual self-performance skills needed in everyday life such as ambulation/locomotion, eating, toileting, grooming/personal hygiene, and bathing.	10.0 - Customer Care, Supports and Services
Activity Therapist (AT)	An allied health professional trained to develop and provide leisure time activities for facility residents (patients).	10.0 - Customer Care, Supports and Services
Acuity	The level of severity of a patient's condition. For example, patients who require intensive services are referred to as those having a higher level of acuity in relation to those who require less care.	10.0 - Customer Care, Supports and Services
Acute Care	Short-term, intense medical care for an episode of illness or injury often requiring hospitalization.	10.0 - Customer Care, Supports and Services
Acute Conditions	Episodic conditions that require short-term but intensive medical interventions.	10.0 - Customer Care, Supports and Services
Administer	The direct application of a vaccine or prescribed drug or device, whether by injection, ingestion or any other means, to the body of a resident (patient).	10.0 - Customer Care, Supports and Services
Administrator	See NURSING HOME ADMINISTRATOR/NURSING FACILITY ADMINISTRATOR	10.0 - Customer Care, Supports and Services
Admission Agreement	A contract that spells out the services the nursing home will provide and the cost of those services.	10.0 - Customer Care, Supports and Services
Adult Day Care	A daytime program of nursing, rehabilitation therapies, supervision and socialization that enables elderly people to remain in the community and live with family. Services are generally provided on weekdays from 7 am to 6 pm to individuals who return home in the evening.	10.0 - Customer Care, Supports and Services
Advance Directive	Written instructions from residents (patients) about the management and provision of care if they become incapacitated (e.g., living wills, do not resuscitate orders, durable power of attorney for healthcare).	10.0 - Customer Care, Supports and Services
Adverse Drug Reaction (ADR)	Any unintended response to a drug which is injurious or harmful to health and which occurs at normal doses.	10.0 - Customer Care, Supports and Services
Aged	People who, by definition, in their culture have reached an advanced age during which they may become less productive. In the U.S. they are often referred to as senior citizens, especially after reaching age 65.	10.0 - Customer Care, Supports and Services
Ageism	Prejudicial treatment of the elderly based on stereotypes and misconceptions.	10.0 - Customer Care, Supports and Services

Aging-in-place	Accommodating the changing needs of older adults while living in familiar surroundings.	10.0 - Customer Care, Supports and Services
Agitation	Verbal, vocal, and motor activities that are repetitive and outside of socially acceptable norms.	10.0 - Customer Care, Supports and Services
Allopathic Medicine	Medical approach--as practiced by physicians trained as doctors of medicine (MDs)--that views medical treatment as active intervention to produce a counteracting reaction in an attempt to neutralize the effects of disease.	10.0 - Customer Care, Supports and Services
Alzheimer's Disease	A progressive degenerative disease of the brain, producing memory loss, confusion, irritability, and severe functional decline. The disease becomes progressively worse and eventually results in death.	10.0 - Customer Care, Supports and Services
Ambulation	Moving about.	10.0 - Customer Care, Supports and Services
Ambulatory	Able to walk with or without difficulty or help.	10.0 - Customer Care, Supports and Services
Ambulatory Care (Ambulatory Services)	Services that require the patients to come and receive needed services at a community-based location. In a broader context, ambulatory care can be any outpatient services such as a visit to the physician's office, clinic or outpatient surgery.	10.0 - Customer Care, Supports and Services
Annual Assessment	An annual assessment of a resident's (patient's) physical, mental, emotional, cognitive, and functional status.	10.0 - Customer Care, Supports and Services
Antianxiety Medication	Psychoactive medications given to reduce anxiety (e.g., Ativan, Valium, Xanax)	10.0 - Customer Care, Supports and Services
Antisepsis	Removing or destroying microorganisms.	10.0 - Customer Care, Supports and Services
Aphasia	Impaired ability to communicate.	10.0 - Customer Care, Supports and Services
Apraxia	A speech disorder in which the tongue, lips, and vocal chords are unable to work together. As a result, the person is unable to say what he or she wants to say.	10.0 - Customer Care, Supports and Services
Asepsis	Absence of harmful micro-organisms called pathogens. It refers to the practice of clean procedures, such as hand-washing.	10.0 - Customer Care, Supports and Services
Aspiration	The inhaling of foreign objects, such as food or beverages if swallowed incorrectly into the lungs; results in introduction of bacteria from the mouth and stomach into the lungs which can lead to pulmonary bacterial infection known as aspiration pneumonia.	10.0 - Customer Care, Supports and Services
Assessment	The process by which health care professionals attempt to reliably characterize the patient's physical health, functional abilities, cognitive functioning, psychological state, social well-being, and past/current use of formal services.	10.0 - Customer Care, Supports and Services
Assisted Living Administrator	The person charged with operating an assisted living facility.	
Audiologist	A health care professional who is specially trained and licensed to provide direct clinical services to individuals with hearing or balance disorders.	10.0 - Customer Care, Supports and Services
Autism	A complex developmental disability that typically appears during the first three years of life and is the result of a brain disorder. It affects the person's social interaction and communication.	10.0 - Customer Care, Supports and Services
Autonomy	A cluster of notions that include self-determination, freedom, independence, and liberty of choice or actions.	10.0 - Customer Care, Supports and Services
Bed-hold	When a patient is temporarily out of the facility (at a hospital or with family), but the bed is being held and must be paid for.	10.0 - Customer Care, Supports and Services
Bedsore	See PRESSURE SORE/ULCER	10.0 - Customer Care, Supports and Services

Behavioral Intervention	Non-drug interventions used to change the resident's (patient's) behavior or environment to lessen or accommodate the resident's (patient's) behavioral symptoms.	10.0 - Customer Care, Supports and Services
Biophilia	The human tendency to pay attention to, affiliate with and respond positively to nature.	10.0 - Customer Care, Supports and Services
Boarding Home	A facility that offers room, and board and sometimes supervision of daily activities. It does NOT offer health care.	10.0 - Customer Care, Supports and Services
Care Area Assessments (CAAs)	Triggered responses to items coded on the MDS specific to a resident's possible problems, needs or strengths	
Cardiologist	A physician who specializes in the treatment of heart diseases.	10.0 - Customer Care, Supports and Services
Care Plan	A plan designed to meet all of a resident's (patient's) identified physical, mental, emotional, cognitive, and functional needs. The care plan is generally the result of assessment and collaboration by an interdisciplinary team of provider staff (also known as the Plan of Care).	10.0 - Customer Care, Supports and Services
Case Mix	A system that uses resident (patient) attributes (e.g., functional status in ADLs or cognitive abilities) to classify residents (patients) for purposes such as reimbursement. This can also be a measure of the intensity of care and services used by a group of residents in a nursing facility. "Case" refers to the overall data collected and used regarding an individual person under study. "Used" describes the combination of variables (observations) used for classifying an observation according to distinctive characteristics on the basis of a dependent variable, such as time or costs.	10.0 - Customer Care, Supports and Services
Case Mix Index	Each RUG (Resource Utilization Group) group is assigned a weight, or numeric score, which reflects the relative resources predicted to provide care to a resident. The higher the case mix index (weight), the greater the resource requirements are for the resident. Payment for each resident is made monthly to the facility based on the case mix index for the facility.	10.0 - Customer Care, Supports and Services
Centers for Medicare & Medicaid Services (CMS)	Federal agency responsible for administering the Federal Medicare and Medicaid programs. CMS headquarters is located in Baltimore, Maryland. Formerly the Health Care Financing Administration, (HCFA). Also administers Child Health Insurance Programs.	10.0 - Customer Care, Supports and Services
Certification	The process by which federal and state governments determine if a health care facility meets Medicare and/or Medicaid standards.	10.0 - Customer Care, Supports and Services
Certification and Survey Provider Enhanced Reports (CASPER)	CMS database that includes Medicare and Medicaid certified facility demographic information, results of on-site surveys, and aggregate nursing home resident characteristics for comparison with state and national peer information.	10.0 - Customer Care, Supports and Services
Certified Nursing Assistant (CNA)	A nurse aide who has completed at least the minimum training required by regulations.	10.0 - Customer Care, Supports and Services
Charge Nurse	The nurse in charge or supervising a particular part of a facility for a given time shift.	10.0 - Customer Care, Supports and Services
Chemical Restraint	A psychoactive drug used by a facility for discipline or convenience and not for medical treatment.	10.0 - Customer Care, Supports and Services
Chronic	Continuing over a long period of time or recurring frequently. Chronic conditions often begin inconspicuously and symptoms are less pronounced than in acute conditions.	10.0 - Customer Care, Supports and Services
Chronic Care	Care for residents (patients) who enter a nursing facility typically because they have chronic illnesses that require more assistance than they have available in their own home. The residents (patients) tend to remain in the facility for several months to years.	10.0 - Customer Care, Supports and Services

Clinical Information System	Information technology that is designed to be used by various clinicians to support the delivery of patient care.	10.0 - Customer Care, Supports and Services
Clinical Pathway	A care-planning tool that outlines, in a time sequence, important aspects of care necessary for meeting specific outcomes.	10.0 - Customer Care, Supports and Services
Clinical Practice Guidelines	Evidence-based standardized protocols indicated for the treatment of specific health conditions.	10.0 - Customer Care, Supports and Services
Code of Federal Regulations (CFR)	The codification of the general and permanent rules and regulations (sometimes called administrative law) published in the Federal Register by the executive departments and agencies of the federal government of the United States. The Guidelines to Surveyors is part of these regulations.	10.0 - Customer Care, Supports and Services
Comorbidity	The simultaneous presence of two or more health problems.	10.0 - Customer Care, Supports and Services
Consultant Pharmacist	Pharmacist who is contracted by the nursing home to do drug regimen reviews and provide other services.	10.0 - Customer Care, Supports and Services
Continence	The ability to self-regulate bladder and bowel elimination.	10.0 - Customer Care, Supports and Services
Continuing Care Retirement Community (CCRC)	Also called a life-care community, it is an organization that integrates and coordinates the independent living and other institution-based components of the LTC continuum. Different levels of services are generally housed in separate buildings, all located on one campus.	10.0 - Customer Care, Supports and Services
Continuum of long-term care	The full range of long-term care services that increase in the level of acuity and complexity from one end to the other -- from informal and community-based services at one end of the continuum to the institutional system at the other end.	10.0 - Customer Care, Supports and Services
Controlled Substance	A drug, substance or immediate precursor included in Schedules I to V of the Controlled Substance Act (e.g., morphine, acetaminophen with codeine, oxycodone). Except as provided under the law, their possession and use are illegal.	10.0 - Customer Care, Supports and Services
Cross-contamination	Transfer of disease causing organisms through contact with a dirty surface, unwashed hands, or insects.	10.0 - Customer Care, Supports and Services
Culture	A society's typical ways of behaving; its customs, morals and beliefs	10.0 - Customer Care, Supports and Services
Custodial Care	Nonmedical care that includes routine assistance with the ADLs but does not include active nursing or rehabilitative treatments. Such care is provided to maintain function because the person's overall condition is not likely to improve.	10.0 - Customer Care, Supports and Services
Debilitated	Weak and infirm, unable to care for many personal needs	10.0 - Customer Care, Supports and Services
Dehydration	A loss of the body's normal water content which can affect both physical and mental functions. Individuals with brain, kidney, or gastrointestinal disease may find it difficult to maintain a normal amount of water in the body without the aid of medications.	10.0 - Customer Care, Supports and Services
Dementia	A generic term that describes progressive and irreversible mental dysfunction that results in complex cognitive decline. These cognitive changes are commonly accompanied by disturbances of mood, behavior and personality.	10.0 - Customer Care, Supports and Services
Dentition	The makeup of a set of teeth including their kind, number, arrangement and usability.	10.0 - Customer Care, Supports and Services
Depression	An abnormal state of mind in which a person usually becomes inactive and disinterested in his environment and lacks motivation.	10.0 - Customer Care, Supports and Services
Dermatologist	A specialist physician who treats infections, growths, injuries, and other disorders related to the skin.	10.0 - Customer Care, Supports and Services

Dietary history	A review of a resident's usual food intake patterns, including any food preferences, chewing and swallowing problems, or difficulties with self-feeding that might affect overall food intake.	10.0 - Customer Care, Supports and Services
Dietitian	Sometime referred to as nutritionist, a dietitian provides nutritional information and diet-related services to residents/patients.	10.0 - Customer Care, Supports and Services
Director of Nursing (DON)	A registered nurse responsible for supervising the activities, functions, and training of nursing personnel.	10.0 - Customer Care, Supports and Services
Director of Nursing Services (DNS)	See DIRECTOR OF NURSING (DON).	10.0 - Customer Care, Supports and Services
Discharge Planning	A process that includes decisions about when a patient may need to be discharged from the facility and what may be needed to make a smooth transition from one level of care to another or from the facility to living independently.	10.0 - Customer Care, Supports and Services
Dispense	To deliver a prescribed drug to an ultimate user, including the compounding, packaging, and labeling necessary to prepare the prescribed drug.	10.0 - Customer Care, Supports and Services
Do-Not-Resuscitate (DNR) Order	Do Not Resuscitate (DNR) is a medical order that directs the medical care of an individual and conveys their wishes in the event they are unable to speak for themselves. Forms and regulations regarding DNR vary from state to state and administrators should check their state regarding applicable laws and forms used surrounding DNR.	10.0 - Customer Care, Supports and Services
Drug	Any substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease or other conditions in persons. Any substance other than a device or food intended to affect the structure or any function of the body of persons. In the survey guidelines, drug is used in most cases to mean medication.	10.0 - Customer Care, Supports and Services
Drug Irregularity	A drug that is given without a medical reason, in an excessive or inadequate dose or duration of therapy, where side effects indicate that a dose modification or drug discontinuation is indicated, or inadequate monitoring for effect of manufacturer's recommendations for laboratory monitoring. This therapy results in potential negative outcomes or is not achieving the stated objectives of the prescriber. The consulting pharmacist should address this potential drug therapy problem at the time of their drug regimen review.	10.0 - Customer Care, Supports and Services
Drug Regimen Review (DRR)	The review of drugs being used by a resident (patient) to determine effect and potential for harmful side effects.	10.0 - Customer Care, Supports and Services
Drug Utilization Review (DUR)	The study of drug use patterns in a facility.	10.0 - Customer Care, Supports and Services
Dysarthria	Slurred or unintelligible speech due to muscle weakness or other problem.	10.0 - Customer Care, Supports and Services
Dysphagia	Difficulty in swallowing due to a dysfunction in any phase of the swallowing process.	10.0 - Customer Care, Supports and Services
Eden Alternative	A cultural change that entails viewing the surroundings in facilities as habitats for human beings rather than as facilities for the frail and elderly, as well as applying the lessons of nature in creating vibrant and vigorous settings.	10.0 - Customer Care, Supports and Services
Emphysema	A chronic condition characterized by damaged air sacs in the lungs. The resulting reduction of surface area available for gas exchange makes breathing difficult and makes the heart work harder to circulate blood through the lungs. All these changes make less oxygen available to the body.	10.0 - Customer Care, Supports and Services
Energy metabolism	The process in the body of breaking down calories consumed into usable energy to allow the body to perform normal body functions.	10.0 - Customer Care, Supports and Services

Enforcement Grid	A table developed by the Center for Medicare and Medicaid Services that defines severity and scope of federal deficiencies and indicates whether plans of correction and remedies are necessary.	10.0 - Customer Care, Supports and Services
Enteral Feeding	Delivery of liquid food through a tube directly into the stomach.	10.0 - Customer Care, Supports and Services
Epidemic	Excessive prevalence of a negative health condition.	10.0 - Customer Care, Supports and Services
Epilepsy	A brain disorder in which signals sent by nerve cells become disturbed, causing strange sensations, emotions, convulsions, muscle spasms, or loss of consciousness.	10.0 - Customer Care, Supports and Services
Esophagostomy Tube	A small tube that enters a surgical incision on the side of the neck and is generally removed after each feeding. The tube allows food to enter the esophagus and then flow down into the stomach.	10.0 - Customer Care, Supports and Services
Ethics Committee	A multidisciplinary forum that is generally called upon to make decisions in the patient's best interest, particularly when legal avenues are not clear-cut.	10.0 - Customer Care, Supports and Services
Evidence-Based Care	Delivery of services using best practices that have been established through clinical research.	10.0 - Customer Care, Supports and Services
Exempt Employees	Salaried workers who are exempt from overtime provisions of the Fair Labor Standards Act.	10.0 - Customer Care, Supports and Services
Extended Survey	A federal survey conducted within 14 days of a finding of substandard care during a standard federal survey (see also STANDARD SURVEY).	10.0 - Customer Care, Supports and Services
Extrapyramidal Symptoms (EPS)	Abnormal movements of the mouth or tongue, pill rolling, tremors, rigid movements, mask-like face, constant movement of legs or body, tics, blinking, pacing, eyes rolled up, drooling.	10.0 - Customer Care, Supports and Services
Gait	How a person walks.	10.0 - Customer Care, Supports and Services
Gastrostomy Tube (G-tube)	A mechanism for delivering nutrition through a tube that passes through a surgical opening in the abdomen and into the stomach.	10.0 - Customer Care, Supports and Services
Geriatric Medicine	Also called geriatrics . The medical knowledge of physical disability in older persons--including diagnosis, treatment, and prevention of disorders. Geriatric medicine recognizes aging as a normal process, not a disease state.	10.0 - Customer Care, Supports and Services
Geriatrician	A physician with special training in geriatric medicine. In earlier years, this training was self-taught through the special attention physicians gave their older patients. Now, one- and three-year training programs, which follow the regular medical curriculum, are established in a number of teaching medical centers.	10.0 - Customer Care, Supports and Services
Gerontology	The study of aging from the broadest perspective. Gerontologists examine not only the clinical and biological aspects of aging but also psychosocial, and historical conditions.	10.0 - Customer Care, Supports and Services
Green House	A small freestanding facility designed to house 7 to 10 residents who live together in a homelike setting. Generally, a number of Green Houses are arranged around a central skilled nursing facility that provides support services.	10.0 - Customer Care, Supports and Services
Guardian	Legal representative, appointed by a court, to make decisions for a person not competent to make their own decisions. Generally, resident (patient) guardians have all of the legal rights normally granted to competent residents (patients).	10.0 - Customer Care, Supports and Services
Harm	Negative effect that has occurred to a resident (patient), infringement of a resident's (patient's) rights, or compromising of a resident's (patient's) ability to meet their highest practicable level of physical, mental or psychosocial well being.	10.0 - Customer Care, Supports and Services

Hierarchy	A Research Utilization Group methodology of assessment classification where an assessment is placed in the first classification category (there are over 40 reimbursement categories) and where a match is found by evaluating resident conditions and services. They are normally ordered from highest to lowest, for example extensive services, rehabilitation, special care, clinically complex, impaired cognition, behavioral problems, and reduced physical functions. These categories vary from time to time.	10.0 - Customer Care, Supports and Services
Holistic Model	A philosophy that emphasizes that health care delivery should focus not merely on a person's physical and mental needs, but should also emphasize well-being in every aspect of what makes a person whole and complete.	10.0 - Customer Care, Supports and Services
Home Health Care	Delivery of services such as nursing care and rehabilitation therapies to patients in their own homes because such patients do not need to be in an institution and yet are generally unable to leave their homes safely to get the care they need.	10.0 - Customer Care, Supports and Services
Home Telehealth Systems	Use of telecommunication technology for the distance monitoring of patients and delivery of health care with or without the use of video technology.	10.0 - Customer Care, Supports and Services
Hospice Care	As defined by Medicare, supportive services provided to terminally ill patients and their families in the final six months of a patient's life. This care is managed and coordinated by a certified Medicare hospice provider. It is a program for caring for the dying, in order to enhance quality of life rather than battling illness or warding off death.	10.0 - Customer Care, Supports and Services
Human Immunodeficiency Virus (HIV)	A virus that attacks the immune system, the body's natural defense system. Without a strong immune system, the body has trouble fighting off disease. Both the virus and the infection it causes are called HIV.	10.0 - Customer Care, Supports and Services
Hypertension	High blood pressure.	10.0 - Customer Care, Supports and Services
Hypnotic Medication	A psychoactive medication given to sedate or calm (e.g., Sonata, Restoril, Ambien).	10.0 - Customer Care, Supports and Services
Iatrogenic	Complications caused by the process of medical care.	10.0 - Customer Care, Supports and Services
ICF/IID	A federal certification for Intermediate Care Facilities for Individuals with Intellectual Disabilities.	10.0 - Customer Care, Supports and Services
Immediate Jeopardy	A situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. For more information regarding immediate jeopardy, please see CMS State Operations Manual. (Appendix Q - Guidelines for Determining Immediate Jeopardy and Chapter 7 - Survey and Enforcement Process for Skilled Nursing Facilities and Nursing Facilities)	10.0 - Customer Care, Supports and Services
Incidence	A quality indicator (QI) type from the Center of Health Systems Research & Analysis (CHSRA) that provides a description of what has taken place with a resident (patient) over the course of the last two MDS or OASIS assessments.	10.0 - Customer Care, Supports and Services
Incontinence	Lacking voluntary control over the bladder or bowel. In most people incontinence can be treated and controlled, if not cured. Specific changes in body function, often resulting from disease or the use of medications, are the cause of incontinence.	10.0 - Customer Care, Supports and Services
Individual Program Plan	A written statement of the services to be provided, as developed by an interdisciplinary team, and based on a comprehensive functional assessment of an individual's active treatment needs.	10.0 - Customer Care, Supports and Services
Indwelling Catheter	A catheter that remains in the bladder to drain urine into a bag.	10.0 - Customer Care, Supports and Services
Infantalization	Treating older adults as children.	10.0 - Customer Care, Supports and Services

Infection Control	A comprehensive program to prevent the transmission of infections to protect the residents, the staff, and visitors from contracting infections while in the facility.	10.0 - Customer Care, Supports and Services
Infectious Waste	Hazardous waste that can pose health risks from communicable infectious agents.	10.0 - Customer Care, Supports and Services
Informed Consent	The person giving consent receives information necessary to make a health care decision, including information about the benefits, reasonable risks, alternatives, the right to refuse, and consequences of any treatment or service.	10.0 - Customer Care, Supports and Services
Initial Survey	An on-site federal survey to determine whether a provider meets the requirements to begin participating in the Medicare and/or Medicaid programs.	10.0 - Customer Care, Supports and Services
Injury	Physical, financial, or emotional harm.	10.0 - Customer Care, Supports and Services
Instrumental (Independent) Activities of Daily Living (IADLs)	Activities that include meal preparation, housework (e.g., cooking), managing finances (e.g., keeping a checkbook) or medications, telephone use, shopping, and transportation (e.g., how one moves up and down stairs, how one moves in and out of cars).	10.0 - Customer Care, Supports and Services
Interdependence	A state of living together (symbiosis) in a mutually beneficial relationship.	10.0 - Customer Care, Supports and Services
Interdisciplinary Team	A facility team which allows involvement of multiple medical disciplines in providing patient care; can consist of all or some of the following professionals: physician, nurse, social worker/case manager, dietitian, therapists, pharmacists, etc.	10.0 - Customer Care, Supports and Services
Internist	A physician who specializes in treating diseases related to the internal organs of the body.	10.0 - Customer Care, Supports and Services
Interoperable	Electronic medical information that is available simultaneously to various health care providers.	10.0 - Customer Care, Supports and Services
Jejunostomy tube (J-tube)	A surgically placed tube that enters the small intestine for the delivery of specialized nutritional formulas.	10.0 - Customer Care, Supports and Services
Learned Helplessness	A psychological state in which patients believe that they can no longer do anything for themselves and must depend on others.	10.0 - Customer Care, Supports and Services
License	A duly-issued certificate that permits a person to practice or a nursing home to operate in a given state.	10.0 - Customer Care, Supports and Services
Licensed Practical Nurse (LPN)	A person licensed as a practical nurse by state statute. An LPN performs simple acts in the care of convalescent, sub-acute or chronically ill patients; or provides care to acutely ill patients under the specific direction of a registered nurse, physician, podiatrist or dentist. Similar to an LVN (Licensed Vocational Nurse) in some states.	10.0 - Customer Care, Supports and Services
Licensure	The granting of a license to a provider that has been determined to meet a state's requirements for operation.	10.0 - Customer Care, Supports and Services
Living Will	An advance directive specifying a person's wishes regarding medical treatment in the event this person becomes incompetent.	10.0 - Customer Care, Supports and Services
Long Term Care (LTC)	A general term used to describe care in nursing homes. This term is also used to describe a broader continuum of care for chronic and disabled persons that include nursing homes, assisted living facilities, board and care facilities, and community care such as home health agencies. It is a variety of individualized and well-coordinated total care services that promote the maximum possible independence for people with functional limitations and that are provided over an extended period of time, using appropriate current technology and available evidence-based practices, in accordance with a holistic approach while maximizing both the quality of clinical care and the individual's quality of life.	10.0 - Customer Care, Supports and Services

Long Term Care Facility	An institution, commonly referred to as a nursing home, that is duly licensed to provide long-term care services.	10.0 - Customer Care, Supports and Services
Maintenance Rehabilitation	Rehabilitation that is aimed at preserving the present level of function and preventing secondary complications.	10.0 - Customer Care, Supports and Services
Malpractice	Negligence or carelessness in the delivery of services according to accepted standards of care so that harm is caused to the recipient of care.	10.0 - Customer Care, Supports and Services
Managed Care	An approach to delivering a comprehensive array of health care services to a defined group of enrolled members through efficient management of service utilization and payment to providers.	10.0 - Customer Care, Supports and Services
MDS Completion Date	The date at which the RN assessment coordinator attests that all portions of the MDS have been completed.	10.0 - Customer Care, Supports and Services
Medicaid	A state program that provides medical services to clients of the state public assistance program and, at the state's option, other needy individuals, as well as supplements hospital and nursing facility (NF) services that are mandated under Medicaid. States may decide on the amount, duration, and scope of additional services. Generally, the only types of institutions participating solely in Medicaid are Nursing Facilities (NFs) and Intermediate Care Facilities for the Mentally Retarded (ICF/MR). Also called Title 19 of the Social Security Act, it is a jointly funded federal-state health insurance program for the indigent.	10.0 - Customer Care, Supports and Services
Medical Model	Delivery of health care that places its primary emphasis on the treatment of disease, relief of symptoms, and intensive use of medical technology, with little emphasis on the promotion of optimum health in a holistic context.	10.0 - Customer Care, Supports and Services
Medical Nutrition Therapy	A diet ordered by a physician as part of treatment for a disease or clinical condition, or to eliminate, decrease or increase specific nutrients in the diet. (May also be called Therapeutic Diet).	10.0 - Customer Care, Supports and Services
Medicare	A federal insurance program, as referenced in Title 18 of the Social Security Act, providing a wide range of benefits for specific periods of time through providers and suppliers participating in the program. Providers, are patient care institutions such as hospitals, hospices, nursing homes, and home health agencies. Benefits are payable for most people over age 65, Social Security beneficiaries under 65 entitled to disability benefits, and individuals needing renal dialysis or renal transplantation. Payment for services is made by the federal government through designated fiscal intermediaries (FIs) and carriers to the providers and suppliers.	10.0 - Customer Care, Supports and Services
Medicare Data Communication Network (MDCN)	A secure connection that is used to transmit MDS data to each state's repository. A user ID and password is issued for each person who requires access to the CMS MDS intranet.	10.0 - Customer Care, Supports and Services
Medication Error	Medications not given as intended by the prescriber, as required by the drug manufacturer, or according to acceptable professional standards.	10.0 - Customer Care, Supports and Services
Persons with Developmental/Intellectual Disabilities	Below-average intellectual functioning that is long term and incurable.	10.0 - Customer Care, Supports and Services
Minimum Data Set (MDS)	A federally mandated resident assessment instrument used to assess resident physical, mental, emotional, cognitive, and functional limitations and strengths. The MDS must be administered to all residents in Medicare- or Medicaid-certified facilities at the time of admission, annually, quarterly, and when a significant change in a resident's condition occurs.	10.0 - Customer Care, Supports and Services
Misappropriation	The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's (patient's) belongings or money without their consent.	10.0 - Customer Care, Supports and Services

Multidisciplinary (or interdisciplinary)	A team approach to problem solving or delivery of care in which all key disciplines, such as nursing, food service, therapy, social work, and activities, participate and make joint decisions.	10.0 - Customer Care, Supports and Services
Multisensory Stimulation (MSS)	Also known as "multisensory behavior therapy (MSBT)," it involves stimulation of all the primary senses through a combined effect of textured objects, soft music, colored lighting, aromas, and favorite foods.	10.0 - Customer Care, Supports and Services
Nasoduodenal Tube	A mechanism for delivering nutrition through a tube that passes through the patient's nose and goes down into the duodenum, the first part of the small intestine.	10.0 - Customer Care, Supports and Services
Nasogastric tube (NG-tube)	A method of delivering nutrition through a tube that passes through the nasal openings, down to the esophagus, and into the stomach.	10.0 - Customer Care, Supports and Services
Neglect	Failure to provide goods and services to prevent resident (patient) harm, mental anguish, or mental illness.	10.0 - Customer Care, Supports and Services
Negligence	Failure to exercise the degree of care that a reasonable person would exercise in similar circumstances.	10.0 - Customer Care, Supports and Services
Nephrologist	A physician who specializes in kidney diseases, kidney transplantation, and dialysis therapy. Nephrology is classified as an internal medicine subspecialty.	10.0 - Customer Care, Supports and Services
Nosocomial Infection in the LTC Facility	An infection that develops after admission to the long term care facility. These infections, also known as a Health Care Associated Infection (HAI) or a facility acquired infection, generally occur 72 hours after a resident is admitted. Infections that develop prior to this timeframe are known as community associated infections.	10.0 - Customer Care, Supports and Services
Nurse Aide Competency	Federal and/or state training and capability requirements needed for employment of nurse aides in nursing homes.	10.0 - Customer Care, Supports and Services
Nurse Aide Registry	A listing of nurse aides who have met Federal and/or State training and competency requirements needed for employment in nursing homes.	10.0 - Customer Care, Supports and Services
Nurse Aide, Nursing Assistant (NA)	An unlicensed caregiver, under professional nurse supervision, who provides nursing and professional care.	10.0 - Customer Care, Supports and Services
Nurse Practitioner	A registered nurse who meets additional state requirements to meet this designation. In some states, nurse practitioners may act as physician extenders to conduct certain activities such as ordering tests and medications.	10.0 - Customer Care, Supports and Services
Nursing Facility (NF)	A nursing home that meets the requirements for Medicaid certification as defined in 1919(a) of the Federal Social Security Act.	10.0 - Customer Care, Supports and Services
Nursing Home Administrator (NHA) Nursing Facility Administrator (NFA) Long-Term Care Administrator (LTCA) Administrator of Records	The person charged to operate a nursing home and licensed by the state. "As the nursing home evolved, the title of the person was changed from operator to nursing home administrator. Since then the term nursing home has changed to nursing facility. A few states changed nursing home administrator to nursing facility administrator. However, the term nursing facility has not become popular. Predominantly they are called nursing homes, so the title nursing homes administrator (NHA) is likely to remain in vogue." (Townsend, <i>et.al.</i> , page 7).	10.0 - Customer Care, Supports and Services
Nursing Home Quality Improvement Initiative	A program of the CMS and U.S. Department of Health and Human Services that compiles information about nursing home residents on eight situations/conditions called quality measures (QMs) and makes the information available to consumers.	10.0 - Customer Care, Supports and Services
Occupational Therapist (OT)	A person licensed, certified, or registered under state statutes to perform as an occupational therapist. Generally these individuals are certified by the American Occupational Therapy Association (AOTA).	10.0 - Customer Care, Supports and Services

Occupational Therapy	Specializes in the adaptive use of the upper extremities for performing various tasks...evaluating and treating functional impairments in the ADLs. Occupational therapists (OTs)also play a vital role in evaluating the independent living environment when the patient is scheduled for discharge to home.	10.0 - Customer Care, Supports and Services
Ombudsman	Paid or voluntary staff that investigate nursing home complaints from residents and their families and act as resident advocates addressing concerns of nursing home residents. Many Ombudsman programs are associated with state departments or boards of aging. An ombudsman is a trained professional who works independently with area nursing home residents and their families to resolve concerns they may have about their lives in a facility.	10.0 - Customer Care, Supports and Services
Omnibus Budget Reconciliation Act of 1987 (OBRA)	Changes to the Federal Social Security Act that significantly changed how nursing homes and home health agencies are regulated for Medicare and Medicaid certification. A law that enacted reforms in nursing facility care and provided the statutory authority for the MDS.	10.0 - Customer Care, Supports and Services
Oncology	A medical specialty dealing with cancers and tumors.	10.0 - Customer Care, Supports and Services
One-to-one Programming	Refers to programming provided to residents who will not, or cannot, effectively plan their own activity pursuits, or residents needing specialized or extended programs to enhance overall daily routine and activity pursuit needs.	10.0 - Customer Care, Supports and Services
Online Survey/ Certification and Reporting (OSCAR)	CMS database that includes Medicare and Medicaid certified facility demographic information, results of on-site surveys, and aggregate nursing home resident characteristics for comparison with state and national peer information.	10.0 - Customer Care, Supports and Services
Ophthalmologist	A physician who specializes in the treatment of diseases and injuries of the eye.	10.0 - Customer Care, Supports and Services
Optician	An optical technician who generally hold an associate's degree in optometry. An optician dispenses and fits eyeglasses.	10.0 - Customer Care, Supports and Services
Optometrist	A licensed professional who holds a doctor of optometry (OD) degree and is trained to diagnose and treat vision problems and other eye disorders. They most commonly prescribe eyeglasses and contact lenses.	10.0 - Customer Care, Supports and Services
Orthopedist	A physician who specializes in correcting deformities of the skeletal system and may surgically repair bones and joints.	10.0 - Customer Care, Supports and Services
Osteopathic Medicine	Medical approach -- practiced by doctors of osteopathic medicine (DOs) -- that emphasizes the musculoskeletal system of the body such as correction of joints and tissues.	10.0 - Customer Care, Supports and Services
Outcome	The status of care provided to a resident (patient).	10.0 - Customer Care, Supports and Services
Palliation	Medical care that is focused on relieving unpleasant symptoms such as pain, discomfort, and nausea.	10.0 - Customer Care, Supports and Services
Palliative Care	Management and support provided for the reduction or abatement of pain, for other physical symptoms and psychosocial and spiritual needs of individuals with terminal illness and includes physician services, skilled nursing care, medical services, social services, services of volunteers and bereavement services, but does not mean treatment provided to cure a medical condition or disease to artificially prolong life. It is the alleviating of suffering where "cure" of underlying disease is no longer possible.	10.0 - Customer Care, Supports and Services
Parenteral Nutrition (PN)	Delivering a special liquid nutritional formulation directly into the blood stream, when the gastrointestinal tract is not functioning properly.	10.0 - Customer Care, Supports and Services

Parkinson's Disease	A progressive disorder of the central nervous system. Clinically, the disease is characterized by a decrease in spontaneous movements, gait difficulty, postural instability, rigidity and tremor. Parkinson's disease is caused by the degeneration of certain neurons in the brain.	10.0 - Customer Care, Supports and Services
Passivity	A decline in human emotions, withdrawal from interactions with others and surroundings, and a decrease in motor activity.	10.0 - Customer Care, Supports and Services
Pathogen	Disease-causing organism.	10.0 - Customer Care, Supports and Services
Pathological Waste	Waste that may contain human tissue, blood, or body fluids.	10.0 - Customer Care, Supports and Services
Percentile Rank	For the CHSRA QIs, a means of ranking providers based on how they compare with each other on each separate QI. The higher a provider's percentile ranking, the more apt the provider is to have a care concern.	10.0 - Customer Care, Supports and Services
Person Appropriate Activities	Refers to the idea that each resident has a personal identity and history that involves more than just his/her medical illnesses or functional impairments. (Miller, cited in <i>The Long Term Care Survey</i> , 2008, page 86).	10.0 - Customer Care, Supports and Services
Physiatrist	A medical doctor who has specialized in physical medicine, rehabilitation, and pain medicine.	10.0 - Customer Care, Supports and Services
Physical Restraint	Devices that prevent or restrict resident (patient) movement. A device or manual method that works to treat a medical symptom(s) but is attached to or adjacent to the individual's body so that freedom of movement or normal access to one's body is restricted.	10.0 - Customer Care, Supports and Services
Physical Therapist (PT)	A person licensed, certified, or registered by state statute to perform as a physical therapist. Generally, these individuals are certified by the American Physical Therapy Association (APTA).	10.0 - Customer Care, Supports and Services
Physical Therapy	Physical therapy or physiotherapy (often abbreviated to PT) is a physical medicine and rehabilitation specialty that remediates impairments and promotes mobility, function, and quality of life through examination, diagnosis, prognosis, and physical intervention (therapy using mechanical force and movements). Some examples of physical therapy are strength training, fitting and using artificial limbs, training to use canes and walkers.	10.0 - Customer Care, Supports and Services
Physician Assistant (PA)	A person licensed or certified by state statute to perform as a physician assistant. It is a trained professional who can perform physical examinations, diagnose and treat illnesses, order and interpret laboratory tests, and make rounds at LTC facilities under the direction of a physician.	10.0 - Customer Care, Supports and Services
Pioneer Network	A national organization that began as a grassroots movement of caregivers, consumer advocates, and others who were concerned about the quality of life in nursing homes. The organization advocates cultural change in nursing facilities through educating, sharing of ideas, and forming coalitions with stakeholders such as regulators, ombudsmen, consumers, and care professionals.	10.0 - Customer Care, Supports and Services
Plan of Correction (POC)	A provider's plan for how and when it will correct federal deficiencies and/or state violations.	10.0 - Customer Care, Supports and Services
Podiatrist	A physician who treats patients with diseases or deformities of the feet.	10.0 - Customer Care, Supports and Services
Post-Acute Care	Care for residents (patients) who are admitted to a facility following an acute care hospitalization. Care may involve high-intensity rehabilitation or clinically complex care. Most post-acute stays are for less than 30 days. Some post-acute stays lead to long term admissions for chronic care.	10.0 - Customer Care, Supports and Services
Post-Survey Revisit	An on-site provider visit intended to verify correction of deficiencies and/or violations cited during a survey.	10.0 - Customer Care, Supports and Services
Preadmission Screening/ Annual Resident Review (PASARR)	Federally required screening of all nursing home residents, prior to admission, to determine if the individual residents are developmentally and/or intellectually disabled.	10.0 - Customer Care, Supports and Services

Pressure Sore/Ulcer	An inflamed lesion of the skin or internal mucous tissue caused by pressure or friction. Pressure sores are classified (Stages 1 - 4) for increasing severity.	10.0 - Customer Care, Supports and Services
Prevalence	A type of QI or QM that provides a description of a resident or patient at a point.	10.0 - Customer Care, Supports and Services
Primary Care	Basic, routine, continuous, and coordinated medical care rendered by a primary care physician or a mid-level provider such as a physician's assistant or nurse practitioner.	10.0 - Customer Care, Supports and Services
Prior Assessment	The assessment that occurs in the most recent four months (46-165 days) preceding the target assessment (See Assessment and Target Assessment).	10.0 - Customer Care, Supports and Services
Program of Activities	Includes a combination of large and small group, one-to-one, and self-directed activities; and a system that supports the development, implementation, and evaluation of the activities provided to the residents in the facilities.	10.0 - Customer Care, Supports and Services
Provider Initiative Project (PIP)	A quality indicator information system for long term care developed by the Center for Health Systems Research and Analysis (CHSRA) at the University of Wisconsin-Madison that utilizes MDS assessment data.	10.0 - Customer Care, Supports and Services
Psychoactive Medication	Medications used to change, modify, or alter an individual's behavior or mood. This general term includes antianxiety, antidepressant, antipsychotic, and hypnotic medications.	10.0 - Customer Care, Supports and Services
Psychotropic Medications	Psychoactive medications used to change, modify, or alter an individual's behavior or mood. This general term includes antianxiety, antidepressant, antipsychotic, and hypnotic medications.	10.0 - Customer Care, Supports and Services
Personal User Identification (PUID)	An individual logon that is unique to each staff member who uses the ePIP system. New IDs can be requested at any time by contacting the ePIP help desk.	10.0 - Customer Care, Supports and Services
QI Domain	For the CHSRA QIs, the broad areas of care that represent the common conditions and important aspects of care and life to nursing home residents. Each domain is represented by one or more QIs.	10.0 - Customer Care, Supports and Services
Quality Assurance	A provider program to monitor and study the quality of the services it delivers, and to make recommendations for improvement. A designated quality assurance committee usually coordinates this activity.	10.0 - Customer Care, Supports and Services
Quality Indicators (QIs)	CHSRA's indicators of provider level and resident (patient) level status derived from MDS (OASIS) information. The QIs are pointers or signposts of resident (patient) and/or provider care problems. QIs are used by surveyors to help structure the survey process and can be used by the provider to help monitor and improve their own performance.	10.0 - Customer Care, Supports and Services
Quality Indicator Survey (QIS)	An initiative by CMS to move the facility survey process to completing surveys on laptops using wireless technology. This will enable the surveyors to communicate with each other via laptop throughout the survey process itself.	10.0 - Customer Care, Supports and Services
Quality Measures (QMs)	Publicly reported information made available by CMS to help consumers assess the quality of nursing home care. There are two categories of quality measures: (1) conditions relevant primarily to long-term residents (patients) (chronic care), including decline in late loss ADLs, pressure sores, residents with pain, physical restraints, and prevalence of infections; and (2) short-stay (temporary) residents (patients) (post-acute care), specifically prevalence of delirium, residents with pain, and improvements in walking. Many of the QMs are based on, and virtually identical to, QIs.	10.0 - Customer Care, Supports and Services
Quality of Care	General area of the federal nursing home requirements that addresses specific issues.	10.0 - Customer Care, Supports and Services

Quality of Life	General area of the federal nursing home regulations that addresses resident (patient) life issues such as dignity, participation in activities, social services, accommodation of needs, and the facility's environment such as lighting, sound, temperature and homelike environment.	10.0 - Customer Care, Supports and Services
Quarterly Assessments	MDS assessments required each quarter for all residents (patients) in Medicare and/or Medicaid facilities.	10.0 - Customer Care, Supports and Services
Range of Motion (ROM)	The extent or magnitude of a resident's (patient's) joint movement.	10.0 - Customer Care, Supports and Services
Reality Orientation	A form of therapy for confused or disoriented individuals that consists of reiteration of the person's identity, orientation to time and place, and reinforcement of consistency in daily routine. Repeated attempts are made to draw the person into conversation, using simple questions, pictures, or whatever may spark their interest.	10.0 - Customer Care, Supports and Services
Recreational Therapist (RT)	A person certified, by a recognized certifying organization, to perform as a recreational therapist.	10.0 - Customer Care, Supports and Services
Registered Dietitian	The health professional designated to oversee food and nutrition services in acute and long-term care settings by both the Centers for Medicare and Medicaid Services and the Joint Commission on Accreditation of Healthcare Organizations; this professional has received a degree in nutrition science, completed a 1,000-hour dietetic internship, and passed a comprehensive national registration examination - a minimum of 15 continuing education hours must be obtained and approved by the Commission on Dietetic Registration for the registered dietitian credentials to be maintained.	10.0 - Customer Care, Supports and Services
Registered Dietitian (RD)	A person registered as a dietitian by state statute or the American Dietetics Association.	10.0 - Customer Care, Supports and Services
Registered Nurse (RN)	A person registered as a nurse by state statute.	10.0 - Customer Care, Supports and Services
Registered Pharmacist (RPh)	A person registered as a pharmacist by state statute.	10.0 - Customer Care, Supports and Services
Regulations	Federal requirements promulgated to "flesh out" the statutory requirements in the Social Security Act (see also Rules and Statutory Requirement).	10.0 - Customer Care, Supports and Services
Resident Assessment Instrument (RAI)	A tool to help facilities identify residents' needs and strengths and develop an appropriate care plan. The federal RAI system includes: the MDS, CAAs, and utilization guidelines. It is the designation for the complete resident assessment process mandated by CMS, including the comprehensive MDS, RAPS, and care planning decisions.	10.0 - Customer Care, Supports and Services
Resident Centered Care	Practices that encourage residents to be involved in making decisions about their care and daily activities; examples of resident-centered dietary functions include cook-to-order eating schedules, resident-involved menu planning, and buffet style or family dining meal service.	10.0 - Customer Care, Supports and Services
Resource Utilization Groups (RUGS)	A collection of nursing facility resident classification systems used in a variety of case mix indexed reimbursement systems. Using assessment tools like the MDS 3.0, these systems group residents by expected level of resource utilization, usually based upon staff time measurements per resident per day. Relative resource utilization is reflected in a case mix index (CMI) value assigned to each RUG cell.	10.0 - Customer Care, Supports and Services
Respite Care	Any temporary long-term care service (adult day care, home health, or temporary institutionalization) that focuses on giving family caregivers time off while the patient's care is taken over by the respite care provider.	10.0 - Customer Care, Supports and Services
Scope	The extent or magnitude of deficient facility practice on resident (patient) outcome. There are three levels of scope as described in the Federal Enforcement Grid (see also ENFORCEMENT GRID)	10.0 - Customer Care, Supports and Services

Sentinel Health Events	Significant conditions or events that exist for only a single case or a few cases. For the CHSRA QI, they may represent a significant problem that needs to be investigated (e.g., fecal impaction, dehydration, pressure ulcers--low risk).	10.0 - Customer Care, Supports and Services
Septicemia	Also called "blood poisoning," it is a rapidly progressing and life threatening infection due to the presence of bacteria in the blood.	10.0 - Customer Care, Supports and Services
Severity	The effect of seriousness of deficient facility practice on resident (patient) outcome. There are four levels of severity as described in the Federal Enforcement Grid (see also ENFORCEMENT GRID).	10.0 - Customer Care, Supports and Services
Shelf-Stable Food	Preserved (often canned or boxed) food which is able to be stored at room temperature for long periods and made ready for service in an emergency situation without the use of electricity.	10.0 - Customer Care, Supports and Services
Short-Term Stay	Admission and discharge of a nursing home resident (patient) that occurs in less than 14 days.	10.0 - Customer Care, Supports and Services
Side Effect	Undesirable effect of a medication that causes minimal discomfort in some people.	10.0 - Customer Care, Supports and Services
Significant Change	A major decline or improvement in a resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of a resident's health status and requires interdisciplinary review or revision of the care plan, or both.	10.0 - Customer Care, Supports and Services
Significant Change in Condition	A substantial modification in a resident's (patient's) physical, mental, emotional, cognitive, or functional status that requires a new assessment using the MDS instrument, and also generally requires notification of the resident's (patient's) attending physician, family, or guardian.	10.0 - Customer Care, Supports and Services
Significant Medication Error	Medication error that cause a resident (patient) discomfort and/or jeopardizes his/her health and safety.	10.0 - Customer Care, Supports and Services
Significant Weight Loss	The threshold used to determine when intervention and documentation is required to prevent under-nutrition from excessive weight loss; in the long term care setting, significant weight loss is 5% in 30 days, 7.5% in 90 days and 10% in 180 days.	10.0 - Customer Care, Supports and Services Skilled Nursing Facility (SNF)
Skilled Nursing Facility (SNF)	A nursing home that meets the requirements for Medicaid certification as defined in 1819(a) of the Federal Social Security Act. Also the term used by most states to define the type of nursing home that is licensed to provide the highest level of care.	10.0 - Customer Care, Supports and Services
Social Security Act	Federal statutory law that includes the requirements for participation in the Medicare and Medicaid programs.	10.0 - Customer Care, Supports and Services
Speech Language Pathology	Encompasses evaluation and treatment of speech, language, and cognitive disorders; treats several kinds of disorders such as aphasia, dysarthria, and dysphagia.	10.0 - Customer Care, Supports and Services
Speech Pathologist (SP)	A person licensed, certified, or registered by state statute to perform as a speech pathologist.	10.0 - Customer Care, Supports and Services
Speech Therapist (ST)	A person licensed, certified, or registered by state statute to perform as a speech therapist.	10.0 - Customer Care, Supports and Services
Standard of Care	The duty to have and to use the degree of knowledge and skill that is usually possessed and used by competent, health care providers in similar circumstances.	10.0 - Customer Care, Supports and Services
Standard Precautions (SP)	General infection control precautions to be used when delivering hands-on care to any patient, or when handling soiled articles of linen and clothing. It requires the use of gloves, gowns, and masks as necessary to avoid contact with body fluids. The former term for SP was universal precautions.	10.0 - Customer Care, Supports and Services

Standard Survey	An on-site federal survey of nursing homes conducted every 9-15 months to determine compliance with federal regulations for Medicare and/or Medicaid.	10.0 - Customer Care, Supports and Services
State Operations Manual (SOM)	The title given to the current set of requirements and guidelines to surveyors. Current edition with changes in red can be downloaded from the CMS web site, www.cms.gov	10.0 - Customer Care, Supports and Services
Statement of Deficiency (SOD)	A written summary of noncompliance with regulations found during a federal provider survey or complaint investigation (see also VIOLATION). Statements of deficiency are written on a CMS 2567 form.	10.0 - Customer Care, Supports and Services
Stoma	An artificially created opening in the body.	10.0 - Customer Care, Supports and Services
Stroke	A sudden interruption in the blood supply of the brain. Most strokes are caused by an abrupt blockage of arteries leading to the brain (ischemic stroke). Other strokes are caused by bleeding into brain tissue when a blood vessel bursts (hemorrhagic stroke).	10.0 - Customer Care, Supports and Services
Subacute	Type of nursing home care that is generally considered above skilled nursing but below acute hospital care.	10.0 - Customer Care, Supports and Services
Substandard Quality of Care	Substandard quality of care is any deficiency in 42 CFR 483.13 -- Resident Behavior and Facility Practice, 42 CFR 483.15 -- Quality of Life or 42 CFR 483.25 -- Quality of Care that constitutes immediate jeopardy to resident (patient) health or safety; or a pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm that is not immediate jeopardy, with no actual harm. On the Federal Enforcement Grid, substandard care equates to boxes F, H, I, J, K and L, and also results in imposition of penalties (see also ENFORCEMENT GRID).	10.0 - Customer Care, Supports and Services
Substantial Compliance	Minor deficiencies or violations, but a facility generally meets the intent of federal or state regulations. On the Federal Enforcement Grid, Substantial Compliance is equated to boxes A-C (see also ENFORCEMENT GRID).	10.0 - Customer Care, Supports and Services
Target Assessment	The most recent full or quarterly assessment that is available for the time in which the QM score is calculated (see ASSESSMENT and PRIOR ASSESSMENT).	10.0 - Customer Care, Supports and Services
Temperature Danger Zone	"Danger Zone" refers to temperatures above 41 degrees Fahrenheit (F) and below 135 degrees F that allow the rapid growth of pathogenic microorganisms that can cause foodborne illness. Potentially Hazardous Foods (PHF) or Time/Temperature Control for Safety (TCS) foods held in the danger zone for more than 4 hours (if being prepared from ingredients at ambient temperature) or 6 hours (if cooked and cooled) may cause a foodborne illness outbreak if consumed.	10.0 - Customer Care, Supports and Services
Terminal Care	Care provided to a dying resident (patient) that may or may not include hospice care (see also HOSPICE CARE).	10.0 - Customer Care, Supports and Services
Texture Modification	Changing the consistency of food offered to a resident to help accommodate difficulties in chewing or swallowing; textures can include chopped food (the size of green peas), ground food (the size of apple seeds), and pureed food (the consistency of smooth mashed potatoes).	10.0 - Customer Care, Supports and Services
Therapeutic Diet	A diet ordered by a physician as part of treatment for a disease or clinical condition, or to eliminate, decrease or increase specific nutrients in the diet. (May also be called Medical Nutrition Diet).	10.0 - Customer Care, Supports and Services
Threshold	A set point for each CHSRA QI at which the likelihood of a problem is sufficient to warrant further investigation. There may also be a concern below the threshold especially if the percentile rank is close to the threshold. Generally, the threshold point is set at the 90th percentile (see also PERCENTILE RANK).	10.0 - Customer Care, Supports and Services

Transfer	(1) Movement of a patient from one surface to another, such as from a bed to a chair, or from a wheelchair to a car seat. (2) Movement of a patient from one facility to another.	10.0 - Customer Care, Supports and Services
Transitional Care Unit (TCU)	A skilled nursing unit located within a hospital.	10.0 - Customer Care, Supports and Services
Transmission-based Precautions	Infection control precautions to follow when caring for patients who have communicable disease. These precautions are used in addition to standard precautions.	10.0 - Customer Care, Supports and Services
Unnecessary Drug	Any of the following: drug that is given without a medical reason; drug given in excessive dose; drug given for an excessive amount of time; drug without adequate monitoring; drug given with side effects and/or adverse reactions that indicate the drug should be reduced or discontinued.	10.0 - Customer Care, Supports and Services
Validation Therapy	A type of therapy in which a person's belief that he or she is actually living in the past is accepted and validated by staff members working with the patient.	10.0 - Customer Care, Supports and Services
Variance	The granting of an alternate requirement in place of a federal or state regulation.	10.0 - Customer Care, Supports and Services
Ventilator	A small machine that takes over the breathing function by automatically moving air into and out of the patient's lungs.	10.0 - Customer Care, Supports and Services
Violation	A written summary of noncompliance with regulations found during a state provider survey or complaint investigation (see also STATEMENT OF DEFICIENCY). The written document is generally called a Notice of Violation.	10.0 - Customer Care, Supports and Services
Vital Signs	Generally, body temperature, pulse rate, blood pressure, and respiratory rate are referred to as vital signs. Any abnormalities in these measures should trigger further clinical evaluation.	10.0 - Customer Care, Supports and Services
Waiver	The granting of an exemption from a federal or state regulation (see also VARIANCE).	10.0 - Customer Care, Supports and Services
Immediate Jeopardy (IJ)	A situation in which a provider's noncompliance with one or more regulations has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident (patient). (42 CFR Part 489.3.)	10.0 - Customer Care, Supports and Services & 50.0 - Leadership & Management
Adverse Impact	Under the Civil Rights Act of 1964 and its amendments, adverse impact occurs whenever the selection rate for any protected group is less than 80% of the rate for the group with the highest rate. The focus is on the hiring standard used by the employer as a method of screening applicants. "The burden of proof is on the employer to show that a hiring standard is job related."	20.0 - Human Resources
Affirmative Action	Review of a facility's hiring practices (recruiting, advertising, and data on the applicants) by the federal government to ensure conformity to the 1964 Civil Rights Act and its amendments. Legal violations can be processed if it is determined that the facility has discriminated based on age, sex, marital status, race, religion, handicap or national origin.	20.0 - Human Resources
Arbitration	Utilization of a third party to resolve disputes. As used here, this concept is related to facilities that have unions. The third party hears the arguments on both sides and then makes a decision which is binding on both the union and the facility.	20.0 - Human Resources
Bargaining Unit	Determination by the National Labor Relations Board of which workers will be grouped together for the purposes of forming or taking steps towards forming a union.	20.0 - Human Resources
Benefits (Fringe Benefits)	Compensation other than wages paid to workers, such as paid vacation/leave, paid health insurance, and retirement plans.	20.0 - Human Resources

Career Ladder	Paths or promotion routes established by the organization along which employees can seek to progress, such as financial assistance and release time to CNAs who seek to become a licensed nurse, or a licensed practical nurse who seeks to become a registered nurse.	20.0 - Human Resources
Career Paths	Defined avenues for upward mobility available to employees within an organization (similar to career ladder.)	20.0 - Human Resources
Clinical Approach to Hiring Decision	A hiring technique in which the employer makes the decision after reviewing all the information in hand about the match of the applicant and the job (see also STATISTICAL APPROACH.)	20.0 - Human Resources
Coaching	Either help given by a superior to a subordinate, or personal assistance from a person who is not the employee's supervisor, but may be a manager of another division or from outside the company.	20.0 - Human Resources
Collective Bargaining	Bargaining by groups of workers recognized and constituted through supervised election procedures under the National Labor Relations Board.	20.0 - Human Resources
Compensation Management	Determining and administering wage, incentive, and benefit programs for a facility.	20.0 - Human Resources
Compensation Theory	Ideas or approaches to the functions of wages and benefits in motivating employees to meet the requirements of the employer (see e.g., EQUITY THEORY).	20.0 - Human Resources
Controlling	(as a managerial behavior) Determination by administration of how well jobs have been done and what progress is being made to achieve the organization goals, then taking necessary corrective actions to achieve these goals. It is the process of monitoring, evaluating and correcting.	20.0 - Human Resources
Cost of Living Allowance (COLA)	Upward adjustments in wages during times of inflation to assist workers to maintain their purchasing power.	20.0 - Human Resources
Cultural Competency	The ability of service agencies to understand the world view of clients of different cultures, and adapt practices to ensure their effectiveness.	20.0 - Human Resources
Cultural Diversity	The mosaic of individuals and groups with varying backgrounds, experiences, styles, perceptions, values and beliefs.	20.0 - Human Resources
Discrimination	The use of any selection procedure which has an adverse impact on the hiring, promotion or other employment or membership opportunities of members of any race, age, religion, marital status, sex, or national origin.	20.0 - Human Resources
Employee Assistance Program (EAP)	24-hour, 7-day-a-week confidential telephone service providing assistance to employees on matters such as child and elder care, substance abuse, financial counseling, etc.	20.0 - Human Resources
Employee Handbook	A compilation of the facility policies that directly relate to work conditions. It is often treated as a binding contract by the courts.	20.0 - Human Resources
Empowerment	The concept of encouraging and authorizing workers to take the initiative to improve operations, reduce costs, and improve quality of services.	20.0 - Human Resources
Equal Employment Opportunities Commission (EEOC)	The organization created by the Civil Rights Act of 1964 to carry out the provisions of that act. The EEOC also administers the Americans with Disabilities Act of 1990 (ADA), the Age Discrimination in Employment Act of 1967 (ADEA), Equal Pay Act of 1963 (EPA), The Pregnancy Discrimination Act of 1978, and the Genetic Information Nondiscrimination Act (GINA).	20.0 - Human Resources
Equity Theory	Concept that employees seek an exchange in which their wages and benefits are equal to their work effort, especially when compared to wages and benefits being paid to similarly situated co-workers.	20.0 - Human Resources

Error of Central Tendency	Error by supervisors using rating scales in employee evaluations when consistently giving only moderate scores to employees on performance appraisals, regardless of whether the employee is a poor or an outstanding performer.	20.0 - Human Resources
Expectancy Theory	Belief that the level of motivation to perform (make an effort at work) is a mathematical function of the expectations individuals have about future outcomes multiplied by the value the employee places on these outcomes.	20.0 - Human Resources
Federal Mediation and Conciliation Service (FMCS)	A federal agency making government facilities available for conciliation, mediation and voluntary arbitration of labor disputes.	20.0 - Human Resources
Flex Time	A program allowing employees to choose the hours they work, so long as they put in the expected number of hours per time period.	20.0 - Human Resources
Flexible Spending Account	An optional benefit in which employees can set aside a designated amount of funds for future medical services. As medical services are incurred, the charge is made against the account. The funds are usually a pre-tax withdrawal from the employees check. This optional benefit must be a careful calculation and is usually for persons that have consistent or relatively high medical expenses. There is an administrative fee from the processing agent and funds not used can't be carried over to the next year.	20.0 - Human Resources
Global Rating	A summary score based on the components of a performance appraisal.	20.0 - Human Resources
Goal Setting	Setting of objectives to be achieved by an employee before the next performance appraisal.	20.0 - Human Resources
Grievance Procedure	The established method, and outlined in the employee handbook, by which an employee can have any decision of a supervisor reviewed by higher level management with the organization.	20.0 - Human Resources
Halo Effect	Error made by supervisors using rating scales in an employee evaluation where they value one particular type of job behavior and permit the presence or absence of that one trait to color several or most other trait ratings.	20.0 - Human Resources
Health Insurance	A fringe benefit available to many nursing facility employees. Typically the employee is covered free or shares in the cost, and can obtain family coverage for an additional periodic payment.	20.0 - Human Resources
Health Insurance Portability and Accountability Act (HIPAA)	Established principles of patient privacy and confidentiality regarding use and misuse of their personal medical information and records, as well as standards for communication, storage and transmission of information.	20.0 - Human Resources
Human Resource Management	The organizational function of planning for human resource needs, recruitment, selection, compensation, development, evaluation, and handling of grievances and labor relations.	20.0 - Human Resources
In Migration--Out Migration	Movement of laborers into or out of the geographic area within which a facility is recruiting for specific positions.	20.0 - Human Resources
Individual Bargaining	Individuals with skills especially needed by a facility may be able to negotiate a higher wage than other employees in similar positions.	20.0 - Human Resources
In-Service Training	Seminars, online programs, DVDs, workshops, etc., offered during the work career of the employee. An "in-service" is an educational session.	20.0 - Human Resources
Job	A collection of tasks assigned to an employee.	20.0 - Human Resources
Job Analysis	The process of defining a position in terms of tasks or behaviors required, specifying the qualification of the employee to be assigned those duties.	20.0 - Human Resources
Job Bidding	The practice of posting available jobs on bulletin boards and encouraging employees to apply or bid for openings.	20.0 - Human Resources

Job Description	A statement of the tasks to be done based on the job analysis, usually including a list of duties and responsibilities of the position in order of importance.	20.0 - Human Resources
Job Evaluation	The process of assessing and rating all jobs in an organization as a basis for the wage and salary system.	20.0 - Human Resources
Job Family	A group of two or more jobs that have similar duties, for example, the duties of the registered nurse and licensed nurse practitioners.	20.0 - Human Resources
Job Posting	Same as job bidding; a form of internal recruitment in which job openings are posted on the bulletin boards, inviting employees to bid.	20.0 - Human Resources
Job Specification	A statement of the skills, education, and experience required to perform the work. This is derived from the job description.	20.0 - Human Resources
Job Title	Naming of the job to distinguish from all other jobs, often indicating level, e.g., Supervisor II.	20.0 - Human Resources
Job Worth	Establishing the value of a job by comparing it to all other jobs accomplished by an organization.	20.0 - Human Resources
Key Job Comparison	A method of establishing wage rates for jobs, based on comparing all jobs in the organization to a touchstone job in the facility, such as nursing.	20.0 - Human Resources
Labor Market	The geographic area from which applicants for positions are to be recruited.	20.0 - Human Resources
Layoff	Temporary dismissal of workers from their jobs due to lack of work, not "for cause."	20.0 - Human Resources
Leniency Error	Consistently giving high ratings to all employees when evaluating in an attempt to avoid conflict.	20.0 - Human Resources
Life Insurance	Some facilities offer free or shared fees for life insurance (a specific payment amount upon the death of the insured), usually term type life insurance, as a benefit. Term insurance features low premiums or high-dollar coverage, but has no cash, loan or other value.	20.0 - Human Resources
Line Manager	Person responsible for performing most of the personnel functions, who is delegated authority by the administrator to make decisions on his/her behalf and authority to commit facility resources.	20.0 - Human Resources
Manpower Inventory	A projection of the present and future availability of qualified personnel in a number sufficient to meet facility needs.	20.0 - Human Resources
Mediation	Another concept that is related to facilities that are unionized. In this case, the third party seeks to reach a settlement between the union and the facility on an issue.	20.0 - Human Resources
Mentor	An individual who agrees to advise a person over a set period of time.	20.0 - Human Resources
National Labor Relations Board	An organized panel set up to administer the process under the National Labor Relations Act, under which unions become certified as the bargaining agents for groups of workers.	20.0 - Human Resources
Nepotism	Favoring one's family members in hiring practices.	20.0 - Human Resources
On-The-Job-Training	Assignment of employee to one staff member who assists the employee to acquire the capabilities required to perform job duties within the facility.	20.0 - Human Resources
Organizing	The grouping of activities and people who will carry them out, assigning roles and delegating authority.	20.0 - Human Resources
Ownership	Term coined to suggest giving employees a proprietary sense of participation in the facility and its goals through treating employees as members of a team.	20.0 - Human Resources

Performance Evaluation	Usually an annual evaluation of employees in which the performance of the employee is formalized into written appraisals or rating scales by the administrator and given to the employee prior to a face-to-face meeting to review the evaluation and allow the employee to respond to the comments or rating. This evaluation is based on clear measures and goals set the previous year. Setting work goals for the next evaluation period is also part of this process.	20.0 - Human Resources
Performance Feedback	Same as performance evaluation; comments by the employee on the employee on the evaluation by the administrator.	20.0 - Human Resources
Performance-Centered Objectives	Stating training goals in terms of behaviors that can be learned and observed by supervisors or others, e.g., ability to demonstrate proper procedures for turning a resident suffering from pressure ulcers.	20.0 - Human Resources
Personnel Manager	An individual that assists line managers in record keeping, recruitment, selection, training and retaining employees as well as compensation management and performance evaluation. This person is most responsible for the human resources function.	20.0 - Human Resources
Planning	Deciding what is to be done, setting short- and long-term objectives, then identifying the means for achieving them. Requires forecasting the economic, social, and political environment anticipated for the organization and the resources that will be available to it.	20.0 - Human Resources
Position	The responsibilities and duties performed by one individual. There are as many positions as there are employees.	20.0 - Human Resources
Preliminary Interview	A short questionnaire and interview used by some facilities to help screen out unsuitable applicants for a position.	20.0 - Human Resources
Prevailing Wage Rate	The wages paid by the predominant number of facilities in a community. Most businesses indicate they pay the prevailing wage rate or a competitive rate.	20.0 - Human Resources
Preventive Labor Relations	Maximizing the communication and facility acceptance by non-unionized employees in hopes that they will not feel the need to form a union to achieve their work goals.	20.0 - Human Resources
Progressive Discipline	Use of a specified number of verbal, then written warnings for each offense of the same rule before suspending or firing an employee.	20.0 - Human Resources
Rate Range	The pay variation permitted within a class or grade of jobs.	20.0 - Human Resources
Rating Scale	Listing a number of characteristics, traits and/or requirements of an employee's position on a line or scale which is checked off by the rater as the degree to which the employee does or does not possess a specified characteristic, trait, or ability to fill a slated requirement.	20.0 - Human Resources
Ratio Hiring	Requirement by a government agency that an employer increase the proportion of women or minority persons in the employer's workforce.	20.0 - Human Resources
Reasonable Accommodation of Individual Needs and Preferences	The facility's efforts to individualize the resident's physical environment. This includes the physical environment of the resident's bedroom and bathroom, as well as individualizing as much as feasible the facility's common living areas. The facility's physical environment and staff behaviors should be directed towards assisting the resident in maintaining and/or achieving independent functioning, dignity, and well-being to the extent possible in accordance with the resident's own needs and preferences.	20.0 - Human Resources
Referrals	Recommendations by others of a person for a position at a facility.	20.0 - Human Resources
Search Firm	Employment agency which usually focuses its efforts on middle and upper level positions, often conducting national searches, charging the employer for the services.	20.0 - Human Resources

Staffing	Involves such activities as recruiting, orienting, training, rating, disciplining and terminating employees.	20.0 - Human Resources
Statistical Approach to Hiring	Identifying the most valid predictors of job success, then using weights in a formula to choose among applicants for a position (see also CLINICAL APPROACH).	20.0 - Human Resources
Task	A coordinated and aggregated series of work elements used to produce an output (e.g., making beds).	20.0 - Human Resources
Task Analysis	Review of job descriptions and activities essential for performing each job (step two of establishing training needs).	20.0 - Human Resources
Uniform Guidelines on Employee Selection Procedures	A publication of four federal agencies in 1987 setting standards by which federal agencies determine the acceptability of validation procedures used for written tests and other selection devices.	20.0 - Human Resources
Wage Class	Establishment of pay grades and rates by employers to both achieve equity and offer some flexibility to supervisors in setting an employee's wage.	20.0 - Human Resources
Wage Mix	Determination of wage rates by considering the labor market, prevailing wage rates, cost of living, ability to pay, collective bargaining agreements, individual bargaining agreements, and value of the job.	20.0 - Human Resources
Wage Policy	Decisions by management on the rate of pay for the facility staff, the amount of discretion supervisors may use in setting individual salaries, the spread between pay rates for long-time and new employees, and the periods between pay raises together.	20.0 - Human Resources
Accelerated Method of Depreciation	A depreciation method that allows for larger amounts of depreciation in early years and smaller amounts in later years. The double declining-balance method is an example. This enables the owner to receive tax and/or reimbursement benefits more quickly than using the straight line method.	30.0 - Finance
Accounting	The process of identifying, recording, and communicating information about the financial position and results of operations of a business entity, using principles designed to facilitate informed decision-making by the entity's managers as well as by external groups.	30.0 - Finance
Accounting Equation	$Assets = Liabilities + Owners' Equity$ (capital). This equation states that the assets of a firm are equal to the claims of the creditors plus the claims of the owners. The balance sheet is a detailed statement of this equation.	30.0 - Finance
Accounts Payable	Amounts owed to suppliers for goods and services.	30.0 - Finance
Accounts Receivable	Amounts owed to the facility for services or for the sale of goods.	30.0 - Finance
Accrual Basis of Accounting	A system of accounting in which revenues are recorded in the period earned, and expenses are recorded in the period incurred even if cash is received or paid in a later or earlier time period. (Contrast with cash basis of accounting)	30.0 - Finance
Accumulated Depreciation	The total depreciation from the start of the life of a plant asset to any point in time. On the balance sheet, there is a deduction for accumulated depreciation taken from the gross evaluation of depreciable plant and equipment to yield a net evaluation.	30.0 - Finance
Acid-Test Ratio (or Quick Ratio)	Cash and other current assets that can be converted to cash right away (such as marketable securities and current receivables) divided by current liabilities. A measure of the ability of a firm to pay its current liabilities in the very short term (see also CURRENT RATIO).	30.0 - Finance
Adjusting Entries	Entries made at the end of an accounting period to record certain transactions or other accounting events that have not been recorded or have been improperly recorded during the accounting period. Examples include entries for depreciation expense and unused portions of prepaid expenses.	30.0 - Finance

Administrative Information System	Information technology that is designed to assist in carrying out financial and administrative support activities such as payroll, patient accounting, billing, accounts receivable, materials management, budgeting, cost control and office automation.	30.0 - Finance
Aging of Accounts Receivable	Summarizing unpaid balances in terms of age groups, such as: currently due, 1-30 days past due, 31-60 days past due each of the remaining 30-day periods through 151-180 days past due, and finally past due more than 180 days. This classification may be broken down by type of debtor. Aging receivables is a step in the collections effort, in reporting on the balance sheet a deduction from accounts receivable for estimated bad debt, and in making write-off decisions.	30.0 - Finance
Aging Schedule	Also called an "aging report," it shows the length of time that various amounts within each patient's account have been outstanding (not paid).	30.0 - Finance
Allowable Charge	The maximum fee that a third party will use in reimbursing or paying a provider for a service rendered.	30.0 - Finance
Allowable Costs	Costs that are reimbursable under a third-party payment formula.	30.0 - Finance
Amortization of Debt	The periodic reduction of a debt by regular payments applied to both principal and interest over a scheduled period.	30.0 - Finance
Ancillary Charges	Extra charges for supplies and services, e.g., drugs and lab tests, that are not included in the per diem rate.	30.0 - Finance
Anti-Kickback Law	The Medicare and Medicaid Anti-Kickback Law penalizes anyone who knowingly and willfully solicits, receives, offers, or pays a remuneration in cash or in kind to induce, or in return for: A. Referring and individual to a person for the furnishing, or arranging of the furnishing, of an item or service to be paid for by the Medicare or Medicaid program; or B. Arranging or recommending the purchase, lease, or order of goods or services to be paid for under Medicare or Medicaid. Violators are subject to criminal penalties or exclusion from participation in the Medicare and Medicaid programs, or both (see also SAFE HARBORS).	30.0 - Finance
Assets	Resources owned by a business that are measured in monetary terms. On a balance sheet, assets are generally classified into current and noncurrent portions. Current Assets are cash, accounts receivable, supply inventories, and prepaid expenses. Noncurrent assets include Property, Plant & Equipment (PP&E)(also referred to as fixed assets, capital assets, or plant assets) which are assets having an estimated life in excess of one year and not intended for sale in the ordinary course of operations.	30.0 - Finance
Assisted Living Facility (ALF)	Term applied to broad array of residential options for frail seniors who need assistance with one or more activities of daily living, such as dressing or bathing, but do not require continuous skilled nursing care. ALF's generally emphasize a homelike environment offering a maximum amount of independence, privacy, and choice.	30.0 - Finance
Audit	Examination of accounting systems, controls, and records to ascertain their conformity to legal and professional standards and their adequacy in protecting against loss of assets by fraud and waste.	30.0 - Finance
Average Daily Census	The average number of patients per day over a specified period of time such as a week, a month, or a year.	30.0 - Finance
Baby Boomers	People born between 1946 and 1964. This age group constitutes approximately 70 million Americans who will start retiring around 2010. By 2030, when all the Baby Boomers will have retired, experts predict that they will severely strain the nation's health care system.	30.0 - Finance

Bad Debt	An account receivable determined to be uncollectible.	30.0 - Finance
Balance Sheet (or Statement of Financial Position)	A report summarizing a firm's assets, liabilities, and owners' equity at a specific date.	30.0 - Finance
Bank Statement	Statement sent by a bank to a bank account holder showing beginning and ending balances, and all transactions in the account for a month.	30.0 - Finance
Bank Statement Reconciliation	Process of explaining and correcting any discrepancies between a bank statement balance and the depositor's record of the cash balance.	30.0 - Finance
Benefit Period	Period of consecutive days during which covered services furnished to a patient, up to certain specified maximum amounts, may be paid for by an insurance plan. Each insurance carrier has its own definition of benefit period.	30.0 - Finance
Bidding	The process of requesting from vendors a response (bid or offer) to provide goods or services according to written specifications. The bidding may be closed (directed to select bidders) or open (to all bidders). The bids may be negotiated (as to price, payment terms, etc.) before a contract is finalized.	30.0 - Finance
Bonds	Interest-bearing notes, usually in \$1,000 or \$5,000 amounts, in which the issuer (borrower) promises to repay the bondholder (lender) the principal and interest of a loan according to a schedule.	30.0 - Finance
Bookkeeping	The clerical process of recording the financial transactions of an organization.	30.0 - Finance
Break-Even Point	The point at which total revenues for a firm or a program are equal to the total expenses incurred. This may be illustrated on a graph where revenues (and expenses) are plotted on the vertical axis while resident-days are plotted on the horizontal axis. Look for the point where the line representing total cost (fixed plus variable) intersects with the line representing total revenue. The number of resident-days indicated by the point on the horizontal axis directly below this intersection is the number of resident days needed for the firm or program to break even, i.e., neither incur any loss nor make any profit.	30.0 - Finance
Budget	A tool for exercising financial control. It sets expectations that become financial objectives that the administrator is responsible for achieving. "Budgeting" is the process of financial planning.	30.0 - Finance
Case-Mix-Based Payment Systems	Payment systems used by Medicare and many state Medicaid programs under which the per diem rates for each nursing facility are determined in part by some measure of the acuity, and thus the likely resource consumption, of each covered resident in the facility. Assessments are conducted to classify covered residents into defined groups based primarily on functional disability scores, but certain diagnoses, service needs and behavioral problems may also be considered. The per diem rate is different for each group, with higher rates paid for residents needing and receiving more services.	30.0 - Finance
Cash Basis of Accounting	A system of accounting in which revenues are recorded when cash is received, and expenses are recorded when cash is paid (contrast with accrual basis of accounting).	30.0 - Finance
Cash Flow	Cash inflows from collections of revenues and other sources minus cash outflows for payments of expenses and liabilities. A cash budget of cash-flow forecast projects these amounts, whereas a cash flow report shows actual experience.	30.0 - Finance
Census	Number of patients in a facility on a given day.	30.0 - Finance
Charity Care	Care provided to a patient who does not have the capacity to pay.	30.0 - Finance

Chart of Accounts	A list of names and numbers of all the accounts used in a business. There typically are accounts for various subcategories of each of the following: assets, liabilities, owner's equity, revenues, and expenses.	30.0 - Finance
Civil Law	Body of laws governing private legal affairs, such as private rights and duties, contracts, and commercial relations.	30.0 - Finance
Civil Liability	The three primary sources in health care malpractice lawsuits are: (1) failure to obtain consent before intervening in the life of the resident; (2) breach or violation of a contract or promise; and (3) the rendering of substandard, poor-quality care.	30.0 - Finance
Claim	A bill submitted to the fiscal intermediary claiming payment for services provided.	30.0 - Finance
Collection period	Number of days' worth of revenue that is accounts receivable.	30.0 - Finance
Contractual Discount	The difference between the rate the facility normally charges for services to its self-pay residents, and the lower rate that the facility has agreed to receive as reimbursement from Medicare, Medicaid, or other third-party payers. For external reporting purposes, revenues are recorded as the amount to be actually collected. However, for internal reporting purposes, management may record such contractual discounts as deductions from operating revenues on the income statement and accounts receivable on the balance sheet so that the amount of discounts given to each payer class is known.	30.0 - Finance
Controller (or Comptroller)	The chief accountant of a firm.	30.0 - Finance
Cost Center	An organizational unit charged with responsibility for controlling its own costs, and so its costs (for salaries, supplies, etc.) are separately accumulated in the accounts. A cost center may or may not be a revenue center, i.e., a unit providing direct services to patients for which they are charged.	30.0 - Finance
Cost Shifting	Practice by health care providers of charging private-pay patients more than the actual costs of their care, in order to compensate for shortfalls in payments for patients covered by Medicaid and other government programs which may pay less than actual costs.	30.0 - Finance
Current Ratio	Current assets divided by current liabilities. A measure of a firm's ability to pay current debts. A current ratio much below 1.00 (or 1:1) may indicate problems in meeting current liabilities as they become due. (see also ACID-TEST RATIO).	30.0 - Finance
Days in Resident Accounts Receivable	The number of days during which expenses could be paid using the cash on hand. It is: $\frac{\text{Cash} + \text{Marketable Securities}}{(\text{Total operating expenses minus depreciation})/365}$	30.0 - Finance
Days of Care	Also called "Patient Days." Cumulative census over a specified period of time.	30.0 - Finance
Debt Service Coverage Ratio	Projected annual cash flow (i.e., excess of cash receipts over cash expenses), divided by required annual debt payments. Measure used by potential lenders of the credit-worthiness of an entity.	30.0 - Finance
Debt-to-Assets Ratio	A measure of the relative obligations of a facility. Generally, the lower the debt ratio, the more financially sound the facility is believed to be. The ratio is calculated by: $(\text{Current Liabilities} + \text{Noncurrent Liabilities}) / \text{Total Assets}$	30.0 - Finance
Deemed Status	Medicare rule that a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations is deemed to have met the Medicare certification criteria.	30.0 - Finance

Depreciation	The systematic allocation of the cost of a fixed asset to expense over its useful life.	30.0 - Finance
Differentiation	A competitive strategy in which a facility creates distinctive features that allow customers to distinguish the facility's offer from that of its competitors.	30.0 - Finance
Dividend	A distribution of earnings to shareholders of a corporation.	30.0 - Finance
Double-entry Accounting	The system of recording transactions that requires each transaction to be recorded at least twice: as an addition or subtraction to one account (a debit), and as an addition or subtraction to at least one other account (a credit). This system provides a logical way to record much information. At the end of a period, after all adjusting entries are made, the sum of the debits should equal the sum of the credits. When a trial balance indicates that these two totals are equal, the "books balance" and financial statements can be prepared. Failure to find this equality is an indicator that one or more recording errors were made.	30.0 - Finance
Double-entry Rules	Increases in asset accounts and expense accounts are recorded as debits; decreases are credits. Increases in liability, revenue, and owners' equity accounts are credits, decreases are debits.	30.0 - Finance
Durable Power of Attorney	Appointment of an agent who is empowered to act on behalf of the person creating the power in the case of future incompetence. (<i>Ordinary POA ends when the person creating the power becomes incompetent</i>).	30.0 - Finance
Earnings Before Interest, Taxes, Depreciation, Amortization, and Rent (EBITDAR)	This shows cash flow available to pay interest, rent and taxes after paying operational costs. It is a measure used by potential lenders to determine the credit-worthiness of an entity.	30.0 - Finance
Elimination Period	In a long-term care insurance plan, the initial waiting period during which LTC services are used but not covered by insurance.	30.0 - Finance
Equity	The excess of a firm's assets over its liabilities equals the owner's equity (in a for-profit corporation).	30.0 - Finance
False Claims Act	Federal law that provides for civil or criminal penalties for individuals and entities for submitting a false claim, or causing a false claim to be submitted, to a federal health care program. False or fraudulent claims include claims for items not provided or not provided as claimed, claims for services that are not medically necessary, and claims when there has been a failure of care. Many states have a parallel law that applies to the state Medicaid and other state health care programs.	30.0 - Finance
First In, First Out (FIFO)	<ol style="list-style-type: none"> 1. Inventory usage ideal of using the oldest supplies first (as long as the use-by or expiration date has not been reached). To facilitate this, new supplies are shelved based on the use-by or expiration date, so that the oldest products are stored in front of, or otherwise made more accessible than, more recently acquired products. 2. Inventory costing method for balance sheet purposes that assumes that the first goods purchased (first-in) are the first goods used (first-out), so the ending inventory should be valued at the cost of the most recent goods purchased. The Last In, Last Out method assumes the opposite, and values ending inventory at the cost of the earliest goods purchased. 	30.0 - Finance
Fixed Costs	Costs that do not vary with the number of patients. These costs are not controllable.	30.0 - Finance
Flexible Budget	An adjusted budget in which the costs are raised or lowered to reflect the actual census.	30.0 - Finance

Fraud	Deliberate deceit by providers or consumers in obtaining payment for services that were not actually delivered or received, or in claiming program eligibility. To be distinguished from abuse, which refers to improper or excessive use of program benefits, resources, or services by either providers or consumers. Abuse is not necessarily intentional or illegal.	30.0 - Finance
Funded Depreciation	The setting aside of a portion of retained earnings (equal to a depreciation expense) in a separate account designated to be used only for the purchase of replacement capital assets.	30.0 - Finance
General Ledger	Financial record, consisting of a collection of accounts, that summarizes all the entries in each of the journals for an accounting period, for the purpose of keeping a continuous record of account balances and arriving at a trial balance.	30.0 - Finance
Generally Accepted Accounting Principles (GAAP)	The policies, standards, and rules followed by accountants in the preparation of financial statements and in recording and summarizing transactions.	30.0 - Finance
Health Maintenance Organization (HMO)	An organization that has management responsibility for providing comprehensive health care services on a prepayment basis to voluntarily enrolled persons within a designated population.	30.0 - Finance
Historical Cost (or Acquisition Cost)	Cost of acquiring a depreciable asset, which includes not only the purchase price but also the cost of taxes, shipping, assembly and installation.	30.0 - Finance
Home- and Community-Based Services (HCBS) Waiver	Enacted under Section 1915(c) of the Social Security Act, the program allows states to offer LTC services that are not otherwise available through the Medicaid program. The latter had authorized payments for institutional care only.	30.0 - Finance
Income	An increase in owner's equity resulting from services rendered or goods provided.	30.0 - Finance
Income Statement (or Statement of Revenue and Expenses)	A report which lists, in summary form, revenues and expenses for a certain time period, such as a month or a year. A profit results from an excess of revenues over expenses for the period, and a loss occurs when expenses exceed revenues. So the income statement also shows profit or loss, and is therefore also called the profit-and-loss (or P-and-L) statement.	30.0 - Finance
Independent Contractors	Category of persons providing services who are not considered by the IRS as employees. Therefore, employers generally do not have to withhold federal income tax or FICA taxes on payments to independent contractors. The IRS offers 20 guidelines for determining whether an individual falls into this category. The general rule is that independent contractors "follow independent trade, business or profession in which they offer their services to the general public," and those who pay for their services "have the right to control or direct only the result of the work and not the means and methods of accomplishing the result." However, employers who pay an independent contractor \$600 or more during a year must issue and file a Form 1099-MISC.	30.0 - Finance
Intangible Asset	An item or right that has no physical substance and provides an economic benefit. The reputation of a nursing facility as the best caregiver in the community is a valuable intangible asset, for example.	30.0 - Finance
Inventory	The goods and materials on hand which are to be used in producing services or held for resale.	30.0 - Finance
Invoice	Document prepared by a seller for a buyer that describes goods sold or services rendered and the terms for payment.	30.0 - Finance

Journal	Book of original entry, the first place in which transactions are formally recorded. Entries are in chronological order. A separate journal is generally maintained for the following categories of transactions: cash receipts, cash payments, billings, accounts payable, and payroll. A General Journal is used for entries that do not properly belong in any of the other journals, and for adjusting entries. Adjusting entries include entries for depreciation, prepaid expenses, and inventory usage.	30.0 - Finance
Kickback	A portion of a fee, salary, or other payment that is given to a third party for having assisted—or refrained from preventing—the payment in the first place. Most types of kickbacks are unethical or illegal.	30.0 - Finance
Lease	A contract requiring the lessee (user) to make periodic payments (rentals) for a specified period of time to the lessor (owner) for the use of an asset. Operating leases are generally for a short term or limited number of years. A capital lease is a long-term lease agreement extending generally for the entire life of equipment or property leased. Operating lease expenses are listed on the income statement. Capital leases should be reported as assets and as long-term liabilities on the balance sheet. The asset (capital lease) is amortized for depreciated based on its useful life.	30.0 - Finance
Liabilities	Debts owed by a firm to a persons or firms other than its owners. On a balance sheet, liabilities are classified as current if they are due within one year from the balance sheet date, and long-term (or non-current) if they are due more than one year from the balance sheet date.	30.0 - Finance
Line of Credit	Form of financing in which a financial institution commits itself to make a loan to a company up to a specified maximum amount. The company may choose to use its line of credit, subject to the terms of credit, when and if the need arises.	30.0 - Finance
List of Excluded Individuals/ Entities	Online database maintained by the OIG (www.hhs.gov/oig) providing information regarding over 15,000 individuals and entities that are excluded from participation in Medicare, Medicaid and other federal health care programs. Certified facilities should check (and periodically recheck) this list and must refrain from contracting with or otherwise doing business with anyone on it in the course of providing items or services for which payment may be made under a federal health care program. Providers are advised to also check the General Services Administration (GSA) monthly “List of Parties Excluded From Federal Procurement and Non-procurement Programs” at http://epls.arnet.gov .	30.0 - Finance
Loan-to-Value Percentage	The maximum loan amount based on a percentage of the borrowing facility’s appraised value.	30.0 - Finance
Long-Term Asset	An asset with future economic benefits that are expected for a number of years. Long-term assets are reported on the balance sheet as noncurrent assets and include buildings and equipment. A new central building for a life care community may have a long-term expected asset value for perhaps 40 or more years to come.	30.0 - Finance
Managed Care Organization (MCO)	Entity that integrates the financing and delivery of health care to covered individuals by means of arrangements with a limited number of selected providers. It provides financial incentives for membership, quality assurance programs, and formal utilization management programs (i.e., processes to evaluate the necessity, appropriateness, and efficacy of health care services). (see also Medicaid MCO).	30.0 - Finance

Medicaid Managed Care Organization (MCO)	Entity that has entered into a risk contract with a state Medicaid agency to provide a specified package of benefits to Medicaid enrollees in exchange for a monthly capitation payment on behalf of each enrollee. These plans may include or carve out acute care services. Some MCOs coordinate Medicare and Medicaid services for dually eligible beneficiaries. Such arrangements may include a capitated amount for both Medicare and Medicaid services or only Medicaid with an additional fee paid to the MCO to coordinate Medicare services that are not part of the plan.	30.0 - Finance
Mortgage	A written promise giving a creditor an interest in the debtor's property as security (collateral) for a debt.	30.0 - Finance
Net present value	In corporate finance, the present value (i.e., the value of cash to be received in the future expressed in current dollars) of an investment in excess of the initial amount invested. When a proposed project, such as building a new wing has a positive net present value, it should perhaps proceed; when a proposed wing shows a negative net present value, it should perhaps be delayed or abandoned.	30.0 - Finance
Note	A written promise to pay a specific sum with or without interest at a fixed future date.	30.0 - Finance
Occupancy Rate	The ratio of actual number of resident days to the total possible resident days, usually expressed as a percentage. Alternatively, the ratio of occupied beds to available licensed beds. For example, if a facility has 100 beds and 80 are occupied for a day, the occupancy rate is 80/100 or 80%. This may be reported as the average of the daily occupancy rates for a period, such as 30 days or a year. A particular resident's bed may be considered an occupied bed in calculating this rate even though that resident is in the hospital or temporarily discharged for some other reason, if the facility is receiving a "bed-hold" or "bed-reserve" rate and/or is reserving the bed for that resident.	30.0 - Finance
Office of Inspector General (OIG)	Office in the US Department of Health and Human Services charged with identifying and eliminating fraud, abuse and waste in the Medicare, Medicaid, and other DHHS programs. The OIG carries out this mission through a nationwide program of audits, inspections, and investigations, and through issuance of Special Fraud Alerts .	30.0 - Finance
Operating Margin	Total profit (or loss) as a percent of total revenue.	30.0 - Finance
Opportunity Cost	The value of the benefits sacrificed when money or other asset is used one way rather than in an alternative way. It is the net benefits that might have been obtained had the money been spent on the next best use. For example, if \$1,000 is spent for activity program supplies, the opportunity cost of NOT having the benefits of \$1,000 worth of food or landscaping services, or of not earning the interest had the money simply been left in the bank.	30.0 - Finance
Payback Period	A simple device for comparing investment proposals. It is the time in years for the net cash inflow from a capital investment to be equal to its cost, that is for the item to "pay for itself." It is criticized for failure to consider the time value of money, expected net cash flows after the payback period, and some key benefits from use of an item. If the estimated net cash receipts are the same amount each year, the payback period is calculated by dividing the total investment by the expected annual savings or increase in net cash inflow. Depreciation does not affect cash flow, so it is ignored. EXAMPLE: A machine is purchased for \$30,000 to replace a worker earning \$20,000 per year. Payback period = $\frac{\text{Total Investment}}{\text{Annual savings or increased net cash flow}}$ = $\frac{\$30,000}{\$20,000}$ = 1.5 years	30.0 - Finance

Pledging of Accounts Receivable	Use of receivables as security or collateral for a loan. When this is done "with recourse," the borrower remains responsible for collecting the receivables but promises to use the proceeds for repaying the debt. In contrast, factoring of receivables is the sale of receivables as a means of short-term financing. When this is done "without recourse," the seller transfers not only the receivables but also the risk of default.	30.0 - Finance
Posting	A step the accounting process when journal entries are transferred (posted) to accounts in the general ledger in order to summarize information such as cash on hand.	30.0 - Finance
Prepaid Expense	Expenses paid in advance for several months, e.g., building rental payments, journal subscriptions, insurance premiums. These expenses are allocated to the months by adjusting entries.	30.0 - Finance
Prospective Payment System (PPS)	A payment system developed for Medicare for skilled nursing facilities that pays facilities an all-inclusive rate for all Medicare Part A beneficiary services. Payment is determined by a case mix classification system (RUGs).	30.0 - Finance
Prospective Rate-Setting	Practice by Medicare and most state Medicaid programs of using predetermined rates to reimburse nursing facilities without adjusting payment to cover actual costs. The states use a wide variety of methodologies to develop these rates. If the provider can keep costs below the formula determined rate, a profit can be made. If the provider's costs exceed the rate, a loss is incurred.	30.0 - Finance
Purchase Order	Document from a prospective purchaser requesting a seller to provide certain quantities of described goods or services at a given price, with payment to be made later.	30.0 - Finance
Reserve	Funds set aside to meet some future obligation.	30.0 - Finance
Restricted Funds	Funds established to account for assets with uses limited by the requirements of donors or grantees. For example, a fund may be restricted to plant replacement. If the donor has specified that the principal must be maintained perpetually, and only the investment income it generates may be expended, the principal is accounted for as an endowment fund.	30.0 - Finance
Retained Earnings (or earned surplus, undistributed profits)	The income left to a company after taxes and dividends have been paid and are a major source of funds for the company's expansion.	30.0 - Finance
Return on Equity (ROE)	A means of assessing a company's profitability. It is calculated by dividing the firm's annual net income by total shareholder's equity.	30.0 - Finance
Revenues	Income earned from carrying out the activities of a firm. Revenues of health care institutions are typically reported in terms of these three components: a. Patient service revenues may be divided into the "room, board, and general nursing services" covered by rates billed to all patients; and ancillary services, such as physical therapy or pharmacy, which are billed to only some patients. Patient service revenues accounts may also be segregated by level of care (skilled, intermediate) or by payer status (self-pay, Medicare, Medicaid, commercial insurance). b. Other operating revenues are revenues earned incidental to the main purpose of rendering patient care, such as revenues from the employee cafeteria, beauty shop, and other concessions. c. Non-operating revenues may include separate line items for interest and other investment income, unrestricted gift income or gains (or losses) on sales of property.	30.0 - Finance
RUG Creep	A form of upcoding under the Medicare Prospective Payment System for SNFs which occurs when the SNF falsely or fraudulently completes the MDS, and this results in incorrect assignment of a resident to a higher-paying RUG category.	30.0 - Finance

Safe Harbors	Federal regulations that define practices that, if fully followed, will not be considered violations of the federal anti-kickback. There are regulations, for example, that describe conditions under which discounts may be received from equipment suppliers, and conditions under which payments may be made to operators of referral services.	30.0 - Finance
Self-Insurance	An alternative to purchased insurance. An entity assumes its own expenses relative to a specific risk of loss by periodically setting aside an actuarially determined amount of money, which may be held by a trustee.	30.0 - Finance
Special Fraud Alerts	Statements issued by the Office of Inspector General (OIG) to the general health care community addressing national trends of health care fraud and providing guidance relative to violations of the anti-kickback statute and other federal laws.	30.0 - Finance
Stark Act	Common name for a set of laws, including the Ethics in Patient Referrals Act of 1989, that prohibits the practice of "self-referral" by physicians, that is, referrals of Medicare and Medicaid patients to a provider of services paid for by government programs, when the physician has a direct or indirect ownership or investment interest in that provider. "Safe harbors" is the name given to permissible referral practices, as outlined in laws. Some states have a law limiting "self-referral" regardless of payer source.	30.0 - Finance
Statement of Cash Flows	Financial statement that displays how the cash balance has changed during a fiscal period. Cash increases and decreases are reported in three categories of activities: operating, investing, and financing. This information can be useful in assessing the entity's ability to generate positive future net cash flows, meet its financial obligations, and pay dividends.	30.0 - Finance
Statement of Changes in Owners' Equity (or Fund Balance)	A financial statement that reflects the beginning owner's equity, the profit or loss of the current period, and the ending owner's equity as of the balance sheet date. Not-for-profits use "fund balance" instead of "owner's equity."	30.0 - Finance
Straight-line Method of Depreciation	A depreciation method that allocates equal amounts of depreciation expense to each full period of the asset's life: Annual Depreciation Expense = (Historical cost) / (Years of estimated useful life)	30.0 - Finance
Subacute Care	As defined by the American Health Care Association, this is: "a comprehensive inpatient program designed for an individual who: (1) has had an acute event as a result of an illness, injury or exacerbation of a disease process, (2) has a determined course of treatment; and (3) does not require intensive diagnostic and/or invasive procedures." Sub-acute medical and rehabilitative care programs in nursing facilities may include specialty programs for : Post-operative recovery, extensive wound care, ventilator support, brain injury care, hospice care, and respiratory or pulmonary management.	30.0 - Finance
Supplies	Items consumed in the normal course of business operations, e.g., bandages and soap. Projected supply expenses are included in the operating budget, not the capital budget.	30.0 - Finance
Swapping	Practice of a supplier giving a nursing facility excessive discounts on Medicare Part A items and services in return for the ability to service and bill nursing facility residents with part B coverage. This may be considered an illegal inducement.	30.0 - Finance
Third Party Payer	Commercial insurer or other private or public entity (such as Medicare and Medicaid) which pays for all or part of the charges for a resident.	30.0 - Finance
Upcoding	The selection, when a claim is submitted to a third-party payer, of a billing code that is not the most appropriate descriptor of a service or condition and that may result in an overpayment to the provider. One type of upcoding is RUG creep .	30.0 - Finance

Useful Life (or Service Life)	The period of time a fixed asset (such as a building, piece of equipment, or vehicle) can be used by its owner in the production or sale of other assets or services. In order to allocate depreciation over time, total service life must be estimated when a fixed asset is purchased.	30.0 - Finance
Variable Cost	A cost that varies with the change in the number of patients.	30.0 - Finance
Variance Analysis	A control technique that evaluates significant differences between budgeted and actual revenues and expenses.	30.0 - Finance
W-2	Form that the IRS requires an employer to give each employee by January 31 that shows the employee's earnings and income tax and FICA tax deductions for the past year.	30.0 - Finance
W-4	Form that the IRS requires an employer to allow each employee to submit on which the employee indicates marital status and number of withholding allowances claimed. This information must be used by the employer in determining amount of income tax to withhold.	30.0 - Finance
Working Capital	The excess of current assets over current liabilities. Working capital management is the effort to increase this desirable excess by increasing current assets and decreasing current liabilities in various ways.	30.0 - Finance
Write-off	Removing an uncollectible account from the accounts receivable. Bad debts expense is increased and the asset, account receivable, is decreased when the account receivable is written off.	30.0 - Finance
Accident	Any unexpected or unintentional incident, which may result in injury or illness to a resident. This does not include adverse outcomes from treatment or care.	40.0 - Environment
Area of refuge	A zone of safety within a building that is protected from the effects of fire and smoke that provides direct access to an exit.	40.0 - Environment
As-built plans	The blueprints or plans depicting the way the building was actually completed and approved.	40.0 - Environment
Avoidable Accident	An accident that occurred because the facility failed to identify and evaluate a hazard, implement interventions, and monitor the effectiveness.	40.0 - Environment
Bloodborne Pathogens	Pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).	40.0 - Environment
Effective Pest Control Program	Measures used to contain and eradicate common household pests (e.g., roaches, ants, mosquitoes, flies, mice and rats).	40.0 - Environment
Environment	Refers to any area outside or inside the facility that is frequented by residents, staff, and guests and areas within the facility including the residents' rooms, bathrooms, hallways, dining and activity areas and therapy areas.	40.0 - Environment
Health Hazard Chemical	One for which there is significant evidence, based on at least one study conducted in accordance with established scientific principles, that an acute or chronic health effect may occur in exposed employees.	40.0 - Environment
Integrated Pest Management (IPM)	A program of Serve Safe that outlines procedures for controlling access of pests to the building.	40.0 - Environment
Life Safety Code	Rules and standards developed by the National Fire Protection Association to address construction, protection, and occupancy features necessary to minimize danger to life from the effects of fire, including smoke, heat, and toxic gases created during a fire in which nursing facilities must comply.	40.0 - Environment
Physical Hazard Chemical	A chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, or organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water-reactive.	40.0 - Environment

Preventive Maintenance	A program to assure that equipment and components operate in optimal conditions. This includes inspections of all systems and equipment on a scheduled basis and planned performance of certain tasks aimed at preventing unexpected equipment failures.	40.0 - Environment
Unavoidable Accident	An accident occurring despite the facility's efforts to identify and evaluate a hazard, implement interventions, and monitor the effectiveness.	40.0 - Environment
Accreditation	Accreditation of a nursing facility by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)	50.0 - Leadership & Management
Administrative Law	Rules and regulations formulated by departments or agencies of the executive branch of government to carry out the intent of statutory law.	50.0 - Leadership & Management
Agent	Someone authorized to act on behalf of another (a principal); for example, a corporation generally authorizes the administrator to represent it or act on its behalf.	50.0 - Leadership & Management
Best practices	Evidence-based practices	50.0 - Leadership & Management
Board of Directors	Also "board of trustees" or "governing body." It has the ultimate legal responsibility for a facility's operations.	50.0 - Leadership & Management
Certification and Survey Provider Enhanced Reports (CASPER)	A database of facility characteristics and previous inspection results related to nursing facility performance. The CASPER 3 report summarizes a facility's regulatory compliance history. The CASPER 4 reports the facility's recent survey results and provides an opportunity for benchmarking by comparing those results to other facilities, statewide and nationwide.	
Civil Money Penalties	A per day or per instance fine resulting from deficiencies in quality of care or resident safety following a CMS Survey.	50.0 - Leadership & Management
Community Advisory Board	Composed of key community leaders, the community advisory board functions as the "eyes and ears" for the facility. Through their influences, the advisory board members can also assist the administrator to form meaningful partnerships with community agencies.	50.0 - Leadership & Management
Culture Change (Cultural Change)	A course of action to move from one way of doing things to another. In long-term care, culture change is widely referred to as a process of transforming from an institutional to a homelike model. It is the integration of the three elements of person-centered care -- clinical care, socio-residential elements and human factors -- along with the enrichment of the environments in which people live and the empowerment of both clients and associates.	50.0 - Leadership & Management
Deficiency	A nursing facility's failure to meet any of the standards as determined by a survey.	50.0 - Leadership & Management
Dual Certification	A facility that is dually certified as both a skilled nursing facility and a nursing facility. Such facilities can admit Medicare and Medicaid residents in any part of the facility.	50.0 - Leadership & Management
Good Faith	A legal term that refers to actions that are generally consistent with how a reasonable person would act under similar circumstances.	50.0 - Leadership & Management
Governance	The act of governing. It refers to trusteeship and stewardship of an organization's resources and capabilities to benefit its stakeholders.	50.0 - Leadership & Management
Incident	Any unexpected negative occurrence involving a patient, family, or employee, or visitor.	50.0 - Leadership & Management
Leadership	The art of collaboratively engaging colleagues toward a shared vision. As defined by Yukl, leadership is "the process of influencing others to understand and agree about what needs to be done and how to do it, and the process of facilitating individuals and collective efforts to accomplish shared objectives."	50.0 - Leadership & Management

Management	Organization and coordination of the activities assigned to a department or group of people in accordance with objectives, policies and procedures. It is what managers do to maintain an organization and move it forward. Management is about getting tasks accomplished on a daily basis, as opposed to leadership, where the individual's main objective is to inspire and motivate people. You lead people and manage things.	50.0 - Leadership & Management
Management By Objectives (MBO)	A system of management that is based on a joint agreement between supervisors and associates on what specific measurable objectives would be accomplished over a given period of time, at the end of which the supervisors evaluate individual associates on the basis of the accomplishment of these objectives.	50.0 - Leadership & Management
Management Information System (MIS)	A system for managing information to assist the organization in evaluating, planning, and implementation of daily work to improve processes and resident care.	50.0 - Leadership & Management
Minimum Data Set (MDS)	The MDS is a resident assessment tool, utilizing computerized resident information to assess and monitor resident care. Reports are electronically transmitted to CMS, as well, to classify a resident into a resource utilization group (RUG) which sets the reimbursement level for the patient's care. It is a core set of screening, clinical, and functional status elements, including common definitions and coding categories that form the foundation for the comprehensive assessment for all residents of long-term care facilities certified to participate in Medicare and/or Medicaid.	50.0 - Leadership & Management
National Institute of Occupational Safety and Health (NIOSH)	Federal agency formed under the Occupational Safety and Health Act (OSHA) to establish and monitor workplace safety standards. NIOSH's primary responsibility is to recommend standards for workplace safety to be implemented by OSHA.	50.0 - Leadership & Management
Nursing Facility (NF)	A facility licensed to provide assistance with activities of daily living such as bathing, dressing, eating (often referred to as custodial care) in addition to providing general nursing and medical care. A nursing facility must be certified to receive Medicaid reimbursement.	50.0 - Leadership & Management
Nursing Home Compare	A public website, www.medicare.gov , which includes facility information and previous survey results from the Online Survey Certification and Reporting data (CASPER) and other facility performance measures from the Minimum Data Set (MDS) for consumer review.	50.0 - Leadership & Management
Person-Centered / Person-Directed Care	A philosophy of care in which the focus of the community is on meeting the expressed desires of the residents.	50.0 - Leadership & Management
Plan of Correction (POC)	A written plan developed by the facility, outlining steps the facility has taken or will take to correct deficiencies found during licensure or other surveys.	50.0 - Leadership & Management
Resource Utilization Group (RUG)	Group based on MDS information; utilized to determine reimbursement rates.	50.0 - Leadership & Management
Servant Leadership	Leadership in which the focus is on serving others.	50.0 - Leadership & Management
Sharps	A term used to describe medical devices such as needles, lancets and syringes, which put individuals at risk for "needle sticks," or the transmission of blood and bodily fluids from the device to an individual.	50.0 - Leadership & Management
Skilled Nursing Facility (SNF)	A facility licensed to provide nursing and medical care requiring a certain level of training and expertise. To qualify as a Medicare provider and receive Medicare reimbursement, a facility must be certified as a SNF.	50.0 - Leadership & Management
Survey	An inspection to verify compliance with state and federal standards.	50.0 - Leadership & Management
Transformation	The act or process of major or complete change.	50.0 - Leadership & Management

Transformational Leadership	A participatory, holistic, organizationally driven leadership model where the focus is on educating, supporting and caring for one another.	50.0 - Leadership & Management
Vision	A mental image or dream of what an organization is trying to create and become.	50.0 - Leadership & Management
Administrator In Training (AIT)	An internship with an approved certified preceptor where on-the job training occurs in preparation for licensing as a NHA.	
Americans with Disabilities Act (ADA)	A US labor law, established in 1990, which prohibits discrimination based on a disability. This law mandated that businesses and organizations make significant changes in physical accessibility to their buildings as well as their employment and customer service policies.	
Certificate of Need (CON)	Aimed at restraining health care facility costs and allowing coordinated planning of new services and construction. Laws authorizing such programs are one mechanism by which state governments seek to reduce overall health and medical costs. Certain health care providers are required to obtain state approval before offering new or expanded services.	
Community-Based Care	See Adult Day Care	
Corporate Integrity Agreement	Agreement negotiated by the Office of the Inspector General (OIG) with a health care provider as part of the settlement of a federal health care program investigation arising under the False Claims Act. To avoid severer penalties, a company may agree to such compliance activities as: hire a compliance officer or appoint a compliance committee, develop written standards and policies, implement an employee training program, and/or retain an independent review organization to evaluate claims submitted to federal health care programs.	
Functional Disabilities	Limitations on one's ability to function independently.	
National licensing exam	The examination handled by NAB (National Association of Long-Term-Care Administrator Boards) that an applicant must take to be a licensed NHA or ALA (two different exams).	
Preceptor	A LTC administrator who meets prescribed qualifications and has been certified to mentor interns in an AIT program.	
Utilization Review	Intended to ensure that the Medicare system did not pay for care beyond that which was determined to be necessary. Recent years have seen increased involvement of other payers and the compressing of allowable lengths of stay.	

Prefixes



Prefixes	Meaning	Example
a-, an-	<i>without</i>	anorexia
ab-	<i>from, off, away</i>	abnormal
ad-	<i>toward, to, at</i>	advertise
an-	<i>without</i>	anoxia - absence of oxygen supply
adeno-	<i>gland</i>	adenoma - a benign epithelial tumor in which the cells form recognizable glandular structures
ambi-	<i>both</i>	ambilateral (both sides)
ana-	<i>up, toward</i>	anabolism (building up metabolism)
angio-	<i>relating to a vessel</i>	angiofibrosis (hardening of a vessel wall)
ante-	<i>in front of, before</i>	ante cibum (before a meal)
anti-	<i>against</i>	as antidote or antiseptic
arthro-	<i>pertaining to the joints</i>	arthropathy (any disease affecting the joints)
auto-	<i>self, same</i>	autoanalysis (analysis by a person of their own disorder)
bact	<i>relating to bacteria</i>	bacteruria (presence of bacteria in the urine)
bi-	<i>two</i>	bilateral (relating to both sides)
bio-	<i>relation to life</i>	biopsy (the process of removing tissue from living residents for a diagnostic examination)
brady-	<i>slow</i>	bradycardia (slow heart)
broncho-	<i>relating to the trachea or windpipe</i>	bronchoedema (swelling of the mucosa of the bronchial tube)
carcino-	<i>pertaining to cancer</i>	carcinogen (any cancer producing substance)
cardi or cardio-	<i>pertaining to the heart</i>	cardioplegia (paralysis of the heart)
cata-	<i>downward, against</i>	catabolism (the breaking down in the body of complex chemical compounds into simpler ones, often accompanied by the liberation of energy)
celio-	<i>pertaining to the abdomen</i>	celiectomy (excision of the stomach)
cephalo-	<i>head</i>	cephalogram (x-ray image of the structure of the head)
cervic-, cervici-, cervi-, cervico-	<i>neck OR cervix</i>	cervicovesical (pertaining to the urinary bladder and the cervix)
chiro-	<i>pertaining to the hand</i>	chiroplasty (plastic surgery on the hand)
chole-	<i>pertaining to bile</i>	cholecystotomy (incision into the gall bladder)
circum-	<i>around</i>	circumcorneal (around or about the cornea of the eye)
com-, con-	<i>with, together</i>	complication (a disease or adverse condition associated with another disease or adverse condition)
contra-	<i>against, opposite</i>	contraindicated (not recommended, advised against)
counter-	<i>against, opposite</i>	counteraction (action of a drug or agent opposed to that of some other drug or agent)
cranio-	<i>pertaining to the head</i>	cranioplasty (any plastic operation on the skull)
cyst-, cysti-, cystido-, cysto-	<i>pertaining to the bladder</i>	cystitis (inflammation of the urinary bladder)

cyto-	<i>relation to a cell</i>	cytolysis (the dissolution of a cell)
de-	<i>down, away from</i>	defibrillation (the arrest of fibrillation, that is irregular or rapid randomized contractions of the cardiac muscle restored to normal rhythm)
dent- or denti-	<i>teeth</i>	dentures
derm-, derma- or dermi-	<i>pertaining to the skin</i>	dermatitis (inflammation of the skin)
dextro-	<i>toward or on the right side</i>	dextrocardiogram (the part of the ECG that is derived from the right ventricle of the heart)
di-	<i>double, twice</i>	diarthric (relating to two joints)
dia-	<i>through, apart</i>	diagastric (through the stomach)
dys-	<i>painful, difficult</i>	dysphasia (difficulty in talking)
ecto-	<i>out, away from</i>	ectoderm (the outermost layer of the skin)
em-, en-	<i>in front of, before</i>	embolic (pushing or growing in)
encephalo-	<i>condition of the brain or head</i>	encephalomyelitis (an acute inflammation of the brain and spinal cord)
endo-	<i>within, inner</i>	endocarditis (inflammation of the endocardium or lining membrane of the heart) or endoscopy (an examination of lower intestinal tract)
entero-	<i>relating to the intestines</i>	enterocolitis (inflammation of the mucous membrane of both small and large intestines)
epi-	<i>above, upon, over</i>	epidermitis (inflammation of the epidermis or the superficial layer of the skin)
eu-	<i>good</i>	euphoria (a feeling of well-being, commonly exaggerated and not necessarily well founded)
fibro-	<i>pertaining to fiber</i>	fibromyalgia (a condition characterized by fatigue, stiffness, and chronic pain of the muscles, tendons and ligaments)
gastro-	<i>stomach</i>	gastrostomy (the establishment of an artificial opening into the stomach, usually for feeding purposes)
gero-	<i>old age</i>	as in gerontology
glyco-	<i>relationship to sweetness (sugar)</i>	glycogen (the chief carbohydrate storage material in animals formed by and largely stored in the liver and, to a lesser extent, in the muscles)
gyneco-, gyno-	<i>pertaining to a female</i>	gynecology (the science of diseases of women, especially those of the genital tract)
hemato-, hema- or hemo-	<i>pertaining to the blood</i>	hemorrhage (bleeding, a flow of blood); hematuria (blood in the urine)
hemi-	<i>half</i>	hemialgia (pain affecting one entire half of the body)
hepat-, hepatic-, hepato-	<i>liver</i>	hepatitis (inflammation of the liver)
histo-	<i>relationship to tissue</i>	histolysis (disintegration of the tissue)
hydro-	<i>pertaining to water</i>	hydrocyst (a cyst or sore with clear, watery contents)
hyper-	<i>excessive</i>	hyperesthesia (abnormal acuteness of sensitivity to touch, pain or other stimuli)

hypno(a)-	<i>relating to sleep</i>	hypnotherapy (the treatment of a disease by inducing prolonged sleep)
hypo-	<i>deficiency, lack of</i>	hypochondria (a false belief that one is suffering from a disease)
hystero-	<i>relating to the uterus</i>	hysterogram (an x-ray of the uterus)
ileo-	<i>relating to the ileum (remote end of the small intestine)</i>	ileocolitis (inflammation of the mucous membrane of both ileum and colon)
infra-	<i>below, beneath</i>	infracardiac (beneath the heart, below the level of the heart)
inter-	<i>between</i>	intercostal (between the ribs)
intro-	<i>in, into</i>	introgastric (leading or passed into the stomach, such as a nasogastric tube for feeding)
kerato-	<i>relating to the cornea, or horny tissue</i>	keratoconjunctivitis (inflammation of the conjunctiva at the border of the cornea of the eye)
labio-	<i>relating to the lip</i>	labiocervical (pertaining to the lip and to the neck)
macro-	<i>large, long</i>	macrocyte (a giant red cell)
mast-	<i>relating to the breast</i>	mastectomy (amputation of the breast)
mega-	<i>large, oversize</i>	megacardia (enlargement of the heart)
meta-	<i>after, beyond, transformation</i>	metastasis (the shifting of a disease)
micro-	<i>small</i>	microinfarct (a very small infarct, ie, death of tissue due to lack of blood supply, due to obstruction of circulation in capillaries or small arteries)
mono-	<i>one or single</i>	monocular (refers to one eye)
multi-	<i>many</i>	multicellular (composed of many cells)
myel-	<i>pertaining to the spinal cord</i>	myeloplegia (spinal paralysis)
myo-	<i>relating to muscle</i>	myotrophy (muscular atrophy)
naso-	<i>pertaining to the nose and nasal passages</i>	nasogastric
necro-	<i>relating to death</i>	necrocytosis (death of cells)
neuro-	<i>relating to the nerves</i>	a neurogenic bladder is one that is controlled by the nervous system rather than by voluntary control by the person
nephro-	<i>pertaining to the kidney</i>	nephritis (inflammation of the kidney)
odont-	<i>relating to the teeth</i>	odontalgia (a toothache)
omo-	<i>pertaining to the shoulder</i>	omodynia (pain in the shoulder joint)
ophthalmo-	<i>relating to the eye</i>	ophthalmoplegia (paralysis of the motor nerves of the eye)
opto-	<i>relating to vision</i>	optometer (an instrument for determining the refraction of the eye)
ortho-	<i>straight</i>	orthostatic (standing upright from a sitting or reclining position)
osteo-	<i>pertaining to the bones</i>	osteoporosis (reduction in the quantity of bone or atrophy of skeletal tissue)
oto-	<i>pertaining to the ear</i>	otology
oxy-	<i>sharp, acute</i>	oxyesthesia (a condition of increased acuity of sensation)
pachy-	<i>thick</i>	pachylosis (a condition of roughness, dryness, and thickening of the skin)
pan-	<i>all</i>	pancarditis (diffuse inflammation of the heart)

para-	<i>two like parts</i>	paraplegia (both legs paralyzed)
patho-	<i>disease</i>	pathogenesis (the origin or development of a disease)
per-	<i>through</i>	perfusion (the act of pouring over or through, especially the passage of a fluid through the vessels of a specific organ)
peri-	<i>around</i>	peribronchitis (inflammation of the tissues surrounding the bronchial tubes)
phleb(o)-	<i>relating to a vein</i>	phlebitis (inflammation of a vein)
pneumo-	<i>lung</i>	pneumonia (inflammation of the lung)
poly-	<i>many, much</i>	polyarthritis (inflammation of several joints)
procto-	<i>relating to the anus</i>	proctoscope (a short tubular instrument with illumination for inspecting the rectum)
pseudo-	<i>false</i>	pseudo dementia (a condition of indifference to one's surroundings without actual mental impairment)
psycho-	<i>pertaining to the mind</i>	psychotherapy (counseling help)
pulmo-	<i>lung</i>	pulmonologist (a specialist in the anatomy, physiology, and pathology of the lungs)
pyo-	<i>signifying pus</i>	pyoderma (any infection of or on the skin that contains pus, that is, a collection of white blood cells and other materials generated by the immune response)
quadra-	<i>involving four</i>	as quadraplegia (all 4 limbs paralyzed)
rachi-	<i>spine</i>	rachiocampsis (curvature of the spine)
rhino-	<i>nose</i>	rhinoplasty (a repair of the nose)
semi-	<i>partial, not full</i>	semiconscious (only somewhat awake and able to understand what is happening around you)
sub-	<i>under</i>	subcutaneous (under the skin)
syn-	<i>loss</i>	syncope (to faint, a temporary loss of consciousness due to generalized cerebral ischemia, that is, too little blood getting to the brain.
tachy-	<i>rapid</i>	tachycardia (rapid beating of the heart)
thermo-	<i>heat</i>	thermophobia (morbid fear of heat)
thorac(i)-, thorac(o)-, thoracico-	<i>pertains to the chest or thorax</i>	thoracostomy (a small incision of the chest wall, with maintenance of the opening for drainage through a chest tube)
tri-	<i>three</i>	triceps (muscle with three heads)
uni-	<i>one</i>	unicellular (composed of one cell)
uro-	<i>relating to the urine</i>	urosepsis (septic poisoning from retained and absorbed urinary substances)
vaso-	<i>vessel</i>	vasoconstriction (narrowing of the blood vessels)

Suffixes



Suffixes	Meaning	Example
-ac	<i>pertaining to</i>	cardiac (pertaining to the heart)
-algia	<i>pain</i>	neuralgia (nerve pain)
-cele	<i>hernia, pouching</i>	hydrocele (a pathological accumulation of serous fluid in a body cavity)
-centesis	<i>surgical puncture</i>	paracentesis (puncture of the body cavity for removing fluid)
-clasis	<i>breaking</i>	thromboclasia (breaking up of a blood clot)
-clysis	<i>washing, irrigation</i>	enteroclysis (enema of the intestines)
-cyte	<i>cell</i>	hematocyte (any blood cell)
-ectasia	<i>dilation, stretching</i>	gastrectasia (dilation of the stomach)
-emesis, -emis	<i>vomiting</i>	hyperemesis (excessive vomiting)
-ectomy	<i>excision (cutting out)</i>	tonsillectomy (cutting out of the tonsils)
-emia	<i>denoting a condition of the blood</i>	glycemia (sugar in the blood)
-emis	<i>vomiting</i>	
-genesis	<i>condition of producing</i>	carcinogenesis (the origin or production of cancer)
-ism	<i>abnormal condition from excess of something</i>	alcoholism, botulism
-itis	<i>inflammation</i>	dermatitis (inflammation of the skin)
-lith	<i>stone</i>	nephrolith (kidney stone)
-lysis	<i>breakdown</i>	hemolysis (the destruction of red blood cells)
-malasia	<i>softening</i>	osteomalasia (a disease characterized by gradual softening and bending of the bones)
-mania	<i>madness or passion for</i>	as kleptomania (compulsive stealing)
-megaly	<i>enlargement</i>	cardiomegaly (enlargement of the heart)
-odynia	<i>painful condition</i>	cardiodynia (pain in the heart)
-ology	<i>study of</i>	as neurology (study of nervous system)
-oma	<i>tumor</i>	carcinoma (a malignant tumor)
-opsy	<i>examination or inspection</i>	biopsy (excision of a small piece of living tissue from a patient for microscopic examination)
-orexia	<i>appetite, desire</i>	anorexia (loss of appetite)
-orrhaphy	<i>suture</i>	gastrorrhaphy (the suture of a perforation of the stomach)
-orrhea, -rrhea	<i>flow, discharge</i>	gastrorrhoea (excessive secretion of gastric juice or mucus by the stomach)
-osis	<i>abnormal or diseased condition</i>	as in osteoporosis (bone disease)
-ostomy	<i>to make a new opening</i>	colostomy (the establishment of an artificial anus by an opening into the colon)
-otomy	<i>incision, to cut into</i>	nephrotomy (an incision into the kidney)
-paresis	<i>partial or incomplete paralysis</i>	hemiparesis (weakness of the entire left or right side of the body)
-path	<i>morbid or diseased</i>	sociopath (a person who feels no remorse or guilt about behaving in socially unaccepted ways)
-pathy	<i>disease</i>	neuropathy (any nerve disease)
-penia	<i>deficiency</i>	leukopenia (any situation in which the total number of leukocytes (white blood cells) in the circulating blood is less than normal)
-pepsia	<i>digestion</i>	dyspepsia (indigestion or upset stomach)

-pexy	<i>fixation, to put into place</i>	nephropexy (surgical attachment of a floating kidney)
-philia	<i>a liking or affinity for</i>	as hemophilia (a bleeder)
-phobia	<i>fear</i>	claustrophobia (fear of being closed in a small space)
-plasty	<i>surgical repair</i>	thoracoplasty (reparative or plastic surgery to the chest)
-plegia	<i>paralysis</i>	as hemiplegia (a paralysis of one side of the body)
-pnea	<i>breath</i>	polypnea (very rapid breathing)
-rhythmia	<i>rhythmical</i>	arrhythmia (any variation from the normal rhythm of the heart)
-rrhage	<i>abnormal or excessive discharge or flow</i>	hemorrhage (bleeding)
-sclerosis	<i>hardening</i>	arteriosclerosis (hardening of the arteries)
-spasm	<i>sudden violent contraction of muscles</i>	myospasm (spasm of a muscle)
-stasis	<i>arrest, control</i>	cholestasia (an arrest in the flow of bile from the liver)
-taxis	<i>order, arrangement</i>	thermotaxis (regulation of the temperature of the body)
-tripsy	<i>crushing</i>	lithotripsy (the crushing of a stone in the kidney by a machine called a lithotripter, that uses sound waves to break stones into minute particles, which can then be passed in the urine)
-trophy	<i>development, nourishment</i>	hypertrophy (an overgrowth or increase in the bulk of a body part or organ)
-uria	<i>urine</i>	albuminuria (the presence of protein in urine, chiefly albumin; albumin is any protein that is soluble in water)

Abbreviations



Abbreviations

aa	of each	decub	lying down
Abd	abdomen	Diab	diabetic
ac	before meals	Diag or Dx	diagnosis
AD	advance directive	Diff	differential blood count
ADL	activities of daily living	Dil	dilute
Ad lib	as much as desired, at pleasure	Disc	discontinue
A/G	albumin/globulin ratio	Disch or D/C	discharge
AIDS	acquired immunity deficiency syndrome	DM	diabetes mellitus
A.M.A.	against medical advice	DNR	do not resuscitate
AMD	age-related macular degeneration	dx	diagnosis
amp	ampule	EEG	electroencephalogram
amt	amount	EKG or ECG	electrocardiogram
aq	water	EMS	emergency medical service
aq dist	distilled water	ESRD	end stage renal disease
ASH.D.	arteriosclerotic heart disease	exam	examination
BE	barium enema	fl or fld	fluid
bld	twice a day	FUO	fever of unknown origin
BMR	basal metabolic rate	Fx	fracture
BP or B/P	blood pressure	GII	gastrointestinal
BRP	bathroom privileges	gm	gram
c̄	with	gr	grain
Ca	carcinoma	gtt or gtts	drop(s)
CAD	coronary artery disease	H or hr	hour
caps	capsules	HBP	high blood pressure
cath	catheter	HBV	Hepatitis B virus that infects the liver; highly contagious
CBC	complete blood count	HIV	human immunodeficiency virus
c c	cubic centimeter	hs	at bedtime
cf	compare	hypo	hypodermically
CHF	congestive heart failure	IDDM	insulin dependent diabetes mellitus
CMP	comprehensive metabolic panel	IM	intramuscular
CNS	central nervous system	inf	infusion
COLD	chronic obstructive lung disease, same as COPD	I & O	intake and output
comp	compound	IV	intravenous
COPD	chronic obstructive pulmonary disease	KUB	kidney-ureter-bladder
CVA	cerebral vascular accident	l	liter
d/c	discontinued		

lab laboratory
Lat lateral
lb pound
liq liquid
mg milligram
min minute
ml milliliter
mm millimeter
MN midnight
MRSA methicillin-resistant Staphylococcus aureus
N noon
NIDDM noninsulin dependent diabetes mellitus
no number
noct. at night
NPO nothing by mouth
NV nausea and vomiting
od right eye
OOB out of bed
os left eye
OT occupational therapy
ou both eyes
oz ounce
p pulse
pc after meal
PEARL pupils equal and reactive to light
PEG percutaneous endoscopic gastrostomy
po by mouth
prn as needed
prog prognosis
PROM passive range of motion
pt pint
PT physical therapy
PX physical exam
qd every day
qh every hour
qhs each bedtime
qid four times a day

qn every night
qod every other day
qs sufficient quantity
ROM range of motion
Rx prescription
̄ without
SOB shortness of breath
sol solution
sos one dose, if necessary
spec specimen
SS soap solution
ss half
stat immediately
surg surgery
T temperature
tab tablet
TB tuberculosis
tld three times a day
tinct or tr tincture
TO telephone order
TPR temperature, pulse and respiration
u unit
ung ointment
URI upper respiratory infection
UTI urinary tract infection
VO verbal order
vol volume
vs vital signs
WBC white blood cells
W/C wheel chair
wt weight

Therapeutic Actions



Drugs	Therapeutic Actions	Example (if applicable)
Analgesic	reduces pain (does not cure illness). Two types are (a) opiates as codeine, morphine, and Davon and (b) nonopiates as aspirin, Tylenol and Advil	See definition given for two types and examples
Antacid	neutralizes the acid in the stomach	Maalox®
Antianemic	used in treatment of anemia	liver extract
Antibiotic	destroys microorganisms in the body	penicillin, doxycycline, Keflex
Anticoagulant	depresses (slows) the clotting of blood	Coumadin (given orally) or heparin (injected)
Anticonvulsant	used to prevent or control convulsions	Dilantin, phenobarbital, and intravenous Valium
Antidepressant	given to relieve depression	Prozac, Zoloft, Paxil
Antidote	used to counteract poisons	
Antihistamine	used in certain allergy cases and to dry out nasal tissues to reduce postnasal drip	Benadryl, Chlortrimeton
Antiseptic	slows down growth of bacteria, but does not kill all of the bacteria	hydrogen peroxide
Antispasmodic	relieves smooth muscle spasm	Valium ® (diazepam)
Antipsychotic	drug given for mental disorders	Thorazine, loxitane, Mellaril
Antitoxin	neutralizes bacterial toxins in infections	tetanus antitoxin
Antitussive	given to control coughing	Robitussin ® and Phenergen expectorant
Astringent	used to constrict skin and mucous membranes by withdrawing water	alum
Carminative	an agent that reduces flatulence (gas) in the stomach or intestinal tract	Simethicone tabs
Cathartic	laxative, purgative, inducing bowel movements	casacara sagrada
Caustic	destroys tissue by local application	silver nitrate
Chemotherapeutics	chemicals used to treat illness	sulfanilamide for streptococcal infection
Coagulant	stimulates clotting of the blood	
Decongestant	constricts blood vessels in the nose and relieves nasal congestion	Sudafed, Afrinol
Diaphoretic	used to induce perspiration	Solution of acetate to ammonium (2 oz)
Disinfectant	destroys pathogenic organisms	Zephiran ® chloride
Diuretic	stimulates elimination of urine, often used with medications prescribed to reduce hypertension	diazide, Lasix, Diuril
Emetic	induces vomiting	warm salt water
Emollient	used to soften and soothe tissue	cold cream, petroleum jelly
Expectorant	used to induce coughing, an agent that increases bronchial secretion and facilitates its expulsion (coughing)	Robitussin ®

Generic Substitution	a different brand or an unbranded drug product substituted by the pharmacist for a trade-name drug product prescribed. The drugs are exactly the same chemically and in the same dosage form, but distributed by different drug companies.	
Hypertensive	helps raise blood pressure	
Hypnotic	assists patients/residents to fall asleep	Nembutal
Laxative	used to relieve constipation	Dulcolax, Doxidan, Metamucil
Miotic	constricts the pupil of the eye	
Mydriatic	dilates the pupil of the eye	
Palliative	relieves pain without curing	aspirin, Tylenol
Parenteral	drug or solution given by subcutaneous or intravenous injection	
Placebo	inactive medication having no physical healing effect. Usually given to satisfy the resident. Also used in drug studies to determine the effectiveness of another drug. May be given orally, by injection, as a suppository, or topically	
Sedative	relieves anxiety and emotional tensions	Seconal ®
Suppository	semisolid substance for introduction into the rectum, vagina or urethra where it is dissolved and absorbed.	
Suspension	medication served in a liquid form	
Tonic, or stimulant	used to stimulate body activity	Eldertonc ® or Ritalin ®
Topical medication	medication applied to an area of the skin, as ointments and lotions	
Vasoconstrictor	causes blood vessels to narrow or constrict	Pseudoephedrine
Vasodilator	expands or dilates blood vessels	
Vitamins	used in replacement therapy	vitamin C

Common Diagnoses



Common Diagnoses

Acquired Immune Deficiency Syndrome (AIDS)	A syndrome that results in a person having little or no immunity to disease.
Alcoholism	A chronic, progressive, potentially fatal disease characterized by physical dependency and/or pathological organ changes due to ingestion of alcohol.
Alzheimer's disease	A chronic, progressive, degenerative cognitive disorder. It accounts for over 60% of all dementias, commonly occurring in people over 65. The disease is staged according to the behaviors exhibited by the victim. There are three stages, with Stage I considered the early stage and Stage III the late stage.
Age-related Macular Degeneration (AMD)	A disorder of the eye characterized by the inability to see anything that requires straight ahead vision, often resulting in blindness.
Angina pectoris	Severe pain about the heart, usually radiating to the left shoulder and down the arm.
Anorexia	Loss of appetite - serious psychological disorder.
Aphasia	Absence or impairment of the ability to communicate through oral and/or written language; it often occurs after brain damage in accidents and from strokes.
Apnea	Temporary cessation of breathing, a serious symptom sometimes occurring in the aged during profound sleep.
Arteriosclerosis	Thickening, hardening and loss of elasticity of the walls of the arteries; it is the most frequent metabolic disorder of the aged.
Arthritis	Inflammation of a joint, usually accompanied by pain, and frequently by changes in bone and joint structure.
Atrophy	A decrease in size of an organ or tissue that can result from a number of factors including malnutrition and inactivity.
Benign Disequilibrium of Aging (BDA)	A very common disorder in which the balance centers of the inner ear fail to function properly causing imbalance while walking.
Botulism	Food poisoning caused by toxin of bacillus that may infect preserved foods, sausage and canned meats.
Carcinoma	A new growth or malignant tumor that tends to give rise to metastasis; it is synonymous with the term cancer.
Cataract	The darkening of the lens of the eye or its capsule or both; very common in the aged; the most common cause of blindness of adults. The only effective treatment is surgery.
Cerebrovascular accident (CVA)	A cerebrovascular condition resulting from a hemorrhage, a stroke - may result in paralysis.
Congestive heart failure (CHF)	A condition characterized by weakness, breathlessness, abdominal discomfort, and edema in the lower portions of the body due to reduced outflow of blood from the heart.
Coronary heart disease	Myocardial damage due to insufficient blood supply, caused by pathological changes in the coronary arteries.
Cystitis	Inflammation of the bladder; also called a urinary tract infection (UTI).
Dementia	Impairment of mental powers due to organic causes.
Depression	An affective disorder characterized by feelings of hopelessness, sadness, and inadequacy. It is the most frequent mental problem in nursing facilities. Residents may withdraw, isolate themselves, lack motivation, and/or show agitation.
Diabetes	A general term for disease characterized by many symptoms, one of which is excessive urination. There are many types but usually refers to diabetes mellitus (sugar diabetes) in which there is a deficiency of insulin.

End-stage renal disease	A permanent failure of the kidneys to perform essential functions that results in a need for dialysis.
Epilepsy	A recurring paroxysmal disorder of the brain characterized by sudden, brief convulsive seizures, altered consciousness, motor activity, or sensory phenomena.
Fecal Impaction	Constipation caused by a firm mass of feces in the colon or rectum. The size or firmness prevents its passage. Common in nursing home residents.
Glaucoma	Disease of the eye characterized by increase in pressure within the eye; may result in blindness. It can be controlled but generally has no cure.
Heart attack	Descriptive term for a clinical condition caused by occlusion of a coronary artery(s), characterized by heavy pressure or squeezing pain in the chest that may spread to the shoulder and arm. There may also be sweating, nausea, vomiting, and shortness of breath.
Hemiparesis	Partial or incomplete paralysis of one side of the body.
Hemiplegia	Paralysis of one side of the body.
Hypertension	A condition in which a person has higher blood pressure than normal.
Hemophilia	Hereditary blood disease in which there is greatly prolonged coagulation time for blood; abnormal bleeding occurs.
Herpes	A general term used for a variety of infections of nerve endings caused by a number of different herpes viruses.
Methicillin-resistant Staphylococcus Aureus (MRSA)	Infection that is resistant to anti-infective agents. Patients with MRSA should be isolated in a manner consistent with the state of infection.
Multiple sclerosis	A chronic, slowly progressive disease of the nervous system, with many symptoms, that is degenerative.
Nephritis	Inflammation of the kidney.
Obesity	Abnormal amount of fat on the body, usually 20 to 30 percent over the average weight for a person's age, sex, and height.
Osteoporosis	Disease of the bone characterized by a reduction in bone density associated with loss of calcium.
Paraplegia	Paralysis of lower portion of the body and of both legs.
Parkinson's Disease	A chronic nervous system disease characterized by a fine slowly-spreading tremor, muscular weakness and rigidity, and peculiar gait; common in the aged.
Pulmonary conditions	Disorders of the lungs and bronchial tubes, as pneumonia, lung cancer and bronchitis.
Quadriplegia	Paralysis of all four limbs and usually the trunk of the body.
Senile dementia	Deteriorative mental state due to organic brain damage occurring in the aged, characterized by loss of memory.
Shingles	Acute inflammation of peripheral nerves in the trunk of the body, and sometimes elsewhere, by a herpes virus.
Standing Orders	Physician orders that nurses can activate in specific situations without first having to notify the physician. These orders are specific to the individual attending physician, and the scope of the orders may vary greatly from one doctor to the next.
Stroke	Sudden loss of consciousness followed by paralysis caused by hemorrhage into the brain, formation of a blood clot, or rupture of an artery in the brain; a cerebrovascular accident (CVA).
Syndrome	A group of signs and symptoms that collectively characterize or indicate a particular disease or abnormal condition, such as Down's Syndrome.

Forms and Flashcards

Proposed Curriculum and Checklist AIT/Preceptor Agreement/Training Permit

Forms

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