DISTRICT OF COLUMBIA BOARD OF NURSING HOME ADMINISTRATION
GUIDELINES FOR THE ADMINISTRATOR-IN-TRAINING PROGRAM

Purpose:

The purpose of the Nursing Home Administrator-In-Training (AIT) Program is to provide practical training and experience to eligible candidates desiring to meet the one year’s experience in nursing home administration as outlined in Chapter 17 District of Columbia Municipal Regulations Section 6202.1 (17 DCMR § 6202.1).

Application Process:

• Applicants shall submit applications and outline of program content to the District of Columbia Board of Nursing Home Administration (the Board) along with name of preceptor.

• The Board will discuss the application at its next regularly scheduled meeting where at least one administrator is present.

• After the Board reviews the application, it must approve or deny the application (including approval or denial of both the preceptor and the program content) at the meeting where at least one administrator is present.

• If the application is approved, the AIT candidate will be scheduled to appear before the Board to discuss their program.

• The candidate shall be notified at least two (2) weeks prior to the date the AIT candidate and preceptor are scheduled to appear before the Board.

Length of the AIT Program:

• The AIT program will consist of a six (6) or twelve (12) continuous months of training in an approved nursing home under a qualified preceptor, unless the AIT candidate is eligible to receive partial credit for prior experience as outlined in 17 DCMR § 6202.1(d)(2)(b).

• The Board may in its discretion, upon written request from the candidate, grant the candidate an additional six (6) months within which to complete their training, and waive the requirement for twelve (12) continuous months training in exigent circumstances.

Content of the AIT Program:

1. The content of the AIT program will include the areas of supervised practice set forth in 17 DCMR § 6202.4(c)(1)-(29).

2. The requirements as described in 17 DCMR §§ 6202.4, 6202.5, and 6202.6.
3. Candidates may also be tested on the District examination, pursuant to 17 DCMR § 6205.4(b).

Evaluation Process / Evaluation Period:

1. To determine the capabilities of the AIT candidate during the period of internship, and to confirm progression through the AIT program as planned by the preceptor.
   - The AIT candidate will be required to submit to a mid-point evaluation.
   - Candidates will be required to have an evaluation after completing six (6) months of their twelve (12) month AIT program.
   - Candidates who need six (6) months of AIT experience or who have been granted an extension by the Board shall have their evaluations after completing half of their designated AIT program.

2. The mid-point evaluation will have three (3) parts:
   A. The AIT candidate will be required to submit to the Board evidence of successfully demonstrated completion of specific areas of practice of nursing home administration.
      - This evidence will be in writing, on forms approved by the Board, and will be cosigned by the preceptor, the AIT candidate, and each supervisor of each unit of service or department completed during the first half of the program.
   B. The AIT candidate is required to contact the Board to schedule an interview, within thirty (30) days after reaching the mid-point of the AIT program.
      - The Board will discuss the AIT candidate’s progress in the AIT program. The interview will be planned to assist the AIT candidate in reviewing their AIT training up to that point.
      - The candidate will have the opportunity to assess the total program with the Board including goals, administrative processes, and core of knowledge.
   C. Narrative forms relating to the program will be completed by the AIT candidate and preceptor.

3. The final evaluation will be in two (2) parts:
   A. AIT candidate will submit the following information, in writing, on forms provided by the Board or on separate sheets of paper or in the form of other documentary evidence where applicable:
• Documentary evidence of completion of the required course of instruction
• Documentary evidence of any other workshops or courses attended by the AIT candidate providing formal presentation of required subject
• Accounting of time off within the internship for vacation, sick leave, military training, etc.
• Documentary evidence of any other practical experience completed by the AIT candidate at other institutions.

B. The final report is to be submitted to the Board on the date indicated by the Board.
• The AIT candidate will submit to a final interview by the Board to discuss completion of the second half of the AIT program and the overall AIT program.

4. See attached forms for completion during the course of the AIT program.

5. AIT candidates who fail to file required reports to the Board in a timely manner will not be considered for licensure.
• The AIT candidate must reapply and be approved according to the requirements for training, examination and licensure in existence at the time.

Applicability of the AIT candidate / Eligibility to Take Required Examinations:

1. The AIT candidate is strongly encouraged to apply for and take the national examination, within three (3) months after completing the AIT program.

2. The AIT candidate must pass the national examination within twelve (12) months after completing the AIT program.

3. The AIT candidate must complete both the national (NABENHA) examination and the District examination (first passing the national examination and then passing the District examination) within two (2) years of completing the AIT program. If both examinations are not passed during that time, an applicant must complete another entire AIT program before attempting to take the examinations again.

4. Pursuant to 17 DCMR § 6204.6, “an applicant who fails the national examination on three (3) consecutive attempts shall not be permitted to take another national examination for one (1) year following the third failure. Thereafter, the applicant shall not be permitted to take the national examination for one (1) year after each failure.” Therefore, the two additional attempts to take the national examination should be made within the twelve (12) months after completing the AIT program.
5. The applicant must take and pass the District examination within twelve (12) months after passing the national examination and completing all other application requirements. 17 DCMR § 6205.2 of the regulations provides three opportunities for applicants to pass the examination during that twelve (12) month period.

Change/ Interruption in AIT Training:

1. Preceptor shall report separately to the Board in writing any change of supervision or nursing home site as soon as the preceptor is aware but not less than ten (10) days of such change or interruption of the program.

2. An AIT candidate must have Board approval for consideration in order to continue in the AIT program before a change is made.

3. The AIT candidate shall have no outside employment during training hours.

4. Any person duly registered as an AIT candidate, whose internship is interrupted by service in the armed forces of the United States, shall be permitted to resume his internship at any time within one year after the date of his discharge from active service without loss of credit.

5. An AIT candidate may be allowed two weeks leave for compulsory military training, vacation, and sick leave each year without loss of credit for the required practical training and experience.

6. The trainee may obtain the one-year’s training in no more than two licensed nursing homes, with no more than a three month lapse between the two periods of time.

7. Discontinuation of internship as an AIT candidate in the nursing home shall be reported to the Board by the Nursing Home Administrator and by the trainee within ten (10) days of the discontinuation.

8. The preceptor must file a report relating to the trainee’s experience and abilities to the date of termination within ten (10) days of the termination.

Pre-requisite for the Nursing Home Experience

1. The designated nursing home must provide the appropriate environment for the training and experience needed by the AIT candidate in their program.

2. The designated nursing home shall be in substantial compliance with the conditions for participation in Titles XVIII and XIX.
Pre-requisite for Administrator-In-Training-Preceptors

1. Holds current license from the Board for one year or longer.

2. Has satisfactorily been employed in nursing home administration for three years or longer.

3. Is certified as a preceptor by the Board.

4. Recognizes and assumes full responsibility of the legal, moral and practical considerations of health care delivery in the nursing home where an AIT candidate is assigned and as preceptor, has signed the Preceptor and AIT Agreement Forms with the Board assuming this responsibility.

5. Has developed a written outline and received Board approval for the specific recommended AIT candidate dependent upon:
   - AIT candidate’s past work and/or health-related experiences.
   - Recommended course content developed by the Board for inclusion of basic areas of knowledge which it is deemed an Administrator should possess for the proper and efficient administration of a nursing home.

6. Must be interviewed and approved by the Board.

7. Accept responsibility to provide essential practical training and experience in a licensed nursing home for an AIT candidate and has submitted written evidence to the Board.

8. In the event the Board determines a preceptor fails to provide the AIT candidate with an opportunity to adequately and generally receive the proper training and or supervision the Board, may in its discretion deny the preceptor the privilege of supervising future AIT candidates.

9. Co-signs and has notarized the Preceptor/AIT Agreement form provided by the Board and the AIT submits the agreement to the Board for approval at least by the 10th day of the month preceding the month the program is scheduled to start.

Pre-requisites for Administrator-In-Training – Applicants

1. Eligibility for application for examination and licensure upon completion of AIT program according to 17 DCMR § 6202.1.

2. The Preceptor/AIT Agreement form provided by the Board as part of the application is to be signed by the AIT candidate and preceptor and submitted to the Board for approval by at least the 10th of the month before the scheduled start of the AIT program.
3. The Board shall interview all persons prior to the issuance of approval as AIT candidates as to their qualifications and background for the positions. The following are recommended qualities in establishing an applicant’s suitability for licensure:

- Absence of physical impairments to perform duties of a Nursing Home Administrator including good health and freedom from contagious disease.
- Absence of any mental impairment that would appear to the Board to be likely to interfere with the performance of the duties of a Nursing Home Administrator.
- Ability to understand and communicate general and technical information necessary for the administration and operation of a nursing home.
- Ability to assume responsibilities for administration of a nursing home as evidenced by prior activities and prior experiences satisfactory to the Board.
- Ability to relate the physical, psychological, spiritual, emotional and social needs of patients to the administration of the nursing home, including personnel of the nursing home, and create a climate necessary to meet the needs of the patients.


4. Completion of application as an AIT candidate and for approval the applicant submits evidence satisfactory to the Board that:

- Such training shall be under a preceptor, in accordance with established guidelines from the Board.
- Such training is likely to be of a grade and character satisfactory to the Board.
- Such training reports as outlined in the guidelines will be filed with the Board as directed for approval.
- Such training is to be obtained in a licensed nursing home, as authorized by the Board for such training, with no more than two trainees per authorized home.
- Such training shall be daily, except for regular days off, with a minimum of thirty-five (35) hours weekly in steady, bona fide, training activities with two (2) hours of immediate supervision during the time the preceptor or supervisor is on duty during the day, evening, or night pursuant to 17 DCMR § 6202.4(b).
In this packet, you will find report sheets to be kept up-to-date, reviewed periodically, and marked with the appropriate date when specific items have been satisfactorily learned by the AIT candidate. Write on the original sheet and keep it in the nursing home for easy reference. The Board will review your AIT program at the mid-point of the program and at the end of the program, as described above. These reviews will be largely based on the accurate completion and timely submission of copies of these forms.

NARRATIVE REPORTS – INSTRUCTIONS

At the times you send in your required mid-point and final reports, the Board requests you and your preceptor to complete a narrative report individually and mail it to the Board in a separate envelope. These sheets are included in the packet and marked separately for preceptor’s narrative report and AIT candidate’s narrative report.

All reports sent to the Board are confidential material and are used for the evaluation of the AIT program.

Please address reports to:

Fatima Abby
Health Licensing Specialist
District of Columbia Board of Nursing Home Administration
899 North Capitol Street, NE, 2nd Floor
Washington, D.C. 20002
DISTRICT OF COLUMBIA BOARD OF NURSING HOME ADMINISTRATION

PRECEPTOR/ADMINISTRATOR-IN-TRAINING AGREEMENT

Date _______________________________

I, ____________________________________________________, agree to be preceptor for

______________________________________________________________________________

at (facility) __________________________________, (address) _________________________

__________________________________________________ starting _____________________

I fully understand my responsibilities as stated in the published guidelines and recommended
course content areas for the Administrator-In-Training program. I agree to file evaluative reports
on forms supplied by the Board. I also agree to inform the Board immediately if there is any
change in this arrangement.

___________________________  ______________
Signature of AIT Candidate        Date

___________________________                  _______________                                 __________
Signature of Notary Public                             Date                                                         Seal

___________________________  ______________
Signature of Preceptor         Date

___________________________                   _______________                              ___________
Signature of Notary Public                               Date                                                      Seal

AIT program approved by the Board on ________________________________

Chair, Board of Nursing Home Administration
APPLICATION FOR PRECEPTOR

Date _______________________________

Name_________________________________________________________________________

Home Address__________________________________________________________________

Home Phone_______________ Fax Number ______________  E-Mail Address _____________

Place of Employment __________________________________________________________

Facility Address ________________________________________________________________

Facility Phone ___________________________ License No. ____________________________

Years of Experience as a Nursing Home Administrator_________________________________

Educational Background_____________________________________________________

______________________________________________________________________________

List Experience in Health Related Field for Past 3 Years (Use additional paper if necessary)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

For Use by Board:

Interview Comments ____________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Signatures of Board ___________________________             ____________________________

Interviewers            ___________________________              ____________________________

___________________________

Date Interviewed ______________________________

Revised: 07-22-2011
DISTRICT OF COLUMBIA BOARD OF NURSING HOME ADMINISTRATION

AIT PROGRAM COURSE CONTENT FOR ________________________

AIT candidate and the supervisor of specific subject area must initial and date upon completion.

I. General Standards of Environmental Health & Safety

A. Federal Regulations – State Regulations
   1. Fire Codes – Fire Drill Implementation
      • Disaster plan
      • Safety measures

B. Environmental Factors
   1. Patient – Center
      • Noise
      • Color
      • Temperature
      • Lighting
   2. General Considerations – Safety
      • Side rails – beds & corridors
      • Bathroom guards – tub handles, faucet controls
      • Tub/bath precautions
      • Accident prevention – Floor, furniture placement, fall prevention, water temperature, fire prevention

C. Hygiene Factors
   1. Housekeeping
      • Cleanliness
      • Disease transmission – Pest control
      • Bacteriology considerations
      • Prevention of odors

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2. Employee Practices
   - Hand washing
   - Cross-contamination
   - Management of isolation

C. Equipment
   - Nursing practices – Clean and Sterile precautions – cross contamination
   - Disposal of contaminated articles – Laundry equipment

II. General Administrative Principles
A. Organization and Management
   1. History of Nursing Home
   2. Goals & Objectives of Nursing Home Administrators Board
   3. Administrative Manual
   5. Specific Departments
      - Nursing
      - Dietary
      - Housekeeping
      - Maintenance
   6. Personnel Management
      - Personnel Policies (also see Patient Related Care, Section VI-8): Orientation, Job training, In-service education
      - Contractual Arrangements
      - Job descriptions and work schedules
      - Laws & Regulations relating to employees: unemployment compensation, workman’s comp., Fair labor laws, Wages and hours, Union contracts, collective bargaining, complaint and grievance procedures, safety acts and regulations, local, state and federal records and reports
   7. Institutional Management
      - Purchasing equipment (e.g. Housekeeping & dietary
      - Admission policies: Charges & billing, Refunds, & Transfers
      - Discharge policies: Transfers, Death, & Burial
   8. Personnel Recruitment
      - Personnel Recruitment
      - Interview techniques
      - Expectations for varied levels
9. Employee Health Services
   ● Pre-employment physical examination ______ / ______ / _____ / _____
   ● Routine preventive measures ______ / ______ / _____ / _____
   ● Emergency situation plans ______ / ______ / _____ / _____

B. Business Management
   1. Office Procedures
      ● Bookkeeping ______ / ______ / _____ / _____
      ● Budgeting and budget controls ______ / ______ / _____ / _____
      ● Cash flow ______ / ______ / _____ / _____
      ● Cost-accounting and departmental cost-analysis ______ / ______ / _____ / _____
      ● Payroll – control and analysis ______ / ______ / _____ / _____
      ● Record keeping ______ / ______ / _____ / _____
   2. Insurance
      ● Fire and extended coverage ______ / ______ / _____ / _____
      ● Malpractice ______ / ______ / _____ / _____
      ● Special ______ / ______ / _____ / _____

C. Financial Management – 3-party payer
   ● Medicare ______ / ______ / _____ / _____
   ● Medicaid ______ / ______ / _____ / _____
   ● Insurance ______ / ______ / _____ / _____
   ● Veteran’s Administration ______ / ______ / _____ / _____
   ● Intermediate & monthly allowance, RFM ______ / ______ / _____ / _____
   ● MDS-PPS, case mix ______ / ______ / _____ / _____

D. Community Interrelationships
   ● Public Relations-communications with varied multi-media ______ / ______ / _____ / _____
   ● Volunteer Groups-liaison with church, school & civic groups ______ / ______ / _____ / _____
   ● Community Health Planning ______ / ______ / _____ / _____
   ● Government Agencies-local, state and federal, ombudsman ______ / ______ / _____ / _____

III. General Aspects of Patient Related Areas
   A. Patient as a Person
      ● Individual Differences ______ / ______ / _____ / _____
      ● Psychology of Human Behavior ______ / ______ / _____ / _____
      ● Citizen Rights: community aspects, voting & residents’ council ______ / ______ / _____ / _____
      ● Family Relationships-need for visitors & companionship ______ / ______ / _____ / _____
      ● Family Council ______ / ______ / _____ / _____
   B. Patient as a Resident in Nursing Home
      1. Health Component
         ● Disease process and recognition-resident assessment ______ / ______ / _____ / _____
         ● Total health care plan: nursing, medical, MDS and case mix ______ / ______ / _____ / _____
2. Admission Procedures
   - Orientation and readjustment to home
   - Placement
   - Recruitment

3. Restorative Measures
   - ADL
   - Activities and recreation
   - Group interaction
   - Remotivational activities

4. Relationship with Staff/Administration-
   Individual differences

C. Patient as an Aging Person
1. Signs of Aging – Physical
   - Eye Changes – Presbyopia, Cataracts, Glaucoma
   - Mouth Changes – Loss of teeth
   - Feet changes – Corns and calluses, proper fitting shoes for support and comfort

2. Symptoms of Aging – Psychological Needs
   - Loneliness
   - Anxiety
   - Depression
   - Separation reaction

D. Patient’s Basic Needs
1. Food-Nutrition of Elderly
   - Basic food needs
   - Specific Diets-Disease/Age related
   - Malnutrition problems-relationship to senility
   - Palatable foods-essentials for good nutrition

2. Dining Atmosphere
   - Pleasures of eating
   - Modification with aged residents
   - Dining room
   - Tray service – Techniques for volume distribution- Needs for some residents to be fed, special adaptive devices

3. Shelter – Privacy
   - Safety factors
   - Heat and fresh air
   - Cleanliness

   - Laundering
   - Purchasing

Revised: 07-22-2011
5. Money – Bank Accounts in Nursing Home
   • Security measures for valuables
     —— / —— / —— / ——
   • SS allowances and spend down
     —— / —— / —— / ——

6. Residents Needs
   • Family and friends’ closeness
     —— / —— / —— / ——
   • Interaction needs
     —— / —— / —— / ——

E. Patient’s Therapeutic Needs
1. Observations and Changes
   —— / —— / —— / ——
2. Revisions of Health Care Plan
   —— / —— / —— / ——
3. Interdisciplinary Rules and Supportive Services
   • PT, OT, SP
     —— / —— / —— / ——
   • Civic
     —— / —— / —— / ——
   • X-ray Services
     —— / —— / —— / ——
   • Therapeutic Recreation
     —— / —— / —— / ——
   • Dentist
     —— / —— / —— / ——
   • Pharmacist
     —— / —— / —— / ——
   • Spiritual Needs
     —— / —— / —— / ——
   • Podiatrist
     —— / —— / —— / ——
   • Nutritionist
     —— / —— / —— / ——
   • Family
     —— / —— / —— / ——
   • Lab Tech
     —— / —— / —— / ——
   • Social Worker
     —— / —— / —— / ——
   • Psychiatry
     —— / —— / —— / ——
   • Mental Health Service
     —— / —— / —— / ——
   • Hospice/Palliative care
     —— / —— / —— / ——

4. Pharmaceutical Services
   • Storage of drugs
     —— / —— / —— / ——
   • Drugs & Alcohol
     —— / —— / —— / ——

F. The patient, Physician and Nursing Home Personnel
1. Role Relationships
   • Patient and physician
     —— / —— / —— / ——
   • Nursing home and physician
     —— / —— / —— / ——
   • Administrative staff and physician
     —— / —— / —— / ——
   • Interrelationship of all
     —— / —— / —— / ——
2. Professional and Medical Ethics
   • Employee conduct – Patient care
     —— / —— / —— / ——
   • Family inquiries – complaints and responses
     —— / —— / —— / ——
   • Privacy of patients’ records
     —— / —— / —— / ——
   • Prevention of misinformation
     —— / —— / —— / ——
3. Governance
   • Board relationships
     —— / —— / —— / ——
   • Organizational structure
     —— / —— / —— / ——
   • Organizational culture
     —— / —— / —— / ——
   • Corporate compliance
     —— / —— / —— / ——
   • Emergency planning
     —— / —— / —— / ——
   • Risk management
     —— / —— / —— / ——
The following questions are to be typed written by the AIT candidate for submission to the Board.

1. Discuss the overall department standards you reviewed in no more than one (1) page.

2. Summarize your experiences in the departments in no more than two (2) pages.

3. Discuss the areas where you are strong and the areas you need to improve in no more than one (1) page.
PRECEPTOR MIDPOINT REPORT

The preceptor must discuss:

1. The AIT candidate’s strengths and weaknesses.

2. The AIT candidate’s future goals and an action plan for the final portion of the AIT program in no more than two (2) pages.