2023

STAFF DEVELOPMENT STEP BY STEP GUIDE

Alliant Health Solutions is contracted by the Department of Community Health (DCH) to perform an annual certified nurse aide staff development audit. All aspects of the staff development audit will be reviewed via submission of verified documentation that supports compliance of the two federal regulations listed below:

- **The Code of Federal Regulations 483.35, (B), (7) requires that** "Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g)."

- **The Code of Federal Regulations 483.95, (g) requires that** "Required in-service training for nurse aides. In-service training must— (1) Be sufficient to ensure the continuing competence of nurse aides but must be no less than 12 hours per year. (2) Include dementia management training and resident abuse prevention training. (3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at §483.70(e) and may address the special needs of residents as determined by the facility staff. (4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired."

The facility will have thirty (30) days from the closing date of the review period to mail the required documentation to **Alliant Health Solutions, Attn: Nurse Aide Training Program, P. O. Box 105753, Atlanta, GA 30348**. FedEx or UPS will not deliver to a P O Box.

Please include page one (1) and two (2) of this letter along with the following documentation.

Review period for the year: In-services conducted annually – **XXXXXX to XXXXXX**

CNA STAFF FORM

Section I

Name of Long-Term Care Facility: _____

Please Print or Type

Address: _____ Date: _____

_____ Review Period: _____ Phone: _____

Provider Number: _____ E-mail: _____

Administrator: _____ **Attach a copy of the CNA Certification Card or a Copy of the Web Portal Print Out**

Director of Nursing: _____

Staff Development Coordinator: _____

Certified Nursing Assistant If terminated or have resigned within the review period, please place a "T" or "R" in front of CNA's name - a CNA who was terminated or has resigned releases the facility from the responsibility for current certification and/or number of in-service hours	**WORK STATUS: FT/ PT/ PRN/LOA/ FMLA/ WORKERS COMP**	**Part time & PRN CNAs annual hours worked during review period**	**Hire Date**	**Total In-service Hours for the Review Period**

The highlighted fields above are required for the Yearly review to be completed. Please ensure that all highlighted fields are complete including all your facility information and staff that are in position in Section I.

The required certified nursing assistant information must be filled out on every line.

CERT NURSING ASSISTANT	WORK STATUS	PT&PRN	HIRE DATE	TOTAL INSERVICE HOURS FOR THE REVIEW PERIOD
JOE BROWN	FT	1250.0	1/4/2022	20

FYI- Please do not draw lines or see next page, every line must be filled out with data for the current CNA staff.

Section II

STAFF DEVELOPMENT IN-SERVICES TOPICS OFFERED

Review dates from _____ to _____

Facility Name: _____

Date & Quarter Document the date of the in-service under the appropriate quarter 1st 2nd 3rd 4th				In-service Topics *List additional in-services or dates in Miscellaneous*	Length of in-service (1hr., 30min., etc Document in 15 min. increments
				ADL Documentation	
				ADL/Care/Safety	
				Abuse	
				Abuse Prevention	
				Acute Illness	
				Admission	

Review periods are the 1st day of the month for your review period year and the last day of the prior month of the next year (located at the bottom of page 1 of staff development request letter).

For example:

12/1/2020-11/30/2021

The beginning of your 1st quarter will start at the beginning of your review period.

(DEC, JAN, FEB) (MAR, APR, MAY) (JUN, JUL, AUG) (SEP, OCT, NOV)

Section III

STAFF DEVELOPMENT IN-SERVICES TOPICS OFFERED

Review dates from _____ to _____
Facility Name: _____

Date & Quarter Document the date of the in-service under the appropriate quarter 1st 2nd 3rd 4th				In-service Topics *List additional in-services or dates in Miscellaneous*	Length of in-service (1hr., 30min., etc Document in 15 min. increments
				ADL Documentation	
				ADL/Care/Safety	
				Abuse	
				Abuse Prevention	
				Acute Illness	
				Admission	

In this section, you will capture the education topics that are offered and what you may teach during the review year. Please include dates, and in-services offered.

FYI - **IMPORTANT INFORMATION**

Please ensure that the in-services are in increments of 15 minutes.
15min=0.25
30min=0.5
45min=0.75
1hr=1

PLEASE DO NOT WRITE IN PENCIL!!

MUST USE BLACK INK!!

Section IV

STAFF DEVELOPMENT IN-SERVICES TOPICS OFFERED

Review dates from _____ to _____
Facility Name: _____

Date & Quarter Document the date of the in-service under the appropriate quarter 1st	2nd	3rd	4th	**MISCELLANEOUS** LIST ANY OTHER IN-SERVICES TOPICS WITH THE DATE, LENGTH OF IN-SERVICE UNDER MISCELLANEOUS In-service Topics	Length of in-service

In the above section, this sheet is for miscellaneous information not covered on topics offered, any additional information covered would apply here with dates and time allotted.

Please be advised these forms are designed to capture the information needed for our review. Copies of the blank forms can be found at www.mmis.georgia.gov/ click nurse aide/medication aide tab and go to Section IV and click on Staff Development Letter and Forms.

Please keep a copy of all letters and reports from Alliant, because the state on-site surveyor may request to review the letter and/or report from Alliant. If a request from the facility for a 2nd copy of the final report is received, it will take 3-5 business days to generate a duplicate report.

If you have any questions or concerns, please contact Chris Coffil, at (678) 527-3449 or email me at Christopher.coffil@allianthealth.org.

Respectfully,
Nurse Aide Training Program