



D.C. Board of Dietetics & Nutrition

INSIDE THIS ISSUE

Renew in 2011	2
Move/Change Names	2
Your Email Address	2
Renew Online	3
Licensure Verification	3
Dietitian on Soda Tax	4
Nutritionist Career	5
Serve on the Board	6
Q&A w/DOH Director Pierre Vigilance	6
Expedite Your License	7
Dietetic Association Conference	8
Welcome New Licensees	11
LTC Survey Team Talks /MDS 3.0	12
Reporting DWIs, DUIs, and OWIs	13
Criminal Background Check	13
Paid Inactive	14
Public vs. Non-Public Discipline	14
Board Orders	14
Filing a Complaint	14
Board Members, Board Staff, and Contact Information	15

YOUR MAILING ADDRESS

Changing your mailing address? Send your name, mailing address, and license number to:

Board of Dietetics
and Nutrition
Processing Department
Address/Name Change
717 14th Street, NW
Suite 600
Washington, DC 20005



Government of the District of Columbia
Adrian M. Fenty, Mayor



Fall 2010

LETTER FROM THE CHAIR

Childhood Obesity

As our country debates the merits of the new healthcare bill, concerns that childhood obesity rates have tripled over the past three decades are growing. Nearly 12 million American children and teens between the ages of 10 and 17 are overweight or considered obese by Federal Government standards. These young Americans face a relatively higher risk of health problems than their non-obese peers.

For children born in 2000 or later, a full third are expected to suffer from diabetes at some point in their lives. Many will experience obesity-related illnesses such as heart disease, high blood pressure, abnormal blood fats, stroke, osteoarthritis, sleep apnea and cancer. As they age, these obese children are at a high risk of becoming obese adults. And since obesity is now one of the most common disqualifiers for military service, it is therefore a national security risk factor.

In addition, the related health care cost of these obesity-related diseases is expected to exceed \$147 billion per year.

To combat this problem, First Lady Michelle Obama launched the "Let's Move: America's Move to Raise a Healthier Generation" program. The goal of the program is to raise a generation of healthy children by preventing the onset of obesity at a young age.

Many Factors

As nutrition professionals, we recognize that there are many factors which contribute to childhood obesity, including unhealthy eating patterns, parental food preferences, genetics, social and socio-economic status, race/ethnicity, media and marketing and the lack of physical activity. For those children who are already overweight or obese, primary prevention is not a goal. However, the fundamentals of healthy living must be encouraged. A balanced diet, coupled with adequate time for regular, fun-filled physical activity should be stressed.

DC is 3rd Most-Fit

CalorieLab, Inc. reports that in 2010, Mississippi is the "fattest state" for the fifth consecutive year. Colorado continues its streak as the



Goulda A. Downer,
PHD, RD, LN, CNS

leanest, with Connecticut the second most-fit state. The District of Columbia is third. In fact, our three-year average obesity rate actually declined by 0.8 percent from last year. As a region, we should be proud of ourselves. However, we still have much work to do as we usher our children and adolescents to a healthy adult population. We are well poised to do this since, according to the US Bureau of Labor Statistics 2008-18 Projections, a growth rebate of 9% in our field is anticipated.

(continued on page 2)

Upcoming Board Meetings

Open Session is at 9:30 a.m.

Board Meetings are held quarterly in MARCH, JUNE, SEPTEMBER and DECEMBER on the 2nd Tuesday, and are open to the public at 717 14th St., NW, 10th Floor Washington, DC 20005

Prior to attending, please call 202-724-8872 to confirm date.

When You Move (or Change your Name)

Licensees sometimes forget to inform the Board of Dietetics and Nutrition when they move or change names. If we do not have your current address, you may not receive your renewal mailing because we may send it to your former address. **All name and address changes must be submitted in writing to our office within 30 days of the change.** Please include your name, address, Social Security number, and license number, if you know it. If you have a name change, you must also enclose a copy of your certificate of marriage, divorce decree, or court order that authorizes the change.

Fax your request to (202) 727-8471, or mail your name and address change to:

DC Board of
Dietetics and Nutrition
Attn: Processing
Department
Address/Name Change
717 14th Street, NW
Suite 600
Washington, DC 20005

2011 IS THE YEAR TO RENEW!

All licensees will be able to begin to access renewal forms online beginning in September 2011.

Please remember that only CEUs obtained in the two years immediately preceding the renewal date will be accepted. You are to have completed 30 CEUs at the time of renewal.

CEUs are not required for those who are first-time renewal applicants who were licensed by exam or were enrolled in an approved training program during any part of the two-year period prior to approval.

All licenses expire on November 1, 2011. The renewal period will end midnight November 1, 2011. The Board of Dietetics and Nutrition will conduct a random CEU audit immediately following the renewal period.

LETTER FROM THE CHAIR

(continued from page 1)

DOH Director Interview

In this newsletter, my interview with the Dr. Pierre Vigilance, Director for our City's Department of Health, highlights his continuing efforts to promote the health and wellness of our citizens, including children. To augment these efforts, I continue to urge all registered and licensed nutrition and dietetic professionals to share your expertise with our academic institutions.

Adopt a School

To become personally involved, I urge you to adopt a school in DC where you work, live, worship or play. Please email this information to thomasine.pointer@dc.gov by January 31, 2011. We plan to then call on you and together partner with our School Chancellor and work to help our children get and remain healthy, happy and fit.

Goulda A. Downer, PHD, RD, LN, CNS
Chairperson
DC Board of Dietetics and Nutrition

ATTENTION LICENSEES:

HELP US TO STAY IN TOUCH WITH YOU!

Please send an email informing the Board of your email address at:

THOMASINE.POINTER@DC.GOV

The Board will be distributing the Board newsletter electronically.

YOU MAY RENEW YOUR LICENSE ONLINE AT **WWW.HPLA.DOH.DC.GOV**

**TO RENEW ONLINE YOU MUST USE INTERNET EXPLORER 6.0 OR HIGHER
AND PAY BY MASTERCARD OR VISA. OUR SYSTEM IS NOT COMPATIBLE
WITH MOZILLA FIREFOX, GOOGLE CHROME OR SAFARI.**

FOR NEW USERS: You must register to select a User ID and Password. In order to uniquely identify yourself to register to use our online application, you need to have your SSN handy and your last name (as it appears on your application/renewal notice or Weblookup) for an easy and quick registration. For existing users, you need to click on the log-in button and proceed from there with your User ID and password.

Before you log-on to our website, please have these items available:

- ☐ Your Social Security number
- ☐ Your Visa or MasterCard, in order to pay your renewal fee of \$179 online.

WHEN YOU ARE READY TO LOG-ON TO OUR WEBSITE:

- Enter www.hpla.doh.dc.gov into the address field of your web browser
 - ☐ Click on Online License Renewal
 - ☐ Type in your Social Security number and last name and click on "Search" tab
 - ☐ At the Registration page, you must create a User ID and Password
 - ☐ type in your newly-created User ID and Password and follow the step-by-step instructions to complete the renewal process.
- Please be sure to print out a copy of the "Confirmation Page" for your records.

AFTER YOU FINISH THE ON-LINE RENEWAL AT OUR WEBSITE, SEND US:

- If you do not currently have a photo on your license, you will need to send TWO (2) 2"x2" photos of yourself (identical passport-size photos; plain background, front-view, fade-proof), and write on the back of the photos your full name and license number or Social Security number.

• IF YOU ANSWER "YES" TO THE QUESTION IN "SECTION 6", PLEASE MAIL THE SUPPORTING DOCUMENT(S).

- Mail the items to: HPLA - ATTN: Dietetics & Nutrition Renewal
717-14th Street NW, 6th Floor
Washington, DC 20005
- After 24 hours, you may verify your completed renewal at:
<http://hpla.doh.dc.gov/weblookup>

NOTE: You are not required to submit proof of having met your CE credit requirement with your renewal at this time. CEUs ARE NOT REQUIRED FOR FIRST RENEWAL.

TO REQUEST A PAPER RENEWAL APPLICATION OR
APPLY FOR PAID INACTIVE STATUS, PLEASE VISIT
OUR WEBSITE AT WWW.HPLA.DOH.DC.GOV OR CALL
1-877-672-2174 BETWEEN THE HOURS OF 8:15 AM
AND 4:40 PM EST - MONDAY THROUGH FRIDAY.

Verification of Licensure

Licensing authorities and some health facilities often require a letter of verification of the licenses you currently hold or have held in the past. These letters of verification are sometimes called "letters of good standing," even though your DC license may have expired.

If the requesting jurisdiction or institution gave you a form, simply forward the form, with a check or money order payable to "DC Treasurer" in the amount of thirty-four dollars (\$34.00) to:

**DC Board of
Dietetics and Nutrition
717 14th Street, NW
Suite 600
Washington, DC 20005**

On the form, be sure to include your name and the address where the form is to be sent.

If the requesting jurisdiction or institution did not give you a form, send the payment referenced above and a short note requesting a letter of verification. The note should include your name and the name and address of where you want the letter of verification sent.

A DIETITIAN'S PERSPECTIVE: DC SODA TAX

by Colleen Gerg, MA, RD, State Media Representative,
District of Columbia Metropolitan Area Dietetic Association (DCMADA)

*"DC's new soda tax
does not include*

**KING SIZE
SMOOTHIES**

**WHIPPED
CREAM-TOPPED
DESIGNER
COFFEES**

or even

**100% JUICE
BEVERAGES AND
JUICE DRINKS**

*which often
provide
significantly more
calories than
a soda. These
beverages can
easily sabotage
the unsuspecting
consumer's weight
loss efforts in
the same way
as sodas."*

After much controversy, the 6% sales tax on both regular and diet soda, sports and energy drinks took effect in DC on October 1, 2010. Many city officials and citizens alike are skeptical about the likelihood of such a tax promoting healthier beverage choices such as bottled water, tea, coffee and juices among consumers.

Dietitians have long counseled their clients on the health risks of excessive calorie consumption via beverages. "Liquid calories" provide neither the same satiety factor nor the nutritional benefits that eating whole foods do. For many battling obesity, simply cutting out all caloric beverages in favor of plain water can result in significant weight loss. A study published in April 2009 in *The American Journal of Clinical Nutrition* demonstrated that "liquid calorie intake had a stronger impact on weight than solid calorie intake" and that "among beverages, sugar-sweetened beverages was the only beverage type significantly associated with weight gain." The researchers added: "Our study supports policy recommendations and public health efforts to reduce intakes of liquid calories, particularly from sugar-sweetened beverages, in the general population."

Consumption of liquid

calories from beverages has increased in parallel with the obesity epidemic. But DC's new soda tax does not include the "king size" smoothies, whipped cream-topped designer coffees or even the "100% juice" beverages and juice drinks which often provide significantly more calories than a soda. These beverages can easily sabotage the unsuspecting consumer's weight loss efforts in the same way as sodas.

While the "soda tax" may inspire some to pause before purchasing, most dietitians agree that teaching consumers how to eat more healthily through nutrition education, thereby reducing the risk of obesity-related diseases such as diabetes, heart disease and stroke, is a more potent health motivator than saving money on a favorite beverage. The caffeine, sugar or artificial sweeteners in soda are

habit-forming and, in addition to education on the potential health risks, require strong motivation and determination to break.

City council member Mary Cheh says the extra tax revenue will help provide funding for her Healthy Schools Act. This is an already-approved measure that promises to improve nutrition quality of school meals and improve physical education. It also gives dietitians an additional opportunity to educate consumers on the health benefits of obtaining calories from fresh, wholesome, and naturally flavorful foods. Skeptics argue that the tax will not drive soda consumption down and that taxing diet soda does nothing to prevent obesity. It does, however, provide an additional platform for RDs to encourage more healthful food and drink choices—the importance of which can be agreed on by everyone.

**THE 6% SALES TAX ON BOTH
REGULAR AND DIET SODA,
SPORTS AND ENERGY DRINKS
TOOK EFFECT IN DC
ON OCTOBER 1, 2010.**

REGIONAL NUTRITIONIST'S PROFILE: Q&A ON A CAREER PATH

How did you choose your career?

My intention, when I started my undergraduate degree, was to pursue medicine. I therefore focused on biological sciences as my major. However, during my sophomore year, I was fortunate to participate in an elective class in public health nutrition. The impact of this course on my life was so drastic it completely changed my career directions.

Although I completed my degree in biology, I also did a public health internship overseas, shifted my clinical-training focus from medicine to nursing, obtained a Master's in public health with an emphasis in international nutrition, and finally obtained a Doctorate degree in community nutrition.

I think the one thing that characterized my choice was passion. I was passionate about helping the poor and, for me, public health, nursing and nutrition were the vehicles whereby I could accomplish this goal.

What is your current position?

I am so fortunate to currently work as a Health Scientist Administrator at the National Institutes of Health (NIH). My position entails managing and providing scientific oversight for cardiovascular science research grants in the areas of obesity, physical activity and nutrition. Additionally, I also help to review and synthesize the research in these areas to identify research gaps that can be filled by investigator-initiated projects or through initiatives developed by scientific staff.

What do you like about your current position?

It is absolutely amazing to be able to help direct the science agenda on nutrition in the field of cardiovascular science. I get to work with very gifted colleagues and extramural scientists all across the US and across the world, at times, for that

matter. Together, we jointly move science forward so as to promote health and prevent diseases. It is most rewarding. Additionally, the opportunity for learning is endless. There is never a day that goes by that I don't find something new that I have learned and very few dull moments.

What career advice or "gems" can you share for persons now pursuing a career in nutrition?

I think the lessons I have to share are not relevant only to nutrition, but for all professional fields. In any case, I would say, first and foremost, pursue your desire and be passionate about your pursuits. Your passion will open doors of opportunity for you and sustain you even when things don't seem to be going as you envision in your career plans. I never knew I would end up at NIH, but my training and experiences, both good and not so good, have all coalesced to allow me to attain the position that I currently have and also enjoy. Another thing I would advise a young nutrition professional (or someone interested in nutrition) to do is don't limit yourself in your experiences. Pursue all relevant possibilities that come your way. This includes industry, public, private, consulting and other relevant opportunities. I know that for me all of my varied experiences continually inform my professional practice and performance. Also, alongside this, I would say be teachable, humble and thankful. With respect to being teachable, use your mistakes and even the mistakes of your mentors as teaching tools so that you don't have to repeat these in your career. Gratitude is the gift you gave to those who invest in your future. Therefore, if you want people to invest in you, continue to show gratitude for their efforts. Finally, I believe humility is the gift one gives oneself—it allows you to grow and also opens doors where you least expect it.

REGIONAL NUTRITIONIST PROFILED

JOSEPHINE BOYINGTON, PHD, MPH
PROGRAM DIRECTOR
NATIONAL HEART, LUNG, AND BLOOD INSTITUTE
DIVISION OF CARDIOVASCULAR SCIENCES
PREVENTION AND POPULATION SCIENCES
PROGRAM
CLINICAL APPLICATION & PREVENTION BRANCH

**"DON'T LIMIT YOURSELF
IN YOUR EXPERIENCES. PURSUE
ALL RELEVANT POSSIBILITIES
THAT COME YOUR WAY. THIS
INCLUDES INDUSTRY, PUBLIC,
PRIVATE, CONSULTING AND OTHER
RELEVANT OPPORTUNITIES.
FOR ME ALL OF MY VARIED
EXPERIENCES CONTINUALLY INFORM
MY PROFESSIONAL PRACTICE AND
PERFORMANCE. ALONGSIDE THIS,
I WOULD SAY BE TEACHABLE,
HUMBLE AND THANKFUL."**

SERVE ON THE BOARD: SERVE THE COMMUNITY

We need you!

Community service is one of the highest forms of citizenship. Please consider serving on the Board of Dietetics and Nutrition.

If you are a District of Columbia resident interested in serving on the Board, please contact the District of Columbia Office of Boards and Commissions (OBC).

The OBC assists the Mayor in appointing citizens to boards and commissions by recruiting quality candidates, processing applications, and by providing support to each participant in the Mayoral appointments process. The District of Columbia has over 150 different boards and commissions. These boards or commissions are independent bodies that provide important advisory, regulatory, policy-making services as part of the Government of the District of Columbia.

Go online at

www.obc.dc.gov

to download
an application,
or call the OBC at

(202) 727-1372

Contact the Office of Boards and Commissions if you have questions or would like more information about serving.

INTERVIEW WITH DOH DIRECTOR DR. PIERRE VIGILANCE

What is live well DC? Why was it conceived?

Live Well DC (LWDC) is an interagency effort to create a holistic approach to health and wellness by targeting individual behaviors that result in poor health outcomes. LWDC aims to improve the health of those in our community, and ensure that District residents live longer, more productive lives by encouraging residents to follow 10 Healthy Living Tips. The tips are related to healthy behaviors, particularly those that address the top preventable causes of death in the District.

The tips are:

- Eat Healthy
- Move More
- Don't Smoke
- Love Responsibly
- Reduce Stress
- See Your Doctor
- Wash Your Hands
- Be Prepared
- Make Peace
- Read More

Who will partner with you to get this done?

The Department of Health is just one agency that contributes to living well. The District Government as a whole, including transportation, planning, parks and recreation and housing departments, are working with partners outside of the government to make Live Well DC a reality. We are partnering with a number of organizations, this includes a community coalition, the medical community, houses of worship, local businesses and non-profits. Individual citizens who are interested in making a difference in their own lives and their communities are also involved.

How will this impact on the health and wellness of the citizens of DC?

The goal of the campaign is to improve the health of everyone who lives, works, plays and prays in the District. Living well means living longer and healthier lives. When people are healthier they are better able to enjoy life and meet



other important needs like going to school and work.

First Lady Michelle Obama has been focusing on obesity with an emphasis on our children. Will live well DC address obesity among the District's children?

The Live Well DC is an excellent complement to the First Lady's [Let's Move! Campaign](#). Live Well DC addresses all members of the District's population, including children. The Department of Health's Obesity Report shows that over 35% of District youth are overweight or obese. Two of the tips in Live Well DC are "eat healthy" and "move more" because we recognize that poor diet and lack of physical activity are the two greatest contributors to obesity in District youth and adults. Youth who are overweight and obese are at greater risk for developing chronic health issues such as diabetes, we want to make sure that they enter adulthood healthy and on a path to stay that way.

Can you paint a picture of obesity among school-age children in the District?

Poor diet and physical inactivity are

the two major causes of obesity in the District and contribute significantly to DC's preventable causes of death. There are multiple factors that contribute to those two behaviors including lack of healthy food access, the need for safe places to play, education and income. The Obesity Report that DOH published last year takes a look at all of the potential contributing factors to these two behaviors. What is clear is that there needs to be a holistic and multi-pronged approach to successfully address obesity in DC.

What is your strategic approach to address obesity in the District, particularly among school-age children?

The District has an Overweight and Obesity Action Plan, put together by community members and stake holders who make up the Overweight and Obesity Working Group. The 5 year plan focuses on 7 areas: schools and child care facilities, medical and health services, food retail and food service establishments, physical activity, worksites, faith based institutions and overarching support systems and infrastructure. District youth are affected by more than just the school portion of the plan. Whether it's creating opportunities for physical activity in their neighborhoods, bringing healthier food options to their neighborhood, or encouraging more physical activity through walking to nearby destinations we have the opportunity to make a real impact on the health of school-aged children.

Are culturally appropriate food choices factored in our school lunch program? Can you give an example?

If we are going to make sure healthy food at schools is taken advantage of by students, we need to make it appealing to them. When healthy food is appealing and tasty we can change the conversation among youth about what food that is good for you really looks like and how it can be enjoyed. The Office of the State Superintendent for Education (OSSE) oversees the school food regulations. Each School Food Service Authority is responsible for developing menus that meet the requirements of US Department of Agriculture (USDA) National School Lunch Program and the District's Healthy Schools Act. According to OSSE, the schools are encouraged to factor culturally appropriate items into their menus.

How can credentialed, licensed nutritionists and dietitians help?

I encourage everyone to take a look at the Obesity Report, and the Overweight and Obesity Action Plan. They can be found on the Department of Health's Live Well DC page at www.doh.dc.gov. These documents lay out a road map for where we want to go and the current state of the District. As individuals we can encourage the organizations we are a part of to adopt the Obesity Action Plan goals and help improve health throughout the District. Leading by example is also important. Figure out how to incorporate the 10 tips into your daily life. Spreading the word

"I encourage everyone to take a look at the Obesity Report, and the Overweight and Obesity Action Plan. They can be found on the Department of Health's Live Well DC page at www.doh.dc.gov."

"IF WE ARE GOING TO MAKE SURE HEALTHY FOOD AT SCHOOLS IS TAKEN ADVANTAGE OF BY STUDENTS, WE NEED TO MAKE IT APPEALING TO THEM. WHEN HEALTHY FOOD IS APPEALING AND TASTY WE CAN CHANGE THE CONVERSATION AMONG YOUTH ABOUT WHAT FOOD THAT IS GOOD FOR YOU REALLY LOOKS LIKE AND HOW IT CAN BE ENJOYED."

about the 10 tips will also help people understand and recognize what they need to do to live healthier lives. The nutrition community is represented on the Live Well DC community coalition. It is the job of that representative to work with other members of the nutrition community around Live Well DC. I encourage everyone who is interested to get involved and participate.

TIPS FOR EXPEDITING YOUR LICENSE

Make sure to have your entire application filled out and signed. You must provide "official" supporting documentation to any and all application questions and/or statements that require a detailed explanation.

Please note:

- Official court documents of final case dispositions for any felonies or misdemeanors that you incurred (i.e., a defendant, in any state or country).
- Malpractice case dispositions should include a case number, jurisdiction, year, all the defendant names, all plaintiff names, a brief summary of the case, and final disposition, such as judgment dollar amount, dismissed with or without prejudice, or settlement dollar amount—this information must be sent with your application.
- To use HRLA's website to check and verify a license, go to: <http://hpla.doh.dc.gov/hpla/site/default.asp>

AMERICAN DIETETIC ASSOCIATION 2010 FOOD AND NUTRITION CONFERENCE HELD IN BOSTON MASSACHUSETTS NOVEMBER 2010

Each year, more than 10,000 registered dietitians, nutrition science researchers, policy makers, health-care providers and industry leaders attend ADA's Food & Nutrition Conference & Expo, which features more than 100 research and educational presentations, lectures, debates, panel discussions and culinary demonstrations and more than 400 exhibitors from corporations, government and nonprofit agencies showcase new consumer food products and nutrition education materials. The American Dietetic Association is the world's largest organization of food and nutrition professionals. ADA is committed to improving the nation's health and advancing the profession of dietetics through research, education and advocacy. (Source: American Dietetic Association's website: www.eatright.org.)



Above, left to right: Chair of the DC Board of Dietetics & Nutrition **DR. GOULDA A. DOWNER, RD, LN, CNS**, with Howard University Department of Nutritional Sciences student **NADIA KHAN** (senior) and graduate **EILIA PHILLIPS**.





DCMADA* members at the reception honoring **GLORIA STABLES, PHD, RD** (IN BLUE), for her American Dietetic Association 2010 Award for Excellence in Practice, Community Dietetics. She was introduced by **JOYANNE MURPHY** (WITH GLASS), also a Past President of DCMADA, who offered a toast in her honor.



* DC Metropolitan Area Dietetic Association



Above: **DALE RUFAI, MS, RD** (right), Program Coordinator, Unity Health Care WIC Program, & **ALICE LOCKETT, MS RD LD**, Senior Nutritionist, SNAP Food and Nutrition Services, USDA at the ADA 2010 Food and Nutrition conference.



Above: DCMADA member **REBECCA SCRITCHFIELD**, Principal, Elite Nutrition, with her intern, **ELIZABETH JARRARD**. Rebecca was a featured speaker at FNC 2010 this year.



WELCOME NEW LICENSEES!

DIETITIANS

AMATANGELO, MARIETTA
ASSUE, MEILING F
BAILEY, ANITA
BECKWITH, SARA M
BROCHU, ANGELA R
CLARK, ANTHEA
COLANGELO, MEGHAN M
COPE, LINDSEY E
DAVIS, MORGAN L
ECELBARGER, GARY L
GROTHE, ANN M
HARTMAN, ROXANNE A
HATFIELD, JUNE K
HERRING, ALLISON M
HOFFMAN, VANESSA A

JACKSON, LINDSAY N
JARCIK, CHERYL L
JARVIS, KRISTEN M
JUDKINS, SARAH N
KINGSTON, DIANA J
LARSON, JAMIE L
LOGAN, THERESA C
LUCAS, AMANDA B
MARTINEZ, KATHLEEN B
MCGEE, JESSICA A
MOYLAN, ELIZABETH M
MURPHY, TERRI L
QUINLAN, MUNIRIH A
REID, SUSAN A
REYNOLDS, EMILY GORDON

RIDENS, LACEY S
SAULLO, STEPHANIE K
SMARDO, CHELSEY L
SOK, RACHEL B
SOLLID, RONALD K
SULLIVAN, BRITINI L
TSUI, EVELYN O
VERDIN, KELLY A
WASSWA-KINTU, SHIRLEY I
WHITLEY, ANDREA N
WILLIAMS, CHRISTINE C
WOLFF-SMALL, TAMARA M
WONG, LAURICE
WRIGHT, MEGAN E
ZEIGLER, BRITTANY J

NUTRITIONISTS

BERLING, BRITTNEY N
HERNANDEZ, MABEL A
JO, PETER Y

OKORO-NDIMANTANG, BLESSING E
ORDOR, OLIVER E

REIS-REILLY, HARUMI N
WHITE, PATRICIA N



SURVEY TEAM TALKS MDS 3.0 & OTHER LONG-TERM CARE ISSUES

On October 1, 2010, the Centers for Medicare and Medicaid Services (CMS) implemented the new version of the Long-Term Care Facility Resident Assessment Instrument (RAI). A few weeks prior to that date, Supervisory Nurse Consultant Sharon Mills, RN and Nurse Consultant Cassandra Kingsberry, RN, of the DC Health Regulation and Licensing Administration, presented a program to introduce District health care professionals to the Minimum Data Set Version 3.0 (MDS 3.0).

The Long-Term Care Resident Assessment Instrument consists of three (3) basic components:

- the Minimum Data Set (MDS) Version 3.0
- the Care Area Assessment (CAA) process, and
- the Resident Assessment Instrument (RAI) utilization guidelines.

The comprehensive assessment tool, most commonly referred to as "MDS 3.0" is a standardized, primary screening and assessment tool of health status that forms the foundation of the comprehensive assessment for all residents in a Medicare and/or Medicaid certified long-term care facility. The MDS contains items that measure physical, psychological and psychosocial functioning. The items in the MDS give a multidimensional view of the patient's functional capacities and helps staff to identify health problems. (*Definition from www.cms.gov.*)

Held at the Carroll Manor Nursing and Rehabilitation Center facility, the program gave attendees a chance to ask questions and voice concerns. The program was attended by staff from various Long Term Care facilities: directors of nursing, nurses, MDS coordinators, activity directors, dietitians, social workers, QA staff, physical therapists and respiratory care practitioners.

What is New in MDS 3.0?

CMS contracted with the RAND Corporation and Harvard University to develop the new MDS 3.0. The new tool incorporates significant changes from the formerly utilized MDS 2.0. Changes were made to increase the resident's voice, to increase clinical relevance and to encourage the team approach.

MAJOR CHANGES

- Resident Interviews requested
- Transmission in 14 days instead of 30 days. Completion due from Assessment Reference Date (ARD) date to ARD date. (MDS 2.0 requirement was annually).

Before the Survey Team Arrives

1. Have accurate up-to-date information available as the team enters your facility.
2. The survey team will want to know what has been going on in the facility since the last survey.
3. Have a knowledgeable staff member accompany the

DIETITIAN PARTICIPATES IN MDS 3.0 PROGRAM



Long-Term Care Dietitian Larry Faison participated in the discussion at the DOH program on MDS 3.0.



DOH LTC SURVEY TEAM



surveyor. The surveyors will be asking questions about the residents.

4. Surveyors will be looking at residents from both the heavy and light care categories.

5. Know ahead of time

which of your residents are "interviewable"; which residents will you have the surveyors talk to?

Surveyors will be talking to a number of residents and family members—the amount will depend upon the number of beds in your facility.

FOR MORE INFO ON MDS 3.0, GO ONLINE AT WWW.CMS.GOV

HONESTY IS THE BEST POLICY: REPORTING DWIs, DUIs, AND OWIs

by Melissa Musiker, MPP, RD, LD

According to a 2009 National Highway Transportation Safety Administration report, in 2008, an estimated 11,773 people died in drunk driving crashes involving a driver with an illegal Blood Alcohol Content (0.08 or greater). These deaths constitute 31.6 percent of the 37,261 total traffic fatalities in 2008. There are increasing reports of people who think “driving while buzzed” is not as dangerous as driving while intoxicated. This is not the case. In Washington, DC any amount of drinking and driving can be cause for legal action.

Washington, DC has three different types of “drunk driving” violations:

1. **Driving While Intoxicated (DWI)** is the act of operating or being in physical control of a motor vehicle with a blood alcohol level of 0.08 or higher.
2. **Driving Under the Influence (DUI)** is the act of operating or being in physical control of a motor vehicle “under the influence of alcohol” and this can mean a blood alcohol level as low as 0.05 or if you show that you are impaired by alcohol to an “appreciable degree.”
3. **Operating While Impaired (OWI)** is the act of operating or being in physical control of a motor vehicle while you are so affected by the consumption of alcohol that it impairs your ability to operate a motor vehicle in the same way a reasonably careful and prudent driver, not so impaired, would operate a vehicle in similar circumstances.

**IMPAIRED OPERATION OF A VEHICLE:
PLEASE NOTE THAT, IN ADDITION TO ALCOHOL,
IMPAIRMENT CAN ALSO BE CAUSED BY
LEGALLY-OBTAINED MEDICATIONS
OR ILLEGAL SUBSTANCES.**

Most people are probably familiar with DWI and DUI, however they may not be aware of the OWI law in DC. One need not have an illegal BAC or fail a field sobriety test to be convicted of an OWI. OWI is the easiest of the three types of “drunk driving” violations for a prosecutor to prove and as a result the penalties for an OWI conviction are lighter than those for a DUI or DWI.

CRIMINAL BACKGROUND CHECK FOR NEW APPLICANTS

BEGINNING IN NOVEMBER 2010, EACH NEW APPLICANT FOR A HEALTH CARE LICENSE, REGISTRATION OR CERTIFICATION WILL NEED A CRIMINAL BACKGROUND CHECK AS PART OF THE LICENSURE PROCESS. THE NEW RULES ARE SET FORTH IN TITLE 17 OF THE DISTRICT OF COLUMBIA MUNICIPAL REGULATION CHAPTER 85. THE COST WILL BE FIFTY DOLLARS (\$50) PAYABLE AT THE TIME THE APPLICATION IS SUBMITTED. APPLICANTS WILL NEED TO START THE PROCESS BY GOING TO THE DC METROPOLITAN POLICE DEPARTMENT TO HAVE THEIR FINGERPRINTS TAKEN OR, IF APPLYING FROM OUT-OF-STATE, BY OBTAINING A FINGERPRINT CARD FROM THE DC HEALTH REGULATION AND LICENSING ADMINISTRATION AND HAVING THEIR FINGERPRINTS TAKEN AT THE LOCAL OR STATE POLICE AGENCY. THE FBI WILL REQUIRE 48 HOURS TO CONDUCT THE CRIMINAL BACKGROUND CHECK. ADVERSE INFORMATION WILL BE REVIEWED BY THE BOARD.

Question 7b on the application for licensure asks if you have ever been convicted or investigated of a crime or misdemeanor (other than minor traffic violations). Despite the low threshold for proof, an OWI conviction or investigation must be reported on your application for licensure. The Board takes an OWI conviction just as seriously as we would a conviction for a DWI or DUI. Answering “yes” to question 7b is not cause for automatic exclusion from licensure. Each application for licensure that has a “yes” to question 7b is reviewed individually. As always, honesty is the best policy.

PAID INACTIVE STATUS

If you intend to retire your license, or if you would like to place your license on Inactive Status, you must explicitly inform the Board of your intention before the renewal date expires. If you fail to pay renewal fees on time, your license is not inactive; it is delinquent (expired). It is unlawful to practice while your license is delinquent/expired.

PUBLIC VS. NON-PUBLIC BOARD DISCIPLINE

Public Discipline: Disciplinary actions that are reported to the National Practitioner's Data Bank and viewed at <http://app.hpla.doh.dc.gov/weblookup/>.

Non-Public Discipline: Disciplinary actions that constitute an agreement between the Board and the licensee and, if complied, are not made public.

BOARD ORDERS

JANUARY - NOVEMBER 2010

**The Board of Dietetics & Nutrition issued
one (1) Non-Public Administrative Consent Order during this period.**

FILING A COMPLAINT WITH THE BOARD

To file a complaint against a licensed DC Dietitian or Nutritionist, simply write a letter that describes your complaint. The letter must be signed, and you should attach copies of any pertinent documents that you may have. The letter must also include your address, so we may contact you as necessary and notify you of any findings.

PLEASE NOTE: You can print a complaint form from our website at www.hpla.doh.dc.gov

You should mail the complaint to:

DC Board of Dietetics and Nutrition
717 14th Street, NW
Suite 600
Washington, DC 20005

You can also fax the complaint to the Board at (202) 724-8677.

If your complaint alleges unlicensed activity, you should address your complaint to:

Supervisory Investigator
717 14th Street, NW
Suite 1000
Washington, DC 20005

You can also fax your complaint about unlicensed activity to (202) 724-8677.

Please be advised that the health professional licensing boards do not have jurisdiction over fee disputes, except for billing for services that were not provided. If you have a fee dispute with a health professional, you can seek redress through the civil courts.



Government of the District of Columbia
Adrian M. Fenty, Mayor



Health Professional
Licensing Administration

Address

DC Board of
Dietetics and Nutrition
717 14th Street, NW
Suite 600
Washington, DC 20005

Phone

(202) 724-8800
(202) 724-8872

Webpage

www.hpla.doh.dc.gov

DC Government website

www.dc.gov

**Current Members
of The District of Columbia
Board of Dietetics and Nutrition**

Goulda A. Downer, PhD, RD, LN, CNS
Chairperson

Director, Department of Health
Pierre N.D. Vigilance, MD, MPH

Board Staff

Executive Director

Bonnie Rampersaud
Phone: (202) 724-7332
Email: bonnie.rampersaud@dc.gov

Health Licensing Specialist

Thomasine Pointer
Phone: (202) 724-8872
Email: thomasine.pointer@dc.gov

Assistant Attorney General

Carla M. Williams

Investigator

Leonard Howard

Newsletter Editor/Layout

Nancy Kofie

To use HPLA's website to check and verify a license, go to: www.hpla.doh.dc.gov

The Health Professional Licensing Administration (HPLA) serves as the agency that administers the licensure of almost 50,000 health professionals in the District of Columbia. HPLA staff supports health occupation boards and registration programs that regulate the practice of their respective health profession. HPLA also responds to consumer and incidents and/or complaints against health professionals, and conducts investigations if indicated. If necessary, HPLA can take enforcement actions to compel health professionals to come into compliance with District and Federal law. HPLA advises the health occupation boards and Department of Health in matters pertaining to the development of rules and regulations for health professionals. HPLA also provides additional services including licensure verification services, and licensure examinations. Health professionals include: Acupuncturists, Addiction Counselors, Chiropractors, Dance Therapists, Dental Assistants, Dentists, Dieticians and Nutritionists, Massage Therapists, Naturopaths, Nurses, Nursing Home Administrators, Occupational Therapists, Optometrists, Pharmacists, Physician Assistants, Physicians, Podiatrists, Psychologists, Respiratory Care Practitioners, and Social Workers.